### \*\* 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

ΑI	or the	$oldsymbol{ iny 2021}$ calendar year, or tax year beginning $oldsymbol{ iny JU}$	L 1, 2021 and	ending J	UN 30, 2022	2		
B	Check if pplicable	HUMBOLDT STATE UNIVERSITY SPONSOR	ED		D Employe	r identific	eation number	
	Addre:	PROGRAMS FOUNDATION						
	Name chang	Doing business as			94-6	050071		
	Initial return Final return	Number and street (or P.O. box if mail is not deli 1 HARPST STREET	vered to street address)	Room/suite	E Telephone number 707-826-4189			
	termin ated		IP or foreign postal code		<b>G</b> Gross receipts \$ 36,772,180			
Г	Ameno	, , , , , , , , , , , , , , , , , , , ,	an or revergit pootal code		H(a) Is this a			
F	Applic	F Name and address of principal officer: KACIE	FLYNN		1	ordinates		
	pendir	SAME AS C ABOVE					cluded? Yes No	
T-	ax-exe	empt status: X 501(c)(3) 501(c) ( )		or 527	1		list. See instructions	
		te: HTTPS://RESEARCH.HUMBOLDT.EDU/	(mosterior) to 17 (a)(1)	<u></u>	H(c) Group			
			sociation Other >	L Year	of formation: 1		State of legal domicile: CA	
	art I	Summary		<b>=</b> 1001	or formation,	,	Otato or logal dollinollo,	
		Briefly describe the organization's mission or most:	significant activities: SEE SC	HEDULE O.	,			
Se	١.	briefly describe the organization a mission of most of	ngrimourit dottvitico.		<u> </u>			
Governance	2	Check this box  if the organization discon	tinued its operations or dispos	sed of more	than 25% of it	ts net ass	ets	
Ver	3	Number of voting members of the governing body (	·			1 1	15	
Ĝ	4	Number of independent voting members of the gov	, , , , , , , , , , , , , , , , , , , ,				1	
	1 -	Total number of individuals employed in calendar ye					680	
ţį		Total number of volunteers (estimate if necessary)					55	
Activities &		Total unrelated business revenue from Part VIII, coli					0.	
Ą		Net unrelated business taxable income from Form 9					0.	
_		Tect difference business taxable fileoffic from toffit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Prior Yea		Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)				3,921.	33,328,225.	
	l					9,772.	3,272,160.	
	1	Investment income (Part VIII, column (A), lines 3, 4,			3,20	1.	-23,908.	
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	2,879.	166,488.				
	1					6,573.	36,742,965.	
_		, , , , , , , , , , , , , , , , , , ,		9,657.	875,415.			
	1					0.	0.	
	45	Benefits paid to or for members (Part IX, column (A)			17 05		17,382,318.	
Expenses	15	Salaries, other compensation, employee benefits (P		17,058,305.		0.		
ens	16a	Professional fundraising fees (Part IX, column (A), lin		0.		0.		
X	_D	Total fundraising expenses (Part IX, column (D), line	•	<u> </u>	19,657,842.		18,229,753.	
_	''	Other expenses (Part IX, column (A), lines 11a-11d,				5,804.	36,487,486.	
	ı	Total expenses. Add lines 13-17 (must equal Part IX				0,769.	255,479.	
		Revenue less expenses. Subtract line 18 from line 1	2					
t Assets or	200	Total assets (Part X, line 16)		Ве	ginning of Curre	1,334.	End of Year 18,307,530.	
SSe	20	Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)				4,499.	9,215,216.	
Net /		, , , , , , , , , , , , , , , , , , , ,	ina 00		•	6,835.	9,092,314.	
_	art II	Net assets or fund balances. Subtract line 21 from l Signature Block	IIIe 20		0,00	0,000.	3,032,311,	
		Ities of perjury, I declare that I have examined this return,	ncluding accompanying schedule	and etateme	ante and to the l	heet of my	knowledge and helief it is	
		t, and complete. Declaration of preparer (other than officer				-	knowledge and belief, it is	
truo	, 001100	t, and complete. Declaration of preparer (other than officer	) is based on an information of wi	non proparor	Thas any knowle	ago.		
Sig	•	Signature of officer			Date			
		KACIE FLYNN, EXEC DIRECTOR						
Her	e	Type or print name and title						
		,	Dranarar'e cianatura	П	Date	Check	PTIN	
Paid	ı	Print/Type preparer's name WENDY CAMPOS	Preparer's signature VENDY CAMPOS		1/09/22	if		
	ı Darer			<u> </u>		self-employe	91-0189318	
	Only	THIN S HAINS	)			s EIN 🕨		
USE	Jilly	Firm's address 805 SW BROADWAY STE 1200 PORTLAND, OR 97205	-		Dhan	no 503-	-242-1447	
	. 41 15	2S discuse this return with the preparer shown above	Phone no.503-242-1447					

33,571,210.

including grants of \$

Total program service expenses ▶

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### Part 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	$\cdot$	-		<del></del>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule E	13		Х
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	<u> </u>		
	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,	<u>.                                   </u>		
••	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	<b>-</b> ''-		<del></del>
13		12		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<del></del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<del>                                     </del>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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## Form 990 (2021) PROGRAMS FOUNDATION Part 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	04-		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		Х
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		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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	31		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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	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	x	
35.2		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
-	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		Х
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?			
Do	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	N <sub>C</sub>
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	No
	Enter the number reported in box 3 or Form 1030. Enter 40 in not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	х	

		(2021) PROGRAMS FOUNDATION	94-60	50071	-	Р	age <b>5</b>
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
				_		Yes	No
2a	Ente	r the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed	for the calendar year ending with or within the year covered by this return	2a	680			
b	If at	least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	Х	
	Note	e: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	·				
За	Did :	the organization have unrelated business gross income of \$1,000 or more during the year?		L	3a		Х
b	If "Y	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	·····		3b		
4a	At a	ny time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a				
	finar	ncial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	L	4a		Х
b	If "Y	es," enter the name of the foreign country		I			
	See	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).				
5a	Was	the organization a party to a prohibited tax shelter transaction at any time during the tax year?		L	5a		Х
b	Did	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	L	5b		Х
С	If "Y	es" to line 5a or 5b, did the organization file Form 8886-T?		L	5с		
6a	Doe	s the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit				
	any	contributions that were not tax deductible as charitable contributions?		L	6a		Х
b	If "Y	es," did the organization include with every solicitation an express statement that such contribution	ns or gifts				
	were	e not tax deductible?		L	6b		
7	Org	anizations that may receive deductible contributions under section 170(c).					
а	Did t	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the pa	ıyor?	7a		Х
b	If "Y	es," did the organization notify the donor of the value of the goods or services provided?		L	7b		
С	Did :	the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required				
	to fil	e Form 8282?		L	7с		Х
d	If "Y	es," indicate the number of Forms 8282 filed during the year	7d				
е	Did :	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?		7e		Х
f	Did :	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f		Х
g	If the	e organization received a contribution of qualified intellectual property, did the organization file Fo	m 8899 as required'	?	7g		
h	If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098	-C?	7h		
8	Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	spor	nsoring organization have excess business holdings at any time during the year?			8		
9	Spo	nsoring organizations maintaining donor advised funds.					
а	Did '	the sponsoring organization make any taxable distributions under section 4966?			9a		
b					9b		
10		tion 501(c)(7) organizations. Enter:	I				
а	Initia	ation fees and capital contributions included on Part VIII, line 12	10a				
b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	—			
11	Sec	tion 501(c)(12) organizations. Enter:	1				
		ss income from members or shareholders	11a				
b		ss income from other sources. (Do not net amounts due or paid to other sources against					
		unts due or received from them.)	11b	-			
		tion <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form	1	- 1	12a		
		es," enter the amount of tax-exempt interest received or accrued during the year	12b	-			
13		tion 501(c)(29) qualified nonprofit health insurance issuers.		- 1			
а		e organization licensed to issue qualified health plans in more than one state?		·····	13a		
		e: See the instructions for additional information the organization must report on Schedule O.					
b		er the amount of reserves the organization is required to maintain by the states in which the	1				
		nization is licensed to issue qualified health plans	13b	-			
		er the amount of reserves on hand	13c				v
14a				····· [	14a		X
		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		·····	14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					,,
		ess parachute payment(s) during the year?			15		X
		es," see the instructions and file Form 4720, Schedule N.					v
16		e organization an educational institution subject to the section 4968 excise tax on net investment	income?	·····	16		X
4-		es," complete Form 4720, Schedule O.					
17		tion 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	•				
	activ	ities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		

If "Yes," complete Form 6069.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response 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 Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2021)

KACIE FLYNN - 707-826-5159

1 HARPST STREET, ARCATA, CA

95521

PROGRAMS FOUNDATION <u> Page</u> **7** 

#### Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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.
  - 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, 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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position		ition more than one		200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	d a d	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	Institutional trustee		99/	Highest compensated employee		1099-NEC)	1099-1420)	and related
	below	dualt	utiona	_	oldm	st co	Je.	1000 1120/		organizations
	line)	Indivi	Instit	Officer	Key employee	Highe	Former			
(1) THOMAS JACKSON	1.00									
EX-OFFICIO DIRECTOR	40.00	х						0.	471,471.	127,390
(2) FRANK WHITLATCH	1.00									
EX-OFFICIO DIR, GOVERNANCE CHAIR	40.00	х		х				0.	213,122.	89,763
(3) JENNIFER CAPPS	1.00									
EX-OFFICIO DIRECTOR, PRESIDENT	40.00	х		х				0.	244,939.	57,116
(4) JASON MERIWETHER	1.00									-
EX-OFFICIO DIRECTOR UNTIL 5/2022	40.00	х						0.	216,971.	63,284
(5) SHAWNA YOUNG	2.00								,	·
DEAN DIRECTOR, SECRETARY	40.00	х		х				0.	176,860.	78,302
(6) KRISTIN JOHNSON	40.00								,	·
PROGRAM DIRECTOR		1				x		162,443.	0.	57,797
(7) DALE OLIVER	1.00							·		·
EX-OFFICIO DEAN DIR UNTIL 9/2021	39.00	х						0.	159,203.	50,891
(8) TAYLOR BLOEDON	5.00									
FORMER FACULTY DIRECTOR	35.00						Х	980.	111,786.	49,935
(9) KACIE FLYNN	40.00									
EXECUTIVE DIR, EX-OFFICIO DIR		х		х				0.	107,320.	42,604
(10) C.D. HOYLE	1.00									
FACULTY DIRECTOR, PERSONNEL CHAIR	39.00	х		х				4,332.	96,994.	48,596
(11) SCOTT HENRY ROGALSKI	40.00									
PROGRAM DIRECTOR						х		121,932.	0.	23,857
(12) ANN CRYSTAL JOHNSON-STROMBERG	40.00									
PROGRAM DIRECTOR						х		117,797.	0.	27,347
(13) CARLY MARINO	2.00									
FACULTY DIRECTOR, TREASURER	38.00	х		х				4,004.	81,902.	50,650
(14) PETER ALSTONE	1.00								·	
FACULTY DIRECTOR UNTIL 9/2021	39.00	х						1,531.	80,405.	51,037
(15) DAVID JOHN CARTER	40.00									
PROGRAM DIRECTOR		1				х		115,145.	0.	13,968
(16) FERNANDO DIZON	40.00									
PROGRAM DIRECTOR		1				х		109,995.	0.	17,495
(17) JEFFREY KANE	1.00									
FACULTY DIRECTOR, FINANCE CHAIR	40.00	х		х				748.	83,275.	42,820

