

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning JU	L 1, 2021 and	ending	JUN 30, 2022					
B	Check if applicable:	C Name of organization			D Employer identifi	cation number				
	Address	ASSOCIATED STUDENTS OF CAL POLY HU	JMBOLDT							
X	Name change	Doing business as	94-1201195							
F	Initial	Number and street (or P.O. box if mail is not deli	e E Telephone numbe	er						
	Final return/	1 HARPST STREET		Room/suit	707-826-4031					
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	654,575.				
	Amende	ARCATA, CA 95521	H(a) Is this a group re	eturn						
	Applica tion	F Name and address of principal officer: FRANC	ISCO VALDEZ		for subordinates? Yes X No					
	pending	SAME AS C ABOVE			H(b) Are all subordinates in					
1	Гах-ехе	mpt status: X 501(c)(3) 501(c) ()		or 52		list. See instructions				
		HTTPS://ASSOCIATEDSTUDENTS.HUMBOLI			H(c) Group exemption					
K	orm of o	organization: X Corporation Trust Ass	sociation Other	L Yea		M State of legal domicile; CA				
		Summary		•	•	<u>v</u>				
	1 E	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE C)					
Governance		,								
na L	2	Check this box 🕨 🔲 if the organization discon	tinued its operations or dispos	sed of mor	e than 25% of its net as	sets.				
Ş.	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	8				
	4 1	Number of independent voting members of the government	erning body (Part VI, line 1b)		4	8				
<u>م</u> م	5 7	otal number of individuals employed in calendar ye	ear 2021 (Part V, line 2a)		5	32				
Ìŧ	6 7	Total number of volunteers (estimate if necessary)			6	100				
Activities		otal unrelated business revenue from Part VIII, colu				0.				
_	1 d	Net unrelated business taxable income from Form 9	90-T, Part I, line 11		7b	0.				
Φ					Prior Year	Current Year				
	8 (Contributions and grants (Part VIII, line 1h)			0.	0.				
ž	9 F	Program service revenue (Part VIII, line 2g)			726,009.	653,924.				
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		1,959.	651.				
~	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		0.	0.				
	12 7	otal revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		727,968.	654,575.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14 E	Benefits paid to or for members (Part IX, column (A)		0.	0.					
S	15 5	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		279,475.	427,585.				
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), lir	ne 11e)		0.	0.				
×	b⊺	otal fundraising expenses (Part IX, column (D), line		0.						
Ш	'' \	Other expenses (Part IX, column (A), lines 11a-11d,			185,104.	 				
		otal expenses. Add lines 13-17 (must equal Part IX			464,579.					
	19 F	Revenue less expenses. Subtract line 18 from line 1	2		263,389.	-12,364.				
Net Assets or				В	Beginning of Current Year	End of Year				
set	20 1	Total assets (Part X, line 16)			677,281.	658,490.				
A A	21 7				25,810.	19,383.				
Ž	22	Net assets or fund balances. Subtract line 21 from I	ine 20		651,471.	639,107.				
	art II	Signature Block								
		ties of perjury, I declare that I have examined this return, i				y knowledge and belief, it is				
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wr	nch prepare	er nas any knowledge.					
0	_	Signature of officer			I Date					
Sig		FRANCISCO VALDEZ, EXECUTIVE DIRECT	rod		Date					
Her	e	Type or print name and title	IOK							
	+	, 31 1	Droparor's signature		Date Check	PTIN				
Paid		*	Preparer's signature IENDY CAMPOS		or (17 (02					
	-	Firm's name MOSS ADAMS LLP	ILLDI CILII OD			91-0189318				
-		Firm's address 805 SW BROADWAY STE 1400)		Firm's EIN					
J36	Jilly	PORTLAND, OR 97205	:		Phone no.503	3-242-1447				
May	the IR	S discuss this return with the preparer shown above	e? See instructions		T Holle Ho. 9 9	X Yes No				

