

# Form **990**

**Return of Organization Exempt From Income Tax** 

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

Depar Intern	rtment o	of the Treasury nue Service		security numbers on this form a v/Form990 for instructions and	•	•		Open to Public Inspection			
			ar year, or tax year beginning	JUL 1, 2023 and	lending J	UN 30, 2024		•			
<u>В</u> с	heck if	C Name of	f organization	,	<u></u>	D Employer id	entifica	ition number			
	Addre	SS CAT PO	LY HUMBOLDT REAL ESTATE H	OLDINGS							
	_chang _Name	·		OLDINGS		81-2593	3561				
	_chang ∃Initial		usiness as	delivered to etreet address)	Doom/ouito						
	_return ∃Final		and street (or P.O. box if mail is not PST STREET	delivered to street address)	Room/suite	707-826-					
	return/ termin	_					3200	4 505 700			
_	ated ∏Amend	أمما	own, state or province, country, ar	nd ZIP or foreign postal code		G Gross receipts \$					
	return Applic	ARCAIA	A, CA 95521			H(a) Is this a gro					
	_tion _pendir	r Name a	nd address of principal officer: MAF			for subordi		·····= =			
		I HARPS	T STREET, ARCATA, CA 9552			H(b) Are all subordi	nates incli	uded? Yes No			
		empt status:		) (insert no.) 4947(a)(1)	or 527	If "No," atta	ach a lis	st. See instructions			
	Vebsit		G.HUMBOLDT.EDU/ABOUT-FOUND			H(c) Group exe					
			X Corporation Trust	Association Other	<b>L</b> Year	of formation: 2016	M	State of legal domicile: CA			
Ра	rt I	Summary									
a	1	Briefly describ	oe the organization's mission or mo	ost significant activities: SEE SC	HEDULE O						
ğ											
r a	2	Check this bo	x if the organization disc	continued its operations or dispo	sed of more	than 25% of its n	et asse	ts.			
Governance	3	Number of vot	ting members of the governing boo	dy (Part VI, line 1a)			3	5			
Ğ	4	Number of ind	dependent voting members of the o	governing body (Part VI, line 1b)			4	3			
စ္တ	5	Total number	of individuals employed in calenda	ar year 2023 (Part V, line 2a)			5	0			
Activities &	6	Total number	of volunteers (estimate if necessar	y)			6	4			
į	7 a	Total unrelated	d business revenue from Part VIII,	column (C), line 12			7a	0.			
_<	b	Net unrelated	business taxable income from For	m 990-T, Part I, line 11			7b	0.			
						Prior Year		Current Year			
	8	Contributions	and grants (Part VIII, line 1h)				0.	0.			
Revenue			/=				0.	0.			
š		•	come (Part VIII, column (A), lines 3,			-2,200,	000.	336,559.			
ď			e (Part VIII, column (A), lines 5, 6d,			324,	485.	111,631.			
			- add lines 8 through 11 (must equ			-1,875,	515.	448,190.			
			milar amounts paid (Part IX, colum				0.	0.			
			to or for members (Part IX, column				0.	0.			
	45	=	r compensation, employee benefits				0.	0.			
Expenses	16a		undraising fees (Part IX, column (A				0.	0.			
Sen .	h		ing expenses (Part IX, column (D),		0.						
Ä	17		es (Part IX, column (A), lines 11a-1			655,:	236.	373,829.			
			es. Add lines 13-17 (must equal Par			655,:		373,829.			
			expenses. Subtract line 18 from lir			-2,530,		74,361.			
- X	15	Tieveriae iess	expenses. Gubiraet line 10 from lin	10 12	Be	eginning of Current		End of Year			
Net Assets or Fund Balances	20	Total assets (E	Part X, line 16)			10,324,	-	6,315,501.			
\sse	21					8,693,		4,610,416.			
let/	22		fund balances. Subtract line 21 fro			1,630,		1,705,085.			
Pa	rt II	Signature	e Block	on line 20		1,000,	, 2 - •	1,703,003.			
			I declare that I have examined this retu	rn, including accompanying schedule	e and etatem	ante and to the heet	of my k	nowledge and helief it is			
			. Declaration of preparer (other than of	, , , , ,		•		nowledge and belief, it is			
uue,	COLLEC	i, and complete.	. Declaration of preparer (other than on	ilcer) is based off all illioritiation of w	ilicii preparei	lias ally kilowieuge.					
٥.		Signature of of	fficer			I Date					
Sigr 		_				Date					
Here	е	Type or print n	ON , PRESIDENT								
		,,,,,			Г	Data I a					
		Print/Type prep	•	Preparer's signature		l if	eck	PTIN			
Paid -		WENDY CAMPO		WENDY CAMPOS	1	ı .	f-employed	P00448102			
Prep		Firm's name	MOSS ADAMS LLP			Firm's EI	N 9:	1-0189318			
Use	Only	Firm's address	805 SW BROADWAY STE 140	00							