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PROGRAMS FOUNDATION

Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the Highest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) (18) JAMES WOGLOM 2.00 FACULTY DIRECTOR 38.00 Х 5,954 84,534. 34,177. (19) AMBER GAFFNEY 1.00 40.00 FACULTY DIRECTOR, VICE PRESIDENT Х Х 0 81,948 42,548. (20) KATIA KARADJOVA 1.00 FACULTY DIRECTOR 80,903 38.00 X 0 25,453. (21) SAMANTHA DIEL 16.00 GRAD STUDENT DIR UNTIL 5/2022 1.00 X 18,106. 0. 0. (22) AMELIA TOWSE 0.00 UNDERGRAD STUDENT DIR UNTIL 5/2022 2.00 0. 0. 0. (23) JASON RAMOS 1.00 COMMUNITY DIRECTOR 0 0. 0. 662,967, 2,291,633 995,030. 1b Subtotal 0. 0. 0 c Total from continuation sheets to Part VII, Section A 662,967. 2,291,633. 995,030. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

3 Х line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

#### rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calcidar year chaing with or v		(0)
(A)	(B)	(C)
Name and business address	Description of services	Compensation
REDWOOD COAST ENERGY AUTHORITY		
633 3RD STREET, EUREKA, CA 95501	SUBCONTRACT SERVICE PROVIDED	1,229,425.
CABRILLO COLLEGE		
6500 SOQUEL DR, APTOS, CA 95003	SUBCONTRACT SERVICE PROVIDED	662,364.
NAPA VALLEY COLLEGE		
2277 NAPA VALLEJO HWY, NAPA, CA 94558	SUBCONTRACT SERVICE PROVIDED	651,000.
SACRAMENTO METRO CHAMBER OF COMMERCE		
1017 L ST #557, SACRAMENTO, CA 95814	SUBCONTRACT SERVICE PROVIDED	627,796.
ENTERPRISE FOUNDATION, 1887 MONTEREY RD		
STE 215, SAN JOSE, CA 95112	SUBCONTRACT SERVICE PROVIDED	615,836.
2 Total number of independent contractors (including but not limited to those li	isted above) who received more than	
\$100,000 of compensation from the organization   28		
		= 000 (ass t)

Form **990** (2021)

Х

5

PROGRAMS FOUNDATION 94-6050071 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè 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 661,537 d Related organizations 1d 28,341,069 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 4,325,619 1f g Noncash contributions included in lines 1a-1f 33,328,225, h Total. Add lines 1a-1f **Business Code** 2 a INDIRECT COST REVENUE 900099 2,959,433 2,959,433 Program Service Revenue OTHER PROGRAM REVENUE 900099 312,727 312,727 b С f All other program service revenue ..... 3,272,160. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 5,307 5,307. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... 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 29,215. and sales expenses 7b Other Revenue -29,215 c Gain or (loss) -29,215. -29,215. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS REVENUE 900099 166,488. 166,488 b

**12 T**(132009 12-09-21

Form **990** (2021)

142,580.

166,488

36,742,965.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

3,272,160,

### Form 990 (2021) PROGRAMS FOUNDATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		his Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	29,215.	29,215.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	846,200.	846,200.		
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	55,320.	55,320.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,074,698.	12,405,415.	669,283.	
8	Pension plan accruals and contributions (include	***			
	section 401(k) and 403(b) employer contributions)	663,426.	15,069.	648,357.	
9	Other employee benefits	2,657,161.	2,364,800.	292,361.	
0	Payroll taxes	931,713.	904,819.	26,894.	
1	Fees for services (nonemployees):				
а	Management	1- 010		17.010	
b	Legal	15,918.		15,918.	
С	Accounting	52,100.		52,100.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10 754 006		0.77	
	column (A), amount, list line 11g expenses on Sch 0.)	10,754,996.	9,877,937.	877,059.	
2	Advertising and promotion	56,361.	35,288.	21,073.	
3	Office expenses	1,056,821.	1,033,740.	23,081.	
4	Information technology	238,293.	137,276.	101,017.	
5	Royalties	140 262	140 262		
6	Occupancy	149,363.	149,363.	T 556	
7	Travel	540,930.	533,374.	7,556.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	41 004	41 004		
9	Conferences, conventions, and meetings	41,224.	41,224.	20 201	
20	Interest	39,391.		39,391.	
21	Payments to affiliates	160 126	160 126		
22	Depreciation, depletion, and amortization	169,136.	169,136.	72 675	
3	Insurance	73,879.	204.	73,675.	
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	2,957,996.	2,957,996.		
a b	STIPENDS	1,262,607.	1,256,870.	5,737.	
C	EQUIPMENT	154,438.	154,438.	,,,,,,,	
d	·	-,	-,		
e	All other expenses	666,300.	603,526.	62,774.	
5	Total functional expenses. Add lines 1 through 24e	36,487,486.	33,571,210.	2,916,276.	
<u>.5                                    </u>	Joint costs. Complete this line only if the organization	,=,=	, = , = 3 = 4	, = , , = , , ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Page 10

#### PROGRAMS FOUNDATION 94-6050071 Page **11** Form 990 (2021) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1,535,505. 2,712,121. 1 Cash - non-interest-bearing 36,217. 36,318. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 14,465,911. 13,522,789. Accounts receivable, net Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 42,129. 9 33,344. **10a** Land, buildings, and equipment: cost or other 1,837,155, basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 1,059,536. 854,394. b Less: accumulated depreciation 10b 10c 300. 300. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 15,991,334. 18,307,530. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 3,687,051. 5,850,088. Accounts payable and accrued expenses 17 17 18 18 Grants payable 3,467,448. 3,365,128. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 7,154,499. 9,215,216. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 8,836,835. 9,092,314. 27 Net assets without donor restrictions 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

18,307,530. Form 990 (2021)

9,092,314.

30

31

32

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

8,836,835.

15,991,334.

30

31

32

33

Form	1990 (2021) PROGRAMS FOUNDATION	94-60500	11	Pag	ge <b>12</b>
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	36	,742,	965.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36	,487,	486.
3	Revenue less expenses. Subtract line 2 from line 1	3		255,	479.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	,836,	835.
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	9	,092,	314.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			

Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2021)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

HUMBOLDT STATE UNIVERSITY SPONSORED

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

PROGRAMS FOUNDATION 94-6050071 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: Х An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

94-6050071

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#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	25,125,421.	27,632,893.	32,139,747.	34,373,921.	33,328,225.	152,600,207.			
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	25,125,421.	27,632,893.	32,139,747.	34,373,921.	33,328,225.	152,600,207.			
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.						152,600,207.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	25,125,421.	27,632,893.	32,139,747.	34,373,921.	33,328,225.	152,600,207.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	85,631.	88,971.	10,404.	6,453.	5,307.	196,766.			
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									
	assets (Explain in Part VI.)	151,631.	31,001.	17,901.	102,879.	166,488.	469,900.			
11	<b>Total support.</b> Add lines 7 through 10					1	153,266,873.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	14,770,380.			
13	First 5 years. If the Form 990 is for the	· ·				. , . ,				
0	organization, check this box and stop						<b>&gt;</b>			
	ction C. Computation of Publi					ГТ	00 57			
	Public support percentage for 2021 (li					14	99.57 %			
15	Public support percentage from 2020					15	99.57 %			
16a	33 1/3% support test - 2021. If the c	-					, ( <del>,,</del>			
	stop here. The organization qualifies		•							
D	33 1/3% support test - 2020. If the constitution were									
47-	and <b>stop here.</b> The organization quali		•							
17 a	10% -facts-and-circumstances test	-								
	and if the organization meets the facts			=			<b>.</b> —			
L	meets the facts-and-circumstances test  10% -facts-and-circumstances test	-	-	*	-	7a, and line 15 is:				
O		ū				•	1070 UI			
	more, and if the organization meets the organization meets the facts-and-circu				-		▶□			
40										
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

#### 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.)

Se	ction A. Public Support	siow, piease comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						V
2	Gross receipts from admissions, merchandise sold or services performed, 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 business 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother 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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1) = 2 · ·	, , , , , , , , , , , , , , , , , , ,	(2)	(4) = = =	(2,7===	(),
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504( )(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	. —
Se	check this box and stop here ction C. Computation of Publi	c Support Par	rcentage				<b>P</b>
	•			l (f))		45	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
	•			ino 13 column (f)\		17	
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2021. If the						
136	more than 33 1/3%, check this box ar						▶ □
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, chece <b>Private foundation.</b> If the organization						
/()	ELIVATE TOURGATION, IT THE ORGANIZATION	н ою пот спеск а	DOX ON line 14 19	a or igo check fr	us dox and see in:	SILLICHOUS	<b>■</b>

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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")? |f "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).
- 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.)

		Yes	No
	_		
	1		
	2		
	За		
	3b		
	3с		
	00		
	4a		
	4b		
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	5b		
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	10a		
	134		
	10b		
مان	Δ (Forn	2001	2021

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Pal	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			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	315,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	e		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		<u> </u>
360	tion 6. Type if Supporting Organizations		I., I	
			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			
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
300	tion B. All Type III Supporting Organizations		V	
	Did the constant of the control of the		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	4		
2	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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ü	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 <b>Part VI</b> 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 instru	ctions).		
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> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	s)	
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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		
	•	hadula A /Fau		0004

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations					
1	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 mu		·					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
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	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a, 1b, and 1c)	1d						
е	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						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	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						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
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-function	ally integrated	Type III supporting orga	nization (see				
	instructions).	, 5	,. ,, , , , , , , , , , , , , , , , , ,	•				

Sche	94-6050071	Page 7				
Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continue	ed)		
Secti	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity	2	1			
3	Administrative expenses paid to accomplish exempt purpose	3				
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
_6_	Other distributions (describe in 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 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	•	(iii) Distributa Amount for	
_1_	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
_3_	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
<u>i</u>	Carryover from 2016 not applied (see instructions)					
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2017					
b	Excess from 2018					
c	Excess from 2019					
d	Excess from 2020					
<u>e</u>	Excess from 2021					

Schedule B

(Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization HUMBOLDT STATE UNIVERSITY SPONSORED

PROGRAMS FOUNDATION

**Employer identification number** 

94-6050071 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization
HUMBOLDT STATE UNIVERSITY SPONSORED
PROGRAMS FOUNDATION

Employer identification number

94-6050071

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,238,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 5,790,571.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,929,149.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$1,283,489.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization
HUMBOLDT STATE UNIVERSITY SPONSORED
PROGRAMS FOUNDATION

Employer identification number

94-6050071

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	* \$ 1,005,708.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupation (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rumo, addi 000, una En TT	\$	Person Payroll Complete Part II for noncash contributions.)

