Form 990

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

AI	For the	e 2022 calendar year, or tax year beginning JUL 1, 2022 and	ending ਹਾ	JN 30, 2023								
B	Check if applicabl	e: CAL POLY HUMBOLDT SPONSORED		D Employer identific	cation number							
	Addre	Address										
	Name			94-6050071								
	Initial		Room/suite	E Telephone number								
	Final		nio oni, ouno	707-826-4189								
	termir ated			G Gross receipts \$	42,167,934.							
	Amen return			H(a) Is this a group re								
	Applic	F Name and address of principal officer: KACIE FLYNN		for subordinates'								
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in								
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527		list. See instructions							
	Websi			H(c) Group exemptior								
κ	orm of	organization: X Corporation Trust Association Other	L Year		State of legal domicile: CA							
	art I	Summary										
	1	Briefly describe the organization's mission or most significant activities: TO PROM	MOTE AND	FACILITATE								
nce		RESEARCH ACTIVITY THROUGHOUT THE CAL POLY HUMBOLDT COMMUNITY										
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.							
Ne	3	Number of voting members of the governing body (Part VI, line 1a)			14							
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			1							
8 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	832								
ìti	6	Total number of volunteers (estimate if necessary)		6	80							
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.							
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.							
				Prior Year	Current Year							
Ð	8	Contributions and grants (Part VIII, line 1h)		33,328,225.	37,987,717.							
nue	9	Program service revenue (Part VIII, line 2g)		3,272,160.	3,944,754.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-23,908.	89,854.							
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		166,488.	145,609.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		36,742,965.	42,167,934.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		875,415.	1,341,930.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,382,318.	20,847,620.							
sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.									
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,229,753.	20,629,138.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		36,487,486.	42,818,688.							
	19	Revenue less expenses. Subtract line 18 from line 12		255,479.	-650,754.							
Net Assets or			Be	ginning of Current Year	End of Year							
sset	20	Total assets (Part X, line 16)		18,307,530.	25,495,994.							
etA	21	Total liabilities (Part X, line 26)		9,215,216.	17,054,434.							
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		9,092,314.	8,441,560.							
_	art II	Signature Block										
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is							

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of off	icer		Date				
Here	KACIE FLYNN, EXEC DIRECTOR							
	Type or print na	me and title						
	Print/Type prepa	arer's name	Preparer's signature	Date		Check	PTIN	
Paid	WENDY CAMPO	S	WENDY CAMPOS	11/08/23	۱ ۱	ii self-employed	P00448102	
Preparer	Firm's name	MOSS ADAMS LLP			Firm's l	EIN 91-	0189318	
Use Only	Firm's address	805 SW BROADWAY STE 1400						
		PORTLAND, OR 97205			Phone	no.503-24	2-1447	
May the I	RS discuss this	return with the preparer shown abo	ve? See instructions				X Yes	No
							0	20

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	CAL POLY HUMBOLDT S	SPONSORED			
	990 (2022) PROGRAMS FOUNDATION			94-6050071	Page 2
Pa	rt III Statement of Program Service Acc	complishments			
	Check if Schedule O contains a response or r	note to any line in this Part III		<u></u>	
1	Briefly describe the organization's mission:				
	OUR PRIMARY MISSION IS TO PROMOTE AND				
	THROUGHOUT THE CAL POLY HUMBOLDT COMMU		ESSIONAL		
	AND ACCESSIBLE PRE AND POST AWARD SERV	ICES.			
2	Did the organization undertake any significant progr			—	TT
	prior Form 990 or 990-EZ?			Ye	es X No
	If "Yes," describe these new services on Schedule (v
3	Did the organization cease conducting, or make sig	nificant changes in how it con	ducts, any program services?	Ye	S [^] NO
	If "Yes," describe these changes on Schedule O.				_
4	Describe the organization's program service accom Section 501(c)(3) and 501(c)(4) organizations are rec				
	revenue, if any, for each program service reported.	fuired to report the amount of	grants and anocations to others,	the total expenses,	anu
4a	(Code:) (Expenses \$40,101,5	51.3 including grants of th	1 341 930) (payang	÷ 39	44 754)
44	ADMINISTRATION OF EXTERNALLY FUNDED GR			\$) (((((((((((((((((((
	CAMPUS PROGRAMS.				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O)				
40	Other program services (Describe on Schedule O.)	ate of ¢		١	
4e	(Expenses \$ including gran Total program service expenses	40,101,513.) (Revenue \$)	
-+0	וסנמו שוטעומוזו שבו אוטב באשבוושבש	,,,		Form	990 (2022)
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23200	L 12-10-22	2			

	990 (2022) PROGRAMS FOUNDATION 94-60500	71	Р	age 3		
Par	t IV Checklist of Required Schedules					
			Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?					
-	If "Yes," complete Schedule A	1	X X	<u> </u>		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x		
	public office? If "Yes," complete Schedule C, Part I					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x		
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete			x		
•	Schedule D, Part III	8				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services?					
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x		
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		<u> </u>		
10		10		x		
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>					
	as applicable.					
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,					
u	Part VI	11a	х			
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114				
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x		
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total					
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in					
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI and XII	12a	х			
b	Was the organization included in consolidated, independent audited financial statements for the tax year?					
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		x		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,					
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000					
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any					
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,					
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines					
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"					
	complete Schedule G, Part III	19		x		
20a		20a		x		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х			
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Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	_ 24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	. 27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<u> </u>
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
		75		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		_	
	(gambling) winnings to prize winners?	1c	X	
232004	¥ 12-13-22	Form	990	(2022)