Pa	Statement of Program Service Accomplishments	- T
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	[Х]
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	s X No
	If "Yes," describe these new services on Schedule O.	
3		s 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 expenses, as	
	revenue, if any, for each program service reported.	arid
4a		53,555.)
	STUDENT LEGAL LOUNGE:	
	THIS PROGRAM ENSURES THAT STUDENTS OF HUMBOLDT STATE UNIVERSITY HAVE	
	READILY ACCESSIBLE LEGAL INFORMATION. "WE ARE RESPONSIBLE, ACCOUNTABLE,	
	RESPECTFUL, PUBLIC STEWARDS. WE PROMOTE HONESTY, INTEGRITY, AND OPENNESS IN ALL WE DO. WE ENCOURAGE INNOVATION TO MEET CHALLENGES. WE	
	ARE ADVOCATES OF JUSTICE FOR ALL."	
	CHILDREN'S CENTER:	
	THE CHILDREN'S CENTER OFFERS A BROAD RANGE OF COMPREHENSIVE SERVICES	
	MADE AVAILABLE TO STUDENT FAMILIES THAT FACILITATE THEIR PARENTAL AND	
	ACADEMIC GOALS. A SETTING OF AFFORDABLE, CONVENIENT, HIGH QUALITY CHILD DEVELOPMENT SERVICES IS AVAILABLE FOR STUDENTS AS WELL AS LEARNING	
		369.)
4b	(Code:) (Expenses \$75,892. including grants of \$) (Revenue \$) (Revenue \$) CAMPUS CENTER FOR APPROPRIATE TECHNOLOGY (CCAT): CCAT IS A SUSTAINABLE	
	LIVING DEMONSTRATION HOME AND EDUCATIONAL CENTER THAT DEMONSTRATES THAT	
	LIVING LIGHTLY ON THE EARTH IS BOTH PRACTICAL AND REWARDING. CCAT	
	OFFERS EDUCATIONAL OPPORTUNITIES, INCLUDING TOURS AND CLASSES ON	
	SPECIAL TOPICS.	
4c	(Code:) (Expenses \$38,839. including grants of \$) (Revenue \$) ASSOCIATED STUDENTS GOVERNMENT (AS BOARD): AS BOARD IS THE GOVERNING)
	BODY OF THE ASSOCIATED STUDENTS OF HUMBOLDT STATE UNIVERSITY. IT	
	PROVIDES AN OFFICIAL VOICE THROUGH WHICH STUDENTS' OPINIONS MAY BE	
	EXPRESSED TO THE CAMPUS. THE GOAL OF THE AS BOARD IS TO MEET THE	
	EDUCATIONAL, SOCIAL, CULTURAL AND RECREATIONAL NEEDS OF THE STUDENT	
	BODY THROUGH APPROVAL OF FUNDING FOR A VARIETY OF STUDENT PROGRAMS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$}}{\text{No. FAC}}\) (Revenue \$\text{No. FAC}	
4e	Total program service expenses ► 359,546.	990 (2021)
	Form	(ZUZ I)

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			
Ū	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	١		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	\cdot	-		
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		x
_	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	1.0		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	, ,	12a	х	
L	Schedule D, Parts XI and XII	IZa		\vdash
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	х	
40	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	12b	-23	x
13	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	 		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	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		Х
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		Х
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
20a	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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	· · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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	04-		
ل م	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			77
	"Yes," complete Schedule L, Part IV	28a		<u>х</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Λ	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
. a	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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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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 2a 32							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	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?	За		х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
	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	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h						
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
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?								
9	Sponsoring organizations maintaining donor advised funds.	0-						
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	อม						
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:							
	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							
	Enter the amount of reserves on hand							
	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				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16						
17	If "Yes," complete Form 4720, Schedule O. 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 Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			.,,
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA	I. A		I- I -
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	avallal	nie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	-1 €:	_:_!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u tinano	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records JAMIE ROTH - 707-826-5796			
	1 HARPST STEET, ARCATA, CA 95521			
	I make a separt, intollin, on sour			