D. . . . 2

Schedule B (Form 990) (2021)

Name of organization

HUMBOLDT STATE UNIVERSITY SPONSORED

Page

Employer identification number

PROGRAMS FOUNDATION 94-6050071

Partii	(see instructions). Use duplicate copies of Part II	i if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	

Page 4

Name of or			Employer identification number
	STATE UNIVERSITY SPONSORED FOUNDATION		94-6050071
Part III		) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif	ft  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif	ft  Relationship of transferor to transferee
(a) No.			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Employer identification number** 

PROGRAMS FOUNDATION

HUMBOLDT STATE UNIVERSITY SPONSORED

94-6050071

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (	or Accounts.	Complete if the	Э
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advis	ed funds	(b) Funds ar	d other accoun	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advise	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the organization					
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)				
	Preservation of land for public use (for example, recreati	_		a historically impo	rtant land area	
	Protection of natural habitat		Preservation of	a certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	oution in the form o	f a conservation e	asement on the	e last
	day of the tax year.			Held	at the End of the	Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				g the tax	
	year >		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservati	on easements dur	ing the year	
	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts of section 170(h	)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	s financial stateme	nts that describes	the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tro	easures, or Oth	ner Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its re	venue statement an	nd balance sheet v	vorks	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in fur	therance of public	:	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ie statement and ba	alance sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public se	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				dule D (Form 9	990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other	Simila	Assets	(conti	nued	)		
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sig	nificant ι	se of its					
	collection items (check all that apply):												
а	a Public exhibition d Loan or exchange program												
b													
С													
4													
5													
	to be sold to raise funds rather than to be maintained as part of the organization's collection?												
Pai	t IV Escrow and Custodial Arran								ine 9, oı				
	reported an amount on Form 990, Par			· ·									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other ass	ets not ir	ncluded						
	on Form 990, Part X?		•						Yes		No		
b	on Form 990, Part X? Yes No  b If "Yes," explain the arrangement in Part XIII and complete the following table:												
	Amount												
С	Beginning balance						1c						
	Additions during the year						1d						
	Distributions during the year												
f	Ending balance						1f						
2a	Did the organization include an amount on Fo						y?		Yes		No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on F	art XIII							
Pai							0.						
		(a) Current year		Prior year	(c) Two years			ears back	<b>(e)</b> Fou	r year	s back		
1a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains, and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1	a. column (a)	) held as:								
а	Board designated or quasi-endowment	•	%	, ( )	,								
b	Permanent endowment ▶												
	· · · · · · · · · · · · · · · · · · ·	<del></del> ,-											
•	The percentages on lines 2a, 2b, and 2c sho												
За	Are there endowment funds not in the posse	•	ation tha	t are held an	nd administere	ed for the	e organiza	ation					
	by:						, o. ga			Yes	No		
	(i) Unrelated organizations								3a(i)				
	(ii) Related organizations								3a(ii)				
b	If "Yes" on line 3a(ii), are the related organiza								3b				
4	Describe in Part XIII the intended uses of the	•							0.0				
	t VI Land, Buildings, and Equipm		***********	arrao.									
	Complete if the organization answered		), Part IV	/, line 11a. S	ee Form 990,	Part X, li	ine 10.						
	Description of property	(a) Cost or o			or other		cumulate	ed be	(d) Boo	k val	ue		
	bosonption of property	basis (investr			(other)	٠,	reciation	.	(4, 500	, , , , , , , , , , , , , , , , , , ,	u o		
12	Land	`	,		. ,	-							
	Buildings				490,279.		340,	262.		150	,017.		
	Leasehold improvements				,			-			, , , ,		
	Equipment				958,157.		379,	987.		578	,170.		
	Other				388,719.			370.			,349.		
	. Add lines 1a through 1e. (Column (d) must e	•	Y colum	an (R) line 1				<u> </u>	1		,536.		
. 514		quai ruiiii 330, Part	A, COIUII	<u>ш (Б), ШЕ Т</u>	<i></i>			Schodulo					

94-6050071

PROGRAMS FOUNDATION

on Form 990 Part IV line	11b. See Form 990. Part X. line 12	
(b) Book value		d-of-year market value
on Form 990 Part IV line	11c See Form 990 Part V line 13	
		d-of-vear market value
(b) Book value	(c) Mothed of Valuation. Cost of Gif	d or your market value
on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Description		(b) Book value
on Form 990, Part IV, line	THE OF THE See FORM 990, Part X, line 25	(b) Book value
		(b) Book value
		1
25.)		
	the organization's financial statements	hat reports the
	on Form 990, Part IV, line (b) Book value  on Form 990, Part IV, line Description	on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (b) Book value  (c) Method of valuation: Cost or en

	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
2 A	otal revenue, gains, and other support per audited financial statements			1	36,772,180.
	mounts included on line 1 but not on Form 990, Part VIII, line 12:				
a N	let unrealized gains (losses) on investments	2a			
<b>b</b> [	onated services and use of facilities	2b			
c F	lecoveries of prior year grants	2c			
d C	Other (Describe in Part XIII.)	2d			
e A	dd lines 2a through 2d			2e	0.
<b>3</b> S	subtract line <b>2e</b> from line <b>1</b>			3	36,772,180.
	mounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	nvestment expenses not included on Form 990, Part VIII, line 7b				
<b>b</b> (	Other (Describe in Part XIII.)	4b	-29,215.		
	dd lines 4a and 4b			4c	-29,215.
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		· · · · · · · · · · · · · · · · · · ·	5	36,742,965.
Part	XII Reconciliation of Expenses per Audited Financial Sta		xpenses per H	keturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
	otal expenses and losses per audited financial statements			1	36,516,701.
<b>2</b> A	mounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	onated services and use of facilities				
	rior year adjustments				
c C	Other losses	2c	29,215.		
	Other (Describe in Part XIII.)				
	dd lines 2a through 2d			2e	29,215.
	subtract line <b>2e</b> from line <b>1</b>			3	36,487,486.
	mounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
	nvestment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			0
	dd lines <b>4a</b> and <b>4b</b>			4c	26 407 406
	otal expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line 18. <b>XIII</b>   <b>Supplemental Information.</b>	<u>)</u>		5	36,487,486.
ines 20	I and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional informa	tion.		
PART :	KI, LINE 4B - OTHER ADJUSTMENTS:				
PART :	KI, LINE 4B - OTHER ADJUSTMENTS:	-29,215.			
	,	-29,215.			
	,	-29,215.			
	,	-29,215.			
	,	-29,215.			
	,	-29,215.			
	,	-29,215.			

### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION 94-6050071

Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organization answered "	'Yes" on
	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assistance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
	United States.					
_3_	Activities per Region. (TI	ne following Part	I, line 3 table ca	an be duplicated if additional space is r	eeded.)	
	(a) Region	(b) Number of	(c) Number of employees,	1		(f) Total
		offices	l agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments
			in the region	recipients located in the region)	or service(s) in the region	in the region
SUB-	-SAHARAN AFRICA	0	9	PROGRAM SERVICES	RESEARCH	125,000.
	OPE (INCLUDING					
ICEI	LAND & GREENLAND)	0	4	PROGRAM SERVICES	RESEARCH	12,600.
	TH AMERICA					
(CAI	NADA AND MEXICO)	0	4	PROGRAM SERVICES	RESEARCH	3,400.
	T ASIA AND THE					
PAC	IFIC	0	1	PROGRAM SERVICES	RESEARCH	600.
COLL	TH AMERICA	0	1	DDOCDAM CERVICES	RESEARCH	600.
5001	IN AMERICA		1	PROGRAM SERVICES	RESEARCH	800.
	Subtotal	0	19			142,200.
	Total from continuation		17			
b	sheets to Part I	0	0			0.
	Totals (add lines 3a					1
C	and 3h)	0	19			142 200.

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

Schedule F (Form 990) 2021 PROGRAMS FOUNDATION 94-6050071 Page 2

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>(b)</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)
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	recognized as charities by the for counsel has provided a sect	ion 501(c)(3) equ	uivalency letter			

Schedule F (Form 990) 2021

PROGRAMS FOUNDATION 94-6050071 Page 3

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) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

Part IV	Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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 I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

■ Go to www.irs.gov/Form990 for the latest information.

HUMBOLDT STATE UNIVERSITY SPONSORED

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

PROGRAMS F	FOUNDATION					I	94-605	0071
Part I General Information on Gran	nts and Assistance					·		
1 Does the organization maintain reco	ords to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		
criteria used to award the grants or							X Yes	No No
2 Describe in Part IV the organization								
Part II Grants and Other Assistanc recipient that received more t					anization answered "\	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organizati or government	on (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 or assistand	
HUMBOLDT STATE UNIVERSITY		GENERA OF						
1 HARPST STREET	04 6001347	STATE OF CALIFORNIA	0.	20 215	BOOK VALUE	EQUIPMENT	GENERAL OPERATIN	C CIIDDODM
ARCATA, CA 95521	34-0001347	CALIFORNIA	· · · · · ·	29,213.	BOOK VALUE	EQUIFMENT	GENERAL OFERALIN	UMOTIOG B
	)(0)							1.
2 Enter total number of section 501(c)		=	e line 1 table				······· <b>Č</b> ——	1.
3 Enter total number of other organiza							Schedule I (Form	990) 2021

Schedule I (Form 990) 2021

PROGRAMS FOUNDATION

94-6050071

Page	2

(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
CHOLARSHIPS/TUITION	201	846,200.	0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE ORGANIZATION MAKES TRANSFERS TO RELATED ORG	GANIZATIONS UNDER	COMMON			
MANAGEMENT AND CONTROL WHO ENSURE THAT ALL TRAI	NSFERRED FUNDS AN	ID ASSETS ARE			
JSED FOR APPROPRIATE PURPOSES.					
PAYMENTS FOR SCHOLARSHIPS/TUITION ARE ISSUED TO	HIMBOLDT STATE	IINTVERSTTY			
NUMBOLDT STATE UNIVERSITY THEN ISSUES THE SCHOOL					
STUDENTS. THE PAYMENTS ARE TRACKED THROUGH HUMI	ROLDY STATE HNIVE	RSTTY'S			

### HUMBOLDT STATE UNIVERSITY SPONSORED

Schedule I	(Form 990) PROGRAMS FOUNDATION	94-6050071	Page 2
Part IV	(Form 990) PROGRAMS FOUNDATION  Supplemental Information		
ACCOUNTS	•		

Schedule I (Form 990)

### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

**2021** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION

Employer identification number 94-6050071

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			l
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			l
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			l
а	Receive a severance payment or change-of-control payment?	4a		х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ı

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

Schedule J (Form 990) 2021

PROGRAMS FOUNDATION

### 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)	409,471.	0.	62,000.	101,737.	25,653.	598,861.	0.
(2) FRANK WHITLATCH	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO DIR, GOVERNANCE CHAIR	(ii)	213,122.	0.	0.	64,214.	25,549.	302,885.	0.
(3) JENNIFER CAPPS	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO DIRECTOR, PRESIDENT	(ii)	244,939.	0.	0.	37,607.	19,509.	302,055.	0.
(4) JASON MERIWETHER	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO DIRECTOR UNTIL 5/2022	(ii)	216,971.	0.	0.	37,823.	25,461.	280,255.	0.
(5) SHAWNA YOUNG	(i)	0.	0.	0.	0.	0.	0.	0.
DEAN DIRECTOR, SECRETARY	(ii)	176,860.	0.	0.	52,832.	25,470.	255,162.	0.
(6) KRISTIN JOHNSON	(i)	162,443.	0.	0.	0.	57,797.	220,240.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DALE OLIVER	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO DEAN DIR UNTIL 9/2021	(ii)	159,203.	0.	0.	33,854.	17,037.	210,094.	0.
(8) TAYLOR BLOEDON	(i)	980.	0.	0.	0.	0.	980.	0.
FORMER FACULTY DIRECTOR	(ii)	111,786.	0.	0.	24,423.	25,512.	161,721.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

PROGRAMS FOUNDATION

Part III Supplemental Information
rovide 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 O (Form 990)

Department of the Treasury

Supplemental 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.