Part V Statements Regarding Other IRS Filings and Tax Compliance continued 2a Enter the number of employees reported on Form V-3, Transmittal of Wage and Tax Statements, 2a 512 2a Enter the number of employees reported on Form V-3, Transmittal of Wage and Tax Statements, 2a 512 b If a least one is reported on Ine 2a, ddt the organization file al required feetral employment tax returns? 3a X b If ves, 'Ine tilt file a feetrade year ondings with or with in the year one during the year? 3a X b If ves, 'Ine tilt file a feetrade year, ddt the organization have an interest in one during the year? 3a X b If ves, 'Ine tilt file a feetrade year, ddt the organization have an interest in one during the year? 5a X b If ves, 'Ine tilt file a catendery are, ddt the organization have an interest in the advised tax shelter transcaled are zonestic. 5a X b If ves, 'Ine file are obs, ddt the organization file from tax returns? 5a X 5a X b If ves, 'Ine file are obs, ddt the organization file from the RB617 5a X 5a X c If ves, 'Ind the organization file are RB647 Conthins under satista a commaly granter than \$100,000, and dd the organization solicit are oreganization and ponty file are obs, and pa		990 (2022) PROGRAMS FOUNDATION	94-605007	'1	P	_{age} 5		
2a Enter the number of employees reported on Form VV3. Transmittal of Wage and Tax Statements. 2a 322 b If at least one is reported on line 2a, dd the organization line all required federal employment tax returns? 2b 2b X b If the state and mayser and the organization line all required federal employment tax returns? 2b X b If Yes, "hast if tied a Form 900-Tier this year," dit the organization here an infreed it more alignature or other statemity were, a francial account is a forming the calendary year, dit the organization here on infreed it more alignature or other statemity were, a francial account is of line granupments for FinCiN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 2a X b If Yes, "enter the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 2a X b Base instructure and the foreign country (such as a bank account securities account, or other financial Accounts (FBAR). 2a X b Did any success to the instructure and the instructure accounts of the instructure accounts (FBAR). 2a X b If Yes, " other the same of the foreign country (such as a particit to a profiled tax sheller transaction? 2a X b If Yes, " other same account is that an orimality grater than \$100,000, and did the organization solid. 2a X b If Yes, " other angalaziation receive a particit t	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
til die darie der ihne zahndar verware andre within mit war overwerb by this return 2a 332 34 35 De the organization have unrelated business gross income 610,000 or more during the year? 3a 3a 3a 3a 36 De the organization have unrelated business gross income 610,000 or more during the year? 3a 3a 3a 3a 37 De the organization have unrelated business gross income 610,000 or more during the year? 3a 3a 3a 38 De the organization have unrelated business gross income 610,000 or more during the year? 3a 4a x 39 Difference a prohibit that should the transaction at on the financial account? 4a x 30 Was the organization fin a trigone more all provide that as a party to a prohibite tax should the organization financial account? 5a X 30 Was the organization include with every solicitation at any time during the tax year? 5a X 31 Yeas: four the sourch of the more aprication financial account? 5a X 31 Yeas: four the sourch of the more aprication financial account? 5a X 32 Unit Yeas: four the addocubles of an aparty the as ontribubit the addocubles of an aparty the approhenee that aparty approximation a					Yes	No		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? gb X 3a Did the organization have unrelated basines gross income of 31,000 or mone Schedule O ga X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other matched oxyoer, a train cale account or touring tour is a bank account, securits account, or other francial accounts (ERAR). ga X b I*Yes, "net the name of the foreign country is use as a bank account, securits or other francial accounts (ERAR). ga X 5e Isot the organization have group country is use as a bank was or is a party to a prohibited tax sheller transaction? Gb X 6 Dod any taxeable party notify the organization hile form 888617 Ga X 6 Dod any taxeable party notify the use or is a party to a prohibited tax sheller transaction? Gb X 11*Yes, " tole is a or 5b, did the organization hile any enarging reactive that is such contributions or gifts were not tax deductible contributions under sector 170(c). Ga X 11*Yes, " did the organization null expendence of the party as a contribution and party for goods and services provided to the party? Ta X 11*Yes, " did the organization null expendence of the party as a contribution or any accontribution any accontreactor the goods reservices provided?	2a							
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If ves: has it fled a form 900 T for this year? If 'No' to line 3b, provide an explanation or Schedule O 3b 3b 4a At any time during the calendary year, of the organization have an interestin, or a signature or other adhordy over, a financial account? 4a X bill of ves: instructions to tiling requirements for FinCEN Form 114, Report of Foregin Bank and Financial Accounts (FBAR). 6a X 6 Wash the organization in a priv to a prohibit tax shells transaction any time during that tax year? 6a X bill only taxable party notify the organization file of more 886 f7 6c 6a X 6 Descenter organization in huw or organization in from 886 f7 6c X 0 Organization include with every solicitation an express statement that such contributions onlicit any contributions that may excelve deductible contributions f170(c). 7a X 0 If 'Yes,' ridit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and year have and the good services provided 1 to the part of the form 8887 7a X 0 I'Yes,' ridit the organization include with every solicitation an express statement that such contributions and exprestate statement thasuch contributions or gin		filed for the calendar year ending with or within the year covered by this return	2a 832					
b If Yes, 'this It filed a Form 990 T for this year? If Yeo'' to firm 80, provide an explanation on Schedule O 30 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a firmancial accounts in a foreign country (such as a bark account, excurbes account; or other financial accounts (FBAR). 5 Wes the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 50 Dod ny taxable party notify the organization the form 8088-17 5a X 60 Dod ny taxable party notify the organization that was or is a prify to a prohibited tax shelter transaction? 5c X 70 Did ny taxable party notify the organization have mail greas respires statement that such contributions crifts 6a X 80 Did ny taxable party notify the organization have mail greas respires statement that such contributions or gifts 7a X 90 If Yes, 'to did the organization notify the dual of the quade of the goods or services provided to the payor? 7a X 90 If Yes, 'to did the organization have an oritholions under section 170(c). 2d X Yo 91 If Yes, 'to did the organization have any taxable dual of the goods or services provided? 7a X 91 Yes, 'to did the organization neexe exec	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	<u> </u>		
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly (such as a bank account, securities account, or other financial accounts (PBAP). b If "Yes," inter the name of the foreign county B Was the organization approximants for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PBAP). B Was the organization approximants for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PBAP). B Was the organization have annual prose receipts that are normally greater than \$100,000, and did the organization solid any combinations that we are normally greater than \$100,000, and did the organization solid any combinations that develocible combinations under section 170(c). B If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax doductible or abmitabil contributions or gifts were not tax doductible combinations under section 170(c). B If "Yes," idd the organization notify the donor of the value of the good or services provided? D If "Yes," indicate the number of Forms 8282? field during the year If d D If the organization notify the year, pay premiums on a personal benefit contract? 76 X If the organization notify and value of the year? 74 X Did the organization notify a matching the prevent divide the prevent divide the prevent dita text sethore the advect divide the prevent divide th	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X		
In anodal account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X If 'Yes' reture the name of the foreign country 5a 5a X 5a Was the organization a party to a prohibited tax shafter transaction at any time during the tax year? 5a X 5a Was the organization have requires that tax was or is a party to a prohibited tax shafter transaction? 5a X 5b D dary taxable party notify the organization that are was or is a party to a prohibited tax shafter transaction? 5c X 5b D dary taxable party notify the organization that are was or is a party to a prohibited tax shafter transaction? 5c X 5b D dary taxable party notify the organization have requires that are normally greater than \$100.000, and did the organization neicke with every solicitation and express statement that such contributions or gifts 5c X 70 Organization setter can approach in excess of \$15 made party as a contribution and party for goods and services provided? 7a X 7b T 'Yes,' did the organization notify the down of the value of the goods or services provided? 7a X 7b IT 'Yes,' did the organization on outry the down of the value of the goods or services provided? 7a X 7b IT 'Yes,' did the organization service any fund, directly or indirectly, to pary premiume on a personal beerfit contract? 7a X 7b IT 'Yes,' did the organization diver dowas divind fits y und balant bas of the organization fits	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		L		
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Form	990 (2022) PROGRAMS FOUNDATION 94-60500		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
U		3		x
4	of officers, directors, trustees, or key employees to a management company or other person?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6		6		x
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7 a		7-	х	
L	more members of the governing body?	<u>7a</u>	21	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		х	
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KACIE FLYNN - 707-826-5159			
	1 HARPST STREET, ARCATA, CA 95521			
232006) 12-13-22	Form	990	(2022)
	7			

Form 990	2022) PROGRAMS FOUNDATION	94-6050071	Page 7			
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated				
	Employees, and Independent Contractors					
	Check if Schedule O contains a response or note to any line in this Part VII					
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.						

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do			ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	ı an	compensation	compensation	amount of
	week		cer ar		Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	itiona		nploy	st cor yee	-	1000 NEO		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			eiganizatione
(1) THOMAS JACKSON	1.00									
EX-OFFICIO DIRECTOR	40.00	х						0.	509,728.	147,255.
(2) FRANK WHITLATCH	1.00									
EX-OFFICIO DIR, GOVERNANCE CHAIR	40.00	Х		х				0.	237,711.	100,670.
(3) JENNIFER CAPPS	1.00									
EX-OFFICIO DIRECTOR, PRESIDENT	40.00	Х		х				0.	264,561.	59,717.
(4) SHAWNA YOUNG	1.00									
DEAN DIRECTOR, SECRETARY	40.00	Х		x				0.	187,084.	84,791.
(5) KRISTIN JOHNSON	40.00									
PROGRAM DIRECTOR						X		145,106.	0.	49,419.
(6) JAMES WOGLOM	11.00									
FACULTY DIRECTOR	29.00	Х						31,142.	106,847.	38,305.
(7) C.D. HOYLE	2.00									50 505
FACULTY DIR, TREASURER	38.00	х		X				7,266.	108,767.	53,785.
(8) KACIE FLYNN	40.00							_	100 688	
EXECUTIVE DIRECTOR	0.00			X				0.	120,677.	47,111.
(9) AMANDA HAHN	1.00							•	100 402	50.000
FACULTY DIRECTOR UNTIL 9/2022 (10) SCOTT HENRY ROGALSKI	40.00	X						0.	108,423.	50,290.
PROGRAM DIRECTOR	40.00					x		120 224	0	24 707
(11) CARLY MARINO	1.00					•		130,234.	0.	24,797.
FACULTY DIRECTOR	40.00	x						0.	07 001	56 022
(12) KEVIN FINGERMAN	2.00	^	-					U.	97,821.	56,933.
FACULTY DIRECTOR	38.00	x						5,759.	95,552.	51,302.
(13) JEFFREY KANE	1.00							5,755.	55,552.	51,502.
FACULTY DIR, FINANCE CHAIR	40.00	x		x				0.	98,435.	52,050.
(14) AMBER GAFFNEY	1.00							- •	,	
FACULTY DIR, VICE PRESIDENT	40.00	x		x				0.	98,680.	47,354.
(15) FERNANDO DIZON	40.00								,	,
PROGRAM DIRECTOR		1				x		114,342.	0.	27,127.
(16) DAVID JOHN CARTER	40.00									
PROGRAM DIRECTOR		1				x		124,507.	0.	12,607.
(17) KERRY BYRNE	2.00									
FACULTY DIRECTOR	38.00	х						4,168.	82,386.	48,835.
										Form 990 (0000)