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 n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, 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)		compensation	compensation	amount of			
	week		cer an	a a a	irecto	r/trus	tee)	from	from related	other
	(list any	l l l l l		the	organizations	compensation				
	hours for related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ndividual trustee or director	l trus		ee (ee	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	ntiona	_	nploy	st cor	-	10001420)		organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. EBONI TURNBOW	3.00									
DEAN OF STUDENTS	37.00			Х				0.	137,218.	0.
(2) JENESSA LUND	40.00									
EXECUTIVE DIRECTOR THROUGH 4/2022				Х				70,654.	0.	18,695.
(3) FRANCISCO VALDEZ	40.00									
EXECUTIVE DIRECTOR				Х				12,672.	0.	1,956.
(4) LIZBETH CANO SANCHEZ	16.00									
PRESIDENT	3.00	Х		Х				4,325.	0.	0.
(5) CHARLES MARCUM	3.00									
ADMINISTRATIVE VICE PRESIDENT	3.00	Х		Х				3,059.	0.	0.
(6) KATELYN BOREN	3.00									
PARLIAMENTARIAN				Х				2,359.	0.	0.
(7) ROSA GRANADOS	4.00									
EXTERNAL AFFAIRS REPRESENTATIVE				Х				2,359.	0.	0.
(8) ZEEN VINCENT	3.00									
ENVIRONMENTAL SUSTAINABILITY OFFICER		Х						2,359.	0.	0.
(9) GIO GUERRERO	6.00									
LEGISLATIVE VICE PRESIDENT		Х		Х				2,162.	0.	0.
(10) THOMAS GRAY	4.00									
CAHSS REPRESENTATIVE		Х						2,064.	0.	0.
(11) JULIAN PELAYO BRACAMONTES	4.00									
AT LARGE REPRESENTATIVE		Х						1,683.	0.	0.
(12) TASHENAE BURNS-YOUNG	3.00									
STUDENT AFFAIRS VICE PRESIDENT	3.00	Х		Х				1,671.	0.	0.
(13) ALIDA NICKLAS	4.00									
CAHSS REPRESENTATIVE		Х						1,474.	0.	0.
(14) MARK BULGARA	4.00									
CNRS REPRESENTATIVE		Х						1,474.	0.	0.
(15) MADISON PYLES	4.00									
CPS REPRESENTATIVE		Х						983.	0.	0.
(16) PAYTON BELLE	4.00									
AT LARGE REPRESENTATIVE		Х						491.	0.	0.
										000

Form 990 (2021) ASSOCIATED ST	UDENTS OF	CAL	PO	LY I	HUM	BOL	DΤ		94-120	1195	Р	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	ΙΗiς	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	box	not cl unles	s per	more son is recto	Highest compensated that component that the component of	an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatior from related organizations (W-2/1099-MISO 1099-NEC)		(F) Estimate amount other compensate from the organizare and relate organizate	of ation ne tion ted
1b Subtotal								109,789.	137,2	18.	20	,651.
c Total from continuation sheets to Part VI	, Section A						<u> </u>	0. 109,789.	137,218.		<u> </u>	
compensation from the organization						,		. ,			1	0
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	uch individual m of reportable 0,000? If "Yes,	 e co " <i>co</i>	mpe	nsat	tion Sche	and and	oth	ner compensation from the	ne organization		3 4	No X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ch ŗ	oers	on .					5	Х
Complete this table for your five highest country the organization. Report compensation for the organization.	•	-							•	ensatio	on from	
(A) Name and business	address	NO	NE					(B) Description of s	ervices	Co	(C) mpensatio	n
Total number of independent contractors (in \$100,000 of compensation from the organization)	•	ot lin	nited	l to t	thos (ted	above) who received mo	ore than	F	orm 990	(2021)

132008 12-09-21

Form 990 (2021) ASSOCIATED
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	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
'0 '0	_	- Fadaustad assumations da					000000000000000000000000000000000000000
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a					
Sra Iou		b Membership dues 1b					
s, (Am	•	c Fundraising events 1c					
ij a		d Related organizations1d					
s, (mi		e Government grants (contributions) 1e					
ē	1	f All other contributions, gifts, grants, and					
t E		similar amounts not included above 1f					
ĔΒ		g Noncash contributions included in lines 1a-1f					
Ϋ́		h Total. Add lines 1a-1f					
<u> </u>			Business Code				
_	•	CMUDDING 3 CMT11TM11 DDDC	611710	641,753.	641,753.		
<u>i</u>	2	THE PROPERTY OF THE PARTY OF TH	611710	8,417.	8,417.		
Program Service Revenue				,			
n S	•	STUDENT PROGRAMS	611710	3,754.	3,754.		
ev Sev		d					
Б		e					
4	1	f All other program service revenue					
		g Total. Add lines 2a-2f		653,924.			
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)	I	651.			651.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	500000				
	J	(i) Real	(ii) Personal				
	_		(ii) i cisoriai				
		a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	<u></u>				
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
ē		and sales expenses 7b					
ē		c Gain or (loss) 7c					
ě		d Net gain or (loss)	•				
ther Revenue		a Gross income from fundraising events (not					
≨							
0							
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
\dashv	•		Business Code				
S			Business Code				
Miscellaneous Revenue	11 :						
lan en		<u> </u>					
Sel Sev		c					<u> </u>
Mis		d All other revenue					
		e Total. Add lines 11a-11d	<u></u>				
	12	Total revenue. See instructions	>	654,575.	653,924.	0.	651.

