IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL 1 _____ , 2021, and ending ___**JUN** 30 ,2022

Department of the Treasury

Form **8879-TE**

▶ Do not send to the IRS. Keep for your records.

nternal Re	venue Service		Go to www.irs.gov/For	rm8879TE for the latest information.			
Name of	filer				EIN or SS	SN	
	CAL POLY	HUMBOLDT REAL	ESTATE HOLDINGS		81-2	593561	
Name an	d title of officer or p	erson subject to tax	FRANK WHITLATCH				
Dort	Tyme of	Deturn and De	PRESIDENT				
Part I			turn Information				
Form 53 or 10a k whichev	30 filers may ento	er dollars and cents nount on that line fo	. For all other forms, enter r the return being filed with	E and enter the applicable amount, if any, fir whole dollars only. If you check the box or h this form was blank, then leave line 1b, 2 on the return, then enter -0- on the applicab	n line 1a, 2 a	a, 3a, 4a, 5a, 5b, 6b, 7b, 8l	, 6a, 7a, 8a, 9a, b, 9b, or 10b,
		here > X	b Total revenue. if an	ny (Form 990, Part VIII, column (A), line 12)		1b	360,422.
		eck here		ny (Form 990-EZ, line 9)			
	Form 1120-POL			20-POL, line 22)			
	Form 990-PF ch	· -		stment income (Form 990-PF, Part V, line			
	Form 8868 checl			8868, line 3c)			
	Form 990-T ched			0-T, Part III, line 4)			
	Form 4720 checl		b Total tax (Form 472	20, Part III, line 1)		. 7b	
8a	Form 5227 checl	k here		nd of tax year (Form 5227, Item D)			
9a	Form 5330 checl	k here ►	b Tax due (Form 5330	0, Part II, line 19)			
	Form 8038-CP o			payment requested (Form 8038-CP, Part II			
Part I	I Declara	tion and Signa	ture Authorization o	of Officer or Person Subject to Ta	ax		
complet intermed acknown of any retentry to financia atter that personal personal X	ectronic return and e. I further declar diate service provedgement of recepture. If applicable the financial institution to detarct of taxes to receit identification numbers of the financial institution to detarct of taxes to receit identification numbers of the financial institution of the financial institution to detarct of taxes to receit identification numbers on the box only as my signature with a state agon the return's As an officer or return. If I have IRS Fed/State provinces in the return of the first of the fi	d accompanying so e that the amount in ider, transmitter, or eipt or reason for relet or the payme of the entry to this as prior to the payme over confidential information of the payme of the payme of the entry large of the payme of the entry large of the tax year 20 ency(ies) regulating disclosure consent of person subject to the indicated within this orogram, I will enter	hedules and statements, an Part I above is the amour electronic return originato ection of the transmission S. Treasury and its design ated in the tax preparation account. To revoke a payment (settlement) date. I also mation necessary to answignature for the electronic in the tax preparation for the electronic in the tax preparation account. To revoke a payment (settlement) date. I also mation necessary to answignature for the electronic in	rn. If I have indicated within this return that S Fed/State program, I also authorize the adity, I will enter my PIN as my signature on the return is being filed with a state agency(less sclosure consent screen.	of, they are true. I consender receive from the return of the payment of the return of	rue, correct, at to allow my m the IRS (or refund, andrawal (dire is return, and at 1-888-353 cessing of the I have selects withdrawal PIN 1 Enter five do not each ereturn is bed ERO to each encounter the each experience as withdrawal encounter the each experience and experience and each experience a	and (a) an (b) the date (c) the date (c) the date (c) the date (c) the date (d) the (d) the (d) the (e) ted (e) ted (e) ted (e) ted (f) ted (f
Part l	of officer or person subj	ect to tax ation and Auth		LLE COFI	Da	ate -	
			nic filing identification				
		y your five-digit self		93389448102 Do not enter all zero	s		
submitti			· ·	on the 2021 electronically filed return indic 63, Modernized e-File (MeF) Information for			
ERO's si	gnature ►			Date ▶	04/22		
				his Form - See Instructions			
		Do Not S	ubmit This Form to	the IRS Unless Requested To Do	So		
HA E	or Privacy act an	d Paperwork Redu	iction Act Notice, see ins	structions.		Form 88	79-TE (2021)

102521 01-11-22

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

A For the 2021 calendar year, or tax year beginning JUL 1. 2021 and ending JUN 30, 2022 C Name of organization D Employer identification number Check if applicable: Address change CAL POLY HUMBOLDT REAL ESTATE HOLDINGS X Name change 81-2593561 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 707-826-5200 1 HARPST STREET 360,422. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ARCATA, CA 95521 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: FRANK WHITLATCH for subordinates? Yes X No 1 HARPST STREET, ARCATA, CA 95521 **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► GIVING.HUMBOLDT.EDU/ABOUT-FOUNDATION/HSUREH **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2016 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 1 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 4 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 878,948 Contributions and grants (Part VIII, line 1h) 8 Revenue Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 204,630 360,422. 11 1,083,578 360,422. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 243,944. 541,195. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 243,944. 541,195. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 839,634. -180,773. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 13,190,378. 8,760,735. 20 Total assets (Part X, line 16) 6.085.471. 10,695,887. 21 Total liabilities (Part X, line 26) 三年 2,675,264. 2,494,491. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign FRANK WHITLATCH, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature WENDY CAMPOS WENDY CAMPOS 11/04/22 P00448102 Paid self-employed Firm's name MOSS ADAMS LLP 91-0189318 Preparer Firm's EIN ▶ Firm's address

805 SW BROADWAY STE 1200 Use Only Phone no.503-242-1447 PORTLAND, OR 97205 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

81-2593561

Pa	Check if School Is O centains a venness or note	•		
1	Check if Schedule O contains a response or note Briefly describe the organization's mission:	e to any line in this Part iii		
•	TO ACCEPT, HOLD AND MANAGE CERTAIN REAL I	PROPERTY ON BEHALF OF	CAL POLY	
	HUMBOLDT FOUNDATION AND HUMBOLDT STATE UN			
	Did the organization undertake any significant program	and incode during the veer which	sh ware not listed on the	
2	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make signific	cant changes in how it conduc	cts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplis			
	Section 501(c)(3) and 501(c)(4) organizations are require revenue, if any, for each program service reported.	ed to report the amount of gra	ants and allocations to others, the total	expenses, and
4a		including grants of \$) (Revenue \$	360,422.)
	THE ORGANIZATION ACCEPTS, HOLDS AND MANAGE	GES CERTAIN REAL PROPE	RTY ON	,
	BEHALF OF CAL POLY HUMBOLDT FOUNDATION AN	ND HUMBOLDT STATE UNIV	ERSITY.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			,
4-	(Expenses \$ including grants o	f\$ 541,195.) (Revenue \$)
4e	Total program service expenses	511,155.		Form 990 (2021)
				. 5.111 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	, ,	12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the constitution maintain on office constitution and the state of the Helbert Olerton			x
14a	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,	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.46		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	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			
	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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

132003 12-09-21

Form 990 (2021)

CAL POLY HUMBOLDT REAL ESTA

Part IV Checklist of Required Schedules (continued)

	(SOMMOS)		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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	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%	000		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		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	28b		X
	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 non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			
	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?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

81-2593561

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b	ir at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, or the financial accounts (FBAR). Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization pay to to a prohibited tax shelter transaction at any time during the tax year? So any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? The organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Bit the organization seleve a pyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? If "Yes," did the organization network and the expression of the value of the goods or services provided? The Did the organization seleve any funds, directly or ind			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b		3b		
	• • • • • • • • • • • • • • • • • • • •			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
		7c		Х
d				
е				X
f				Х
g				
h		/n		
8				
•		8		
9 a	Did the group with a growth of the state of	00		
b				
10				
а	1 1			
b				
11				
а				
b				
	,			
12a	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	•	13a		
	·			
b				
	Enter the amount of reserves on hand Did the experience on a power to print our topping on view diving the top year?	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "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		
15		15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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.

	· · · · · · · · · · · · · · · · · · ·					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		3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
	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 9					х
5	Did the organization become aware during the year of a significant diversion of the organization's ass					Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	•		7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?		*	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					•
	(This decision b requests information assure policies not required by the internal ne	veriae	<u> </u>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
			,	101	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11:		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		3			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12:	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			·		
·	on Schedule O how this was done	,		120	X	
13	Did the organization have a written whistleblower policy?					x
14	Did the organization have a written document retention and destruction policy?					
15	Did the process for determining compensation of the following persons include a review and approva					
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı Dy III	асренает			
•	The organization's CEO, Executive Director, or top management official			15	x	
	Other officers or key employees of the organization			15		
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			131		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a			
104				16		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100	4	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•			
	exempt status with respect to such arrangements?			161		
Sec	tion C. Disclosure			1 101	<u> </u>	-
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, ar	nd 990	-T (section 501(c)(3)s only) avail	able
-	for public inspection. Indicate how you made these available. Check all that apply.		() () () () ()	, <u>-</u>	,	
	X Own website Another's website X Upon request Other (explain	on So	chedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd fina	ncial	
	statements available to the public during the tax year.	50				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records			
	FRANK WHITLATCH - 707-826-5101	c uii				
	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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization ne	or any related o	d organization compensate						ated any current officer, director, or trustee.					
(A)	(B)			_ ((C)			(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)				an an	compensation	compensation	amount of			
	week				director/trustee		iee)	from	from related	other			
	(list any	recto						the	organizations	compensation			
	hours for related	or di	99			sated		organization	(W-2/1099-MISC/	from the			
	organizations	ustee	trust		ee	i ben		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related			
	below	lual tr	tional		nploy	yee yee	L	1039-NEO)		organizations			
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	(ey en	Highest compensated employee	Former			organizations			
(1) FRANK WHITLATCH	1.00												
PRESIDENT, SECRETARY	40.00	Х		х				0.	213,122.	89,763.			
(2) GARY RYNEARSON	1.00												
BOARD CHAIR	7.00	Х		Х				0.	11,264.	0.			
(3) JASON RAMOS	1.00												
BOARD MEMBER	0.00	Х	_		_			0.	0.	0.			
(4) JAY BOWER	1.00									•			
BOARD MEMBER UNTIL 2/2022	0.00	Х						0.	0.	0.			
		-											
		-											
-								l					