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Form 990 (2022)

17331108 146892 659107

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Form 990 (2022) PROGRAMS FOUL	NDATION								94-60	5007	1	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B) (C)							(D) (E)				(F)	
Name and title	Average	(do		Pos		۱ than c	ne	Reportable	Reportable	ble		timate	эd
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensatio	on	an	nount	of
	week		cer ar I	nd a d I	irecto	or/trust	ee)	from	from related	a		other	
	(list any	ector						the	organization			pensa	
	hours for	or dir	e			ated		organization	(W-2/1099-MIS			om th	
	related organizations	ustee	truste		Ð	pens		(W-2/1099-MISC/	1099-NEC)		•	anizat	
	below	ual tru	ional		ploye	t com ee		1099-NEC)				d relat	
	line)	ndividual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	anizati	ons
(18) ARVIZU LOURDES	40.00	<u> </u>	<u> </u>	ò	ž	ΕΞ	Ĕ						
PROGRAM DIRECTOR						x		110,551.		٥.		11,	582.
(19) JAKE VARGAS	1.00												
GRADUATE STUDENT DIRECTOR	12.00	х						0.	2,	615.			٥.
(20) ALICE ZHANG	1.00												
GRADUATE STUDENT DIRECTOR	0.00	х						0.		٥.			0.
(21) JASON RAMOS	1.00												
COMMUNITY DIRECTOR	1.00	х						٥.		٥.			٥.
			<u> </u>										
1b Subtotal								673,075.	2,119,	287.		963,	930.
c Total from continuation sheets to Part VI								0.	,	0.			٥.
d Total (add lines 1b and 1c)								673,075.	2,119,	287.		963,	930.
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable	Э			
compensation from the organization								·					13
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual						-		-		3		x
4 For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," con	plete Schedule	e J f	or sı	ıch ı	bers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	actor	s th	nat received more than \$	100,000 of com	oensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wit	hin	the organization's tax y	ear.				
(A)								(B)		~	(C		
Name and business							_	Description of s	ervices	U	ompe	nsatio	n
CITY AND COUNTY OF SAN FRANCISCO, 1 CARLTON B GOODLETT PL, SAN FRANCISCO												182	155
BUTTE-GLENN COMMUNITY COLLEGE DIST	, са						-	SUBCONTRACT SERVIC	E PROVIDED			402,	455.
2480 NOTRE DAME BLVD, CHICO, CA 9592	8							SUBCONTRACT SERVIC	E PROVIDED			417	010.
SIERRA BUSINESS COUNCIL							-	Secontineer BERVIC				±±',	<u>.</u>
PO BOX 2428, TRUCKEE, CA 96160								SUBCONTRACT SERVIC	E PROVIDED			402	158.
DOMINICAN UNIVERSITY OF CALIFORNIA												,	

PO BOX 2428, TRUCKEE, CA 96160	SUBCONTRACT SERVICE PROVIDED	402,158.
DOMINICAN UNIVERSITY OF CALIFORNIA		
30 CASTRO AVE, SAN RAFAEL, CA 94901	SUBCONTRACT SERVICE PROVIDED	370,024.
WORKFORCE DEVELOPMENT BOARD OF SOLANO CO,		
500 CHADBOURNE RD STE A, FAIRFIELD, CA	SUBCONTRACT SERVICE PROVIDED	364,977.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 21		

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PROGRAMS FOUNDATION 94-6050071 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b b Membership dues c Fundraising events 1c 1,526,928 d Related organizations 1d 30,714,831 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 5,745,958. 1f g Noncash contributions included in lines 1a-1f 1g |\$ 37,987,717. h Total. Add lines 1a-1f **Business Code** 2 a INDIRECT COST REVENUE 3,610,233 900099 3,610,233. Program Service Revenue OTHER PROGRAM REVENUE 900099 334,521 334,521 b С d е f All other program service revenue 3,944,754. g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 89,854 89,854 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses 6c c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue 7c c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not of including \$ contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a MISCELLANEOUS REVENUE 900099 145,609 145,609. Revenue b С d All other revenue 145,609 e Total. Add lines 11a-11d 42,167,934. 3,944,754, 0. 235,463. 12 Total revenue. See instructions Form 990 (2022)

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	990 (2022) PROGRAMS FOUNDATIO			94-605	0071 Page
	on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must com	plete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	354,718.	354,718.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	987,212.	987,212.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	72,805.	72,805.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	45 500 045		0.05 .050	
7	Other salaries and wages	15,703,217.	14,737,545.	965,672.	
8	Pension plan accruals and contributions (include	716 060	COA 000	22.202	
_	section 401(k) and 403(b) employer contributions)	716,263.	684,000.	32,263.	
9	Other employee benefits	3,228,099.	2,842,465.	385,634.	
0	Payroll taxes	1,127,236.	1,087,540.	39,696.	
1	Fees for services (nonemployees):				
	Management	6.006		6 026	
b		6,026.		6,026.	
	Accounting	61,843.		61,843.	
	Lobbying				
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10,451,500.	9,529,542.	921,958.	
~	column (A), amount, list line 11g expenses on Sch 0.)	68,916.	33,441.	35,475.	
2	Advertising and promotion	1,447,597.	1,415,421.	32,176.	
3 ⊿	Office expenses	201,850.	87,952.	113,898.	
4 5	Information technology Royalties	201,000.	07,552.		
5 6	· · · · · · · · · · · · · · · · · · ·	113,341.	107,144.	6,197.	
6 7	Occupancy Travel	1,323,387.	1,316,147.	7,240.	
7	Payments of travel or entertainment expenses	1,020,007.	1,010,11,1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	234,790.	234,659.	131.	
9 0	· · · · · · · · · · · · · · · · · · ·	2,157.	2,157.		
1	Payments to affiliates		_ ,		
י 2	Depreciation, depletion, and amortization	221,415.	221,415.		
2 3	Insurance	102,523.	1,584.	100,939.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	INDIRECT COSTS	3,610,234.	3,610,234.		
b	STIPENDS	1,883,437.	1,879,992.	3,445.	
с	ADMINISTRATIVE & OTHER	199,169.	199,169.		
d	EQUIPMENT	114,186.	114,186.		
е	All other expenses	586,767.	582,185.	4,582.	
5	Total functional expenses. Add lines 1 through 24e	42,818,688.	40,101,513.	2,717,175.	
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

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Form 990 (2022)

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orm	990 (2	2022) PROGRAMS FOUNDATION				94-60	50071 Page 1
	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
		•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,712,121.	1	4,711,977
	2	Savings and temporary cash investments			36,318.	2	4,082,211
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			14,465,911.	4	15,952,037
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ıs		5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	on 4958(c)(3)(B)		6		
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	–			33,344.	9	44,749
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	1,541,499.			
	b	Less: accumulated depreciation		836,779.	1,059,536.	10c	704,720
	11	Investments - publicly traded securities			300.	11	300
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ		18,307,530.	16	25,495,994	
	17	Accounts payable and accrued expenses			5,850,088.	17	5,891,514
	18	Grants payable				18	
	19	Deferred revenue			3,365,128.	19	11,162,920
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subs	antial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	IS		22	
Ë	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third pa	irties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	5 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			9,215,216.	26	17,054,434
		Organizations that follow FASB ASC 958, che	ck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			9,092,314.	27	8,441,560
Ba	28	Net assets with donor restrictions		28			
pu		Organizations that do not follow FASB ASC 9	58, cheo	k here			
ц,		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ea	uipmen	fund		30	
As	31	Retained earnings, endowment, accumulated in	come, o	other funds		31	
Net	32	Total net assets or fund balances			9,092,314.	32	8,441,560
	33	Total liabilities and net assets/fund balances			18,307,530.	33	25,495,994