132009 12-09-21

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	e or note to any line in the (A)	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 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				
Ŭ	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	160,698.	26,463.	134,235.	
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	232,852.	223,990.	8,862.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	34,035.	39.	33,996.	
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	96,000.		96,000.	
b	Legal				
С	Accounting	8,300.		8,300.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,487.		1,487.	
12	Advertising and promotion	1,175.	1,100.	75.	
13	Office expenses	55,506.	37,742.	17,764.	
14	Information technology	1,056.	1,056.		
15	Royalties				
16	Occupancy	2,061.	2,061.		
17	Travel	18,977.	18,977.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,504.		6,504.	
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 0.)				
а	STIPENDS	33,862.	33,862.		
b	FEDERAL WORK STUDY	4,678.	4,678.		
С	GUEST LECTURER/SPEAKER	4,400.	4,400.		
d	HOSPITALITY EXPENSE	3,432.	3,432.		
е	All other expenses	1,916.	1,746.	170.	
25	Total functional expenses. Add lines 1 through 24e	666,939.	359,546.	307,393.	C
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)				

Form 990 (2021)
Part X Balance Sheet

		Check if Schedule O contains a response or not	te to an	v line in this Part X			
				,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			443,990.	1	422,152.
	2	Savings and temporary cash investments			233,264.	2	233,915.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	27.	4	0.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	-	•		6	
w	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	2,423.
		Land, buildings, and equipment: cost or other					,
		basis. Complete Part VI of Schedule D	10a	0.			
	Ь	Less: accumulated depreciation		0.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			677,281.	16	658,490.
	17	Accounts payable and accrued expenses			25,810.	17	19,383.
	18	Grants payable	,	18	,		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
10	22	Loans and other payables to any current or forn		***************************************			
Liabilities		trustee, key employee, creator or founder, subs					
ig		controlled entity or family member of any of the				22	
Ë:	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		of Schedule D	•	·		25	
	26	Total liabilities. Add lines 17 through 25			25,810.	26	19,383.
		Organizations that follow FASB ASC 958, che	eck her	e 🕨 🗓			
es		and complete lines 27, 28, 32, and 33.					
Fund Balances	27	Net assets without donor restrictions			651,471.	27	639,107.
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.					
Net Assets or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Æ	32	Total net assets or fund balances			651,471.	32	639,107.
	33	Total liabilities and net assets/fund balances .			677,281.	33	658,490.

Pa	T 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		654,	575.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		666,	939.			
3	Revenue less expenses. Subtract line 2 from line 1	3		-12,	364.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		651,	471.			
5	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							
Pa	t 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	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:							
	X Separate basis 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 Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT 94-1201195 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). Х An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) HUMBOLDT STATE UNIVERSITY 94-6001347 6 Х 0 0. Total

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

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

36(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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	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	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, o	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	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶∟
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	>

Schedule A (Form 990) 2021

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

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

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 ESSUE A.	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
	1	х	
	2	х	
	3a		Х
	2h		
	3b		
	3с		
	4a		Х
	4b		
	4c		
	5a		Х
	5b 5c		
	30		
	6		Х
	7		Х
			Х
	8		•
	9a		х
	9b		Х
	0-		Х
	9c		Α
	10a		Х
	10b		
ılo	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
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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	х	
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	Х	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	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	3		Х
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ıs).	
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				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2021