Form 990 (2021) CAL POLY HUM	BOLDT REAL	EST	ATE	HO	LDI	NGS			81-259	3561		Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director sog	not c	ss per	ition more son is irecto	Highest compensated than compensated that the semployee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISO 1099-NEC)		Est amo comp fro orga	m the nizat relat	of tion e ion ed
1b Subtotal							•	0.	224,3	-		89,	763.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but r					<u></u>		<u> </u>	0. 0.	224,3	0. 86.		89,	763.
compensation from the organization	iot iimitea to tri	ose	iiste	u ab	oove) WH	o re	eceived more than \$100,	000 of reportable				0
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on	Г	,	Yes	No
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3	Х	X
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con 	accrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5	Α	х
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for										ensatio	on fror	m	
(A) Name and business	address	NO:	NE					(B) Description of s	ervices	Co	(C) empen		n
							\dashv						
							1						
2 Total number of independent contractors (\$100,000 of compensation from the organ	ŭ	ot lin	nited	d to 1	thos (ted	above) who received mo	ore than				
	- 									F	orm 9	90 (2021)

81-2593561

Form 990 (2021) CAL POLY HOPE Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			·	,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
10.10	-	_	Federated campaigns 1a					
n ts			1 0					
Contributions, Gifts, Grants and Other Similar Amounts								
Ţ\$, Ār	,		Fundraising events 1c					
ig ig			Related organizations 1d					
ns, Sim	•		Government grants (contributions) 1e					
e ë	1	f	All other contributions, gifts, grants, and					
혈퓦			similar amounts not included above 1f					
gg	!	g	Noncash contributions included in lines 1a-1f 1g					
<u>S</u> €		h	Total. Add lines 1a-1f	<u></u>				
				Business Code				
ė	2	а						
Σœ		b						
Se		С						
Program Service Revenue		d						
ogr B		е						
Ā	1	f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties	•				
	_		(i) Real	(ii) Personal				
	6	а	Gross rents 6a 360,422					
			Less: rental expenses 6b 0					
			Rental income or (loss) 6c 360,422					
			Net rental income or (loss)	<u>, </u>	360,422.	360,422.		
			Gross amount from sales of (i) Securities	(ii) Other	, , ,			
	•	а	assets other than inventory 7a	() 55.				
		h	Less: cost or other basis					
ø		D						
Ď.		_						
eve		C .	Gain or (loss) 7c					
her Revenue			Net gain or (loss)					
	8	а	Gross income from fundraising events (not					
Ö			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8	<u> </u>				
			Net income or (loss) from fundraising events	_				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9	0				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold10	•				
_		С	Net income or (loss) from sales of inventory					
ω				Business Code				
e son	11	а						
Miscellaneous Revenue	I	b				-		
Sel Sev		С						
Mis			All other revenue					
		e	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		360,422.	360,422.	0.	0.

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_	Check if Schedule O contains a respons	e or note to any line in t	his Part IX(B)	(C)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (nonemployees):				
	Management	24,396.	24,396.		
_	Legal	·	·		
	Accounting	2,500.	2,500.		
	Lobbying	,	·		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	14,000.	14,000.		
	Advertising and promotion	,	,		
	Office expenses				
	Information technology				
	Royalties				
	Occupancy	15,506.	15,506.		
	Travel	,	,		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	265,403.	265,403.		
	Payments to affiliates				
	Depreciation, depletion, and amortization	110,881.	110,881.		
		25,450.	25,450.		
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.) '' TAXES & LICENSES	82,880.	82,880.		
_	OTHER EXPENSE	176.	176.		
~	BANK CHARGES	3.	3.		
•	DIMIC CHARGES	٥.	3.		
d	All other evenesses				
	All other expenses	E/1 10F	EA1 10E	0.	
	Total functional expenses. Add lines 1 through 24e	541,195.	541,195.	υ.	0
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

Part		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			878,157.	1	802,844.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			20,866.	4	26,287.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ဖွ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges				9	
-	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D		10,023,654.			
	b	Less: accumulated depreciation	10b	195,423.	5,328,696.	10c	9,828,231.
-	11	Investments - publicly traded securities				11	
-	12	Investments - other securities. See Part IV, Iir	e 11			12	
-	13	Investments - program-related. See Part IV, lin	2,533,016.	13	2,533,016.		
-	14	Intangible assets		14			
-	15	Other assets. See Part IV, line 11		15			
_ -	16	Total assets. Add lines 1 through 15 (must e	qual line 3	33)	8,760,735.	16	13,190,378.
-	17	Accounts payable and accrued expenses	2,350.	17	2,350.		
-	18	Grants payable	2,000,000.	18	2,000,000.		
-	19	Deferred revenue		19			
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
g 2	22	Loans and other payables to any current or for	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial c	contributor, or 35%			
japi		controlled entity or family member of any of t	hese perso	ons		22	
- 2	23	Secured mortgages and notes payable to uni	elated thir	rd parties		23	
2	24	Unsecured notes and loans payable to unrela	ted third p	parties		24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			4,083,121.	25	8,693,537.
2	26	Total liabilities. Add lines 17 through 25			6,085,471.	26	10,695,887.
,		Organizations that follow FASB ASC 958, or	heck her	e ▶ X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>ا</u> ا	27	Net assets without donor restrictions	2,675,264.	27	2,494,491.		
<u> </u>	28	Net assets with donor restrictions		28			
Ĕ		Organizations that do not follow FASB ASC					
드		and complete lines 29 through 33.					
<u>ع</u> ا	29	Capital stock or trust principal, or current fun				29	
SS S	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
§ ₹	32	Total net assets or fund balances			2,675,264.	32	2,494,491.
3	33	Total liabilities and net assets/fund balances			8,760,735.	33	13,190,378.

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			422.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		541,	195.		
3	Revenue less expenses. Subtract line 2 from line 1	3		180,	773.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	675,	264.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,	494,	491.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ		
				Yes	No		
1	Accounting method used to prepare the Form 990:						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>		
			Form	990	(2021)		

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CAL POLY HUMBOLDT REAL ESTATE HOLDINGS 81-2593561 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 n 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) No Yes above (see instructions)) CAL POLY HUMBOLDT FOUNDATION 94-6077724 10 Х 0 0.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
Ü	furnished by a governmental unit to						
	the organization without charge						
1	·						
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		T	1	T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (li	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•	-	•	vivien and engania	
h	10% -facts-and-circumstances test	_	•		-		
	more, and if the organization meets th	_					. 5, 6 6,
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
<u></u>		did flot officer a	207 011 1110 10, 10	a, 100, 11a, 01 111	S, 51100K (1113 DOX 6		(Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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		T	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *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.)

		Yes	No
		100	140
ı	4	Х	
Ì	1	Α	
ı	•		х
ŀ	2		Α
Į	3a		х
ļ	3b		
ŀ	20		
ŀ	3c		
Ţ	4a		Х
	4b		
	4c		
ł	5a		Х
ı	5b		
Į	5c		
	6		Х
	7		Х
	8		Х
	O		
ı	9a		Х
-	9b		Х
	9c		Х
	23		
	10a		Х
	10b		
ال	A (Form	n 000)	2021

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		х
b	A family member of a person described on line 11a above?	11b		Х
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		х
Sec	tion B. Type I Supporting Organizations	,		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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.			
2	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. Did the organization operate for the benefit of any supported organization other than the supported	1	Х	
2				
	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,			х
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	2		Δ.
360	Tion 6. Type it Supporting Organizations		V	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(21	
2	Activities Test. Answer lines 2a and 2b below.	on donor.	Yes	No
a				
-	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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement.	Za		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	~ :		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	l 3b		I

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	ılly integrat	ed Type III supporting orga	ınization (see
	instructions)			

Schedule A (Form 990) 2021

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 exe	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
_6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2021 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
<u>e</u>	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount					
<u>i</u>	Carryover from 2016 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
<u> </u>	Applied to 2021 distributable amount					
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
<u>a</u>	Excess from 2020 Excess from 2021					

Schedule A (Form 990) 2021

Part VI	Supplemental Information Desired to the second of the seco
T CIT 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

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

132051 10-28-21

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		5,969,057.		5,969,057.		
b Buildings		4,054,597.	195,423.	3,859,174.		
c Leasehold improvements						
d Equipment						
e Other						
otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)						

Schedule D (Form 990) 2021

Concadio D (i cimi coo) Ece i	REAL ESTATE HOLDIN	GS	81-2593561	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	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 or er	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	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 or er	nd-of-vear market	
	2,533,016.	END-OF-YEAR MARKET VALUE	ia or year market	- Value
	2,333,010.	END-OF-TEAR MARKET VALUE		
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	2,533,016.			
Part IX Other Assets.				
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.		
(a) [Description		(b) Book	value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		•	
Part X Other Liabilities.	70.,			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability	,	, ,	(b) Book	value
(1) Federal income taxes			 ``	
(2) NOTE PAYABLE			8	693,537.
(3)			1	
(4)			1	
(5)			+	
(6)			+	
			+	
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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) 2021

8,693,537.

(8) (9)

81-2593561

Pai				
	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		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
4	,	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) Add lines 4a and 4b		10	
C				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S	z)tatements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,		oo per riotaiiii	
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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
e	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.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			
	Total expenses. Add lines 3 and 40. (This must equal form 990. Part I. line	18.)	5	
Pa	rt XIII Supplemental Information.	18.)	5	
	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		1 - 1	l,
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Schedule D (Form 990) 2021 CAL POLY HUMBOLDT REAL ESTATE HOLDINGS	81-2593561	Page 5
Schedule D (Form 990) 2021 CAL POLY HUMBOLDT REAL ESTATE HOLDINGS Part XIII Supplemental Information (continued)		
(Continued)		

SCHEDULE J (Form 990)

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.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number 81-2593561

CAL POLY HUMBOLDT REAL ESTATE HOLDINGS **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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 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 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: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х c Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2021

Regulations section 53.4958-6(c)?

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)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FRANK WHITLATCH	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT, SECRETARY	(ii)	213,122.	0.	0.	64,214.	25,549.	302,885.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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.
PART I, LINE 3
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY HUMBOLDT STATE
UNIVERSITY. THE EXECUTIVE DIRECTOR HAS A WRITTEN EMPLOYMENT CONTRACT
WITH HUMBOLDT STATE UNIVERSITY. IN ADDITION, A COMPENSATION SURVEY OR
STUDY WAS USED TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION.

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CAL POLY HUMBOLDT REAL ESTATE HOLDINGS

Inspection Employer identification number

CAL POLY HOMBOLDT REAL ESTATE HOLDINGS	01-2595501								
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:									
TO ACCEPT, HOLD AND MANAGE CERTAIN REAL PROPERTY ON BEHALF OF CAL POLY	O ACCEPT, HOLD AND MANAGE CERTAIN REAL PROPERTY ON BEHALF OF CAL POLY								
UMBOLDT FOUNDATION AND HUMBOLDT STATE UNIVERSITY.									
FORM 990, PART VI, SECTION A, LINE 3:									
HUMBOLDT STATE UNIVERSITY 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.	E FORM 990 WAS REVIEWED AND SIGNED BY THE EXECUTIVE DIRECTOR.								