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	CAL POLY HUMBOLDT SPONSORED				
Form	990 (2022) PROGRAMS FOUNDATION	94-6050071		Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42	,167,	934.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42	,818,	688.
3	Revenue less expenses. Subtract line 2 from line 1	3		-650,	754.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,092,	314.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8	,441,	560.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2022)

(Forn	n 990) nent of th	ne Treasury	Co	Public Cha omplete if the orga 49 A Go to www.irs.gov.	OMB No. 1545-0047 2022 Open to Public Inspection					
Name	of the	e organizatio	ON CAL PO	LY HUMBOLDT SPO	ONSORED				Employer	identification number
	_	_		MS FOUNDATION						94-6050071
Part	t I	Reason	or Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The or	ganiza	ation is not a	private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1	4	A church, cor	vention of chu	urches, or association	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2	A	school desc	ribed in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)				
3	4	hospital or a	a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4 🗌	/	a medical res	earch organiza	ation operated in co	onjunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_		ity, and state	-							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit desc section 170(b)(1)(A)(iv). (Complete Part II.)								ed in
• 「										
6 L			-	-	mental unit described in					
7 [-		-	antial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	Sublic described in
• [-		omplete Part II.)	VIVAVui) (Complete Der	+ 11 \				
8 L 9 [_	-		• •)(1)(A)(vi). (Complete Par I in section 170(b)(1)(A)(,	od in conii	unction with a	land grant	collogo
9 [-	-		culture (see instructions).				-	-
		iniversity:	a non land g	grant concept of agin			name, eny	, and state of	the conege	
10			on that normal	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from
		-		• • • •	ct to certain exceptions; a				-	•
	i	ncome and u	nrelated busir	ness taxable income	e (less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.
	S	See section &	509(a)(2). (Cor	mplete Part III.)						
11 🗌	A	An organizatio	on organized a	and operated exclus	sively to test for public sa	fety. See	section 50	09(a)(4).		
12		-	-	-	sively for the benefit of, to	-			-	
	r	nore publicly	supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box on
	li		-	• •	of supporting organization		-		-	
а				-	supervised, or controlled	• • • •	-			
			-		egularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
b		0		complete Part IV, S		tion with it	ounnorte	d organizatio	n(a) by bay	ing
b				-	d or controlled in connect panization vested in the sa			-		-
			0		Sections A and C.				ge the supp	
с	\square	•	. ,	•	ng organization operated	in connect	tion with. a	and functional	lv integrate	ed with.
					s). You must complete I				, ,	,
d		Type III no	n-functionally	integrated. A sup	porting organization oper	ated in co	nnection v	ith its suppo	ted organiz	zation(s)
		that is not f	unctionally int	egrated. The organi	zation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	/eness
		requiremen	t (see instructi	ions). You must co	mplete Part IV, Sections	A and D,	and Part	V .		
е					written determination fro			Туре I, Туре	II, Type III	
					onally integrated supporti	ng organiz	ation.			[]
			• •							
g		le the followi Name of suppo		about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetarv	(vi) Amount of other
	(7)	organization			(described on lines 1-10	in your governi Yes	ing document? No	support (see in	-	support (see instructions)
					above (see instructions))					
										<u> </u>
Total										

	CA	L POLY HUMBOL	DT SPONSORED							
Sch		ROGRAMS FOUNDA				94-60500	i ugo 🖬			
Pa	rt II Support Schedule for	Organizations	Described in S	Sections 170(b	o)(1)(A)(iv) and	170(b)(1)(A)(vi)			
	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I or	if the organization	n failed to qualify u	nder Part III. If the	organization			
	fails to qualify under the tests listed below, please complete Part III.)									
See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	27,632,893.	32,139,747.	34,373,921.	33,328,225.	37,987,717.	165,462,503.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	27,632,893.	32,139,747.	34,373,921.	33,328,225.	37,987,717.	165,462,503.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						165,462,503.			
See	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	27,632,893.	32,139,747.	34,373,921.	33,328,225.	37,987,717.	165,462,503.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,			e 150						
	and income from similar sources	88,971.	10,404.	6,453.	5,307.	89,854.	200,989.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	21 001	15 001	100.050	166 400	145 600	462 050			
	assets (Explain in Part VI.)	31,001.	17,901.	102,879.	166,488.	145,609.	463,878.			
11	· · · · ·						166,127,370.			
12	Gross receipts from related activities,	`	,				16,017,720.			
13	First 5 years. If the Form 990 is for the	-								
50	organization, check this box and stor ction C. Computation of Publi	o here	contago							
						14	99.60 %			
14	Public support percentage for 2022 (I					14	,,,			
15	Public support percentage from 2021 33 1/3% support test - 2022. If the o						/0			
108										
F	stop here. The organization qualifies 33 1/3% support test - 2021. If the o		•			or more check thi	·····			
	and stop here. The organization qual									
17-	10% -facts-and-circumstances test									
178	and if the organization meets the fact									
L	meets the facts-and-circumstances te 10% -facts-and-circumstances test					7a and line 15 is :				
L.	more, and if the organization meets th									
	organization meets the facts-and-circu									
12	Private foundation. If the organization		•							
10	i mate roundation. It the organizatio	IT UIU HUL UHEUK AI		, 100, 17a, 01 17D	, oneon unis DUX a					

Schedule A (Form 990) 2022

232022 12-09-22

CAL	POLY	HUMBOLDT	SPONSORED

PROGRAMS FOUNDATION

Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and 3 received from disgualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								-
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	6	e) 2022	(f) Total	
	Amounts from line 6		(-)	(-) ====	(.,			(,, , , , , , , , , , , , , , , , , , ,	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3	8) organizatio	on,	
Sec	ction C. Computation of Publi	c Support Pe	rcentage						
15	Public support percentage for 2022 (ine 8, column (f), d	divided by line 13,	column (f))		15			%
	Public support percentage from 2021					16			%
Sec	ction D. Computation of Inves	stment Incom	e Percentage						
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17			%
	Investment income percentage from					18			%
19a	33 1/3% support tests - 2022. If the	organization did I	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%	6, and line 17	7 is not	
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation			
b	33 1/3% support tests - 2021. If the	organization did I	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore tha	n 33 1/3%, a	nd	
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly suppo	orted o	rganization		
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structio	ns		
23202	23 12-09-22						Schedule A	(Form 990) 20	22

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1

2

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

<u>Sch</u> e	dule A (Form 990) 2022 PROGRAMS FOUNDATION	94-6050071	Pa	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u>````</u>	<i>detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		
			Vee	
	Did the governing body members of the governing body officers eating in their official especify or membership of an	a ar	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	he 1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
sec	tion D. All Type III Supporting Organizations		V	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	y (see instructio	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			

that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

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3b | | Schedule A (Form 990) 2022

2a

2b

3a

17331108 146892 659107

PROGRAMS FOUNDATION

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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	dule A (Form 990) 2022 PROGRAMS FOUNDATION				94-6050071	Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	Jed)	1	
Sect	ion D - Distributions				Current Ye	ear
_1	Amounts paid to supported organizations to accomplish exe			1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5		
_6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
_9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		1	10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributal Amount for :	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
<u>a</u>	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
_	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

	CAL POLY HUMBOLDT SPONSORED		
Schedule A	(Form 990) 2022 PROGRAMS FOUNDATION	94-6050071	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Sectio I; Part V, Section B, line 1e; P	n C,
232028 12-09-2	2 01	Schedule A (Form	990) 2022

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Name of the organizatio	n			
	CAL	POLY	HUMBOLDT	SPONSORED

PROGRAMS	FOUNDATION

Organization	type	(chock	one	۱.
Organization	ype	CINCK	UTIE,	1.