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish 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	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. 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.)
PART IV, SECTION A, LINE 2
HUMBOLDT STATE UNIVERSITY IS A GOVERNMENT-OWNED EDUCATIONAL INSTITUTION
CLASSIFIED UNDER SECTION 170(B)(1)(A)(V). BASED ON HUMBOLDT STATE
UNIVERSITY'S REVENUES FOR THE PERIOD JULY 1, 2014 THROUGH JUNE 30,
2021, HUMBOLDT STATE UNIVERSITY COULD ALSO BE CLASSIFIED UNDER SECTION
509(A)(2).
PART IV, SECTION E, LINE 1C:
THE ORGANIZATION SUPPORTS HUMBOLDT STATE UNIVERSITY BY PROVIDING A
MEANS FOR RESPONSIBLE AND EFFECTIVE STUDENT PARTICIPATION IN THE
GOVERNANCE OF THE HUMBOLDT STATE UNIVERSITY CAMPUS AND OTHER ACTIVITIES
CLOSELY RELATED TO THE EDUCATIONAL PROGRAM.

ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT

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

ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT

Employer identification number

Schedule D (Form 990) 2021

94 - 1201195

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
		(a) Donor adv	vised	I funds	(b) Fun	ds and other accounts
1	Total number at end of year					-	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		s hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				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	r donor advisor, or for	r any	other purpose c	onferri	ng	
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered '	"Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	•					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				е		
_	listed in the National Register					_2d_	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year	oment is leasted					
4	Number of states where property subject to conservation eas			an handling of			
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing conse			
Ū	b	nandling of violations	, and	a critorolling corisc	oi vatio	ii casc	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcina conservati	on eas	sement	ts during the year
-	▶ \$			5.5g 5555	J., Jul		is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	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 conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement an	nd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fur	theran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furthe	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treatments	asures, or other simila	ar as	sets for financial	gain, p	provide	•
	the following amounts required to be reported under FASB AS	~					
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

132051 10-28-21

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

Schedule D (Form 990) 2021

e Other

b Buildings Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

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Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000 Dort IV line	11h Con Form 000 Dort V line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-vear market	· value
	(b) Book value	(c) Method of Valuation. Cost of	r enu-or-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	11c. See Form 990. Part X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-vear market	value
(1)	(1)		, , , , , , , , , , , , , , , , , , ,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on 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)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	e 25.	
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

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

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

Schedule D (Form 990) 2021

(9)

Sche	dule D (Form 990) 2021 ASSOCIATED STUDENTS OF CAL POLY HUMBOLI	DΤ	94-1201195	Page 4			
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reven	ue per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a						
1	Total revenue, gains, and other support per audited financial statements		1	654,575.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities						
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d	<u> </u>	2e	0.			
3	Subtract line 2e from line 1		3	654,575.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b		4c	0.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	654,575.			
Pai	T XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a						
1	Total expenses and losses per audited financial statements		1	666,939.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments						
С	Other losses						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d	<u> </u>	2e	0.			
3	Subtract line 2e from line 1		3	666,939.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a					
b	Other (Describe in Part XIII.)	4b					
	Add lines 4a and 4b		4c	0.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		5	666,939.			
Pai	t XIII Supplemental Information.						
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Pa	art XI,			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information.					
PART	X, LINE 2:						
ASSC	CIATED STUDENTS OF CAL POLY HUMBOLDT IS EXEMPT FROM FEDERAL I	NCOME TAX					
UNDE	R INTERNAL REVENUE CODE SECTION 501(C)(3), AND CALIFORNIA FRA	NCHISE					
TAX	UNDER CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701. ACC	ORDINGLY,					
NO F	ROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THESE FINANCIA	AL					
STAT	EMENTS.						
THE	TAX REFORM ACT OF 1969 IMPOSES A CORPORATE INCOME TAX ON THE	UNRELATED					
BUSI	NESS TAXABLE INCOME (UBIT) OF AN OTHERWISE TAX-EXEMPT ORGANIZA	ATION. A					
PROV	PROVISION, IF NECESSARY, FOR APPLICABLE FEDERAL AND STATE INCOME TAXES IS						
MADE	IN ACCORDANCE WITH THESE STATUTES. THERE WAS NO INCOME TAX E	XPENSE					
RELA	TED TO UBIT FOR THE YEARS ENDED JUNE 30, 2022 AND 2021.						