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

Schedule O (Form 990) 2021

Name of the organization	Employer identification number
CAL POLY HUMBOLDT REAL ESTATE HOLDINGS	81-2593561
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 HUMBOLDT STATE UNIVERSITY. THE	
COMPENSATION OF THESE INDIVIDUALS IS DETERMINED AND REVIEWED ANNUALLY BY	
HUMBOLDT STATE UNIVERSITY 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

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CAL POLY HUMBOLDT RE	EAL ESTATE HOLDINGS				81	2593561		
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total inco	me End-of-year	I	Direct co	f) ontrolling tity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, k	pecause it had one	or more rela	ted tax-exen	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	Direct co	f) ontrolling tity		g) 512(b)(13) rolled :ity?
HUMBOLDT STATE UNIVERSITY - 94-6001347				501(c)(3))			Yes	No
1 HARPST STREET								
ARCATA, CA 95521	EDUCATION	CALIFORNIA			N/A			X

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

CAL POLY HUMBOLDT FOUNDATION - 94-6077724

ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT 94-1201195 1 HARPST STREET, ARCATA, CA

HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION - 94-6050071, 1 HARPST STREET.

Schedule R (Form 990) 2021

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HUMBOLDT STATE

HUMBOLDT STATE

HUMBOLDT STATE

UNIVERSITY

UNIVERSITY

UNIVERSITY

95521

1 HARPST STREET

ARCATA, CA 95521

ARCATA, CA 95521

CALIFORNIA

CALIFORNIA

CALIFORNIA

501(C)(3)

501(C)(3)

501(C)(3)

LINE 10

LINE 5

III-FI

LINE 12C.

HUMBOLDT STATE UNIVERSITY

MISSION ADVANCEMENT

GRANT ADMINISTRATION

STUDENT SERVICES

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr organiz	
				501(c)(3))		Yes	No
HUMBOLDT STATE UNIVERSITY CENTER -							
94-1627074, 1 HARPST STREET, ARCATA, CA				LINE 12C,	HUMBOLDT STATE		
95521	STUDENT SERVICES	CALIFORNIA	501(C)(3)	III-FI	UNIVERSITY		Х
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		0 11 70 1 1	W/ " F 000	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Dart 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
Partill	organizations treated as a partnership during the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income																(g) Share of end-of-year assets	(h) Disproportionate allocations?		Dispropo		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0																	

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) 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			
	-											
-												
-	-											
-												
	-											

Not	ote: 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 with one or m	nore re	elated organizations listed i	in Parts II-IV?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
	b Gift, grant, or capital contribution to related organization(s)				1b		Х			
С	c Gift, grant, or capital contribution from related organization(s)				1c	Х				
	d Loans or loan guarantees to or for related organization(s)				1d		Х			
е	e Loans or loan guarantees by related organization(s)				1e	Х				
	f Dividends from related organization(s)				1f		X			
g Sale of assets to related organization(s)										
h	h Purchase of assets from related organization(s)				1h		Х			
i	i Exchange of assets with related organization(s)				1i		Х			
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
							v			
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
- 1					11 1m		X			
	m Performance of services or membership or fundraising solicitations by related organization(s)									
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 										
0	o Sharing of paid employees with related organization(s)				10	Х				
	2						v			
р	Reimbursement paid to related organization(s) for expenses				1p		X			
q	q Reimbursement paid by related organization(s) for expenses				1q		Х			
							v			
					1r	77	X			
	s Other transfer of cash or property from related organization(s)				1s	Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	olete th	nis line, including covered r I	elationships and transaction thresholds.						
	(a) (b) Name of related organization Transaction type (a-s.		(c) Amount involved	(d) Method of determining amount invo	olved					
1)										
2)										
3)										
4١										
4)										
5)										
•										

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

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

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

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

322	
Date Accepted	

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM **8453-EC**

20	21	Exe	mpt Organizat	ions						8453-	EO
Exempt Org	ganizati	on name							Identifying	g number	
CAL PO	LY H	UMBOLDT REAL	ESTATE HOLDINGS						81-2	593561	
Part I			nformation (whole dollars	only)							
		ess receipts (Form	,	Orny					1	360	,422
	J	ess income (Form	, , ,								,422
	_	•	rsements (Form 199, line 9								,195
Part II	Set	tle Your Account	t Electronically for Taxab	nle Vear 2021							
4		ctronic funds with		70 Tour 2021	4b Wi	thdrawal d	ate (mn	1/dd/vv	vv)		
Part III	_		n (Have you verified the ex	cempt organization's b			are (iiiii	ı, aa, yy	111		
5 Rou			ii (Have you voimed the o	tompt organization o b	armang mnomiaa	011.7					
6 Acc	·				7 Type of a	ccount:	Che	ecking		Savings	
Part IV		claration of Offic	er		7 Type of a	boodini		coning		Cavingo	
	e the e		's account to be settled as de	signated in Part II. If I ch	eck Part II, box 4,	I authorize a	n electro	nic fun	ds withd	rawal for the amount l	isted
California a balance organizat statemen	electr due re ion wil ts be t	onic return. To the l eturn, I understand Il remain liable for th ransmitted to the FT	provider and the amounts in best of my knowledge and be that if the Franchise Tax Boar he fee liability and all applicab IB by the ERO, transmitter, or sclose to the ERO or interme	lief, the exempt organizat d (FTB) does not receive de interest and penalties. intermediate service pro	ion's return is true full and timely pay I authorize the exe vider. If the proce	e, correct, and ment of the empt organizes ssing of the	d complexempte ation ret	ete. If th organiza urn and	ne exemp ation's fe accomp	ot organization is filing ee liability, the exempt panying schedules and	
Sign					PRESIDENT						
Here		Signature of officer		Date	Title						
Part V	Dec	claration of Elect	tronic Return Originator ((ERO) and Paid Prepa	arer.						
am only a accurately provided 1345, 202 the exem I declare	an inte y refle the or 21 Har pt orga that I I	rmediate service procts the data on the r ganization officer windbook for Authorize anization return is fi nave examined the a	bove exempt organization's re ovider, I understand that I am return.) I have obtained the or ith a copy of all forms and inf ed e-file Providers. I will keep led, whichever is later, and I valove exempt organization's r this declaration based on all	not responsible for revie ganization officer's signa ormation that I will file wi form FTB 8453-EO on fil will make a copy available eturn and accompanying	wing the exempt o ture on form FTB & ith the FTB, and I h le for four years fr to the FTB upon r schedules and sta	rganization's 3453-EO bef nave followe om the due equest. If I a	s return. ore trans d all othe date of the am also t	I declar smitting er requir he retur the paid	e, hower this returements n or fou prepare	ver, that form FTB 845 urn to the FTB; I have described in FTB Pub. r years from the date r, under penalties of pe	63-EO erjury,
	ERO's				Date	Check if	I	Check		ERO's PTIN	
ERO	signat					also paid preparer	х	if self- employe	ed 🔲	P00448102	
Must		name (or yours	MOSS ADAMS LLP						Firm's FI	EIN 91-0189318	
Sign		employed) - ddress	805 SW BROADWAY S	TE 1200							
			PORTLAND, OR						ZIP code	97205	
			e that I have examined the abo					ements,	and to t	he best of my knowled	dge
Paid Prepai	, ,	Paid preparer's signature	a complete, i make the decid	a anon baood on an inion	Date	aro miowiot	Check if self- employe	d [Pai	id preparer's PTIN	
Must		Firm's name (or yours	\		1		,,-		Firm's FI	EIN	
Sign		if self-employed) and address									

FTB 8453-EO 2021

ZIP code

TAXABLE YEAR **2021**

California Exempt Organization Annual Information Return 128941 12-29-21 FORM

199

Cal	endar Year	202	or fiscal year beginning (mm/dd/yyyy)	07/01/2021		, a	nd ending (m	m/dd/yyy	γ)	06/	/30/2022	
	poration/Org					,	<u> </u>		fornia corpo	oration i	number	
CA	L POLY	HUMI	BOLDT REAL ESTATE HOLDINGS						390259	8		
Add	litional inforn	nation.	See instructions.					FE	IN			
									81-25	59356	51	
Stre	et address (s	suite o	rroom)					•	PMB no.			
1	HARPST	STRI	3ET									
City	,						S	tate	ZIP code			
AR	CATA							CA	95521			
For	eign country	name		Foreign province/state	county				Foreign p	ostal co	ode	
A	First retu	rn		Yes X No	I Did th	e orgar	ization have a	any chan	ges to its	guideli	ines	
В	Amended	l retu	rn•	Yes X No	not re	ported	to the FTB? S	ee instru	ctions		• Yes	X No
C	IRC Secti	ion 49	947(a)(1) trust [Yes X No	J If exer	mpt und	der R&TC Sec	tion 2370	01d, has t	the org	ganization	
D	Final info	rmati	on return?		engag	ed in p	olitical activiti	es? See i	nstructio	ns	• Yes [X No
	•	Dissol	ved Surrendered (Withdrawn) M	lerged/Reorganized	K Is the	organiz	zation exempt	under R	&TC Sect	ion 23	701g? • ☐ Yes 🖸	X No
			dd/yyyy) •		If "Yes	s," enter	the gross red	ceipts fro	m nonme	mber s		
Ε			ing method: (1) Cash (2) X Accrua		L Is the	organiz	zation a limite	d liability	company	/ ?	• Yes 🖸	X No
F	Federal re	eturn	filed? (1) • 990T (2) • 990PF (3)	● Sch H (990)	M Did th	e orgar	ization file Fo	rm 100 c	r Form 1	09 to		
	(4) X	Other	990 series		report	taxable	e income?				• Yes	X No
G	Is this a (group	filing? See instructions •		N Is the	organiz	ation under a	udit by th	ne IRS or	has th		
Н	Is this or	ganiz	ation in a group exemption	Yes X No	IRS a	udited i	n a prior year	?				X No
	If "Yes," v	vhat i	s the parent's name?				m 1023/1024				Yes	X No
					Date f	iled wit	h IRS					
_												
ᅩ	art I	omp	ete Part I unless not required to file this fo								2.52	
		1	Gross sales or receipts from other sources		, line 8				······ •	1	360,4	422 <u>00</u>
		2	Gross dues and assessments from member						······ •	2		00
		3	Gross contributions, gifts, grants, and simi						······ •	3		00
F	Receipts	4	Total gross receipts for filing requirement t		-					ı		
	and		This line must be completed. If the result			$\overline{}$	rmation B			4	360,4	422 ₀₀
R	evenues	5	Cost of goods sold						00			
		6	Cost or other basis, and sales expenses of	assets sold	•	6			00	ı		
		7								7	260	00
_		8	Total gross income. Subtract line 7 from lin							8		122 00
Е	xpenses	9	Total expenses and disbursements. From S							9		195 00
_	-	10	Excess of receipts over expenses and disbu						_	10	-180,	773 00
		11								11		00
		12	Use tax. See General Information K						_	12		00
_	.	13	Payments balance. If line 11 is more than I							13		00
r	iling Fee	14	Use tax balance. If line 12 is more than line							14		00
		15	Penalties and interest. See General Informa							15		00
_		Unde	Balance due. Add line 12 and line 15. The er penalties of perjury, I declare that I have examined rue, correct, and complete. Declaration of preparer (o	inis return, including acco	ompanying s	chedules	and statements	, and to the	e best of m	y knowl	edge and belief,	00
Sig	n	it is t	rue, correct, and complete. Declaration of preparer (o	ther than taxpayer) is bas		ormation	of which prepar		knowledge			
He	re	Signa	ature _		Title PRESID	ENTM.		Date			Telephone	
_		of of	icer		LKESID	Date		1			PTIN	
		Prep	arer's WENDY CAMPOS				04/22	Check self-en	if nployed		P00448102	
D - 1						11/(J#/44	sen-en	ipioyeu	•	● Firm's FEIN	
Pai		Firm'	s name Durs, MOSS ADAMS LLP								91-0189318	
	parer's	if sel	f- MODE MEMBER HEI	91-0169316 ● Telephone								
US	e Only		address	J U							503-242-1447	
_		NA	PORTLAND, OR 97205	or obour share 0.0	inot				• X	7	-	
		_I iviay	the FTB discuss this return with the prepare	i siiowii adove? See	IIISTLACTIO	IS		<u> </u>	♥[△	Yes	No	