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

94-6050071

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

	B (Form 990) (2022) rganization		Page 2
	HUMBOLDT SPONSORED		
PROGRAMS	FOUNDATION		94-6050071
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		\$5,851	,798. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$5,265	, 229 . (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$2,289	, 767. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$1,336	, 313. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6_		\$1,308	,505. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

	B (Form 990) (2022) rganization		Page 2 Employer identification number
	HUMBOLDT SPONSORED		
PROGRAMS	FOUNDATION		94-6050071
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
7		\$1,191,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8		\$1,101,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9		\$901,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

	3 (Form 990) (2022)		Page 3
	rganization HUMBOLDT SPONSORED		Employer identification number
	FOUNDATION		94-6050071
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
223453 11-15	-22		Schedule B (Form 990) (2022)

	3 (Form 990) (2022)				Page 4		
Name of or					Employer identification number		
	HUMBOLDT SPONSORED FOUNDATION				94-6050071		
Part III		through (e) and the following tharitable, etc., contributions of \$1	a line entry. For or	anizations	nat total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held		
ŀ		(e) Transfe	er of gift				
-	Transferee's name, address, ar	nd ZIP + 4	R(elationship of tra	Insferor to transferee		
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held		
F	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZI P + 4	R	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held		
	(e) Transfer of gift						
ŀ	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held		
ŀ	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
223454 11-15-					Schedule B (Form 990) (2022)		

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(Forn	HEDULE D 1 990)		OMB No. 1545-0047				
	nent of the Treasury Revenue Service	ہم Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions ar	d the	latest information.		Inspection
Nam	e of the organizati	on CAL POLY HUMBOLDT SPONSOREI PROGRAMS FOUNDATION				Em	bloyer identification number 94-6050071
Par		ations Maintaining Donor Advise		r Sin	nilar Funds or A	ccour	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor ac	vicod	funde	(b) Euro	ds and other accounts
	Tatal musches at a			viseu		(b) Fui	
1		nd of year					
2 3		f contributions to (during year)					
4		f grants from (during year) t end of year					
+ 5		on inform all donors and donor advisors in	L	e hold	in donor advised fun	de	
5	-	on's property, subject to the organization's	-				Yes No
6		on inform all grantees, donors, and donor a					
Ū	•	oses and not for the benefit of the donor o	•	Ū			
	impermissible priv		,			0	Yes No
Par		ation Easements. Complete if the or					
1		servation easements held by the organizati			,,	,	
•		of land for public use (for example, recrea		<u> </u>	Preservation of a hist	orically	important land area
		f natural habitat			Preservation of a cert		
	—	of open space		<u> </u>			
2		through 2d if the organization held a quali	ied conservation cor	tributi	on in the form of a co	nserva	tion easement on the last
-	day of the tax year			in burn			Held at the End of the Tax Year
а						2a	
b						2b	
c	-	vation easements on a certified historic str				2c	
		vation easements included in (c) acquired a					
u		isted in the National Register				2d	
3		vation easements modified, transferred, rel					luring the tax
5	year		eased, extinguished,	OI LEII	finaled by the organ	12411011	
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, ins	pection	n, handling of		
	violations, and enf	orcement of the conservation easements it	holds?				Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violation	s, and	enforcing conservation	on ease	ments during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and	d enfor	rcing conservation ea	semen	ts during the year
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirer	nents d	of section 170(h)(4)(B)(i)	
	and section 170(h)						Yes No
9		be how the organization reports conservati					
		d include, if applicable, the text of the footr			-		
	organization's acc	ounting for conservation easements.					
Par	t III Organiza	ations Maintaining Collections of	Art, Historical	Freas	ures, or Other S	Simila	r Assets.
	Complete i	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	revenu	ue statement and bal	ance sł	neet works
	of art, historical tre	easures, or other similar assets held for pul	olic exhibition, educa	tion, o	r research in furthera	nce of p	oublic
		Part XIII the text of the footnote to its finar					
b	· •	elected, as permitted under FASB ASC 95				e sheet	works of
	-	sures, or other similar assets held for public					
		ng amounts relating to these items:	-				·
		ded on Form 990, Part VIII, line 1					\$
							\$
2	.,	received or held works of art, historical tre					
_	-	unts required to be reported under FASB A					
а	•	on Form 990, Part VIII, line 1	•				\$
		Form 990, Part X					÷
		eduction Act Notice, see the Instructions					$\frac{\Psi}{\Psi}$ Schedule D (Form 990) 2022
	09-01-22						
202001			0.7				