X Yes

Phone no.503-242-1447

PORTLAND, OR 97205

May the IRS discuss this return with the preparer shown above? See instructions

## 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		х
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				
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			
_	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			
	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				
	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		x
h	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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		х
14a		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>7</del> a		<del>-</del>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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

332003 12-21-23

Form 990 (2023)

CAL POLY HUMBOLDT REAL ESTA

Part IV Checklist of Required Schedules (continued)

	(SOMETHORS)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
<b>2</b> 54	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	Lou		
_	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		Х
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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? If	00-		х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		<u>x</u>
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<b> </b>	.,	
OF -	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	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?	000		
	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		<del></del>	
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 1  Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c	х	
	(U U) U = [	, ,,		

332004 12-21-23

81-2593561

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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		X
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		
6a	Does 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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<b>~</b> 1.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	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		Α
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 to file Form 8282?	70		x
٨		7c		
d e		7e		х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
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  The the ground of recovery as head.			
	Enter the amount of reserves on hand  Did the exemplation receive any payments for indeed template any payments for indeed template any payments.	110		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ		15		x
	excess parachute payment(s) during the year?	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

Form **990** (2023) 332005 12-21-23

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 1a 5								
	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								
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?								
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	Х						
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								
	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.)	•		•					
	(This station is required in a marion as an pariotic floring in a significant survey)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13		Х					
14	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								
	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)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.	,,							
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	MARK JOHNSON - 707-826-5200								
	1 HARPST STREET, ARCATA, CA 95521								

## 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 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 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) Name and title	(B) Average hours per week	box	Positio (do not check mor box, unless person officer and a direct			) than (s both	one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) FRANK WHITLATCH	1.00									
PRESIDENT, SECRETARY	40.00	Х	_	Х				0.	265,494.	112,869.
(2) GARY RYNEARSON	1.00	_						_		_
BOARD CHAIR	7.00	Х	_	Х				0.	15,837.	0.
(3) JASON RAMOS	1.00	<b> </b>								_
SECRETARY & TREASURER	1.00	Х	$\vdash$	Х		-	-	0.	0.	0.
(4) JENNY HARRIS BOARD MEMBER	1.00	x						0.	0.	0.
(5) ROBIN SMITH	1.00	Α.	┢					0.	٠.	· ·
BOARD MEMBER	1.00	X						0.	0.	0.

	990 (2023) CAL POLY HUME									81-25	9356	1	Р	age 8
Par	t VII   Section A. Officers, Directors, Trus	1	oloy	ees,			ghes	t C		, ,				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson is	than o s both	n an	( <b>D</b> )  Reportable  compensation  from	(E)  Reportable  compensatio  from related	n	am	( <b>F)</b> timate lount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	comp fro orga and	pensa om th anizat I relat nizati	ation e tion ted
	Cultitatal								0.	281,	331		112	869.
С	Subtotal Total from continuation sheets to Part VII	I, Section A							0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but no								0. eceived more than \$100,	281, 000 of reportable			112,	869.
	compensation from the organization											ı	Yes	0 <b>No</b>
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on			100	
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		Х
_	and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5	rendered to the organization? If "Yes," com	•				,			J			5		Х
Sec 1	tion B. Independent Contractors  Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	5100.000 of com	pensat	ion fro	m	
	the organization. Report compensation for t	•	•						the organization's tax y					
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	С	(C omper		n
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organizati	•	ot lin	nited	d to		se lis	ted	above) who received mo	ore than				