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

128951 01-19-22

							S	EE PART II SU	UBSTITUTE ATTACH	MENT	1		
		1	Gross sales or receipts from all bus	ines	activities. See instru	ctions			•	1		00	
		2	Interest							2	!	00	
		3	Dividends						_	3	1	00	
Receipt	ts	4	Gross rents						_	4	1	00	
from	.	5	Gross royalties							5	;	00	
Other		6	Gross amount received from sale of							6		00	
Source	٠	7	0.1						_	7		00	
004100	۱ ۱	8	Total gross sales or receipts from o							8		00	
		9	Contributions, gifts, grants, and sin						, ,	9		00	
		10	Disbursements to or for members							10		00	
		11	Compensation of officers, directors	and	trustees					11	_	_	
		12	Other salaries and wages		12		00						
Expens	46	13	Interest	13		00							
and	"	14								14		00	
anu Disburs	ا ۔م	15	Taxes							15		00	
ments		16	Rents Depreciation and depletion (See ins	truct	 ione\					16		00	
IIIGIIIS		17	Other expenses and disbursements						_	17		00	
			Total expenses and disbursements.		ling 0 through ling 17					18		00	
Sche	dul			Auu	Beginning of					_	xable year	100	
Assets	uui	<u> </u>	Datanoc Greek		(a)		o y c	(b)	(c)	. 0	(d)		
	oh		_		(α)			(6)	(6)		(u)		
1 Cas			a raceivable								•		
			s receivable								•		
			ceivable								•		
			state government obligations								•		
											•		
			in other bonds			-					•		
			in stock			-					•		
8 Mo		•				-					•		
			ments								•		
			le assets			١			1	١			
			mulated depreciation (,	1			(•		
11 Lar											•		
						-							
			et worth										
14 AC	coum	ıs pa	yable								•		
			s, gifts, or grants payable			-					•		
			otes payable			-					•		
			ayable			-					•		
18 Oth						-							
			c or principal fund			-					•		
			tal surplus. Attach reconciliation			-					•		
			nings or income fund			-					•		
			ies and net worth										
Sche	aui	e iv					. 10) aalumn (d) ia laa	o than CEO OOO				
			Do not complete this schedule	-		ıe ∟, IIN6							
			per books	·· ⊦	•		7		on books this year	_			
			me tax	··⊢	•				nis return. Attach schedu	le			
			pital losses over capital gains		•		8		s return not charged				
			recorded on books this year.	-		against book income this year.							
			dule		•								
			corded on books this year not				9		and line 8				
			this return. Attach schedule		•		10						
6 Tot	tal. A	dd lir	ne 1 through line 5			Subtract line 9 from line 6							

Side 2 Form 199 2021 022 3652214

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

		Check if:	ange of address						
CAL POLY HUMBOLDT REAL ESTATE HOL	DINGS		nended report						
Name of Organization									
List all DBAs and names the organization uses or has used									
1 HARPST STREET		State Charity Registration Number CT0239931							
Address (Number and Street)			, 3						
ARCATA, CA 95521		Corporati	ion or Organization No. 3902598						
City or Town, State, and ZIP Code									
707 – 826 – 5200 Telephone Number E-mail Addre:	Se Se	Federal E	mployer ID No. 81-2593561						
	RENEWAL FEE SCHEDULE (11 Cal.	Code Regs	s sections 301-307, 311, and 312)						
ANNOAL NEGISTIATION	Make Check Payable to Departn								
Total Revenue Fee	Total Revenue	<u>Fee</u>	Total Revenue	Fe	<u>е</u>				
Less than \$50,000 \$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$80					
Between \$50,000 and \$100,000 \$50	Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 millio		Between \$100,000,001 and \$500 million		,000				
Between \$100,001 and \$250,000 \$75	Between \$5,000,001 and \$20 millio	n \$400	Greater than \$500 million	— • • • • • • • • • • • • • • • • • • •	,200				
PART A - ACTIVITIES For your most recent full accounting	period (beginning 07/01/2021	enc	ling 06/30/2022) list:						
	period (beginning		, iist.						
Total Revenue (including noncash contributions) \$ 360	, 422 Noncash Contributions \$		0 Total Assets \$ 13,	190,	378				
(including noncash contributions) \$ 360	541,195	Total Exp	enses \$541,195						
PART B - STATEMENTS REGARDING OR	GANIZATION DURING THE PERIOD C	F THIS RE	PORT						
Note: All questions must be answered. It	f you answer "ves" to any of the gues	tions helov	w you must attach a separate page						
			1 instructions for information required.	Yes	No				
During this reporting period, were there	any contracts, loans, leases or other fire	nancial tran	sactions between the organization						
and any officer, director or trustee there	eof, either directly or with an entity in wh	nich any su	ch officer, director or trustee had						
any financial interest?				<u> </u>	Х				
2. During this reporting period, was there or funds?	any theft, embezzlement, diversion or n	nisuse of th	e organization's charitable property		x				
									
During this reporting period, were any c	organization funds used to pay any pena	aity, fine or	juagment?		х				
4. During this reporting period, were the s	ervices of a commercial fundraiser, fund	draising cou	unsel for charitable purposes, or						
commercial coventurer used?				<u> </u>	Х				
5. During this reporting period, did the org	anization receive any governmental fun	iding?			x				
					 				
6. During this reporting period, did the org	panization hold a raffle for charitable pur	rposes?			х				
7. Does the organization conduct a vehicle	e donation program?								
					X				
Did the organization conduct an independent of the organization conduct and independent of the organization conduct of the organization con	·	iai stateme	nts in accordance with	х					
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?									
I declare under penalty of perjury that I ha	ve examined this report, including ac	companyir	ng documents, and to the best of my know		e				
and belief, the content is true, correct and	complete, and I am authorized to sig	gn.	-	_					
	NV MILTEL NECH	_	DEGI DENT						
	.NK WHITLATCH inted Name		PRESIDENT itle Date						

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

A For the 2021 calendar year, or tax year beginning JUL 1. 2021 and ending JUN 30, 2022 C Name of organization D Employer identification number Check if applicable: Address change CAL POLY HUMBOLDT REAL ESTATE HOLDINGS X Name change 81-2593561 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 707-826-5200 1 HARPST STREET 360,422. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ARCATA, CA 95521 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: FRANK WHITLATCH for subordinates? Yes X No 1 HARPST STREET, ARCATA, CA 95521 **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► GIVING.HUMBOLDT.EDU/ABOUT-FOUNDATION/HSUREH **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2016 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 1 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 4 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 878,948 Contributions and grants (Part VIII, line 1h) 8 Revenue Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 204,630 360,422. 11 1,083,578 360,422. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 243,944. 541,195. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 243,944. 541,195. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 839,634. -180,773. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 13,190,378. 8,760,735. 20 Total assets (Part X, line 16) 6.085.471. 10,695,887. 21 Total liabilities (Part X, line 26) 三年 2,675,264. 2,494,491. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign FRANK WHITLATCH, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature WENDY CAMPOS WENDY CAMPOS 11/04/22 P00448102 Paid self-employed Firm's name MOSS ADAMS LLP 91-0189318 Preparer Firm's EIN ▶ Firm's address

805 SW BROADWAY STE 1200 Use Only Phone no.503-242-1447 PORTLAND, OR 97205 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Га	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO ACCEPT, HOLD AND MANAGE CERTAIN REAL PROPERTY ON BEHALF OF CAL POLY	
	HUMBOLDT FOUNDATION AND HUMBOLDT STATE UNIVERSITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	al expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	360,422.)
	THE ORGANIZATION ACCEPTS, HOLDS AND MANAGES CERTAIN REAL PROPERTY ON	·
	BEHALF OF CAL POLY HUMBOLDT FOUNDATION AND HUMBOLDT STATE UNIVERSITY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
40	(Code:) (Expenses \$) (Revenue \$)	······································
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 541,195.	,
		Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
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	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	, ,	12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the constitution maintain on office constitution and the state of the Helbert Obstace			x
14a	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,	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.46		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	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			
	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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2021)