Schedule D (from 990) 2022 PROREME PORDEXTON 94-000000000000000000000000000000000000		CAL POLY HU	JMBOLDT SPONSOR	ED							
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tems (sheck all that apply): a b b b collection tems (sheck all that apply): a b collection tems (sheck all that apply): a collection (sheck all that apply):											Page 2
collection terms (check all that apply): a b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b <td>Par</td> <td>t III Organizations Maintaining C</td> <td>ollections of Ar</td> <td>t, Histo</td> <td>orical Tre</td> <td>easures, o</td> <td>r Other</td> <td>Similar As</td> <td>sets _{(con}</td> <td>tinuec</td> <td>1)</td>	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar As	sets _{(con}	tinuec	1)
a Public exhibition d Can or exchange program b Scholary research e Other	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	t make sig	nificant use o	of its		
b Scholary research e Other c Previde a description of houre generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise hunds arther than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, Iine 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Iine 21. 15 Is the organization include an amount on Form 990, Part X, Iine 21. for secrow or custodial account liability? 16 Distributions during the year 17 Techning balance 16 Outron Form 990, Part X, Iine 21. for secrow or custodial account liability? 28 Did the organization include an amount on Form 990, Part X, Iine 21. for secrow or custodial account liability? 29 Did the organization include an amount on Form 990, Part X, Iine 21. for secrem or custodial account liability? 29 Did the organization include an amount on Form 990, Part X, Iine 21. for secrem or custodial account liability? 20 Dif the organization answered 'Yes' on Form 990, Part X, Iine 21. for secrem or part (Iine years back (e) Four years back 30<		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part K, line 91. 14 Is the organization and explain the intermediary for contributions or other assets not included on Form 990, Part X, line 21. 15 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? C Beginning balance C Beginning diverse allow on Form 990, Part X, line 21, for escrow or custodial account liability? C Pert No D If 'Yes' explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII C Pert V Endowment Funds. Complete If the organization newered 'Yes' on Form 990. C Part X is explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII C Pert C Pert No D If 'Yes' explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII C Pert C Pert No D C Pert Pert C Pert No D C Pert Pert C Pert No D C Pert Pert Pert C Pert N C Pert Pert Pert Pert Pert Pert Pert Pert	а	Public exhibition	c	ı 🛄 ı	Loan or exc	hange progra	am				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X2 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X2 Is diations during the year Is Is diations Is Is diations Is Is diations Is Is Is diations Is Is diations Is Is diations Is Is diations Is Is Is diations Is Is diations Is Is Is Is Is Is diations Is Is	b	Scholarly research	e		Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Part W Escrow and Outstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angement in Complete if the organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization angement in Part XIII and complete the following table: 0 If "Yes," explain the arrangement in Part XIII and complete the following table: 1d Obstributions during the year 1d Distributions during the year 1d Ending balance 1f Ending balance 1d Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes 2b Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes 2a Did the organization inserveed 'Yes' on Form 990, Part X, line 21, for secrow or custodial account liability? Yes 2a Did the organization inserveed 'Yes' on Form 990, Part X, line 21. If and program 10, line 10. 3a The organization inserveed 'Yes' on Form 990, Part X, line 10. If an organization ins	с	Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X Ives No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ice Ide	4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	on's exemp	ot purpose in	Part XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (III) Ves No b If "Yes," explain the arrangement in Part XII and complete the following table: Image: Complete the following table:	5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	er similar a	issets		_	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d 2 Beginning balance 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization nawered "Ves" on Form 990, Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part XIII. (d) Three years back (d) Three years back (e) Four years back is complete if the organization answered "Ves" on Form 990, Part XIII. (d) Three years back (d) Three years back (d) Three years back is complete if the organization answered "Ves" on Form 990, Part XIII. (d) Three years back is complete if the organization answered "Ves" on Form 990, Part XIII. (d) Three years back is complete if the organization and programs is complete if the organization of the organization is complete if the organization is complete if the organization answered "Ves" on Form 990, Part XIII. (d) Three years back is complete if the organization is endownent is complete if the organization is form endownent is complete if the organization is form endownent funds on the possession of the organization that are held and administered for the organization by: (e) Four years back is complete if the organizations i	_										No
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on Form \$90, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Stack (e) Four years back if a grants or scholarships. a Define expenditures for facilities and programs. Image: Stack if an answered "Yes" on Form 990, Part IV, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Image. 3 End of year balance Image: Stack if an answered "Yes" on Form 990, Part X, line 10. Stack if an answered "Yes" on Form 990, Part X, line 10. 4 Are there endowment funds not in the possession of the organization b		reported an amount on Form 990, Pa	rt X, line 21.								
b If "Yes," explain the arrangement in Part XII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	contribution	s or other as	sets not in	cluded		_	
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Distributions In Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XI, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Contributions (a) (d) Three years back (e) Four years back (e									Yes	L	No
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d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves Part V Endowment Funds. Complete if the organization nas been provided on Part XII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year b Contributions (b) Prior year c Not investment earnings, gains, and losses (c) Three years back d Grants or scholarships (c) Three spenditures for facilities and programs (c) and programs g End of year balance %6 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment %6 c Term endowment %6 of the respenditures for the set should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (a) (O (b) Related organizations (b) Cost or other organization by: (b) Cost or other									Amou	unt	
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f Ending balance	d	Additions during the year						1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 7 Administrative expenses (a) Current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment % % 9 Ford of year balance % % % <td< td=""><td>е</td><td>Distributions during the year</td><td></td><td></td><td></td><td></td><td></td><td>1e</td><td></td><td></td><td></td></td<>	е	Distributions during the year						1e			
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b Contributions			(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years	back (e) Fo	our yea	rs back
c Net investment earnings, gains, and losses	1a	Beginning of year balance									
d Grants or scholarships	b	Contributions									
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses									
and programs	d	Grants or scholarships									
f Administrative expenses	е	Other expenditures for facilities									
g End of year balance		and programs									
2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% main percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	f	Administrative expenses									
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The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organization as wered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Equipment (e) Other (f) 998. (f) 992. (f) 998. (f) 992. (f) 994. (f) 994. (f) 994. (f) 994. (f) 994.<td>b</td><td>Permanent endowment</td><td>%</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td>	b	Permanent endowment	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations is endowment funds. (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Cost or other basis (investment) (f) Cost or other basis (other) (g) Section of property (g) Cost or other basis (other) (g) Section of the cost or other basis (other) (g) Section of the cost or other basis (other) (g) Section of the cost or other basis (other) (g) Section of the cost or other basis (other) (g) Section of the cost or other basis (other) (g) Section of the cost or other basis (other)	с	Term endowment	%								
organization by: Yes No (i) Unrelated organizations 3a(i) i i i i i i i i i i i i i i i i i i i i i i i i i		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 490, 279. 356, 605. 133, 674. c Leasehold improvements 619, 998. 292, 346. 327, 652. e Other 619, 292. 187, 828. 243, 394.	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administer	red for the				
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 490, 279. 356, 605. 133, 674. c Leasehold improvements 619, 998. 292, 346. 327, 652. e Other 431, 222. 187, 828. 243, 394.		organization by:								Ye	s No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 490, 279. 356, 605. 133, 674. c Leasehold improvements 619, 998. 292, 346. 327, 652. e Other 431, 222. 187, 828. 243, 394.		(i) Unrelated organizations							3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 490,279. 356,605. 133,674. c Leasehold improvements 619,998. 292,346. 327,652. e Other 431,222. 187,828. 243,394.										i)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 490,279. 356,605. 133,674. c Leasehold improvements 619,998. 292,346. 327,652. e Other 431,222. 187,828. 243,394.	b										
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land490,279.356,605.133,674.b Buildings490,279.356,605.133,674.c Leasehold improvements619,998.292,346.327,652.e Other431,222.187,828.243,394.	4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds.						
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land490,279.356,605.133,674.b Buildings490,279.356,605.133,674.c Leasehold improvements619,998.292,346.327,652.e Other431,222.187,828.243,394.	Par	t VI Land, Buildings, and Equipm	ient.								
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990	, Part X, lii	ne 10.	-		
b Buildings 490,279. 356,605. 133,674. c Leasehold improvements 619,998. 292,346. 327,652. e Other 431,222. 187,828. 243,394.		Description of property			• •		.,		(d) Bo	ok va	lue
b Buildings 490,279. 356,605. 133,674. c Leasehold improvements 619,998. 292,346. 327,652. e Other 431,222. 187,828. 243,394.	1a	Land									
c Leasehold improvements 619,998. 292,346. 327,652. e Other 431,222. 187,828. 243,394.						490,279.		356,605.	,	133	3,674.
d Equipment 619,998. 292,346. 327,652. e Other 431,222. 187,828. 243,394.											
e Other						619,998.		292,346	,		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)						431,222.		187,828.		243	3,394.
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.)				704	1,720.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 PROGRAMS FOUNDATION			94-6050071	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" on For	rm 990, Part IV, line ⁻	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" on For	rm 990, Part IV, line ⁻	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
(1)			-	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" on For	rm 990, Part IV, line ⁻	11d. See Form 990, Part X, line 15.		
(a) Descri	iption		(b) Book v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
Part X Other Liabilities.				

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value <u>1.</u> (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

17331108 146892 659107

	CAL POLY HUMBOLDT SPONSORED			
Sche	dule D (Form 990) 2022 PROGRAMS FOUNDATION		94-605	0071 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.		
1	Total revenue, gains, and other support per audited financial statements		1	42,167,934.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			42,167,934.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			42,167,934.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.		
1	Total expenses and losses per audited financial statements		1	42,818,688.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	. 2b		
с	Other losses	. 2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			42,818,688.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			42,818,688.
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

232054 09-01-22

SCHEDULE F	Stateme	nt of Acti	ivities Outside the Ur	nited Sta	ites 📖	OMB No. 1545-0047			
(Form 990)		Statement of Activities Outside the United States							
Department of the Treasury	•	5	Attach to Form 990.			en to Public			
Internal Revenue Service	Go to _W	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		pection			
Name of the organization					Employer ident	ification number			
CAL POLY HUMBOLDT SPON	SORED								
PROGRAMS FOUNDATION	mation on A		aida tha Unitad States		94-6050071				
		cuvilles Out	side the United States. Compl	ete if the organ	ization answered	"Yes" on			
Form 990, Part I									
			ds to substantiate the amount of its gra he selection criteria used to award the			Yes No			
	cribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and ot	her assistance out	side the			
United States. 3 Activities per Region. (T	be following Part	L line 3 table ca	an be duplicated if additional space is r	(bebee					
(a) Region	(b) Number of		(d) Activities conducted in the region		vity listed in (d)	(f) Total			
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures			
	in the region	independent	gram services, investments, grants to		e specific type	for and investments			
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region			
SUB-SAHARAN AFRICA	0	5	PROGRAM SERVICES	RESEARCH		75,800.			
, ,									
EUROPE (INCLUDING						_			
ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	RESEARCH		5,000.			
SOUTH AMERICA	0	1	PROGRAM SERVICES	RESEARCH		1,900.			
		-							
NORTH AMERICA									
(CANADA AND MEXICO)	0	2	PROGRAM SERVICES	RESEARCH		1,700.			
						+			
3 a Subtotal	0	9				84,400.			
b Total from continuation									
sheets to Part I	0	0				0.			
c Totals (add lines 3a									
and 3b)	0	9				84,400.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

232071 10-17-22

PROGRAMS FOUNDATION

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f			L	1	I
3 Enter total number of			or counsel has provided a sect		invalency letter	F		

94-6050071

Page 2

Schedule F (Form 990) 2022

PROGRAMS FOUNDATION

94-6050071

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region , recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2022

Page 3

	CAL POLY HUMBOLDT SPONSORED		
Schedu	Ile F (Form 990) 2022 PROGRAMS FOUNDATION	94-6050071	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes."		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes."		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

PROGRAMS FOUNDATION

94-6050071

Page 5

Schedule F (Form 990) 2022 Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

SPONSORED PROGRAMS FOUNDATION IS NOT THE FUNDER FOR GRANTS. HOWEVER

THERE ARE EMPLOYEES AND INDEPENDENT CONTRACTORS WHO WORK ON GRANTS THAT

SPONSORED PROGRAMS FOUNDATION RECEIVED FROM OTHER FUNDERS OUTSIDE THE

UNITED STATES. SPONSORED PROGRAMS FOUNDATION MAINTAINS PAYROLL RECORDS

AND COPIES OF INVOICES AND CANCELLED CHECKS FOR VENDORS.