Schedule D (Form 990) 2021 ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT	94-1201195	Page 5
Schedule D (Form 990) 2021 ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT Part XIII Supplemental Information (continued)		<u> </u>
(Continued)		

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.

2021
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT

Employer identification number 94-1201195

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO PROVIDE A MEANS FOR RESPONSIBLE AND EFFECTIVE STUDENT PARTICIPATION IN THE GOVERNANCE OF THE HUMBOLDT STATE UNIVERSITY CAMPUS; PROVIDE AN OFFICIAL VOICE THROUGH WHICH STUDENTS' OPINIONS MAY BE EXPRESSED; AND PROVIDE EDUCATIONAL, SOCIAL, PHYSICAL, AND CULTURAL SERVICES AND PROGRAMS TO MEET THE NEEDS OF THE STUDENT COMMUNITY. ASSOCIATED STUDENTS SERVICES AND PROGRAMS ARE ESTABLISHED FOR THE PURPOSE OF PROVIDING ACTIVITIES CLOSELY RELATED TO, BUT NOT NORMALLY INCLUDED AS A PART OF, THE EDUCATIONAL PROGRAM FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO PROVIDE A MEANS FOR RESPONSIBLE AND EFFECTIVE STUDENT PARTICIPATION IN THE GOVERNANCE OF THE HUMBOLDT STATE UNIVERSITY CAMPUS; PROVIDE AN OFFICIAL VOICE THROUGH WHICH STUDENTS' OPINIONS MAY BE EXPRESSED; AND SOCIAL, PHYSICAL, PROVIDE EDUCATIONAL AND CULTURAL SERVICES AND PROGRAMS TO MEET THE NEEDS OF THE STUDENT COMMUNITY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EXPERIENCES TO ENHANCE INSTRUCTION SOCIAL JUSTICE, EQUITY & INCLUSION CENTER: THE VISION OF THE SOCIAL JUSTICE, EQUITY & INCLUSION CENTER OR "SJEIC" IS TO BUILD, NURTURE AND SUSTAIN A MULTICULTURAL COMMUNITY AT HSU. STUDENT CLUBS: THE MISSION OF THE CLUBS AND ACTIVITIES OFFICE IS TO SUPPORT SAFE AND INCLUSIVE OPPORTUNITIES FOR STUDENT INVOLVEMENT AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

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

Name of the organization **Employer identification number** ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT 94-1201195 ENGAGEMENT. WE DO THIS BY APPROVING AND SUPPORTING STUDENT CLUBS AND ORGANIZATIONS, PROVIDING OPPORTUNITIES FOR LEADERSHIP DEVELOPMENT ASSISTING WITH EVENT MANAGEMENT AND BY FULFILLING OUR ROLE AS A STUDENT CLUB AND ORGANIZATION LIAISONS. STUDENT ACCESS GALLERY: PROVIDES HSU STUDENTS WITH HANDS-ON EXPERIENCE PREPARING THEIR WORKS TO BE EXHIBITED AT ONE OF THREE ON-CAMPUS GALLERIES: ART FOYER GALLERY, KARSHNER LOUNGE GALLERY, AND SBS LOBBY GALLERY. ERIC ROFES QUEER RESOURCE CENTER: NAMED IN HONOR OF DR. ERIC ROFES, THE MISSION OF THE PROGRAM IS TO MOVE THE CAMPUS FROM AN ATTITUDE OF TOLERANCE TO AN ATTITUDE OF ACCEPTANCE OF THE QUEER COMMUNITY. IT AIMS TO CREATE A FOCUS OF LEARNING ABOUT ISSUES FACING THE QUEER COMMUNITY AND TO BRING STUDENTS, FACULTY, AND STAFF TOGETHER FOR ADVOCACY, EDUCATION AND A BLENDING OF IDEAS. YOUTH EDUCATION SERVICES (YES): THIS EXPERIMENTAL LEARNING OPPORTUNITY ALLOWS FOR STUDENTS TO EXPAND ON THEIR ACADEMIC CAREERS AND BECOME LEADERS WHO PROVIDE QUALITY COMMUNITY SERVICE TO PEOPLE WITHOUT AVAILABLE RESOURCES. A BROAD RANGE OF SOCIAL ISSUES ARE EXAMINED AND A BALANCE OF ACADEMIA AND OUT-OF-CLASSROOM ACTIVITY IS SUPPORTED TO CREATE COMMUNITY LEADERSHIP AND PROMOTE FUTURE ACTIVE AND ENGAGED CITIZENS. WASTE REDUCTION AND RESOURCES AWARENESS PROGRAM (WRRAP): WRRAP PROVIDES A MEANS FOR THE STUDENT BODY TO TAKE RESPONSIBILITY FOR THE WASTE FLOW GENERATED ON CAMPUS AND TO MAKE A POSITIVE CONTRIBUTION