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Part IV Checklist of Required Schedules (continued)

	i (continuou)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	<u> NO</u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u></u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		—
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		.,	
	Part V, line 1	34	Х	v
	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	OE!		
26	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?	36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	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	
Par		,		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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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		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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		X
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
C	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			x
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CL		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a		x
a b	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	ioa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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 School le O contains a reconnect are the any line in this Bort VI			Х
800	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			Λ
360	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 3	-		
	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	4		
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	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		0-	Х	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	^	
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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	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			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	Λ	
	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)	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
.5	statements available to the public during the tax year.	IQI II	Jiui	
20				
20	State the name, address, and telephone number of the person who possesses the organization's books and records FRANK WHITLATCH - 707-826-5101			
	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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and title Average hours per week (list any hours for related organizations below line) (1) FRANK WHITLATCH PRESIDENT, SECRETARY (2) GARY RYNEARSON BOARD CHAIR (3) JASON RAMOS BOARD MEMBER (4) JAY BOWER Reportable compensation from related organizations (do not check more than one box, unless person is both an officer and a director/trustee) (1) FRANK WHITLATCH PRESIDENT, SECRETARY Average hours per week (list any hours for related organizations below line) (2) GARY RYNEARSON (3) JASON RAMOS (4) JAY BOWER Reportable compensation from related organizations (W-2/1099-MISC/) 1099-NEC) Reportable compensation from related organizations (W-2/1099-MISC/) 1099-NEC) O. 213,122. 89,763	Check this box if neither the organization n	(B)	<u></u>	<u>_u</u>			.,- 01		(D)	(E)	(F)
Average hours per week (list any hours for related organizations below line) hours per week (list any hours for related organizations below line) hours for related organizations hours for		1			Pos	itior	1			l	
week (list any hours for related organizations below line) (1) FRANK WHITLATCH PRESIDENT, SECRETARY 40.00 X X X DATE OF THE PROPRIED OF	Name and title		(do	not c	heck	more	than o	one			
(1) FRANK WHITLATCH PRESIDENT, SECRETARY 40.00 10 10 10 10 10 10 10 10 10 10 10 10 1		1	offic	cer ar	nd a d	irecto	r/trus	tee)	1		
(1) FRANK WHITLATCH PRESIDENT, SECRETARY 40.00 X X 0. 213,122. 89,763 (2) GARY RYNEARSON 1.00 BOARD CHAIR 7.00 X X 0. 11,264. 0 (3) JASON RAMOS 1.00 BOARD MEMBER 0.00 X 0.00 0		1	tor								
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(1) FRANK WHITLATCH PRESIDENT, SECRETARY 40.00 X X 0. 213,122. 89,763 (2) GARY RYNEARSON 1.00 BOARD CHAIR 7.00 X X 0. 11,264. 0 (3) JASON RAMOS 1.00 BOARD MEMBER 0.00 X 0.00 0		organizations	trust	al tru		yee	ed un			,	
(1) FRANK WHITLATCH PRESIDENT, SECRETARY 40.00 X X 0. 213,122. 89,763 (2) GARY RYNEARSON 1.00 BOARD CHAIR 7.00 X X 0. 11,264. 0 (3) JASON RAMOS 1.00 BOARD MEMBER 0.00 X 0.00 0			idual	ution	-in	old ma	est co	er			organizations
(1) FRANK WHITLATCH 1.00 PRESIDENT, SECRETARY 40.00 (2) GARY RYNEARSON 1.00 BOARD CHAIR 7.00 (3) JASON RAMOS 1.00 BOARD MEMBER 0.00 (4) JAY BOWER 1.00		line)	Indiv	Instit	Offic	Key 6	High	Form			
(2) GARY RYNEARSON 1.00 BOARD CHAIR 7.00 (3) JASON RAMOS 1.00 BOARD MEMBER 0.00 (4) JAY BOWER 1.00	(1) FRANK WHITLATCH	1.00									
BOARD CHAIR 7.00 x x 0. 11,264. 0 (3) JASON RAMOS 1.00 x 0.	PRESIDENT, SECRETARY	40.00	х		Х				0.	213,122.	89,763.
(3) JASON RAMOS	(2) GARY RYNEARSON	1.00									
(3) JASON RAMOS	BOARD CHAIR	7.00	х		х				0.	11,264.	0.
(4) JAY BOWER 1.00	(3) JASON RAMOS	1.00									
	BOARD MEMBER	0.00	х			L			0.	0.	0.
BOARD MEMBER UNTIL 2/2022 0.00 X 0. 0. 0. 0. 0	(4) JAY BOWER	1.00									
	BOARD MEMBER UNTIL 2/2022	0.00	Х						0.	0.	0.

Form 990 (2021) 132007 12-09-21

1 61111 666 (2621)	POLY HUMBOLDT REAL	EST.	ATE	HOL	DING	s		81-259356	51	Р	age 8
Part VII Section A. Officers, Dire	ectors, Trustees, Key Er	nploye	ees,	and	Highe	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	not ch unles	s pers		th an	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) stimate nount other	of
	(list any hours for related organizatior below line)	න් Individual trustee or director	in stit utional trustee	Officer	Key employee Highest compensated	employee Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	com fr org and	pensa om th anizat d relat	ation le tion ted
			_		× +	5 4					
1b Subtotal c Total from continuation sheet	ts to Part VII, Section A						0.	224,386. 0.			763.
d Total (add lines 1b and 1c) Total number of individuals (incompensation from the organize)						ho re	eceived more than \$100,	224,386. 000 of reportable		89,	763.
3 Did the organization list any for	rmer officer, director, trus									Yes	No
line 1a? If "Yes," complete Sch. 4 For any individual listed on line and related organizations great	1a, is the sum of reporta	ble co	mpei	nsati	on an	d oth	ner compensation from t	ne organization	4	X	Х
5 Did any person listed on line 1a rendered to the organization?	a receive or accrue comp f "Yes," complete Schedu	ensatio	on fro	om a	ny un	relate	ed organization or individ	dual for services	5		Х
Section B. Independent Contracto						41		100,000 of commence	f		
Complete this table for your five the organization. Report competents									(C		
Name a	nd business address	NOI	NE				Description of s	ervices (Compe		n
2 Total number of independent c \$100,000 of compensation from	` •	not lin	nited	to th	nose I	sted	above) who received mo	ore than			

			2021) CAL POLY HUMBOLDT	REAL ESTATE H	OLDINGS		81-259356	1 Page 9
Ра	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII	(B)	(C)	
					Total revenue	Related or exempt		Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
ts ts	1	a	Federated campaigns 1a					
iran Jun			Membership dues 1b					
s, G Am		С	Fundraising events 1c					
Sift: lar /		d	Related organizations 1d					
ıs, (imil		е	Government grants (contributions) 1e					
tior S		f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f					
onti od (_	Noncash contributions included in lines 1a-1f					
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f					
		_		Business Code				
Program Service Revenue	2			-				
ser. Iue		b		-				
m S ven		c d	-	-				
gra Re		e		-				
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real					
	6	а	Gross rents 6a 360,423					
			2000: TOTAL EXPONESS	0.				
			Rental income or (loss) 6c 360,42	2.	350 400	250 400		
			Net rental income or (loss)	(ii) Othor	360,422.	360,422.		
	7	а	Gross amount from sales of (i) Securities	s (ii) Other				
		L	assets other than inventory 7a					
ø		D	Less: cost or other basis and sales expenses					
evenue		c	Gain or (loss) 76					
Rev			Net gain or (loss)	•				
erF			Gross income from fundraising events (not					
Other			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	Ва				
		b	Less: direct expenses	Bb				
			Net income or (loss) from fundraising events	<u> </u>				
	9	а	Gross income from gaming activities. See					
			· · · · · · · · · · · · · · · · · · ·	9a				
				9b				
			Net income or (loss) from gaming activities	P _				
	10	а	Gross sales of inventory, less returns and allowances	0a				
		h		0b				
			Net income or (loss) from sales of inventory	•				
				Business Code				
sno §	11	а						
ane		b						
eve		С						
Miscellaneous Revenue			All other revenue					
			Total. Add lines 11a-11d	_				
	12		Total revenue. See instructions		360,422.	360,422.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in	this 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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		скраново	gonoral expenses	схропосс
-	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	24,396.	24,396.		
b	Legal		·		
С	Accounting	2,500.	2,500.		
d	Lobbying				
е					
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.)	14,000.	14,000.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	15,506.	15,506.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	265,403.	265,403.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	110,881.	110,881.		
23	Insurance	25,450.	25,450.		
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.)		22.222		
a	TAXES & LICENSES	82,880.	82,880.		
b	OTHER EXPENSE	176.	176.		
С	BANK CHARGES	3.	3.		
d	All allers are a second				
e oe	All other expenses Add lines 1 through 24s	541,195.	541,195.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	J41,193.	341,133.	0.	<u> </u>
26	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)				
	II following SOF 98-2 (ASC 938-720)				

Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part XI			(P)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			878,157.	1	802,84
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			20,866.	4	26,28
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqui	alified pei				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	10,023,654.			
	b	Less: accumulated depreciation			5,328,696.	10c	9,828,23
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin			2,533,016.	13	2,533,01
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed			8,760,735.	16	13,190,37
	17	Accounts payable and accrued expenses	2,350.	17	2,35		
	18	Grants payable	2,000,000.	18	2,000,00		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
s l	22	Loans and other payables to any current or fo					
116		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons				22	
֡֡֞֞֞֡֞֞֡֡֞֞֡֡֞֡֡	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	·	·	4,083,121.	25	8,693,53
	26	-			6,085,471.	26	10,695,88
		Organizations that follow FASB ASC 958, c					
es		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			2,675,264.	27	2,494,493
ga	28	Net assets with donor restrictions				28	
<u>9</u>		Organizations that do not follow FASB ASC					
ב		and complete lines 29 through 33.					
, P	29	Capital stock or trust principal, or current fund	ls			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,675,264.	32	2,494,491
_	33	Total liabilities and net assets/fund balances			8,760,735.	33	13,190,378

Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
	Check in Contodulo C Contains a response of note to any line in this rate At	T			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		360,	422.
2	Total expenses (must equal Part IX, column (A), line 25)	2		541,	195.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	180,	773.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	675,	264.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	494,	491.
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	e O.			
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	e basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	an avalita avalaja vilav an Calandula O and danavila anu atama talian ta vindavan avala avalita		1 01-		ı

| 3b | | Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CAL POLY HUMBOLDT REAL ESTATE HOLDINGS 81-2593561 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 n 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) No Yes above (see instructions)) CAL POLY HUMBOLDT FOUNDATION 94-6077724 10 Х 0 0.

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.)

<u> </u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.						
	etion B. Total Support				1	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	· ·		•	•	. , . ,	. —
Sac	organization, check this box and stop etion C. Computation of Publi						_
				a aluman (f))		14	0/
	Public support percentage for 2021 (li			****		15	<u>%</u>
	Public support percentage from 2020 33 1/3% support test - 2021. If the content is the content in the content is the content in the content						% x and
10a							. .
h	stop here. The organization qualifies 33 1/3% support test - 2020. If the o		-			or more check th	
b	and stop here. The organization qual	-					
170	10% -facts-and-circumstances test						
11 a		-					
	and if the organization meets the facts meets the facts-and-circumstances te			-		-	▶ □
h	10% -facts-and-circumstances test	_			-	17a and line 15 is	
b	more, and if the organization meets the	-					10/0 UI
	organization meets the facts-and-circu						
12	Private foundation. If the organization		-		· · · · · ·		
10	Trivate loundation. If the organization	TI GIG TIOL CHECK A	DOX OIT III IC 13, 10	a, 100, 17a, 01 171	b, check this bux a		/Form 000\ 0001

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *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.)