						BOLDT R	EAL ESTATE HO	OLDINGS		81-259356	1 Page <b>9</b>
Pa	rt V	Ш	Statement of Re	ver	iue						
			Check if Schedule O	cont	ains a r	esponse	or note to any lin		(B)	(C)	(D)
								(A) Total revenue	Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
								Total revenue		business revenue	from tax under
					ı						sections 512 - 514
nts ts	1	а	Federated campaigns			1a					
ira Our			Membership dues			1b					
s, ( Am			Fundraising events			1c					
Gift Iar		d	Related organizations			1d					
imi		е	Government grants (contr	ibut	ions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts,	gran	ts, and						
ibu			similar amounts not included	abo	ve	1f					
dt		g	Noncash contributions included in	lines	1a-1f	1g \$					
a C u		h	Total. Add lines 1a-1f								
							Business Code				
ė	2	а									
e Ķ		b									
Se		С									
am		d									
Program Service Revenue		е									
Ā		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (include	ling	dividen	ds, intere	est, and				
			other similar amounts)								
	4		Income from investment of	of tax	x-exemp	ot bond p	roceeds				
	5		Royalties	. <u></u>	<u></u>						
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a	1:	11,631.	-				
		b	Less: rental expenses	6b		0.					
		С	Rental income or (loss)	6с	1:	11,631.					
		d	Net rental income or (loss)	) <u></u>				111,631.	111,631.		
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a			4,394,158.				
		b	Less: cost or other basis								
ne			and sales expenses	7b			4,057,599.				
evenue		С	Gain or (loss)	7с			336,559.				
œ		d	Net gain or (loss)			<u></u>		336,559.	336,559.		
Other	8	а	Gross income from fundraising	ng ev	ents (no	ot					
₹			including \$			of					
			contributions reported on	line	1c). Se	e					
			Part IV, line 18			8а					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	func	draising	events_					
	9	а	Gross income from gamin	g ad	tivities.	See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ing act	vities					
	10	а	Gross sales of inventory, I	ess	returns						
			and allowances			10a	9				
		b	Less: cost of goods sold			10k					
		С	Net income or (loss) from	sale	s of inv	entory					
<sub>ω</sub>							Business Code				
no e	11	а									
ane		b									
Miscellaneous Revenue		С									
Aisc		d	All other revenue								
_			Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ns				448,190.	448,190.	0.	0.

332009 12-21-23

	1 990 (2023) CAL POLY HUMBOLDT rt IX   Statement of Functional Expense		NGS	81-2	593561 Page <b>10</b>
	ion 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
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,				
	column (A), amount, list line 11g expenses on Sch O.)	5,746.	5,746.		
12	Advertising and promotion				
13	Office expenses	2,659.	2,659.		
14	Information technology				
15	Royalties				
16	Occupancy	120,906.	120,906.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	105 1==			
22	Depreciation, depletion, and amortization	136,457.	136,457.		
23	Insurance	29,961.	29,961.		
24	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 O.)				
а	TAXES & LICENSES	78,100.	78,100.		
b					
С					
		J			İ

Form **990** (2023)

0.

25

373,829.

e All other expenses

Total functional expenses. Add lines 1 through 24e  $\mbox{\sc Joint costs.}$  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)

0.

373,829.