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

HUMBOLDT STATE UNIVERSITY SPONSORED

Employer identification number 94-6050071

PROGRAMS FOUNDATION PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO PROMOTE AND FACILITATE RESEARCH ACTIVITY THROUGHOUT THE HUMBOLDT STATE UNIVERSITY COMMUNITY. FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS INCLUDES THE PRESIDENT OF HUMBOLDT STATE UNIVERSITY THE VICE PRESIDENTS OF THE UNIVERSITY OR 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 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 HUMBOLDT STATE UNIVERSITY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR OF HUMBOLDT STATE UNIVERSITY 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: HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION REVIEWS

42

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

132211 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 HUMBOLDT STATE UNIVERSITY SPONSORED **Employer identification number** Name of the organization PROGRAMS FOUNDATION 94-6050071 TRANSACTIONS AND MONITORS ACTIVITY ON A REGULAR BASIS FOR CONFLICT OF INTEREST ITEMS THAT MAY ARISE. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR REPORTS TO THE PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS OF THE CAMPUS AND COMPENSATION IS DETERMINED BASED ON CAMPUS COMPENSATION POLICIES. KEY EMPLOYEES' COMPENSATION 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, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE PUBLIC THROUGH HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION'S WEBSITE. FORM 990, PART IX, LINE 11G, OTHER FEES: SUB-CONTRACTS: PROGRAM SERVICE EXPENSES 7,295,967. 814,589. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 8,110,556. COUNSELING SERVICES: PROGRAM SERVICE EXPENSES 1,163,149. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0.

OTHER FEES FOR SERVICES:

TOTAL EXPENSES

1,163,149.

Name of the organization HUMBOLDT STATE UNIVERSITY SPONSORED		Employer identification number
PROGRAMS FOUNDATION		94-6050071
PROGRAM SERVICE EXPENSES	1,418,821.	
MANAGEMENT AND GENERAL EXPENSES	62,470.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,481,291.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,754,996.	
FORM 990, PART XII, LINE 2C:		
THE PROCESS AND METHODS USED BY THE FOUNDATION TO SELECT THE		
INDEPENDENT AUDITOR HAVE NOT CHANGED.		

### SCHEDULE R (Form 990)

Part I

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.

HUMBOLDT STATE UNIVERSITY SPONSORED

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public

OMB No. 1545-0047

Inspection
Employer identification number

94-6050071

Name of the organization HUMBOLDT STATE UNIVERSITY SPONSORED
PROGRAMS FOUNDATION

(a)
Name, address, and EIN (if applicable) of disregarded entity

(b)
Primary activity

Legal domicile (state or foreign country)

Total income
End-of-year assets

Direct controlling entity

entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt 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		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HUMBOLDT STATE UNIVERSITY - 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				HUMBOLDT STATE		
ARCATA, CA 95521	STATE UNIVERSITY'S MISSION	CALIFORNIA	501(C)(3)	LINE 10	UNIVERSITY		Х
CAL POLY HUMBOLDT REAL ESTATE HOLDINGS -	ACCEPT, HOLD AND MANAGE						
81-2593561, 1 HARPST ST, ARCATA, CA 95521	CERTAIN REAL PROPERTY	CALIFORNIA	501(C)(3)	LINE 12A, I	HSU FOUNDATION		Х
ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT -				LINE 12C,	HUMBOLDT STATE		
94-1201195, 1 HARPST ST, ARCATA, CA 95521	STUDENT SERVICES	CALIFORNIA	501(C)(3)	III-FI	UNIVERSITY		Х

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

Schedule R (Form 990) 2021

PROGRAMS FOUNDATION 94-6050071

Part II	Continuation of Identification of Related Tax-Exempt Organizations
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(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 501(c)(3))	(f) Direct controlling entity	Section 5 controrganiz	
HUMBOLDT STATE UNIVERSITY CENTER -	-				HUMBOLDT STATE	res	NO
94-1627074, 1 HARPST ST, ARCATA, CA 95521	STUDENT SERVICES	CALIFORNIA	501(C)(3)		UNIVERSITY		х
	_						
							-
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	-						
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	- -						
	_						
	_						
	-						
							-
	- -						
	-						<u> </u>

PROGRAMS FOUNDATION

071 Page **2** 

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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?  Yes No				(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because 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>(b)</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	Sec 512(l conti ent	(i) ction (b)(13) trolled tity?
		country)		Of trusty		833013		Yes	No
								$\vdash$	<del>                                     </del>
								$\vdash$	<del>                                     </del>
									<u> </u>

PROGRAMS FOUNDATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		Х		
	Gift, grant, or capital contribution to related organization(s)				1b	Х			
	Gift, grant, or capital contribution from related organization(s)				1c	Х			
	Loans or loan guarantees to or for related organization(s)				1d		Х		
	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		Х		
	Sale of assets to related organization(s)				1g		Х		
	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х			
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х		
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	Х			
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	o Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
	Reimbursement paid by related organization(s) for expenses				1q	Х			
r	Other transfer of cash or property to related organization(s)				1r	Х			
s	Other transfer of cash or property from related organization(s)				1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved				
(1)									
`''									
(2)									
(3)									
(4)									

(5)

Schedule R (Form 990) 2021

PROGRAMS FOUNDATION

94-6050071

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)	(e) Are all	(f)	(g)	(h	)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
•		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	resin	<del>'</del>
							+			$\vdash$	+
							$\Box$				
							+-+			$\vdash$	
							1 1				
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							+			$\vdash$	+

132165 11-17-21 Schedule R (Form 990) 2021

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR **2021** 

### California Exempt Organization Annual Information Return

128941 12-29-21 FORM

199

Cal	lendar Year	r 2021 or fiscal year beginning (mm/dd/yyyy)	07/01/2021	, 6	and ending (mm/	/dd/yyyy)		06/30/20	)22		
		ganization name				California	a corpora	tion number			
HU	MBOLDT	STATE UNIVERSITY SPONSORED									
PR	OGRAMS	FOUNDATION				026	55392				
Add	ditional inform	nation. See instructions.				FEIN					
						9	4-605	0071			
Stre	eet address (s	suite or room)				PM	IB no.				
1_	HARPST	STREET									
City	У				State	e ZIP	code				
AR	CATA				CA	955	521				
For	eign country	name	Foreign province/state/cou	unty		For	eign post	tal code			
A	First retu	ırn	Yes X No I	Did the orga	nization have any	/ changes t	to its gu	iidelines			
В	Amended	d return	• Yes X No	not reported	to the FTB? See	instruction	าร		• Yes	Х	No
C	IRC Secti	ion 4947(a)(1) trust	Yes X No J	If exempt un	der R&TC Section	n 23701d,	has the	organizatio	n		
D	Final info	ormation return?		engaged in p	olitical activities	? See instr	uctions.	•	• Yes	X	No
	•	Dissolved Surrendered (Withdrawn)	Merged/Reorganized K	Is the organi	zation exempt ui	nder R&TC	Section	n 23701g <b>?</b>	• Yes	X	No
		: (mm/dd/yyyy)		•	r the gross recei				\$		_
Ε		counting method: (1) Cash (2) X		Is the organi	zation a limited l	iability con	npany?		• Yes	X	No
F		eturn filed? (1) ● 990T (2) ● 990PF	(3) ● Sch H (990) M	_	nization file Form						
	` ,	Other 990 series			e income?				• Yes	X	No
G		group filing? See instructions			zation under aud				- U	TV	
Н		rganization in a group exemption Yes X No IRS audited in a prior year? what is the parent's name? 0 Is federal Form 1023/1024 pend							<b>—</b>	X	
	ii Yes, v	what is the parent's name?	U		th IRS	-			Yes		NO
				Date lileu Wi			_				
P	art I o	Complete Part I unless not required to file th	is form. See General Inform	ation B and C	).						
		1 Gross sales or receipts from other so	urces. From Side 2, Part II, lir	ne 8			. • _	1	3,443	,955	00
		2 Gross dues and assessments from m	embers and affiliates				. • 📙	2			00
		3 Gross contributions, gifts, grants, and	I similar amounts received		STN	IT 1	. • 崖	3	33,328	,225	00
	Receipts	4 Total gross receipts for filing requirer	nent test. Add line 1 through	line 3.							
	and	This line must be completed. If the r			ormation B		. •	4	36,772	,180	00
R	Revenues	5 Cost of goods sold					00				
		6 Cost or other basis, and sales expens	es of assets sold	●6		29,215	00	<u> </u>			
		1						7		,215	
_		8 Total gross income. Subtract line 7 fr	0:1 0 D 1111: 40				_	8	36,742		
Е	xpenses	9 Total expenses and disbursements. Fi						9	36,487	,400 ,479	
_		10 Excess of receipts over expenses and						10 11	200	, = / )	00
		11 Total payments  12 Use tax. See General Information K						12			00
		13 Payments balance. If line 11 is more	han line 12 Suhtract line 19 f	from line 11			, H	13			00
F	iling Fee	14 Use tax balance. If line 12 is more that						14			00
Ċ	9 . 00	15 Penalties and interest. See General In	former attack to					15			00
											00
		16 Balance due. Add line 12 and line 15 Under penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration of prep	nined this return, including accomparer (other than taxpayer) is based of	anying schedule on all information	s and statements, a of which preparer I	nd to the bes	st of my ki	nowledge and	belief,		
Siç He				itle		Date	Ū	● Tele			
110	10	Signature of officer	EΣ	KEC DIRECT	ror			707-8	326-4189		
			Date		Check if		● PTIN	1			
		Preparer's signature WENDY CAMPOS		11/	09/22	self-employ	red 🖊	P0044			
Pa	id	Firm's name						• Firm	's FEIN		
Pre	eparer's	(or yours, if self-							0189318		
Us	e Only	and address	1200					Tele			
		PORTLAND, OR 97205						503-2	242-1447		
_		May the FTB discuss this return with the pr	eparer shown above? See ins	structions		<u></u> (	• X	Yes	No		

128951 01-19-22

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

SEE PART IT SUBSTITUTE ATTACHMENT

					SEE PART II	SUBSTITUTE ATTACH	MENT	
		1 Gross sales or receipts from all	business activities	. See instructions		•	1	00
		2 Interest				•	2	00
		3 Dividends					3	00
Receip	ts	4 Gross rents					4	00
from		5 Gross royalties					5	00
Other		6 Gross amount received from sa				•	6	00
Source	s	7 Other income	7	00				
		8 Total gross sales or receipts from					8	00
		9 Contributions, gifts, grants, and	9	00				
		10 Disbursements to or for memb	10	00				
		11 Compensation of officers, direct					11	0 00
		12 Other salaries and wages					12	00
Expens	es	13 Interest					13	00
and	- 1	14 Taxes					14	00
Disburs	se-	15 Rents					15	00
ments		16 Depreciation and depletion (Sec					16	00
		17 Other expenses and disbursem	ents			•	17	00
	- 1	18 Total expenses and disburseme					18	00
Sche				eginning of taxabl			of taxable	
Assets			(a)		(b)	(c)		(d)
	sh				( )		•	
		unts receivable					•	
		s receivable					•	
		es					•	
		nd state government obligations					•	
		ents in other bonds					•	
		ents in stock					•	
		e loans					•	
		restments					•	
ປ ວແ 10 a	Denred	ciable assets						
io a	Less a	ccumulated depreciation	(	)		(	)	
				1				
		sets					•	
							-	
		setsd net worth						
							•	
		s payable tions, gifts, or grants payable						
		, , , , , , , , , , , , , , , , , , , ,					•	
		nd notes payable					•	
		es payable						
		Dilities					•	
		tock or principal fund					•	
		capital surplus. Attach reconciliation					•	
		earnings or income fund						
_		bilities and net worth  M-1 Reconciliation of income	non hooles with in					
SCITE	uuie	PM-1 Reconciliation of income Do not complete this scho			a 12 column (d) is	lace than \$50,000		
4 11-	t inco			on contount L, IIII	1			
		ne per books			1	ded on books this year		
2 Todoral moomo tax					1	n this return. Attach schedu	le 🕒	
Excess of deptati resists over deptati game					1	this return not charged		
		not recorded on books this year.			1	ncome this year.		
		chedule				lle		
		s recorded on books this year not				e 7 and line 8	📙	
		in this return. Attach schedule			10 Net income pe			
<b>6</b> To	tal. Ad	d line 1 through line 5			Subtract line 9	9 from line 6		

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
SMALL BUSINESS ADMINISTRATION	409 3RD ST SW WASHINGTON, DC 20024	06/30/22	7,238,850.	
GOVERNOR'S OFFICE OF BUSINESS AND ECONOMIC DEVELOPMENT	1325 J ST 18TH FL SACRAMENTO, CA 95814	06/30/22	5,790,571.	
DEPARTMENT OF EDUCATION	400 MARYLAND AVE SW WASHINGTON, DC 20202	06/30/22	2,967,508.	
CALIFORNIA ENERGY COMMISSION	1516 9TH ST MS 18 SACRAMENTO, CA 95814-5512	06/30/22	2,050,207.	
REGENTS OF THE UNIVERSITY OF CALIFORNIA	PO BOX 528 BERKELEY, CA 94701	06/30/22	1,929,149.	
COLLABORATIVE LABELING & APPLIANCE STANDARD PROGRAM	1401 K ST NW STE 1100 WASHINGTON, DC 20005	06/30/22	1,283,489.	
HUMBOLDT COUNTY	520 E STREET EUREKA, CA 95501	06/30/22	1,040,045.	
DEPARTMENT OF AGRICULTURE - FOREST SERVICE	430 G STREET #4169 DAVIS, CA 95616	06/30/22	1,005,708.	
TOTAL INCLUDED ON LINE 3		-	23,305,527.	