	Yes	No
	103	140
1	Х	
2		Х
3a		Х
OI:		
3b		
3c		
30		
4a		Х
4b		
4c		
Fo		Х
5a		21
5b		
5c		
6		Х
7		Х
		X
8		A.
9a		Х
50		
9b		Х
9с		Х
10a		Х
10b		<u> </u>
ıle A (Forn	n 990)	2021

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		11a		х
b		11b		х
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	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	1	х	
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, · · ·			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		х
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	tion or type it cupperting organizations		Vaa	Na
_	Mana a majaritu af the annonimation is directors on two states during the star constants of the directors		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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
566	tion B. All Type in Supporting Organizations	$\overline{}$	7	
			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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		3b		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	Section A - Adjusted Net Income (A) Prior 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):						
<u>a</u>	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
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	ed Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2021

Par	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ed)	
Sect	ion D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2		nts paid to perform activity that directly furthers exemp				
	organi	zations, in excess of income from activity			2	
3	Admin	istrative expenses paid to accomplish exempt purpose	s of supported organizations	s	3	
4		nts paid to acquire exempt-use assets			4	
5		ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7		annual distributions. Add lines 1 through 6.			7	
8		outions to attentive supported organizations to which the	ne organization is responsive			
		de details in Part VI). See instructions.	3		8	
9		outable amount for 2021 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
a	From 2	2016				
b	From 2	2017				
С	From 2	2018				
d	From 2	2019				
е	From 2	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carryo	over from 2016 not applied (see instructions)				
	Remai	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2021 from Section D,				
	line 7:	\$				
a	Applie	ed to underdistributions of prior years				
		ed to 2021 distributable amount				
	Remai	inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
		subtract lines 3g and 4a from line 2. For result greater				
		ero, explain in Part VI. See instructions.				
6		ining underdistributions for 2021. Subtract lines 3h				
		o from line 1. For result greater than zero, explain in				
		1. See instructions.				
7		s distributions carryover to 2022. Add lines 3j				
•	and 4					
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				

Schedule A (Form 990) 2021

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

Pai		d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_			
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con-	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther 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	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtle	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
	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		> \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2021

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

Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	easures, or	Other	Similar A	ssets	(contin	ued)	<u>.gc</u>
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the	following that	make sig	nificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change progra	ım					
b	Scholarly research	е	, .	Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explair	n how th	ey further t	he organizatio	n's exem	ot purpose i	n Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	on answered "	Yes" on F	orm 990, Pa	art IV, I	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for c	contribution	s or other ass	ets not in	cluded				_
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									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 Fo	rm 990, Part X, line	21, for 6	escrow or c	ustodial accou	unt liability	y?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if										
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three years	s back	(e) Four	years	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 curre	nt year end balance	e (line 1g	j, column (a	i)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment >	6									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	tion that	t are held a	nd administer	ed for the	organizatio	n		1	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipme					5	40				
	Complete if the organization answered				T I						
	Description of property	(a) Cost or o basis (investr			t or other (other)	` '	cumulated reciation		(d) Bool	c value	Э
1a	Land			5	5,969,057.				5,	969,	057.
b	Buildings			4	,054,597.		195,423	3.	3,	859,	174.
С	Leasehold improvements										
d	Equipment	1									
е	Other										
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part	X, colum	nn (B), line 1	'0c.))	<u> </u>	9,	828,	231.

Schedule D (F	Form 990)	2021	CAL	POLY	HUMBOLD
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Part VIII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or 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, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) REAL ESTATE INVESTMENTS	2,533,016.	END-OF-YEAR MARKET VALUE
(2)		
(3)		

(1) REAL ESTATE INVESTMENTS	2,533,016.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	2,533,016.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	>

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	NOTE PAYABLE	8,693,537.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,693,537.

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

Schedule D (Form 990) 2021

Par	t XI Reconciliation of Revenue per Audited Financial Stat		nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 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		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
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.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		
Pal	T XII Reconciliation of Expenses per Audited Financial Sta	•	enses per neturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
a	Donated services and use of facilities	I I	
b	Prior year adjustments		
С.	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		40
	Add lines 4a and 4b		
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.	<u>3.)</u>	5
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I: Dart IV lines 1h and 2h	: Part V line 4: Part Y line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	•	, r art v, iiile 4, r art X, iiile 2, r art Xi,
111103	2d and 45, and 1 art Air, intes 2d and 45. Also complete this part to provide ar	ry additional information.	
PART	X, LINE 2:		
	,		
THE	FOUNDATION QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER T	HE APPLICABLE	
SECT	IONS OF THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND C	ALIFORNIA	
REVE	NUE AND TAXATION CODE SECTION 23701D. THE FOUNDATION HAS	ANALYZED THE	
TAX	POSITIONS TAKEN FOR FILINGS WITH THE INTERNAL REVENUE SER	VICE AND THE	
STAT	E OF CALIFORNIA. THE FOUNDATION BELIEVES THAT INCOME TAX	FILING	
POSI	TIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANT	CIPATE ANY	
ADJU	STMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON	THE	
FINA	NCIAL STATEMENTS. ACCORDINGLY, THE FOUNDATION HAS NOT REC	ORDED ANY	
RESE	RVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR	UNCERTAIN	
INCC	ME TAX POSITIONS AT JUNE 30, 2022 AND 2021.		

Schedule D (Form 990) 2021 CAL POLY HUMBOLDT REAL ESTATE HOLDINGS	81-2593561	Page 5
Schedule D (Form 990) 2021 CAL POLY HUMBOLDT REAL ESTATE HOLDINGS Part XIII Supplemental Information (continued)		

SCHEDULE J (Form 990)

Compensation Information

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

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CAL POLY HUMBOLDT REAL ESTATE HOLDINGS

Employer identification number

81-2593561

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel 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		<u> </u>
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			
	During the very did any name listed on Form 200. Both VII. Coation A. line to with manage to the filing			
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: Receive a severance payment or change-of-control payment?	4a		х
a h		4b		X
C		4c		X
·	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	Tes to any or lines 4a o, list the persons and provide the applicable amounts for each term in a artific			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
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:			
а	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	1	1

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits			
(A) Name and Title		(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)	213,122.	0.	0.	64,214.	25,549.	302,885.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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-	(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.
PART I, LINE 3
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY HUMBOLDT STATE
UNIVERSITY. THE EXECUTIVE DIRECTOR HAS A WRITTEN EMPLOYMENT CONTRACT
WITH HUMBOLDT STATE UNIVERSITY. IN ADDITION, A COMPENSATION SURVEY OR
STUDY WAS USED TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION.

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.

OMB No. 1545-0047 Inspection

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 HUMBOLDT STATE UNIVERSITY, FORM 990, PART VI, SECTION A, LINE 3: HUMBOLDT STATE UNIVERSITY 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.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** CAL POLY HUMBOLDT REAL ESTATE HOLDINGS 81-2593561 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 HUMBOLDT STATE UNIVERSITY. THE COMPENSATION OF THESE INDIVIDUALS IS DETERMINED AND REVIEWED ANNUALLY BY HUMBOLDT STATE UNIVERSITY 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.

CAL POLY HUMBOLDT REAL ESTATE HOLDINGS

EDUCATION

HUMBOLDT STATE UNIVERSITY

MISSION ADVANCEMENT

GRANT ADMINISTRATION

STUDENT SERVICES

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

81-2593561

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	r Total inco	me End-of-year	assets	Direct c en	ontrollin itity	g
Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	on answered "Yes" on Form 990	, Part IV, line 34, I	pecause it had one	or more re	elated tax-exer	npt	
(a)	(b)	(c)	(d)	(e)		(f)	Section	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section		t controlling entity	con	512(b)(ntrolled ntity?
BOLDT STATE UNIVERSITY - 94-6001347				501(c)(3))			Yes	No

CALIFORNIA

CALIFORNIA

CALIFORNIA

CALIFORNIA

501(C)(3)

501(C)(3)

501(C)(3)

LINE 10

LINE 5

III-FI

LINE 12C.

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

CAL POLY HUMBOLDT FOUNDATION - 94-6077724

ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT 94-1201195, 1 HARPST STREET, ARCATA, CA

HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION - 94-6050071, 1 HARPST STREET.

Schedule R (Form 990) 2021

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Х

N/A

HUMBOLDT STATE

HUMBOLDT STATE

HUMBOLDT STATE

UNIVERSITY

UNIVERSITY

UNIVERSITY

95521

1 HARPST STREET
ARCATA, CA 95521

1 HARPST STREET

ARCATA, CA 95521

ARCATA, CA 95521

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr organiz	
				501(c)(3))		Yes	No
HUMBOLDT STATE UNIVERSITY CENTER -							
94-1627074, 1 HARPST STREET, ARCATA, CA				LINE 12C,	HUMBOLDT STATE		
95521	STUDENT SERVICES	CALIFORNIA	501(C)(3)	III-FI	UNIVERSITY		Х
-							
							
	+						
	_						
	\dashv						
	 						
	 						
			1	1	1		1

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

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

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(j	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Courta y)						Yes	No
									İ
	1								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
					1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х		
	d Loans or loan guarantees to or for related organization(s)				1d		Х	
е	Loans or loan guarantees by related organization(s)				1e	Х		
f	f Dividends from related organization(s)				1f		Х	
g	g Sale of assets to related organization(s)				1g		Х	
h	n Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
-1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х	
	m Performance of services or membership or fundraising solicitations by related organization(s)							
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х		
o Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
·								
r	Other transfer of cash or property to related organization(s)				1r		Х	
	S Other transfer of cash or property from related organization(s)				1s	Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp							
			(c)	(d)				
	(a) (b) Name of related organization Transacti	ion	Amount involved	Method of determining amount invo	lved			
	type (a-s	s)						
1)								
2)								
3)								
4)								
5)								
6)								
3216	63 11-17-21		· · · · · · · · · · · · · · · · · · ·	Schedule R	(Forn	n 990)	2021	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partn Yes	(kal or Perceiging owne	k) entage ership
	-										
	_							Ochodolo			