# Form 990 (2023) Part X Balance Sheet

Schedule O contains a response or no	ote to anv line i	in this Part X			
Correction C Correction a recipionist of the	oto to dilly iiilo i	Transfer dity	(A) Beginning of year		(B) End of year
on-interest-bearing			635,868.	1	811,652
and temporary cash investments				2	
and grants receivable, net				3	
s receivable, net		2,500.	4	1,312	
nd other receivables from any current					
key employee, creator or founder, sub	stantial contrib	utor, or 35%			
d entity or family member of any of the		5			
nd other receivables from other disqua					
ction 4958(f)(1)), and persons describe		6			
d loans receivable, net				7	
es for sale or use				8	
expenses and deferred charges				9	
ildings, and equipment: cost or other					
omplete Part VI of Schedule D	10a	5,941,466.			
cumulated depreciation		438,929.	9,685,893.	10c	5,502,537
ents - publicly traded securities				11	
ents - other securities. See Part IV, line				12	
ents - program-related. See Part IV, line			13		
e assets			14		
sets. See Part IV, line 11			15		
sets. Add lines 1 through 15 (must eq			10,324,261.	16	6,315,501
s payable and accrued expenses			17		
ayable			18		
revenue			19		
npt bond liabilities			20		
or custodial account liability. Complete			21		
nd other payables to any current or for					
key employee, creator or founder, sub					
d entity or family member of any of the		, , , , , , , , , , , , , , , , , , , ,		22	
mortgages and notes payable to unre	=			23	
ed notes and loans payable to unrelate				24	
oilities (including federal income tax, p					
and other liabilities not included on line	•				
lule D			8,693,537.	25	4,610,416
bilities. Add lines 17 through 25			8,693,537.	26	4,610,416
ations that follow FASB ASC 958, ch		X	· ·		
plete lines 27, 28, 32, and 33.					
			1,630,724.	27	1,705,085
ts with donor restrictions				28	· · ·
ations that do not follow FASB ASC					
plete lines 29 through 33.	,				
tock or trust principal, or current fund			29		
r capital surplus, or land, building, or e			30		
		31			
- · · · · · · · · · · · · · · · · · · ·		1.630.724.		1,705,085	
			· · ·		6,315,501
ass	sets or fund balances	sets or fund balances	rnings, endowment, accumulated income, or other funds sets or fund balances es and net assets/fund balances	sets or fund balances 1,630,724.	sets or fund balances 1,630,724. 32

Pa	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		448,	190.				
2	Total expenses (must equal Part IX, column (A), line 25)	2		373,	829.				
3	Revenue less expenses. Subtract line 2 from line 1	3		74,	361.				
4									
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	1	,705,	085.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				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	О.							
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 X Consolidated basis 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 Sch	edule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?									
<b>b</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		. 3b						
			Form	990	(2023)				

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** CAL POLY HUMBOLDT REAL ESTATE HOLDINGS 81-2593561 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X 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). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) CAL POLY HUMBOLDT FOUNDATION 94-6077724 10 Х 0 0. 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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.						
	ction B. Total Support	ı	1	T	ı	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
	<b>Total support.</b> Add lines 7 through 10		,				
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	
	Public support percentage from 2022					15	<u>%</u> %
	33 1/3% support test - 2023. If the o			n line 13, and line			
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2022. If the o		-				
~	and <b>stop here.</b> The organization qual	-			11110 10 10 00 17070		
17a	10% -facts-and-circumstances test	•					
	and if the organization meets the fact						
	meets the facts-and-circumstances te			=		vivion the organiz	
b	10% -facts-and-circumstances test	•	•	,			
	more, and if the organization meets the	_					
	organization meets the facts-and-circu						
18	<b>Private foundation.</b> If the organization						s
			,				(Form 990) 2023

` ,

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

332023 12-21-23

Schedule A (Form 990) 2023

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

N.	OC No
Y	es No
1	х
2	Х
3a	X
3b	
3c	
4a	x
44	
4b	
4c	
5a	Х
5b	-
5c	
6	Х
7	X
	v
8	Х
9a	х
9b	х
9c	Х
10a	Х
10b	

Pa	TIV   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		X
	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	4.4		v
Sac	detail in Part VI. tion B. Type I Supporting Organizations	11c		Х
000	tion B. Type I Supporting Significations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	х	
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,			
	supervised, or controlled the supporting organization.	2		х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
		\		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  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 in	struction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
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.	2a		
b				
	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
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-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1				
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the						
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2023 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023			
_1_	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
<u>a</u>	From 2018						
b	From 2019						
c	From 2020						
d	From 2021						
е	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2023 distributable amount						
<u>i</u>	Carryover from 2018 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7:						
<u>a</u>	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
_8_	Breakdown of line 7:						
<u>a</u>	Excess from 2019						
b	Excess from 2020						
c	Excess from 2021						
<u>d</u>	Excess from 2022						
е	Excess from 2023						