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

### ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

			Check if:					
HUM	BOLDT STATE UNIVERSITY SPONSO	RED	Change of address					
PRO	GRAMS FOUNDATION		Am	nended report				
Name	of Organization			·				
List al	DBAs and names the organization uses or has used							
1 H.	ARPST STREET		State Ch	arity Registration Number CT015094				
	ss (Number and Street)		State On	anty negistration Number Of				
APC	ATA, CA 95521		0	ion or Organization No. 0265392				
	Town, State, and ZIP Code		Corporat	ion or Organization No. 0265392				
				0.4. 6050054				
		MBOLDT.EDU	Federal E	mployer ID No. 94-6050071				
relep	none Number E-mail Addre	SS						
	ANNUAL REGISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departn	-	the state of the s				
Tota	I Revenue Fee	Total Revenue	Fee	Total Revenue	Fe	e		
	s than \$50,000 \$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$80			
	veen \$50,000 and \$100,000 \$50	Between \$1,000,001 and \$5 million		Between \$100,000,001 and \$500 million		,000		
	veen \$100,001 and \$250,000 \$75	Between \$5,000,001 and \$20 million		Greater than \$500 million		,200		
			* * * * * * * * * * * * * * * * * * * *	<del></del>	<b>*</b> -,	,		
PAR	T A - ACTIVITIES	period (beginning 07/01/2021		ling 06/30/2022 ) list:				
	For your most recent full accounting	g period (beginning	end	ling) list:				
Total (includin	Revenue g noncash contributions) \$ 36,74	2,965 Noncash Contributions \$		O Total Assets \$ 18,	307,	530		
`	Program Expenses \$	33,571,210	Total Exp	0 Total Assets \$ 18, enses \$ 36,487,486				
PAR	T B - STATEMENTS REGARDING OR	GANIZATION DURING THE PERIOD (	OF THIS RE	PORT				
<b></b> -								
Note	e: All questions must be answered.			w, you must attach a separate page ·1 instructions for information required.		Γ		
					Yes	No		
1.	During this reporting period, were there			· ·				
	•	eof, either directly or with an entity in w	hich any su	ch officer, director or trustee had				
	any financial interest?					Х		
2.	During this reporting period, was there	any theft, embezzlement, diversion or n	nisuse of th	e organization's charitable property				
	or funds?					Х		
3.	During this reporting period, were any	organization funds used to pay any pen	alty fina or	iudament?				
٥.	burning this reporting period, were any	organization funds used to pay any pen-	aity, iiiie oi	judgment!		х		
4.	During this reporting period, were the s	ervices of a commercial fundraiser, fund	draising cou	unsel for charitable purposes, or				
	commercial coventurer used?	•	Ü	,		x		
5.	During this reporting period, did the or	ganization receive any governmental fur	nding?		Х			
6.	During this reporting period, did the organic	ganization hold a raffle for charitable pu	rposes?			x		
7.	Does the organization conduct a vehic	e donation program?				х		
8.	Did the organization conduct an indepe	endent audit and prepare audited financ	ial stateme	nts in accordance with				
	generally accepted accounting principl	es for this reporting period?			Х			
9.	At the end of this reporting period, did	the organization hold restricted net ass	ets, while re	eporting negative unrestricted net assets?		х		
				ng documents, and to the best of my know	vledg	e		
and	belief, the content is true, correct and	l complete, and I am authorized to sig	gn.					
	KA	CIE FLYNN	E	XEC DIRECTOR				
Signa	ture of Authorized Agent P	rinted Name	Т	itle Date				

### \*\* 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

ΑI	or the	$oldsymbol{ iny 2021}$ calendar year, or tax year beginning $oldsymbol{ iny JU}$	L 1, 2021 and	ending J	UN 30, 2022	2		
B	Check if pplicable	HUMBOLDT STATE UNIVERSITY SPONSOR	ED		D Employe	r identific	eation number	
	Addre:	PROGRAMS FOUNDATION						
	Name chang	Doing business as			94-6	050071		
	Initial return Final return	Number and street (or P.O. box if mail is not deli 1 HARPST STREET	E Telephone number 707-826-4189					
	termin ated		<b>G</b> Gross receip	<b>G</b> Gross receipts \$ 36,772,180.				
Г	Ameno	, , , , , , , , , , , , , , , , , , , ,	an or revergit pootal code		H(a) Is this a			
F	Applic	F Name and address of principal officer: KACIE	FLYNN		1	ordinates		
	pendir	SAME AS C ABOVE					cluded? Yes No	
T-	ax-exe	empt status: X 501(c)(3) 501(c) ( )		or 527	1		list. See instructions	
		te: HTTPS://RESEARCH.HUMBOLDT.EDU/	(medicine) io ii (u)(i)	<u></u>	H(c) Group			
			sociation Other >	L Year	of formation: 1		State of legal domicile: CA	
	art I	Summary		<b>=</b> 1001	or formation,	,	Otato or logal dollinollo,	
		Briefly describe the organization's mission or most:	significant activities: SEE SC	HEDULE O.	,			
Se	١.	briefly describe the organization a mission of most of	ngrimourit dottvitico.		<u> </u>			
Governance	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% of it	ts net ass	ets	
Ver	3	Number of voting members of the governing body (	·			1 1	15	
Ĝ	4	Number of independent voting members of the gov	, , , , , , , , , , , , , , , , , , , ,				1	
	1 -	Total number of individuals employed in calendar ye					680	
ţį		Total number of volunteers (estimate if necessary)					55	
Activities &		Total unrelated business revenue from Part VIII, coli					0.	
Ą		Net unrelated business taxable income from Form 9		0.				
_		Tect difference business taxable fileoffic from toffit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Prior Yea		Current Year	
	8	Contributions and grants (Part VIII, line 1h)				3,921.	33,328,225.	
ine	l					9,772.	3,272,160.	
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		3,20	1.	-23,908.	
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		10	2,879.	166,488.		
	1					6,573.	36,742,965.	
_		Total revenue - add lines 8 through 11 (must equal F	9,657.	875,415.				
	1	Grants and similar amounts paid (Part IX, column (A				0.	0.	
	45	Benefits paid to or for members (Part IX, column (A)		17 05	8,305.	17,382,318.		
Expenses	15	Salaries, other compensation, employee benefits (P		17,03	0.	0.		
ens	16a	Professional fundraising fees (Part IX, column (A), lin		0.		٠.	0.	
X	_D	Total fundraising expenses (Part IX, column (D), line	•		10 65	19,657,842. 18,229,7		
_	''	Other expenses (Part IX, column (A), lines 11a-11d,				5,804.	18,229,753. 36,487,486.	
	ı	Total expenses. Add lines 13-17 (must equal Part IX				0,769.	255,479.	
		Revenue less expenses. Subtract line 18 from line 1	2					
t Assets or	200	Total assets (Part X, line 16)		Ве	ginning of Curre	1,334.	End of Year 18,307,530.	
SSe	20	Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)				4,499.	9,215,216.	
Net /		, , , , , , , , , , , , , , , , , , , ,	ina 00		•	6,835.	9,092,314.	
_	art II	Net assets or fund balances. Subtract line 21 from l Signature Block	IIIe 20		0,00	0,000.	3,032,311,	
		Ities of perjury, I declare that I have examined this return,	ncluding accompanying schedule	and etateme	ante and to the l	heet of my	knowledge and helief it is	
		t, and complete. Declaration of preparer (other than officer				-	knowledge and belief, it is	
truo	, 001100	t, and complete. Declaration of preparer (other than officer	) is based on an information of wi	non proparor	Thas any knowle	ago.		
Sig	•	Signature of officer			Date			
		KACIE FLYNN, EXEC DIRECTOR						
Her	e	Type or print name and title						
		,	Dranarar'e cianatura	П	Date	Check	PTIN	
Paid	ı	Print/Type preparer's name WENDY CAMPOS	Preparer's signature VENDY CAMPOS		1/09/22	if		
	ı Darer			<u> </u>		self-employe	91-0189318	
	Only	THIN S HAINS	)			s EIN 🕨		
USE	Jilly	Firm's address 805 SW BROADWAY STE 1200 PORTLAND, OR 97205	-		Dhan	no 503-	-242-1447	
	. 41 15	2S discuss this return with the preparer shown above	Phone no.503-242-1447					

132002 12-09-21

Form 990 (2021)

Form 990 (2021) PROGRAMS FOUNDATION Part IV Checklist of Required Schedules

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>	<u> </u>		
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	If "Yes," complete Schedule D, Part IV	<del> </del>		<del></del>
10		40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	<del>                                     </del>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			l
	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		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	X	
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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."			
IJ	,	10		x
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<del>                                     </del>
n	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	Did the examination report more than \$5,000 of exents or other assistance to any demostic examination or			
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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# Form 990 (2021) PROGRAMS FOUNDATION Part 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		<del></del>			
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		<del></del>			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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%			v			
	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			х			
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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?	200		Х			
h	"Yes," complete Schedule L, Part IV	28a 28b		X			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200					
·	"Yes," complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>					
	Schedule N, Part II	32		Х			
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		х			
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)?	35a		Х			
	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?			<del>_</del>			
	If "Yes," complete Schedule R, Part V, line 2	36		Х			
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?						
В-	Note: All Form 990 filers are required to complete Schedule O	38	Х				
Par							
	Check if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ			
			Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	v				
400	(gambling) winnings to prize winners?	1c	ggn .	(2021)			
132004	12-09-21	Form	550	(L DD )			

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Par				age -				
	- Commissed,		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 680							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х					
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ı				
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ı				
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ı				
	to file Form 8282?	7c		Х				
d	d If "Yes," indicate the number of Forms 8282 filed during the year							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8						
	sponsoring organization have excess business holdings at any time during the year?							
9	3 3 3							
_	a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12  Consequenciate included on Form 200 Part VIII, line 10 for public use of all the facilities.							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
b	amounts due or received from them.)							
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou						
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?							
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16								
	If "Yes," complete Form 4720, Schedule O.	16						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response 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						
	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 O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
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 X			
	Did the organization have local chapters, branches, or affiliates?	10a		Λ			
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40h					
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?      Describe on Schoolule O the process if any used by the organization to review this Form 990.						
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  2. Did the organization have a written conflict of interest policy? If IIA II as to live 10.						
12a	7 7 11 110, 90 to 1110						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12b	Х				
С		12c	х				
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х				
	Other officers or key employees of the organization	15b	Х				
-	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		х			
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 filed ▶CA						
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) a	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	financ	ial				
	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						

Form **990** (2021)

Form 990 (2021)

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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.
  - 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, 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.