Schedule F (Form 990) 2022

232075 10-17-22

SCHEDU (Form 99			Go	Frants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭn i on Form 990, Pa	ited States		OMB No. 1545-0047
Department	of the Treasury enue Service			Go to www.irs	Attach to Forn .gov/Form990 for		ation		Open to Public Inspection
Name of	and organization	DOLY HUMB	OLDT SPONSOREI DATION						Employer identification number 94-6050071
Part I	General Informatio								
crit		grants or assis janization's pro	stance? ocedures for monit Domestic Organiz	oring the use of grant	funds in the United	l States. Complete if the org			X Yes No
	recipient that receiv	ed more than S	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.	(c) Mathead of	1	1
1 (a)	Name and address of or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1 HARPS	Y HUMBOLDT T STREET CA 95521			STATE OF CALIFORNIA	0.	354,718.	BOOK VALUE	EQUIPMENT	GENERAL OPERATING SUPPORT
2 Ent	er total number of sect	ion 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				1.

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

PROGRAMS FOUNDATION

94-6050071

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS/TUITION	148	987,212.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MAKES TRANSFERS TO RELATED ORGANIZATIONS UNDER COMMON

MANAGEMENT AND CONTROL WHO ENSURE THAT ALL TRANSFERRED FUNDS AND ASSETS ARE

USED FOR APPROPRIATE PURPOSES.

PAYMENTS FOR SCHOLARSHIPS/TUITION ARE ISSUED TO CAL POLY HUMBOLDT. CAL POLY

HUMBOLDT THEN ISSUES THE SCHOLARSHIPS/TUITION TO THE STUDENTS. THE PAYMENTS

ARE TRACKED THROUGH CAL POLY HUMBOLDT'S FINANCIAL AID OFFICE. THE PAYMENTS

ARE PLACED ON THE INDIVIDUAL STUDENTS' ACCOUNTS.

sc	CHEDULE J Compensation Information				MB No. ⁻	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Tru	ustees, Key Employees, and Highest red Employees		20	22	
		Complete if the organization answer	red "Yes" on Form 990, Part IV, line 23.		pen to		
	rtment of the Treasury al Revenue Service		o Form 990. structions and the latest information.		Inspe		
	ne of the organization	CAL POLY HUMBOLDT SPONSORED		Employer ident			mber
	······································	PROGRAMS FOUNDATION		94-6050			
Pa	rt I Questions	Regarding Compensation					
		5 5 1				Yes	No
1a	Check the appropria	te box(es) if the organization provided any of the f	following to or for a person listed on Form	990.		100	
		ne 1a. Complete Part III to provide any relevant in	-				
	First-class or cl		Housing allowance or residence for perso	naluse			
	Travel for com		Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fee				
			Personal services (such as maid, chauffeu				
	,			.,,			
b	If any of the boxes of	n line 1a are checked, did the organization follow	a written policy regarding payment or				
	•	ovision of all of the expenses described above? If			1b		
2		require substantiation prior to reimbursing or allo					
		s, including the CEO/Executive Director, regarding			2		
	,						
3	Indicate which, if an	y, of the following the organization used to establi	ish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes					
		tion of the CEO/Executive Director, but explain in					
	X Compensation	committee	Written employment contract				
	Independent c		Compensation survey or study				
			Approval by the board or compensation c	ommittee			
		-					
4	During the year, did	any person listed on Form 990, Part VII, Section A	A, line 1a, with respect to the filing				
	organization or a rel	ated organization:					
а	Receive a severance	payment or change-of-control payment?			4a		х
b	Participate in or rec	eive payment from a supplemental nonqualified ref	tirement plan?		4b		X
с	Participate in or rec	vive payment from an equity-based compensation	arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable	e amounts for each item in Part III.				
		(3), 501(c)(4), and 501(c)(29) organizations mus					
5	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any compensatio	n			
	contingent on the re						
					5a		X
		tion?			5b		X
	If "Yes" on line 5a o	5b, describe in Part III.					
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any compensatio	n			
	contingent on the ne	et earnings of:					
а	The organization?				6a		X
		tion?			6b		X
	If "Yes" on line 6a o	6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the org					
	not described on lin	es 5 and 6? If "Yes," describe in Part III			7		X
8	Were any amounts i	eported on Form 990, Part VII, paid or accrued pu	ursuant to a contract that was subject to th	e			
	initial contract exce	tion described in Regulations section 53.4958-4(a	a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, di	the organization also follow the rebuttable presu	Imption procedure described in				
	Regulations section	53.4958-6(c)?			9		
LHA		duction Act Notice, see the Instructions for For		Schedule	J (Forn	n 990)	2022

232111 10-18-22

PROGRAMS FOUNDATION

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THOMAS JACKSON	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO DIRECTOR	(ii)	447,728.	0.	62,000.	120,935.	26,320.	656,983.	0.
(2) FRANK WHITLATCH	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO DIR, GOVERNANCE CHAIR	(ii)	237,711.	0.	0.	74,465.	26,205.	338,381.	0.
(3) JENNIFER CAPPS	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO DIRECTOR, PRESIDENT	(ii)	264,561.	0.	0.	39,744.	19,972.	324,277.	0.
(4) SHAWNA YOUNG	(i)	0.	0.	0.	0.	0.	0.	0.
DEAN DIRECTOR, SECRETARY	(ii)	187,084.	0.	0.	58,654.	26,137.	271,875.	0.
(5) KRISTIN JOHNSON	(i)	145,106.	0.	0.	15,869.	33,550.	194,525.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES WOGLOM	(i)	31,142.	0.	0.	0.	0.	31,142.	0.
FACULTY DIRECTOR	(ii)	106,847.	0.	0.	27,732.	10,572.	145,151.	0.
(7) C.D. HOYLE	(i)	7,266.	0.	0.	0.	0.	7,266.	0.
FACULTY DIR, TREASURER	(ii)	108,767.	0.	0.	33,831.	19,954.	162,552.	0.
(8) KACIE FLYNN	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	120,677.	0.	0.	36,553.	10,558.	167,788.	0.
(9) AMANDA HAHN	(i)	0.	0.	0.	0.	0.	0.	0.
FACULTY DIRECTOR UNTIL 9/2022	(ii)	108,423.	0.	0.	28,031.	22,259.	158,713.	0.
(10) SCOTT HENRY ROGALSKI	(i)	130,234.	0.	0.	12,475.	12,322.	155,031.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CARLY MARINO	(i)	0.	0.	0.	0.	0.	0.	0.
FACULTY DIRECTOR	(ii)	97,821.	0.	0.	30,893.	26,039.	154,753.	0.
(12) KEVIN FINGERMAN	(i)	5,759.	0.	0.	0.	0.	5,759.	0.
FACULTY DIRECTOR	(ii)	95,552.	0.	0.	28,367.	22,936.	146,855.	0.
(13) JEFFREY KANE	(i)	0.	0.	0.	0.	0.	0.	0.
FACULTY DIR, FINANCE CHAIR	(ii)	98,435.	0.	0.	29,248.	22,803.	150,486.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page 2