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

#### **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

CAL POLY HUMBOLDT REAL ESTATE HOLDINGS

**Employer identification number** 81-2593561

Par	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or A	Accounts. Complete if the
	Organization answered Tes On Form 990, Fait IV, line	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	<b>( )</b>		
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	vriting that the assets he	ld in donor advised fu	inds
_	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ac			
_	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	·		
Par				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a his	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	ed conservation contribu	ution 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	<del>-</del>			a.
С	Number of conservation easements on a certified historic stru	octure included on line 2a	a	
d	Number of conservation easements included on line 2c acquire	red after July 25, 2006, a	and not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and on	forcing consorvation	pasamants during the year
′	Amount of expenses incurred in monitoring, inspecting, name	iii ig or violations, and em	ording conservation e	easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(P	s)(i)
Ū	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 footnot			
	organization's accounting for conservation easements.	<del>g</del>		
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	enue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue	statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea	asures, or other similar as	ssets for financial gair	
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Loan or exchange program

Other

b

collection items (check all that apply).

☐ Preservation for future generations

Public exhibition

Scholarly research

	reported an amount on Form 990, Pa	π Λ, IIIIe ∠ I.						
1a	Is the organization an agent, trustee, custodi	•	•			_	٦,,	
	on Form 990, Part X?					L	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:			<u> </u>		
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial accour	nt liability?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds Complete if	the organization and	swered "Yes" on I	orm 990, Part IV				
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years back	(e) Four	ears 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	rent year end balance	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%	_					
С	Term endowment	<del></del> %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administered	d for the			
	organization by:	-					ſ	res No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							•
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a	. See Form 990, I	Part X, line	10.		
	Description of property	(a) Cost or o	other (b) Co	ost or other	(c) Accu	mulated	(d) Book	value
	- confinence property	basis (investr		sis (other)	depred		(-,	
1a	Land			2,239,754.			2,2	239,754.
	Buildings			3,701,712.		438,929.	3,2	262,783.
	Leasehold improvements			· · ·			· · ·	
	Equipment							
	Other							
	. Add lines 1a through 1e. (Column (d) must e		V line 10e celum	an (P))			5 5	502,537,
· Otal	i / lad iii loo Ta tiii odgit To. [Column (d) must e	iyuai FUIIII 990, Part	A, III le TUC, COIUI	<u>ш (В))</u>			D (Form	
						Scriedule	ווווטיו) עי	J90) 202

Concadio B (i citi coo) 2020	T REAL ESTATE HOLDING	GS	81-2593561	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.	•			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market	value
(1)			•	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.		
	Description		(b) Book	value
(1)	•			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, co	/ (D))			
Part X Other Liabilities	I. (D))			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X lin	e 25	
(a) Description of liability	0111 01111 000,1 41111, 11110 1	10 01 1111 000 1 01111 000,1 0111,1	(b) Book	value
(1) Federal income taxes			(D) Book	· ·
(2) NOTE PAYABLE			4	610,416.
\ <del>=</del> /			*,	010,410.
(3)				
(4)				
(5)			-	
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

4,610,416.