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

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

A For the 2021 calendar year, or tax year beginning JUL 1. 2021 and ending JUN 30, 2022 C Name of organization D Employer identification number Check if applicable: Address change CAL POLY HUMBOLDT REAL ESTATE HOLDINGS X Name change 81-2593561 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 707-826-5200 1 HARPST STREET 360,422. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ARCATA, CA 95521 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: FRANK WHITLATCH for subordinates? Yes X No 1 HARPST STREET, ARCATA, CA 95521 **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► GIVING.HUMBOLDT.EDU/ABOUT-FOUNDATION/HSUREH **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2016 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 1 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 4 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 878,948 Contributions and grants (Part VIII, line 1h) 8 Revenue Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 204,630 360,422. 11 1,083,578 360,422. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 243,944. 541,195. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 243,944. 541,195. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 839,634. -180,773. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 13,190,378. 8,760,735. 20 Total assets (Part X, line 16) 6.085.471. 10,695,887. 21 Total liabilities (Part X, line 26) 三年 2,675,264. 2,494,491. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign FRANK WHITLATCH, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature WENDY CAMPOS WENDY CAMPOS 11/04/22 P00448102 Paid self-employed Firm's name MOSS ADAMS LLP 91-0189318 Preparer Firm's EIN ▶ Firm's address

805 SW BROADWAY STE 1200 Use Only Phone no.503-242-1447 PORTLAND, OR 97205 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

81-2593561

Pa	Check if School Is O centains a venness or note	•							
1	Check if Schedule O contains a response or note Briefly describe the organization's mission:	e to any line in this Part iii							
•	TO ACCEPT, HOLD AND MANAGE CERTAIN REAL I	PROPERTY ON BEHALF OF	CAL POLY						
	HUMBOLDT FOUNDATION AND HUMBOLDT STATE UN								
	Did the organization undertake any significant program	and incode during the veer which	sh ware not listed on the						
2	prior Form 990 or 990-EZ?			Yes X No					
	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make signific	cant changes in how it conduc	cts, any program services?	Yes X No					
	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplis								
	Section 501(c)(3) and 501(c)(4) organizations are require revenue, if any, for each program service reported.	ed to report the amount of gra	ants and allocations to others, the total	expenses, and					
4a		including grants of \$) (Revenue \$	360,422.)					
	THE ORGANIZATION ACCEPTS, HOLDS AND MANAGE	GES CERTAIN REAL PROPE	RTY ON	,					
	BEHALF OF CAL POLY HUMBOLDT FOUNDATION AND HUMBOLDT STATE UNIVERSITY.								
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
4d	Other program services (Describe on Schedule O.)			,					
4-	(Expenses \$ including grants o	f\$ 541,195.) (Revenue \$)					
4e	Total program service expenses	511,155.		Form 990 (2021)					
				. 5.111 (2021)					

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
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	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	, ,	12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the constitution maintain on office constitution and the state of the Helbert Obstace			x
14a	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,	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.46		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	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			
	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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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

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Form 990 (2021)

CAL POLY HUMBOLDT REAL ESTA

Part IV Checklist of Required Schedules (continued)

	(SOMMOS)		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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	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%	000		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		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	28b		X
	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 non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			
	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?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

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

			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			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с			
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				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	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				
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8			
Did the annual income in the second in the s					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:	9b			
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 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	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			
	Note: 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 13b				
	Enter the amount of reserves on hand Did the experience on a property for indeed together and the together the together	44-		Х	
	Did the organization receive any payments for indoor tanning services during the tax year?	<u>14a</u> 14b		<u> </u>	
b If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i> 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
15		15		x	
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х	
10	If "Yes," complete Form 4720, Schedule O.	10			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

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.

	· · · · · · · · · · · · · · · · · · ·					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		3				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other					
	officer, director, trustee, or key employee?			2		х		
3	Did the organization delegate control over management duties customarily performed by or under the							
	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 9					х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass					Х		
6	Did the organization have members or stockholders?			6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?	•		7a	х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?		*	7b	х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea							
а	The governing body?	-	-	8a	х			
b	Each committee with authority to act on behalf of the governing body?							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					•		
	(This decision b requests information assure policies not required by the internal ne	veriae	<u> </u>		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch							
			,	101	,			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11:				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		3					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12:	x			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			·				
·	on Schedule O how this was done	,		120	X			
13	Did the organization have a written whistleblower policy?					x		
14	Did the organization have a written document retention and destruction policy?							
15	Did the process for determining compensation of the following persons include a review and approva							
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı Dy III	асренает					
•	The organization's CEO, Executive Director, or top management official			15	x			
	Other officers or key employees of the organization			15				
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			131				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a					
104				16		x		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100	4			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•					
	exempt status with respect to such arrangements?			161				
Sec	tion C. Disclosure			1 101	<u> </u>	-		
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, ar	nd 990	-T (section 501(c)(3)s only) avail	able		
-	for public inspection. Indicate how you made these available. Check all that apply.		() () () () () ()	, <u>-</u>	,			
	X Own website Another's website X Upon request Other (explain	on So	chedule (1)					
19	19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial							
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records					
	FRANK WHITLATCH - 707-826-5101	c uii						
	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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle:	unless person is both an cer and a director/trustee)			an	compensation	compensation	amount of
	week		ler ar	lu a u	recio	Tritus	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	99			sated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	i ben		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	yee yee	L	1039-NEO)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	(ey en	Highest compensated employee	Former			organizations
(1) FRANK WHITLATCH	1.00									
PRESIDENT, SECRETARY	40.00	Х		х				0.	213,122.	89,763.
(2) GARY RYNEARSON	1.00									
BOARD CHAIR	7.00	Х		Х				0.	11,264.	0.
(3) JASON RAMOS	1.00									
BOARD MEMBER	0.00	Х	_		_			0.	0.	0.
(4) JAY BOWER	1.00									•
BOARD MEMBER UNTIL 2/2022	0.00	Х						0.	0.	0.
		-								
		-								
-								l		

Form 990 (2021) CAL POLY HUM	BOLDT REAL	EST	ATE	HO	LDI:	NGS			81-259	3561		Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director ox	not c	ss per	ition more son is irecto	Highest compensated than compensated that the semployee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)		ion amour ed other ns compens ISC/ from		of tion e ion ed
1b Subtotal							•	0.	224,3	-		89,	763.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but r					<u></u>		<u> </u>	0. 0.	224,3	0. 86.		89,	763.
compensation from the organization	iot iimitea to tri	ose	iiste	u ab	oove) WH	o re	eceived more than \$100,	000 of reportable				0
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on	Г	,	Yes	No
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3	Х	X
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con 	accrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5	Α	х
Section B. Independent Contractors													
 Complete this table for your five highest co the organization. Report compensation for 										ensatio	on fror	m	
(A) Name and business	address	NO:	NE					(B) Description of s	ervices	Co	(C) empen		n
							\dashv						
							-						
2 Total number of independent contractors (\$100,000 of compensation from the organ	ŭ	ot lin	nited	d to 1	thos (ted	above) who received mo	ore than				
	- 									F	orm 9	90 (2021)

Form 990 (2021)

Part VIII

VIII ∣ Statement of I	Revenue
-----------------------	---------

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C) Unrelated	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	business revenue	from tax under
							sections 512 - 514
t s	1 a	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
, G	С	Fundraising events 1c					
ar /	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f					
ÖĘ	g	Noncash contributions included in lines 1a-1f					
a Co	h	Total. Add lines 1a-1f					
			Business Code				
ø	2 a						
Š	b						
Ser	С						
an eve	d						
Program Service Revenue	е						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f	•				
	3	Investment income (including dividends, inter					
		other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 a	Gross rents 6a 360,422	1				
		Less: rental expenses 6b 0					
		Rental income or (loss) 6c 360,422					
		Net rental income or (loss)	•	360,422.	360,422.		
		Gross amount from sales of (i) Securities	(ii) Other	,	,		
		assets other than inventory 7a					
	h	Less: cost or other basis					
<u>o</u>		and sales expenses 7b					
en.	c	Gain or (loss) 7c					
ther Revenue	d	Net gain or (loss)	•				
프		Gross income from fundraising events (not					
ğ	o u	including \$ of					
٠		contributions reported on line 1c). See					
		Part IV, line 18	a				
	h	Less: direct expenses 8					
		Net income or (loss) from fundraising events	<u> </u>				
		Gross income from gaming activities. See					
	0 4	Part IV, line 19	a				
	h	Less: direct expenses 9					
		Net income or (loss) from gaming activities_	<u> </u>				
		Gross sales of inventory, less returns					
	10 u	and allowances 10	la				
	h	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	<u></u>				
		moonie di giodoj nom dalos di inventory	Business Code				
snc	11 a						
nec Tue	a						
ella	C						
Miscellaneous Revenue		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		360,422.	360,422.	0.	0.
			·····	ı , •	,		5 000 (2224)

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_	Check if Schedule O contains a respons	e or note to any line in t	his Part IX(B)	(C)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (nonemployees):				
	Management	24,396.	24,396.		
_	Legal	·	·		
	Accounting	2,500.	2,500.		
	Lobbying	,	·		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	14,000.	14,000.		
	Advertising and promotion	,	,		
	Office expenses				
	Information technology				
	Royalties				
	Occupancy	15,506.	15,506.		
	Travel	,	,		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	265,403.	265,403.		
	Payments to affiliates				
	Depreciation, depletion, and amortization	110,881.	110,881.		
		25,450.	25,450.		
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.) '' TAXES & LICENSES	82,880.	82,880.		
_	OTHER EXPENSE	176.	176.		
~	BANK CHARGES	3.	3.		
•	DIMIC CHARGES	٥.	3.		
d	All other evenesses				
	All other expenses	E/1 10F	EA1 10E	0.	
	Total functional expenses. Add lines 1 through 24e	541,195.	541,195.	υ.	0
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

Part		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	878,157.	1	802,844.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		20,866.	4	26,287.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial c	contributor, or 35%			
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ဖွ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges				9	
-	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D		10,023,654.			
	b	Less: accumulated depreciation	10b	195,423.	5,328,696.	10c	9,828,231.
-	11	Investments - publicly traded securities		11			
-	12	Investments - other securities. See Part IV, Iir		12			
-	13	Investments - program-related. See Part IV, lin	2,533,016.	13	2,533,016.		
-	14	Intangible assets				14	
-	15	Other assets. See Part IV, line 11				15	
_ -	16	Total assets. Add lines 1 through 15 (must e	qual line 3	33)	8,760,735.	16	13,190,378.
-	17	Accounts payable and accrued expenses		2,350.	17	2,350.	
-	18	Grants payable	2,000,000.	18	2,000,000.		
-	19	Deferred revenue		19			
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
g 2	22	Loans and other payables to any current or for	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial c	contributor, or 35%			
japi		controlled entity or family member of any of t	hese perso	ons		22	
- 2	23	Secured mortgages and notes payable to uni	elated thir	rd parties		23	
2	24	Unsecured notes and loans payable to unrela	ted third p	parties		24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			4,083,121.	25	8,693,537.
2	26	Total liabilities. Add lines 17 through 25			6,085,471.	26	10,695,887.
,		Organizations that follow FASB ASC 958, or	heck her	e ▶ X			
ğ		and complete lines 27, 28, 32, and 33.					
<u>a</u> 2	27				2,675,264.	27	2,494,491.
<u> </u>	28	Net assets with donor restrictions		28			
Ĕ		Organizations that do not follow FASB ASC					
드		and complete lines 29 through 33.					
<u>ع</u> ا	29	Capital stock or trust principal, or current fun				29	
SS S	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
§ ₹	32	Total net assets or fund balances			2,675,264.	32	2,494,491.
3	33	Total liabilities and net assets/fund balances			8,760,735.	33	13,190,378.