94-6050071

PROGRAMS FOUNDATION

Schedule J (Form 990) 2022

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

Supplementa	I Information to	Form 990	or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

FORM 990, PART VI, SECTION A, LINE 7A:

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

THE BOARD OF DIRECTORS INCLUDES THE PRESIDENT OF CALIFORNIA STATE

PROGRAMS FOUNDATION

POLYTECHNIC UNIVERSITY, HUMBOLDT, THE VICE PRESIDENTS OF THE UNIVERSITY OR

CAL POLY HUMBOLDT SPONSORED

THEIR DESIGNEES, AND THE DEAN FOR RESEARCH AND GRADUATE STUDIES. THE BOARD

OF DIRECTORS ALSO INCLUDES THE FOLLOWING INDIVIDUALS APPOINTED BY THE

UNIVERSITY PRESIDENT: ONE DIRECTOR FROM AMONG THE DEANS OF THE COLLEGES AND

LIBRARY, SEVEN FACULTY DIRECTORS, TWO ENROLLED FULL-TIME STUDENT DIRECTORS

(ONE UNDERGRADUATE AND ONE GRADUATE), ONE OR MORE COMMUNITY DIRECTORS, AND

ADDITIONAL DIRECTORS FROM AMONG UNIVERSITY PERSONNEL OR COMMUNITY MEMBERS

TO PROVIDE APPROPRIATE LEGAL, FINANCIAL AND REGULATORY EXPERTISE.

FORM 990, PART VI, SECTION A, LINE 7B:

AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS REQUIRE APPROVAL OF

THE PRESIDENT OF CALIFORNIA STATE POLYTECHNIC UNIVERSITY, HUMBOLDT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR OF CAL POLY HUMBOLDT

SPONSORED PROGRAMS FOUNDATION AS WELL AS BY THE FINANCE OFFICER PRIOR TO

THE FORM 990 BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION REVIEWS TRANSACTIONS AND

MONITORS ACTIVITY ON A REGULAR BASIS FOR CONFLICT OF INTEREST ITEMS THAT

MAY ARISE.

FORM 990, PART VI, SECTION B, LINE 15:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022



Employer identification number 94-6050071

Schedule O (Form 990) 2022 Name of the organization CAL POLY HUMBOLDT SPONSORE	ED	Page : Employer identification number
PROGRAMS FOUNDATION		94-6050071
THE EXECUTIVE DIRECTOR REPORTS TO THE PROVOST A	AND VICE PRESIDENT FOR	
ACADEMIC AFFAIRS OF THE CAMPUS AND COMPENSATION	N IS DETERMINED BASED ON	
CAMPUS COMPENSATION POLICIES. KEY EMPLOYEES' CO	OMPENSATION IS DETERMINED BY	
CAMPUS COMPENSATION POLICIES. A REVIEW WAS LAST	COMPLETED IN MAY 2021	
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLIC	CT OF INTEREST POLICY AND	
FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE F	PUBLIC THROUGH HUMBOLDT STATE	
UNIVERSITY SPONSORED PROGRAMS FOUNDATION'S WEBS	SITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
SUB-CONTRACTS:		
505-CONTRACTS :		
PROGRAM SERVICE EXPENSES	7,381,783.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	7,381,783.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
COUNSELING SERVICES:		
PROGRAM SERVICE EXPENSES	812,668.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	812,668.	
OTHER FEES FOR SERVICES:		
PROGRAM SERVICE EXPENSES	1,335,091.	
MANAGEMENT AND GENERAL EXPENSES	921,958.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,257,049.	
232212 10-28-22	2,237,043.	Schedule O (Form 990) 2022

Name of the organization CAL POLY HUMBOLDT SI PROGRAMS FOUNDATION	PONSORED		Employer identification number 94-6050071
TOTAL OTHER FEES ON FORM 990, PART IX, L	INE 11G, COL A	10,451,500.	
FORM 990, PART XII, LINE 2C:			
THE PROCESS AND METHODS USED BY THE FOUNI	DATION TO SELECT TH	Е	
INDEPENDENT AUDITOR HAVE NOT CHANGED.			
232212 10-28-22	43		Schedule O (Form 990) 202

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization	ON CAL POLY HUMBOLDT SPO PROGRAMS FOUNDATION	NSORED			I	Employer ide 94-605	entification number 0071		
Part I Identification	on of Disregarded Entities. Complet	e if the organization answered "Yes	s" on Form 990, Part IV, line 33.						
,	(a) ess, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asse	ts Di	(f) irect controlling entity		

Part II	Identification of Related Tax-Exempt Organization	ons. Complete if the organization and	swered "Yes" on Form 990, F	art IV, line 34, becaus	e it had one or more	related tax-exempt
Parti	organizations during the tax year.					

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		3) 12(b)(13) olled ity?
				501(c)(3))		Yes	No
CALIFORNIA STATE POLYTECHNIC UNIVERSITY,							
HUMBOLDT - 94-6001347, 1 HARPST ST, ARCATA,							
CA 95521	EDUCATION	CALIFORNIA			N/A		х
CAL POLY HUMBOLDT FOUNDATION - 94-6077724							
1 HARPST ST	ADVANCEMENT OF HUMBOLDT						
ARCATA, CA 95521	STATE UNIVERSITY'S MISSION	CALIFORNIA	501(C)(3)	LINE 10	CAL POLY HUMBOLDT		Х
CAL POLY HUMBOLDT REAL ESTATE HOLDINGS - 81-2593561, 1 HARPST ST, ARCATA, CA 95521	ACCEPT, HOLD AND MANAGE CERTAIN REAL PROPERTY	CALIFORNIA	501(C)(3)		CAL POLY HUMBOLDT FOUNDATION		x
ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT - 94-1201195, 1 HARPST ST, ARCATA, CA 95521	STUDENT SERVICES	CALIFORNIA		LINE 12C, III-FI	CAL POLY HUMBOLDT		x

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

CAL POLY HUMBOLDT SPONSORED

Schedule R (Form 990)

PROGRAMS FOUNDATION

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr organi:	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
HUMBOLDT STATE UNIVERSITY CENTER -				LINE 12C,			
94-1627074, 1 HARPST ST, ARCATA, CA 9552	L STUDENT SERVICES	CALIFORNIA	501(C)(3)	III-FI	CAL POLY HUMBOLDT		X
							<u> </u>
	_						
					l		

Schedule R (Form 990) 2022 PROGRAMS FOUNDATION

organizations treated as a pai	thership during the tax	k year.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł		(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?						Code V-UBI amount in box 20 of Schedule	General managi partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o				

		<u> </u>		
B . B/	Identification of Related Organizations Taxable as a Corporation or Trust.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, b	ecause it had one or more related
	organizations treated as a corporation or trust during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contro enti	
		country)				235613			No
<u> </u>	-								

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

CAL POLY HUMBOLDT SPONSORED

Schedule R (Form 990) 2022 PROGRAMS FOUNDATION

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		X	
Gift, grant, or capital contribution from related organization(s)		X	
Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)			
Dividends from related organization(s)	<u>1f</u>		
Sale of assets to related organization(s)			
Purchase of assets from related organization(s)	<u>1h</u>		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)		+	_
Lease of facilities, equipment, or other assets from related organization(s)		x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)		x	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses	1 p	x	
Reimbursement paid by related organization(s) for expenses		X	_
Other transfer of cash or property to related organization(s)	1r	x	
Other transfer of cash or property from related organization(s)	1s		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u>				

CAL POLY HUMBOLDT SPONSORED

Schedule R (Form 990) 2022 PROGRAMS FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	6	-)	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all	Share of	Share of		• , opor-	Code V-LIBI	Genera	l or Percentag
of entity	T finding dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	Dispr tior allocat	nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ing woll ownership
,		country)	excluded from tax under sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
				res	NO			res	INO	(1011111000)	res	10
	-							ſ				
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					+						+	
	-											
		1		1							1	

Schedule R (Form 990) 2022

PROGRAMS FOUNDATION

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22