(9)

Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenu	ie per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1. TXII Reconciliation of Expenses per Audited Financial S	<u>2.)                                    </u>	5	
rai		·	ses per neturn	
	Complete if the organization answered "Yes" on Form 990, Part IV,		T . T	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	00		
a	Donated services and use of facilities			
D	Prior year adjustments Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
' a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pai	t XIII Supplemental Information	· • · · · · · · · · · · · · · · · · · ·	· ·	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
PART	'X, LINE 2:			
THE	FOUNDATION QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER	THE APPLICABLE		
SECT	TIONS OF THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND	CALIFORNIA		
REVE	NUE AND TAXATION CODE SECTION 23701D. THE FOUNDATION HAS	S ANALYZED THE		
TAX	POSITIONS TAKEN FOR FILINGS WITH THE INTERNAL REVENUE SI	ERVICE AND THE		
am.				
STAT	'E OF CALIFORNIA. THE FOUNDATION BELIEVES THAT INCOME TAX	K FILING		
2007	THE STATE OF STATE AND STATE OF STATE O	WTGTD1WD 1199		
POSI	TIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT A	WITCIPATE ANY		
3 D TI	IOMNENING MILAM MAIL D. DEGILO TN A MAMERIAL ARVERGE REFERM	ON MILE		
ADJU	STMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT (	ON THE		
ETNIX	NOTAL STATEMENTS ASSOCIATION TO THE POLITICATION HAS NOT DE	CODDED ANY		
FINA	NCIAL STATEMENTS. ACCORDINGLY, THE FOUNDATION HAS NOT R	SCOUDED WILL		
BEGE	RVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR	RINCERTAIN		
TESE	MILES, ON REMITTED MCCRORDS FOR INTEREST AND PENALTIES FOR	CHOMININ		
INCO	ME TAX POSITIONS AT JUNE 30, 2024 AND 2023.			

Schedule D (Form 990) 2023 CAL POLY HUMBOLDT REAL ESTATE HOLDINGS	81-2593561	Page 5
Schedule D (Form 990) 2023 CAL POLY HUMBOLDT REAL ESTATE HOLDINGS  Part XIII Supplemental Information (continued)		

### 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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

CAL POLY HUMBOLDT REAL ESTATE HOLDINGS

Employer identification number 81-2593561

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  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			
	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
С	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:			
	The organization?	5a		X
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			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
	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		

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

Schedule J (Form 990) 2023

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	V-2 and/or 1099-MISe compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FRANK WHITLATCH	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT, SECRETARY	(ii)	265,494.	0.	0.	84,914.	27,955.	378,363.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

### SCHEDULE O (Form 990)

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CAL POLY HUMBOLDT REAL ESTATE HOLDINGS

Employer identification number 81-2593561

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO ACCEPT, HOLD, AND MANAGE CERTAIN REAL PROPERTY ON BEHALF OF CAL POLY HUMBOLDT FOUNDATION AND CALIFORNIA STATE POLYTECHNIC UNIVERSITY HUMBOLDT. FORM 990, PART VI, SECTION A, LINE 3: CAL POLY HUMBOLDT PROVIDES VARIOUS MANAGEMENT SERVICES, INCLUDING ACCOUNTING, BUSINESS OFFICE, PHILANTHROPY, AND CAMPUS PROGRAMS ADMINISTRATION AND MANAGEMENT. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS NO MEMBERS, BUT CAL POLY HUMBOLDT FOUNDATION IS THE SOLE DESIGNATOR OF CAL POLY HUMBOLDT REAL ESTATE HOLDINGS. FORM 990, PART VI, SECTION A, LINE 7A: AS THE SOLE DESIGNATOR. CAL POLY HUMBOLDT FOUNDATION HAS THE POWER TO APPOINT ALL BOARD MEMBERS OF CAL POLY HUMBOLDT REAL ESTATE HOLDINGS. THE BOARD MEMBERS MAY ALSO BE REMOVED WITHOUT CAUSE BY THE DESIGNATOR. FORM 990, PART VI, SECTION A, LINE 7B: AMENDMENTS TO THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS REQUIRE APPROVAL OF CAL POLY HUMBOLDT FOUNDATION. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE FORM 990 WAS PROVIDED TO THE EXECUTIVE BOARD PRIOR TO FILING. THE FORM 990 WAS REVIEWED AND SIGNED BY THE EXECUTIVE DIRECTOR.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization  CAL POLY HUMBOLDT REAL ESTATE HOLDINGS	Employer identification number 81-2593561
	1 22 200002
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES BOARD MEMBERS TO SIGN A CONFLICT OF INTEREST	
STATEMENT ANNUALLY AND TO DISCLOSE ALL POTENTIAL CONFLICTS OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
ALTHOUGH THE ORGANIZATION HAS NO EMPLOYEES OF ITS OWN, THE PRESIDENT AND	
CERTAIN BOARD MEMBERS ARE EMPLOYEES OF CALIFORNIA STATE POLYTECHNIC	
UNIVERSITY, HUMBOLDT. THE COMPENSATION OF THESE INDIVIDUALS IS DETERMINED	
AND REVIEWED ANNUALLY BY CALIFORNIA STATE POLYTECHNIC UNIVERSITY, HUMBOLDT	
UNDER THE POLICIES AND PROCEDURES OF THE CALIFORNIA STATE UNIVERSITY	
SYSTEM.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S	
WEBSITE AND UPON REQUEST.	