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

• 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.

(A) Name and title	(B) Average hours per		Pos heck		l than o		( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director		lirecto	Highest compensated employee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) THOMAS JACKSON	1.00								
EX-OFFICIO DIRECTOR	40.00	Х					0.	471,471.	127,390.
(2) FRANK WHITLATCH	1.00								
EX-OFFICIO DIR, GOVERNANCE CHAIR	40.00	Х	Х				0.	213,122.	89,763.
(3) JENNIFER CAPPS	1.00								
EX-OFFICIO DIRECTOR, PRESIDENT	40.00	Х	Х				0.	244,939.	57,116.
(4) JASON MERIWETHER	1.00								
EX-OFFICIO DIRECTOR UNTIL 5/2022	40.00	Х					0.	216,971.	63,284.
(5) SHAWNA YOUNG	2.00								
DEAN DIRECTOR, SECRETARY	40.00	Х	Х				0.	176,860.	78,302.
(6) KRISTIN JOHNSON	40.00								
PROGRAM DIRECTOR					Х		162,443.	0.	57,797.
(7) DALE OLIVER	1.00								
EX-OFFICIO DEAN DIR UNTIL 9/2021	39.00	Х					0.	159,203.	50,891.
(8) TAYLOR BLOEDON	5.00								
FORMER FACULTY DIRECTOR	35.00					Х	980.	111,786.	49,935.
(9) KACIE FLYNN	40.00								
EXECUTIVE DIR, EX-OFFICIO DIR		Х	Х				0.	107,320.	42,604.
(10) C.D. HOYLE	1.00								
FACULTY DIRECTOR, PERSONNEL CHAIR	39.00	Х	Х				4,332.	96,994.	48,596.
(11) SCOTT HENRY ROGALSKI	40.00								
PROGRAM DIRECTOR					Х		121,932.	0.	23,857.
(12) ANN CRYSTAL JOHNSON-STROMBERG	40.00								
PROGRAM DIRECTOR					Х		117,797.	0.	27,347.
(13) CARLY MARINO	2.00								
FACULTY DIRECTOR, TREASURER	38.00	Х	Х				4,004.	81,902.	50,650.
(14) PETER ALSTONE	1.00	1							
FACULTY DIRECTOR UNTIL 9/2021	39.00	Х					1,531.	80,405.	51,037.
(15) DAVID JOHN CARTER	40.00	1							
PROGRAM DIRECTOR					Х		115,145.	0.	13,968.
(16) FERNANDO DIZON	40.00	1							
PROGRAM DIRECTOR					Х		109,995.	0.	17,495.
(17) JEFFREY KANE	1.00	-							
FACULTY DIRECTOR, FINANCE CHAIR	40.00	Х	Х				748.	83,275.	42,820. Form <b>990</b> (2021)

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the Highest compensated Imployee related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) (18) JAMES WOGLOM 2.00 FACULTY DIRECTOR 38.00 Х 5,954 84,534. 34,177. (19) AMBER GAFFNEY 1.00 FACULTY DIRECTOR, VICE PRESIDENT 40.00 Х Х 0 81,948 42,548. (20) KATIA KARADJOVA 1.00 FACULTY DIRECTOR 38.00 X 0 80,903 25,453. (21) SAMANTHA DIEL 16.00 GRAD STUDENT DIR UNTIL 5/2022 1.00 X 18,106 0. 0. (22) AMELIA TOWSE 0.00 UNDERGRAD STUDENT DIR UNTIL 5/2022 2.00 0. 0. Х 0. (23) JASON RAMOS 1.00 COMMUNITY DIRECTOR 0 0. 0. 662,967, 2,291,633 995,030. 1b Subtotal 0. c Total from continuation sheets to Part VII, Section A 0 0. 662,967. 2,291,633, 995,030. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 7 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 Х line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person 5

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
REDWOOD COAST ENERGY AUTHORITY		
633 3RD STREET, EUREKA, CA 95501	SUBCONTRACT SERVICE PROVIDED	1,229,425.
CABRILLO COLLEGE		
6500 SOQUEL DR, APTOS, CA 95003	SUBCONTRACT SERVICE PROVIDED	662,364.
NAPA VALLEY COLLEGE		
2277 NAPA VALLEJO HWY, NAPA, CA 94558	SUBCONTRACT SERVICE PROVIDED	651,000.
SACRAMENTO METRO CHAMBER OF COMMERCE		
1017 L ST #557, SACRAMENTO, CA 95814	SUBCONTRACT SERVICE PROVIDED	627,796.
ENTERPRISE FOUNDATION, 1887 MONTEREY RD		
STE 215, SAN JOSE, CA 95112	SUBCONTRACT SERVICE PROVIDED	615,836.
2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization ► 28	e listed above) who received more than	000

Form **990** (2021)

			2021) PROGRAMS FOUNDATION				94-605007	1 Page <b>9</b>
Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
S S	1	a	Federated campaigns 1a					
ant	-		Membership dues 1b					
<u>1</u> 0			Fundraising events 1c					
ifts Ir A			Related organizations 1d	661,537.				
nis			Government grants (contributions) 1e	28,341,069.				
Sir			All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above	4,325,619.				
d ţ		g	Noncash contributions included in lines 1a-1f 1g \$					
Cor		_	Total. Add lines 1a-1f		33,328,225.			
				Business Code				
ø	2	а	INDIRECT COST REVENUE	900099	2,959,433.	2,959,433.		
rvic		b	OTHER PROGRAM REVENUE	900099	312,727.	312,727.		
Sel		С						
am		d						
Program Service Revenue		е						
		f	f All other program service revenue					
		g	Total. Add lines 2a-2f	<b></b>	3,272,160.			
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		5,307.			5,307.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	(ii) Othor				
	7 a Gross amount from sales of (i) Securities		(ii) Other					
			assets other than inventory 7a					
ø)		D	Less: cost or other basis and sales expenses 7b	29,215.				
evenue		_	and sales expenses 7b Gain or (loss) 7c	-29,215.				
eve					-29,215.			-29,215.
er Re			Ret gain or (loss)					
Other	0	a	including \$ of					
•			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	<b></b>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory					
<u>s</u>			WT.GGTT I N.T.GTT	Business Code	466 105			466 105
Miscellaneous Revenue	11		MISCELLANEOUS REVENUE	900099	166,488.			166,488.
llan		b						
sce Bev		C	All others was seen					
Σ̈́			All other revenue		166,488.			
	12		Total Add lines 11a-11d	·····	36 742 965.	3 272 160.	0.	142 580.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 29,215 29,215. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 846,200 846,200. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 55,320. trustees, and key employees ..... 55,320 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13,074,698. 12,405,415. 669,283. Other salaries and wages 7 Pension plan accruals and contributions (include 648,357 section 401(k) and 403(b) employer contributions) 663,426 15,069 2,364,800 2,657,161 292,361 9 Other employee benefits 931,713. 904,819. 26,894 10 Payroll taxes Fees for services (nonemployees): Management а 15,918. 15,918 Legal 52,100. 52,100. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 10,754,996 9,877,937 877,059 column (A), amount, list line 11g expenses on Sch O.) 56,361 35,288 21,073 Advertising and promotion 12 1,056,821 1,033,740 23,081 13 Office expenses 238,293 137,276. 101,017 14 Information technology Royalties 15 149,363 149,363. 16 Occupancy 540,930 533,374, 7,556 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 41,224. Conferences, conventions, and meetings ..... 41,224. 19 39,391. 39,391 20 Payments to affiliates 21 169,136 169,136, 22 Depreciation, depletion, and amortization ..... 73,879 204 73,675 23 Other expenses. Itemize expenses not covered 24 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 O.) INDIRECT COSTS 2,957,996. 2,957,996. 1,262,607 1,256,870 STIPENDS 5,737 EQUIPMENT 154,438. 154,438. С d 666,300 603,526 62,774 All other expenses е 36,487,486 33,571,210 2,916,276 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2021)

Form 990 (2021)

Part X | Balance Sheet PROGRAMS FOUNDATION

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,535,505.	1	2,712,121
	2	Savings and temporary cash investments	36,217.	2	36,318		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	13,522,789.	4	14,465,911		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial contr	butor, or 35%			
		controlled entity or family member of any of	these persons			5	
	6	Loans and other receivables from other disqu	ualified persons				
		under section 4958(f)(1)), and persons descri	bed in section	4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Donata del como como con el el efermo el electrone			42,129.	9	33,344
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,837,155.			
	b	Less: accumulated depreciation		777,619.	854,394.	10c	1,059,536
	11	Investments - publicly traded securities			300.	11	300
	12	Investments - other securities. See Part IV, lii				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			15,991,334.	16	18,307,530
	17	Accounts payable and accrued expenses			3,687,051.	17	5,850,088
	18	Grants payable				18	
	19	Deferred revenue			3,467,448.	19	3,365,128
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or f					
Ė		trustee, key employee, creator or founder, su	ubstantial contr	butor, or 35%			
Liabilities		controlled entity or family member of any of		22			
Ë	23	Secured mortgages and notes payable to un		23			
	24	Unsecured notes and loans payable to unrela	ated third partie	es		24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li		1			
		of Schedule D				25	
	26	<b>T</b>			7,154,499.	26	9,215,216
		Organizations that follow FASB ASC 958,	check here	X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			8,836,835.	27	9,092,314
Bal	28	Net assets with donor restrictions				28	
힏		Organizations that do not follow FASB AS					
Ī		and complete lines 29 through 33.					
ŏ	29	Capital stock or trust principal, or current fur	nds			29	
sets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			8,836,835.	32	9,092,314
~	33	Total liabilities and net assets/fund balances			15,991,334.	33	18,307,530

Form **990** (2021)

PROGRAMS FOUNDATION

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	36	,742,	965.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36	,487,	486.
3	Revenue less expenses. Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	,836,	835.
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	9	,092,	314.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	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?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	;		
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

3b X Form 990 (2021)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

HUMBOLDT STATE UNIVERSITY SPONSORED

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

PROGRAMS FOUNDATION 94-6050071 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: Х An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	25,125,421.	27,632,893.	32,139,747.	34,373,921.	33,328,225.	152,600,207.
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	25,125,421.	27,632,893.	32,139,747.	34,373,921.	33,328,225.	152,600,207.
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)						
6	Public support. Subtract line 5 from line 4.						152,600,207.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	25,125,421.	27,632,893.	32,139,747.	34,373,921.	33,328,225.	152,600,207.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	85,631.	88,971.	10,404.	6,453.	5,307.	196,766.
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						
	assets (Explain in Part VI.)	151,631.	31,001.	17,901.	102,879.	166,488.	469,900.
11	Total support. Add lines 7 through 10						153,266,873.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	14,770,380.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	11 1 3					14	99.57 %
15	Public support percentage from 2020					15	99.57 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	<b>stop here.</b> The organization qualifies		-				
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the						
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instructions	· <b>&gt;</b>

Schedule A (Form 990) 2021

### 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.)

quality under the tests listed to Section A. Public Support	elow, please comp	piete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(3) = 3 · · ·	(2) = 2 : 2	(5) = 5 + 5	(-,	(-,	(0)
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				+		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	т			_		1
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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.)						
<b>13 Total support.</b> (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	501(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2021 (	line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020	) Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 2	<b>021</b> (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and line 1	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the	-	-				and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