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			422.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		541,	,195.	
3	Revenue less expenses. Subtract line 2 from line 1	3		180,	773.	
4	ets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,	494,	491.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ	
				Yes	No	
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>	
			Form	990	(2021)	

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CAL POLY HUMBOLDT REAL ESTATE HOLDINGS 81-2593561 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 n 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) No Yes above (see instructions)) CAL POLY HUMBOLDT FOUNDATION 94-6077724 10 Х 0 0.

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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									
Ü	furnished by a governmental unit to									
	the organization without charge									
1	·									
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		T	1	T	T				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)				
	organization, check this box and stop	here					>			
Sec	ction C. Computation of Publi									
14	Public support percentage for 2021 (li	ine 6, column (f), d	livided by line 11,	column (f))		14	%			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%			
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	x and			
	stop here. The organization qualifies	as a publicly supp	orted organization				>			
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on							
	and stop here. The organization quali									
17a	10% -facts-and-circumstances test		• •							
	and if the organization meets the facts	-								
	meets the facts-and-circumstances te		•	-	•	vivien and engania				
h	10% -facts-and-circumstances test	_	•		-					
		_					. 5, 6 6,			
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organizatio									
<u></u>		did flot officer a	207 011 1110 10, 10	a, 100, 11a, 01 111	S, 51100K (1113 DOX 6		(Form 990) 2021			

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *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.)

		Yes	No
		100	140
ı	4	Х	
Ì	1	Α	
ı	•		х
ŀ	2		Α
Į	3a		х
ļ	3b		
ŀ	20		
ŀ	3c		
Ţ	4a		Х
	4b		
	4c		
ł	5a		Х
ı	5b		
Į	5c		
	6		Х
	7		Х
	8		Х
	O		
ı	9a		Х
-	9b		Х
	9c		Х
	23		
	10a		Х
	10b		
ال	A (Form	n 000)	2021

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		х
b	A family member of a person described on line 11a above?	11b		Х
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		х
Sec	tion B. Type I Supporting Organizations	,		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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.			
2	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. Did the organization operate for the benefit of any supported organization other than the supported	1	Х	
2				
	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,			х
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	2		_ ^
360	Tion 6. Type it Supporting Organizations		V	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(21	
2	Activities Test. Answer lines 2a and 2b below.	on donor.	Yes	No
a				
-	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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement.	Za		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	~ :		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	l 3b		I

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	ılly integrat	ed Type III supporting orga	ınization (see
	instructions)			

Schedule A (Form 990) 2021

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 exe	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
_6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2021 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
c	From 2018						
d	From 2019						
<u>e</u>	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2021 distributable amount						
<u>i</u>	Carryover from 2016 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u> </u>	Applied to 2021 distributable amount						
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
<u>a</u>	Excess from 2020 Excess from 2021						

Schedule A (Form 990) 2021

Part VI	Supplemental Information Desired to the second of the seco
T CIT 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.)
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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

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

132051 10-28-21

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		5,969,057.		5,969,057.		
b Buildings		4,054,597.	195,423.	3,859,174.		
c Leasehold improvements						
d Equipment						
e Other						
Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)						

Schedule D (Form 990) 2021

Concadio D (i cimi coo) Ece i	REAL ESTATE HOLDIN	GS	81-2593561	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	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 or er	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	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 or er	nd-of-vear market	
	2,533,016.	END-OF-YEAR MARKET VALUE	ia or year market	- Value
	2,333,010.	END-OF-TEAR MARKET VALUE		
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	2,533,016.			
Part IX Other Assets.				
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.		
(a) [Description		(b) Book	value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		•	
Part X Other Liabilities.	70.,			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability	,	, ,	(b) Book	value
(1) Federal income taxes			 ``	
(2) NOTE PAYABLE			8	693,537.
(3)			1	
(4)			1	
(5)			+	
(6)			+	
			+	
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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) 2021

8,693,537.

(8) (9)

81-2593561

Pai				
	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		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
4	,	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) Add lines 4a and 4b		10	
C				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S	z)tatements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,		oo per riotaiiii	
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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
e	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.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			
	Total expenses. Add lines 3 and 40. (This must equal form 990. Part I. line	18.)	5	
Pa	rt XIII Supplemental Information.	18.)	5	
	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		1 - 1	l,
Prov	rt XIII Supplemental Information.	d 4; Part IV, lines 1b and 2b; P	1 - 1	Ι,
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Schedule D (Form 990) 2021 CAL POLY HUMBOLDT REAL ESTATE HOLDINGS	81-2593561	Page 5
Schedule D (Form 990) 2021 CAL POLY HUMBOLDT REAL ESTATE HOLDINGS Part XIII Supplemental Information (continued)		
(Continued)		

SCHEDULE J (Form 990)

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.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number 81-2593561

CAL POLY HUMBOLDT REAL ESTATE HOLDINGS **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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 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 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: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х c Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2021

Regulations section 53.4958-6(c)?

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FRANK WHITLATCH	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT, SECRETARY	(ii)	213,122.	0.	0.	64,214.	25,549.	302,885.	0.
	(i)							
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	(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.
PART I, LINE 3
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY HUMBOLDT STATE
UNIVERSITY. THE EXECUTIVE DIRECTOR HAS A WRITTEN EMPLOYMENT CONTRACT
WITH HUMBOLDT STATE UNIVERSITY. IN ADDITION, A COMPENSATION SURVEY OR
STUDY WAS USED TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION.

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CAL POLY HUMBOLDT REAL ESTATE HOLDINGS

Inspection Employer identification number

CAL POLY HOMBOLDT REAL ESTATE HOLDINGS	01-2595501
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
TO ACCEPT, HOLD AND MANAGE CERTAIN REAL PROPERTY ON BEHALF OF CAL POLY	
HUMBOLDT FOUNDATION AND HUMBOLDT STATE UNIVERSITY.	
FORM 990, PART VI, SECTION A, LINE 3:	
HUMBOLDT STATE UNIVERSITY 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.	

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

Schedule O (Form 990) 2021

Name of the organization	Employer identification number
CAL POLY HUMBOLDT REAL ESTATE HOLDINGS	81-2593561
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 HUMBOLDT STATE UNIVERSITY. THE	
COMPENSATION OF THESE INDIVIDUALS IS DETERMINED AND REVIEWED ANNUALLY BY	
HUMBOLDT STATE UNIVERSITY 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

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CAL POLY HUMBOLDT RE	EAL ESTATE HOLDINGS				81	2593561		
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total inco	me End-of-year	I	Direct co	f) ontrolling tity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, k	pecause it had one	or more rela	ted tax-exen	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	Direct co	f) ontrolling tity		g) 512(b)(13) rolled :ity?
HUMBOLDT STATE UNIVERSITY - 94-6001347				501(c)(3))			Yes	No
1 HARPST STREET								
ARCATA, CA 95521	EDUCATION	CALIFORNIA			N/A			X

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

CAL POLY HUMBOLDT FOUNDATION - 94-6077724

ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT 94-1201195 1 HARPST STREET, ARCATA, CA

HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION - 94-6050071, 1 HARPST STREET.

Schedule R (Form 990) 2021

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UNIVERSITY

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95521

1 HARPST STREET

ARCATA, CA 95521

ARCATA, CA 95521

CALIFORNIA

CALIFORNIA

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501(C)(3)

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LINE 10

LINE 5

III-FI

LINE 12C.

HUMBOLDT STATE UNIVERSITY

MISSION ADVANCEMENT

GRANT ADMINISTRATION

STUDENT SERVICES

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile (state or foreign country) Legal domicile (state or section section status (if section entity)					512(b)(13) trolled ization?	
				501(c)(3))		Yes	No	
HUMBOLDT STATE UNIVERSITY CENTER -								
94-1627074, 1 HARPST STREET, ARCATA, CA				LINE 12C,	HUMBOLDT STATE			
95521	STUDENT SERVICES	CALIFORNIA	501(C)(3)	III-FI	UNIVERSITY		Х	
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Dart 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
Partill	organizations treated as a partnership during the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country) (d) Direct controlling entity entity (related, unrelated, excluded from tax under sections 512-514)		ary activity Legal domicile (state or		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Share of end-of-year allocations?		amount in box		(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0			

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) 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	
	-									
-	-									
	-									

Not	bte: 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 with one or	r more rel	lated organizations listed in	n Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х		
	b Gift, grant, or capital contribution to related organization(s)				1b		Х		
С	c Gift, grant, or capital contribution from related organization(s)				1c	Х			
	d Loans or loan guarantees to or for related organization(s)				1d		Х		
е	Loans or loan guarantees by related organization(s)				1e	Х			
£	F Dividends from related erganization(s)				1f		X		
	f Dividends from related organization(s)				1g		X		
9 5	g Sale of assets to related organization(s)				1h		X		
	h Purchase of assets from related organization(s)				1i		X		
J	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
 k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) 									
Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
Sharing of paid employees with related organization(s)									
	3 1 1 7 3 17								
р	Reimbursement paid to related organization(s) for expenses				1p		Х		
q	Reimbursement paid by related organization(s) for expenses				1q		Х		
r	r Other transfer of cash or property to related organization(s)				1r		Х		
s	s Other transfer of cash or property from related organization(s)				1s	Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must con	mplete thi	is line, including covered re	elationships and transaction thresholds.					
	(a) (b) Name of related organization Transac type (a	ction	(c) Amount involved	(d) Method of determining amount invo	olved				
1)									
<u>', </u>									
2)									
3)									
4)									
-,									
5)									

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

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

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

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