#### **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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization  CAL POLY HUMBOLDT F	E	Employer identification number 81-2593561						
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	on Form 990, Part IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state foreign country)	or Total inc	ome End-of-yea		Direct c	( <b>f)</b> ontrollin itity	9
Part II Identification of Related Tax-Exempt Organiorganizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 99	90, Part IV, line 34,	because it had one	or mor	e related tax-exer	npt	
(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) ect controlling entity	con	<b>g)</b> 512(b)(13 trolled tity?
		g,,		501(c)(3))			Yes	No
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, HUMBOLDT - 94-6001347, 1 HARPST STREET, ARCATA, CA 95521	EDUCATION	CALIFORNIA			N/A			x
CAL POLY HUMBOLDT FOUNDATION - 94-6077724	BOCATION	CALIFORNIA			N/A			
1 HARPST STREET	CAL POLY HUMBOLDT MISSION							
ARCATA, CA 95521	ADVANCEMENT	CALIFORNIA	501(C)(3)	LINE 10	CAL P	OLY HUMBOLDT		х
CAL POLY HUMBOLDT SPONSORED PROGRAMS								
FOUNDATION - 94-6050071, 1 HARPST STREET,								
ARCATA, CA 95521	GRANT ADMINISTRATION	CALIFORNIA	501(C)(3)	LINE 5	CAL P	OLY HUMBOLDT		Х
ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT -								
94-1201195, 1 HARPST STREET, ARCATA, CA				LINE 12C,				
95521	STUDENT SERVICES	CALIFORNIA	501(C)(3)	III-FI	CAL P	OLY HUMBOLDT		Х

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	rolled zation?
HUMBOLDT STATE UNIVERSITY CENTER -	+			001(0)(0))		Yes	No
94-1627074, 1 HARPST STREET, ARCATA, CA	1			LINE 12C,			
95521	_ STUDENT SERVICES	CALIFORNIA			CAL POLY HUMBOLDT		х
25521	DIODENT DERVICED		301(0)(3)		CHE TOET HOMBOEDT		<del></del>
	†						
-	†						
-							
	1						
	1						
-							
	1						
	7						
	7						
	1						
	1						
	1						
	1						
	1						
	7						
	7						
	7						
	1						
							1
							1
	_						1
							<u> </u>

		O
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
Part III	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	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									

(4)