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT 94-1201195 TO THE QUALITY OF THE ENVIRONMENT. WRRAP GIVES STUDENTS HANDS-ON TRAINING IN COMPOSTING AND MAINTAINS A COMPOST EMONSTRATION SITE ON THE NORTH SIDE OF REDWOOD BOWL. THE CAMPUS COMMUNITY CAN ALSO UTILIZE WRRAP'S REUSABLE OFFICE SUPPLY EXCHANGE (ROSE). SPORT CLUBS: THE SPORT CLUBS PROGRAM PROVIDES OPPORTUNITIES FOR STUDENTS TO PARTICIPATE IN A COMPETITIVE SPORT AND COMPETE WITH OTHER OFF-CAMPUS CLUBS AND UNIVERSITIES. A WIDE OPTION OF SPORT CLUBS ARE AVAILABLE INCLUDING BASEBALL, CHEER, CREW, WOMEN'S DISC, MEN'S DISC, FENCING, MEN'S LACROSSE, WOMEN'S RUGBY, MEN'S RUGBY, MEN'S VOLLEYBALL, AND ARCHERY. WOMEN'S RESOURCE CENTER (WRC): THE WRC AIMS TO PROVIDE TOOLS, SUPPORT AND SAFE SPACES FOR EMPOWERMENT AND FOR PEOPLE TO DISMANTLE SYSTEMS OF POWER, PRIVILEGE AND OPPRESSION. THE CENTER ALSO HOSTS MANY ANNUAL PROGRAMS INCLUDING: TAKE BACK THE NIGHT WOMEN'S HERSTORY MONTH AND THE CLOTHESLINE PROJECT. THE WRC ALSO PUBLISHES THE MATRIX, THE NEWSLETTER FOR THE WOMEN'S RESOURCE CENTER. INSTRUCTIONALLY RELATED ACTIVITIES (IRA): THE IRA INCLUDES ACTIVITIES AND LABORATORY EXPERIENCES THAT ARE A PART OF AN ACADEMIC DISCIPLINE THAT ARE INTEGRALLY RELATED TO ITS FORMAL INSTRUCTIONAL OFFERING. EXAMPLES ARE FORENSICS, MUSIC PROGRAMS, THEATRE PROGRAMS AND STUDENT NEWSPAPER. CAMPUS FOOD PROGRAM:

CAMPUS FOOD PANTRY PROGRAM.

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT 94-1201195 ASIAN, DESI, & PACIFIC ISLANDER COLLECTIVE (ADPIC): THE PURPOSE OF THE ASIAN, DESI & PACIFIC ISLANDER COLLECTIVE IS TO BRING TOGETHER THE ADPI COMMUNITY AND THE HUMBOLDT STATE COMMUNITY. WE WISH TO CELEBRATE CULTURAL IDENTITIES AND TO ENHANCE EDUCATION BY SHARING CULTURAL KNOWLEDGE. ADPIC WILL BE A PILLAR FOR ALL STUDENTS AND STAFF SEEKING FRIENDSHIP, MENTORSHIP, EDUCATIONAL OPPORTUNITIES, SOCIAL UNDERSTANDINGS, AND CULTURAL HISTORY. OTHER ACTIVITIES: INCLUDES ACTIVITIES COORDINATING COUNCIL, SPECIAL ALLOC./STUDENT AFFAIRS AND UNANTICIPATED GENERAL USE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: AS PRESENTS: AS PRESENTS OFFERS THE UNIVERSITY COMMUNITY ENTERTAINMENT AND PROGRAMMING FOR STUDENTS INCLUDING CONCERTS, LECTURES, FESTIVALS AND FILM SCREENINGS. FORM 990, PART VI, SECTION A, LINE 6: ALL HUMBOLDT STATE UNIVERSITY STUDENTS ARE MEMBERS OF THE ORGANIZATION UPON PAYMENT OF THE ASSOCIATED STUDENT MEMBERSHIP FEE. FORM 990, PART VI, SECTION A, LINE 7A: ALL MEMBERS OF THE ASSOCIATED STUDENTS BOARD ARE ELECTED BY THE MEMBERS OF THE ORGANIZATION, WHO ARE HUMBOLDT STATE UNIVERSITY STUDENTS WHO HAVE PAID THE ASSOCIATED STUDENT MEMBERSHIP FEE. FORM 990, PART VI, SECTION A, LINE 7B:

Name of the organization ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT	Employer identification number 94-1201195
AMENDMENTS MAY BE MADE TO THE ARTICLES OF INCORPORATION AND/OR CONSTITUTION	
THROUGH A PETITION SIGNED BY 10 PERCENT OF THE MEMBERS AND RATIFIED BY	
TWO-THIRDS OF THE MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ASSOCIATED STUDENTS EXECUTIVE DIRECTOR REVIEWS A COPY OF THE FINAL FORM	
990 TO BE FILED WITH THE IRS IN ELECTRONIC FORM PRIOR TO ITS FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ASSOCIATED STUDENTS' GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,	
AND AUDITED FINANCIAL STATEMENTS ARE PROVIDED ON THE ASSOCIATED STUDENTS'	
WEBSITE.	

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.

ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT

➤ 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

94-1201195

(2)	(b)	(a)	(4)	(a)	Т		·f\	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d) Total inco	me End-of-year	I	Direct c	f) ontrolling tity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more re	elated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	1	(f) t controlling entity	1	g) 512(b)(13) rolled :ity?
				501(c)(3))			Yes	No
HUMBOLDT STATE UNIVERSITY - 94-6001347								
1 HARPST STREET								
ARCATA, CA 95521	EDUCATION	CALIFORNIA			N/A			Х

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

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

CAL POLY HUMBOLDT FOUNDATION - 94-6077724

94-1627074, 1 HARPST STREET, ARCATA, CA

HUMBOLDT STATE UNIVERSITY CENTER

Schedule R (Form 990) 2021

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HUMBOLDT STATE

HUMBOLDT STATE

HUMBOLDT STATE

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UNIVERSITY

LINE 5

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LINE 12C, III-FI

501(C)(3)

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501(C)(3)

95521

ARCATA, CA 95521

1 HARPST STREET

ARCATA, CA 95521

CALIFORNIA

CALIFORNIA

CALIFORNIA

GRANT ADMINISTRATION

MISSION ADVANCEMENT

STUDENT SERVICES

HUMBOLDT STATE UNIVERSITY

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
CAL POLY HUMBOLDT REAL ESTATE HOLDINGS -						163	140
81-2593561, 1 HARPST STREET, ARCATA, CA	ACCEPT, HOLD AND MANAGE						
95521	CERTAIN REAL PROPERTY	CALIFORNIA	501(C)(3)	LINE 12A, I	HSU FOUNDATION		х
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(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	Disprop alloca	h) ortionate ations?	(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 country)	(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

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>/</i>			1a		Х		
					1 b		Х		
С	Gift, grant, or capital contribution from related organization(s)				1c		Х		
	Loans or loan guarantees to or for related organization(s)				1d		Х		
	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		Х		
	Sale of assets to related organization(s)				1g		Х		
	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		Х		
·	, , , , , , , , , , , , , , , , , , , ,								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х		
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х		
	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n								
	Sharing of paid employees with related organization(s)				10	Х			
	3 1 1 7 3 (7								
р	Reimbursement paid to related organization(s) for expenses				1p	х			
	Reimbursement paid by related organization(s) for expenses				1q	х			
٦									
r	Other transfer of cash or property to related organization(s)				1r		х		
					1s	х			
2	If the answer to any of the above is "Yes," see the instructions for information on w								
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved				
		type (a-s)							
(1)									
(2)									
(3)									
(4)									
(4)									
(5)									
ν,									

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