94-6050071

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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")? |f "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).
- 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.
- 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
00		
4a		
4b		
4c		
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5b 5c		
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9a		
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9c		
10a		
10b		
ule A (Forn	n 990)	2021

Part IV   Supporting Organizations (continued)   Yee   No	Sche	hedule A (Form 990) 2021 PROGRAMS FO		94-6050071	Pa	age <b>5</b>
11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either allower to gether with persons described on lines 11b and 11b below, the governing body of a supported organization?  b A family member of a person described on line 11a or 11b above? if "Yes" to line 11a, 11b, or 11c, provide 11b line 11a, 11b, or 11c, provide 11b line 11b A family member of a person described on line 11a or 11b above? if "Yes" to line 11a, 11b, or 11c, provide 11b line 11b A family member of a person described on line 11a or 11b above? if "Yes" to line 11a, 11b, or 11c, provide 11b line 11b A family member of the organizations.  1 Did the exporting body, members of the operating body, offices a storing in their disal capacity, or membership of one or runder supported organizations and the storing the tax year? If Yes, "describe in Part VI how the supported organizations of effectively organizations and the supported organizations or provided organizations or the supported organizations or provided organization or the than the supported organizations or provided organization organizations or the supported organization organization organizations or the supported organization organization organization organization organizations or the supported organization organization organizations or the supported organization organization organizations or supported organizations or supported organizations or supported organizations or supported organizations or than the supported organizations or supported organizations or supported organizations or the supported organizations or supported organizations or supported organizations or the supported organizations or supported organizations in the organization or supported organizations or supported organizations or supported organi	Pai	art IV Supporting Organizations (contin	ued)			
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a ☐ The organization satisfied the Activities Test. Complete line 2 below.  b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.  c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).  2 Activities Test. Answer lines 2a and 2b below.  a 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 constituted substantially all of its 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						
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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
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 mu		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
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	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	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			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
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-function	ally integrated	d Type III supporting orga	nization (see	
	instructions).	-			

Schedule A (Form 990) 2021

Part V   Type III Non-Functionally Integrated 599(a)(3) Supporting Organizations   Continued	Sche	dule A (Form 990) 2021 PROGRAMS FOUNDATION				94-6050071	Page 7
1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt use assets 4 5 Qualified set saide amounts (prior IRS approval requiredprovide details in Part VI) 6 6 Other distributions (assezuée part VII) 5 See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VII). See instructions. 7 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VII). See instructions. 8 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VII). See instructions. 8 9 Distribution divided by line 8 amount 10 10 10 10 10 10 10 10 10 10 10 10 10 1	Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ied)		
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Section E - Distribution Allocations (see instructions)  Excess Distributions  Underdistributions Pre-2021  1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 b From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to 2021 distributable amount c Remaining underdistributions of prior years b Applied to 2021 distributable amount c Remaining underdistributions for years prior to 2021, if any, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4e. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2019 c Excess from 2020 e Excess from 2021	10	Line 8 amount divided by line 9 amount	<u> </u>		10		
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than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2022. Add lines 3j and 4c.  8 Breakdown of line 7:  a Excess from 2017  b Excess from 2018  c Excess from 2019  d Excess from 2020  e Excess from 2021	5	Remaining underdistributions for years prior to 2021, if					
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and 4c.  8 Breakdown of line 7:  a Excess from 2017  b Excess from 2018  c Excess from 2019  d Excess from 2020  e Excess from 2021		Part VI. See instructions.					
8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021	7	Excess distributions carryover to 2022. Add lines 3j					
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b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021	_8_	Breakdown of line 7:					
c Excess from 2019           d Excess from 2020           e Excess from 2021	<u>a</u>	Excess from 2017					
<b>d</b> Excess from 2020 <b>e</b> Excess from 2021	b	Excess from 2018					
e Excess from 2021	c	Excess from 2019					
	d	Excess from 2020					
Cabadula A /Farm 000) 0004	<u>        e                            </u>	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule B

(Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization HUMBOLDT STATE UNIVERSITY SPONSORED

PROGRAMS FOUNDATION

**Employer identification number** 

94-6050071 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization	Employer identification number
HUMBOLDT STATE UNIVERSITY SPONSORED	
PROGRAMS FOUNDATION	94-6050071

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, audress, and ZIF + 4	\$7,238,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,790,571.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2,967,508.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions  \$2,050,207.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,929,149.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,283,489.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **2** 

Name of organization
HUMBOLDT STATE UNIVERSITY SPONSORED
PROGRAMS FOUNDATION

Employer identification number
94-6050071

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, dual coo, and En 1 7	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupation (Complete Part II for noncash contributions.)

Name of organization
HUMBOLDT STATE UNIVERSITY SPONSORED
PROGRAMS FOUNDATION

Employer identification number
94-6050071

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - - - - - -				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - \$				

Name of or				Employer identification number	
	STATE UNIVERSITY SPONSORED			04_6050071	
Part III	FOUNDATION  Exclusively religious, charitable, etc., contributifrom any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line echaritable, etc., contributions of \$1,000 contributions of	entry. For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
		(e) Transfer of g	gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
_	Transferee's name, address, ar	(e) Transfer of g	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
	Transferee's name, address, ar	(e) Transfer of g		nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
	Transferee's name, address, a	(e) Transfer of g		nsferor to transferee	

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

HUMBOLDT STATE UNIVERSITY SPONSORED

PROGRAMS FOUNDATION

**Employer identification number**  $94\!-\!6050071$ 

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Accounts. Complete if the
	organization answered Tes off offi 550, Fart IV, IIIV	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(-)	
2	Aggregate value of contributions to (during year)		_
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	ınde
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor or		-
	• •		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	<u> </u>
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
_	<b>\$</b>		77.0
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the
Par	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 956		alance sheet works
ıu	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	,	rance of public
h	If the organization elected, as permitted under FASB ASC 956		ace sheet works of
-	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:		pan,
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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

Pai	rt III   Organizations Maintaining C	collections of Ar	t, Historicai Tr	easures, or	Otner	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that	make sigi	nificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progra	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's of	ollections and explair	n how they further t	he organizatio	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit							_		_
_	to be sold to raise funds rather than to be m							Yes		No
Par	rt IV Escrow and Custodial Arran		ete if the organizati	on answered "`	Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							7		7
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t	
						1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		7,,		<del></del>
	Did the organization include an amount on F				-	/?		Yes		∐ No
	rt V Endowment Funds. Complete						<u></u>			
ı uı	Endownient i unus: Complete	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	r veare	hack
4.	Designing of year belongs	.,	(b) i noi yeai	(C) Two years	S Dack (C	a) Tillee y	cars back	( <b>e</b> ) i oui	yoars	Dack
b										
C	Net investment earnings, gains, and losses									
d										
е										
	and programs									
	Administrative expenses  End of year balance									
g 2	End of year balance  Provide the estimated percentage of the cur		lino 1a column (	)) hold as:						
a		•	%	a)) Held as.						
b		%								
Ū	The percentages on lines 2a, 2b, and 2c sho	<b>-</b> / °								
За	Are there endowment funds not in the posse	•	ition that are held a	nd administer	ed for the	organiza	tion			
	by:					o. gaa.		ĺ	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									
Par	rt VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o basis (investr	, ,	t or other (other)		cumulate eciation	d	(d) Boo	k valu	e
1a	Land									
				490,279.		340,2	262.		150,	017.
				958,157.		379,9	987.		578,	170.
е	Other			388,719.		57,3	370.			349.
Total	<b>il.</b> Add lines 1a through 1e. <i>(Column (d) must</i> e	equal Form 990, Part	X. column (B), line	10c.)			<b>&gt;</b>	1,	,059,	536.

Schedule D	(Form 990) 2021	PROGRAMS FOUNDATI	ON		94-6050071	Page 3
Part VII		Other Securities.				
				11b. See Form 990, Part X, line 12.		
(a) Descrip	tion of security or categ	Ory (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market	value
(1) Financia	al derivatives					
(2) Closely	held equity interests					
3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	h) must squal Form 000	Dort V. aal. (D) line 10.)				
Part VIII	Investments - I	, Part X, col. (B) line 12.) ► Program Related.				
i ait viii		_	on Form 990 Part IV line	11c. See Form 990, Part X, line 13.		
	(a) Description of		(b) Book value	(c) Method of valuation: Cost of	or end-of-vear market	value
(1)	(a) Decomplied of		(S) Dook value	(5) managari valdation. Oost C	s.ia or your market	
(1) (2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990	, Part X, col. (B) line 13.)				
Part IX	Other Assets.	, , , , , , , , , , , , , , , , , , , ,				
	Complete if the orga	anization answered "Yes" o	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
		(a) l	Description		(b) Book	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part X	<u>mn (b) must equal Fo</u> Other Liabilitie	<u>rm 990, Part X, col. (B) line</u>	<u>15.)</u>		<u>. ▶ </u>	
FaitA			on Form 000 Dort IV line	11e or 11f. See Form 990, Part X, Iir	00.05	
		escription of liability	on Form 990, Fart IV, line	TTE OF THE GET FORTH 990, FAIT A, III	(b) Book	valuo
1.		Somption of hability			(b) BOOK	value
	leral income taxes					
(2)						
(3)						
(4) (5)						
(6)						
(7)						
(8)						
(9)						
(3)			<b>~</b>			
Total (Colo	imn (h) must agual Ea	rm QQA Dart V and /D\lina	26.1			
		<i>rm 990, Part X, col. (B) line</i> itions. In Part XIII, provide		the organization's financial stateme	nts that reports the	

132053 10-28-21

Sche	dale D (1 offir odd) Loc 1	ROGRAMS FOUNDATION			94-60500	71 Page <b>4</b>
Pai	t XI Reconciliation of F	Revenue per Audited Financi	al Statements With F	Revenue per Re	turn.	
	Complete if the organiza	tion answered "Yes" on Form 990, Pa	art IV, line 12a.			
1	Total revenue, gains, and other	support per audited financial stateme	ents		1	36,772,180.
2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on	investments	2a			
b		cilities				
С						
d	0 (5					
е	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line 1				3	36,772,180.
4	Amounts included on Form 990	, Part VIII, line 12, but not on line 1:				
а	Investment expenses not includ	ed on Form 990, Part VIII, line 7b	4a			
b			4b	-29,215.		
С					4c	-29,215.
5		<b>4c.</b> (This must equal Form 990. Part I.			5	36,742,965.
Pa	t XII Reconciliation of E	xpenses per Audited Financ	ial Statements With	Expenses per R	eturn.	
	Complete if the organiza	tion answered "Yes" on Form 990, Pa	art IV, line 12a.			
1		audited financial statements			1	36,516,701.
2		not on Form 990, Part IX, line 25:				
а	Donated services and use of fac	cilities	2a			
b						
c				29,215.		
d	***************************************			·		
e			<u></u>		2e	29,215.
3	•				3	36,487,486.
4		, Part IX, line 25, but not on line 1:				
a		ed on Form 990, Part VIII, line 7b	4a			
b						
					4c	0.
		d <b>4c.</b> (This must equal Form 990. Part			5	36,487,486.
Pa	t XIII Supplemental Info	rmation.	1, IIIIe 10.)			, ,
	•	Part II, lines 3, 5, and 9; Part III, lines and 4b. Also complete this part to pr			, 1 4117, 11102	
PART	XI, LINE 4B - OTHER ADJ	USTMENTS:				
RECI	ASSIFICATION OF LOSS		-29,215.			

# SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

HUMBOLDT STATE UNIVERSITY SPONSORED

Employer identification number

PROGRAMS FOUNDATION

94-6050071

Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ata if the examination enguered IV	'aall an
Form 990, Part IV		Clivities Out.	side the Officed States. Compile	ete if the organization answered "Y	es" on
		maintain record	ds to substantiate the amount of its gra	nts and other assistance	
<del>-</del>	-		he selection criteria used to award the		Yes No
the grantees engionity to	or the grants of a	iooiotarioo, aria t	ne selection officina assa to award the	grants or assistance:	100 110
2 For grantmakers. Desc	ribe in Part V the	organization's r	procedures for monitoring the use of its	arants and other assistance outsi	de the
United States.	indo in r di c v tino	organization o	or occurred for mornicaling the dec of its	grants and earlier assistance satisf	40 1110
	ne following Part	L line 3 table ca	ın be duplicated if additional space is n	eeded )	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
,, ,	offices	èmployees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	independent	gram services, investments, grants to	describe 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	9	PROGRAM SERVICES	RESEARCH	125,000.
					,
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	4	PROGRAM SERVICES	RESEARCH	12,600.
					,
NORTH AMERICA					
(CANADA AND MEXICO)	0	4	PROGRAM SERVICES	RESEARCH	3,400.
					,
EAST ASIA AND THE					
PACIFIC	0	1	PROGRAM SERVICES	RESEARCH	600.
SOUTH AMERICA	0	1	PROGRAM SERVICES	RESEARCH	600.
3 a Subtotal	0	19			142,200.
<b>b</b> Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	19			142,200.
		-			•

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

Schedule F (Form 990) 2021

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	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant		1	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
			recognized as charities by the					
exempt 501(c)(3) orga			or counsel has provided a sect	.ion 501(c)(3) eqt	uivalency letter			

3 Enter total number of other organizations or entities .

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) (e) Manner of cash disbursement (c) Number of (d) Amount 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) 2021 Foreign Forms PROGRAMS FOUNDATION

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) 2021

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) 2021

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

■ Go to www.irs.gov/Form990 for the latest information.

HUMBOLDT STATE UNIVERSITY SPONSORED

2021

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

PROGRAMS FOUN	DATION						94-60500	/ I
Part I General Information on Grants a	nd Assistance							
Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or assis	stance, and the selection	on	
criteria used to award the grants or assis	stance?						Y Yes	☐ No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.				
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than	\$5,000. Part II can	be duplicated if additi	ional space is need	ed.				
1 (a) Name and address of organization 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 gra or assistance	
HUMBOLDT STATE UNIVERSITY								
1 HARPST STREET		STATE OF						
ARCATA, CA 95521	94-6001347	CALIFORNIA	0.	29,215.	BOOK VALUE	EQUIPMENT	GENERAL OPERATING	SUPPORT
							-	
2 Enter total number of section 501(c)(3) a	-	•				1	<b>&gt;</b>	1.
3 Enter total number of other organization	s listed in the line	1 table		<u></u>			<b>)</b>	

Schedule I (Form 990) 2021

PROGRAMS FOUNDATION 94-6050071

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	· -g-
(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	201	846,200.	0.		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION MAKES TRANSFERS TO RELATED ORGANI	ZATIONS UNDEF	R COMMON			
MANAGEMENT AND CONTROL WHO ENSURE THAT ALL TRANSFE	RRED FUNDS AN	ID ASSETS ARE			
USED FOR APPROPRIATE PURPOSES.					
PAYMENTS FOR SCHOLARSHIPS/TUITION ARE ISSUED TO HU	MBOLDT STATE	UNIVERSITY.			
HUMBOLDT STATE UNIVERSITY THEN ISSUES THE SCHOLARS	HIPS/TUITION	TO THE			
STUDENTS. THE PAYMENTS ARE TRACKED THROUGH HUMBOLD	r state unive	ERSITY'S			
FINANCIAL AID OFFICE THE PAYMENTS ARE PLACED ON T	HE INDIVIDUAL	STUDENTS'			

Schedule I (Form 990) 2021

Page 2

## HUMBOLDT STATE UNIVERSITY SPONSORED

Schedule I	(Form 990) PROGRAMS FOUNDATION	94-6050071 P	age <b>2</b>
Part IV	(Form 990)   PROGRAMS FOUNDATION   Supplemental Information		
	- Supplemental information		
ACCOUNTS	1		
	· · · · · · · · · · · · · · · · · · ·		
_			

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Schedule I (Form 990)

# **SCHEDULE J** (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

HUMBOLDT STATE UNIVERSITY SPONSORED

Employer identification number PROGRAMS FOUNDATION 94-6050071 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
Ļ	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
~	If "Yes" on line 5a or 5b, describe in Part III.	0.5		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
,	contingent on the net earnings of:			
2		6a		Х
a h	The organization? Any related organization?	6b		X
D	•	OD		
,	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		A
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			х
^	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		^
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		Щ.

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

Schedule J (Form 990) 2021

94-6050071 Page **2** 

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 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)	
		(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)	409,471.	0.	62,000.	101,737.	25,653.	598,861.	0.	
(2) FRANK WHITLATCH	(i)	0.	0.	0.	0.	0.	0.	0.	
EX-OFFICIO DIR, GOVERNANCE CHAIR	(ii)	213,122.	0.	0.	64,214.	25,549.	302,885.	0.	
(3) JENNIFER CAPPS	(i)	0.	0.	0.	0.	0.	0.	0.	
EX-OFFICIO DIRECTOR, PRESIDENT	(ii)	244,939.	0.	0.	37,607.	19,509.	302,055.	0.	
(4) JASON MERIWETHER	(i)	0.	0.	0.	0.	0.	0.	0.	
EX-OFFICIO DIRECTOR UNTIL 5/2022	(ii)	216,971.	0.	0.	37,823.	25,461.	280,255.	0.	
(5) SHAWNA YOUNG	(i)	0.	0.	0.	0.	0.	0.	0.	
DEAN DIRECTOR, SECRETARY	(ii)	176,860.	0.	0.	52,832.	25,470.	255,162.	0.	
(6) KRISTIN JOHNSON	(i)	162,443.	0.	0.	0.	57,797.	220,240.	0.	
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) DALE OLIVER	(i)	0.	0.	0.	0.	0.	0.	0.	
EX-OFFICIO DEAN DIR UNTIL 9/2021	(ii)	159,203.	0.	0.	33,854.	17,037.	210,094.	0.	
(8) TAYLOR BLOEDON	(i)	980.	0.	0.	0.	0.	980.	0.	
FORMER FACULTY DIRECTOR	(ii)	111,786.	0.	0.	24,423.	25,512.	161,721.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								

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Fart 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 O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental 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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION

Employer identification number 94-6050071

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO PROMOTE AND FACILITATE RESEARCH ACTIVITY THROUGHOUT THE HUMBOLDT STATE UNIVERSITY COMMUNITY. FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS INCLUDES THE PRESIDENT OF HUMBOLDT STATE UNIVERSITY THE VICE PRESIDENTS OF THE UNIVERSITY OR 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 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 HUMBOLDT STATE UNIVERSITY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR OF HUMBOLDT STATE UNIVERSITY 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: HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION REVIEWS

132211 11-11-21

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 HUMBOLDT STATE UNIVERSITY SPONSORED **Employer identification number** Name of the organization 94-6050071 PROGRAMS FOUNDATION TRANSACTIONS AND MONITORS ACTIVITY ON A REGULAR BASIS FOR CONFLICT OF INTEREST ITEMS THAT MAY ARISE. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR REPORTS TO THE PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS OF THE CAMPUS AND COMPENSATION IS DETERMINED BASED ON CAMPUS COMPENSATION POLICIES. KEY EMPLOYEES' COMPENSATION 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, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE PUBLIC THROUGH HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION'S WEBSITE. FORM 990, PART IX, LINE 11G, OTHER FEES: SUB-CONTRACTS: PROGRAM SERVICE EXPENSES 7,295,967. 814,589. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 8,110,556. COUNSELING SERVICES: PROGRAM SERVICE EXPENSES 1,163,149. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,163,149. OTHER FEES FOR SERVICES:

Schedule O (Form 990) 2021 Page 2 HUMBOLDT STATE UNIVERSITY SPONSORED Name of the organization **Employer identification number** PROGRAMS FOUNDATION 94-6050071 PROGRAM SERVICE EXPENSES 1,418,821. MANAGEMENT AND GENERAL EXPENSES 62,470. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,481,291. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 10,754,996. FORM 990, PART XII, LINE 2C: THE PROCESS AND METHODS USED BY THE FOUNDATION TO SELECT THE INDEPENDENT AUDITOR HAVE NOT CHANGED.

#### **SCHEDULE R** (Form 990)

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

HUMBOLDT STATE UNIVERSITY SPONSORED Name of the organization **Employer identification number** PROGRAMS FOUNDATION 94-6050071

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controllin entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No
HUMBOLDT STATE UNIVERSITY - 94-6001347							1
1 HARPST ST							1
ARCATA, CA 95521	EDUCATION	CALIFORNIA			N/A		Х
CAL POLY HUMBOLDT FOUNDATION - 94-6077724							
1 HARPST ST	ADVANCEMENT OF HUMBOLDT				HUMBOLDT STATE		
ARCATA, CA 95521	STATE UNIVERSITY'S MISSION	CALIFORNIA	501(C)(3)	LINE 10	UNIVERSITY		Х
CAL POLY HUMBOLDT REAL ESTATE HOLDINGS -	ACCEPT, HOLD AND MANAGE						
81-2593561, 1 HARPST ST, ARCATA, CA 95521	CERTAIN REAL PROPERTY	CALIFORNIA	501(C)(3)	LINE 12A, I	HSU FOUNDATION		Х
ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT -				LINE 12C,	HUMBOLDT STATE		
94-1201195, 1 HARPST ST, ARCATA, CA 95521	STUDENT SERVICES	CALIFORNIA	501(C)(3)	III-FI	UNIVERSITY		Х

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

Schedule R (Form 990) 2021

PROGRAMS FOUNDATION 94-6050071

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 control organiz	g) 512(b)(13) rolled zation?
HUMBOLDT STATE UNIVERSITY CENTER - 94-1627074, 1 HARPST ST, ARCATA, CA 95521	STUDENT SERVICES	CALIFORNIA			HUMBOLDT STATE UNIVERSITY		х

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PROGRAMS FOUNDATION Schedule R (Form 990) 2021

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Dienroportionata		Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	l	l	l .	l .		l			I	-	

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because 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>(b)</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		tion b)(13) rolled tity?	
		country)		,				Yes	No	
-										
-										
	-									

Schedule R (Form 990) 2021

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

	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
	During the tax year, did the organization engage in any of the following transactions		_				х			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
	Gift, grant, or capital contribution to related organization(s)					Х				
С	Gift, grant, or capital contribution from related organization(s)				. 1c	Х				
							Х			
е	Loans or loan guarantees by related organization(s)				. 1e		Х			
f	Dividends from related organization(s)				1f		X			
g	g Sale of assets to related organization(s)									
h	h Purchase of assets from related organization(s)									
i	i Exchange of assets with related organization(s)									
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k	Х				
I	Performance of services or membership or fundraising solicitations for related organ	nization(s)			. 11		Х			
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			. 1m	Х				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			. 1n	Х				
0	Sharing of paid employees with related organization(s)				. <u>1o</u>	Х				
р	Reimbursement paid to related organization(s) for expenses				. 1p	Х				
	Reimbursement paid by related organization(s) for expenses					Х				
r	Other transfer of cash or property to related organization(s)				. 1r	Х				
					. 1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	elationships and transaction thresholds.						
	(a)	(b)	(c)	(d)						
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount	involved					
		type (a-s)								
1)										
2)										
3)										
4)										
5)										
3)		1	1							

PROGRAMS FOUNDATION 94-6050071

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) Percentage ownership

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