<u>(5)</u>

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, 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 w	with one or more rel	lated organizations listed ir	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	x year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  Interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity  re apital contribution to related organization(s)  re apital contribution from related organization(s)			Х					
	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV?  a Receipt of (i) interest, (ii) annutities, (iii) royalties, or (iv) rent from a controlled entity  b (ift, grant, or capital contribution to related organization(s)  c (ift, grant, or capital contribution from related organization(s)  d Loans or loan guarantees to or for related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  f Exchange of assets from related organization(s)  i Exchange of assets twith related organization(s)  j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  n Performance of services or membership or fundraising solicitations for related organization(s)  n Partormance of services or membership or fundraising solicitations by related organization(s)  n Pariormance of services or membership or fundraising solicitations by related organization(s)  n Pariormance of services or membership or fundraising solicitations by related organization(s)  n Pariormance of services or membership or fundraising solicitations by related organization(s)  n Pariormance of services or membership or fundraising solicitations by related organization(s)  n Pariormance of services or membership or fundraising solicitations by related organization(s)  n Pariormance of services or membership or fundraising solicitations by related organization(s)  n Pariormance of services or membership or fundraising solicitations by related organization(s)  n Pariormance of services or membership or fundraising solicitations by related organization(s)  n Pariormance of services or membership or fundraising solicitations by related organization(s)  n Pariormance of services or membership or fundraising solicitations by related organization(s)  n Pariormance of services or membership or fundraising solicitations by related organi									
					1c	Х				
					1d		Х			
					1e	Х				
f	Dividends from related organization(s)				1f		Х			
					1g		Х			
	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  b Gift, grant, or capital contribution to related organization(s)  c Gift, grant, or capital contribution from related organization(s)  d Loans or loan guarantees to or for related organization(s)  e Loans or loan guarantees to prelated organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)  j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  Performance of services or membership or fundraising solicitations for related organization(s)  n Performance of services or membership or fundraising solicitations by related organization(s)  Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid to related organization(s) for expenses  c Other transfer of cash or property to related organization(s)  1 (a)  1 (b)  1 (c)  1 (c)  1 (d)  2 (d)  3 Amount involved  Amount involved									
i	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV?  Receipt of (i) interest, (ii) annutities, (iii) royalties, or (iv) rent from a controlled entity  Gift, grant, or capital contribution to related organization(s)  Gift, grant, or capital contribution from related organization(s)  Loans or loan guarantees to or for related organization(s)  Loans or loan guarantees by related organization(s)  Dividends from related organization(s)  Purchase of assets from related organization(s)  Exchange of assets with related organization(s)  Exchange of facilities, equipment, or other assets from related organization(s)  Lease of facilities, equipment, or other assets from related organization(s)  Performance of services or membership or fundraising solicitations for related organization(s)  Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  Sharing of paid employees with related organization(s)  Sharing of paid employees with related organization(s)  Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  Other transfer of cash or property to related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  Amount involved  Method of determining amount invol									
j	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV?  a Receipt of (i) interest, (ii) annutites, (iii) proyalties, or (iv) rent from a controlled entity  6 Gift, grant, or capital contribution to related organization(s)  6 Gift, grant, or capital contribution from related organization(s)  6 Loans or loan guarantees to or for related organization(s)  6 Loans or loan guarantees by related organization(s)  7 Dividends from related organization(s)  8 Sale of assets to related organization(s)  9 Sale of assets to related organization(s)  1 Exchange of assets twith related organization(s)  1 Exchange of assets with related organization(s)  1 Exchange of assets with related organization(s)  1 Performance of services or membership or fundraising solicitations for related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  8 Sharing of paid employees with related organization(s)  9 Reimbursement paid to related organization(s) for expenses  9 Reimbursement paid to related organization(s) for expenses  1 Other transfer of cash or property from related organization(s)  9 United the following transaction of the property from related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  2 Sharing of paid employees with related organization(s)  3 Sharing of paid employees with related organization(s)  5 Other transfer of cash or property from related organization(s)  6 Other transfer of cash or property from related organization(s)  8 Other transfer of cash or property from related organization(s)  1 Performance of services or membership or fundraising solicitations on who must complete this line, including covered relationships and transaction thresholds.  1 Performance of services or property from related organizat						Х			
k										
m					1m		Х			
					1n	х				
					10	х				
	•									
р	Reimbursement paid to related organization(s) for expenses				1р		х			
					1q		Х			
_	•									
r	Other transfer of cash or property to related organization(s)				1r	х				
r Other transfer of cash or property to related organization(s)							Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete thi	is line, including covered re	elationships and transaction thresholds.						
	(a) Name of related organization	Transaction		(d) Method of determining amount invo	(d)					
1)										
,										
2)										

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

332165 09-28-23 Schedule R (Form 990) 2023