

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HUMBOLDT AREA FOUNDATION		D Employer identification number 23-7310660
	Doing business as		E Telephone number (707) 442-2993
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code BAYSIDE, CA 95524		G Gross receipts \$ 26,310,392.
F Name and address of principal officer: BRYNA LIPPER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.HAFOUNDATION.ORG		If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	
L Year of formation: 1972		M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTES & ENCOURAGES GENEROSITY, LEADERSHIP & INCLUSION TO STRENGTHEN OUR COMMUNITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	51
	6 Total number of volunteers (estimate if necessary)	6	95
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,563,427.	9,645,081.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	330,516.	481,941.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,590,219.	2,731,649.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,817.	41,050.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,535,979.	12,899,721.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,564,058.	5,957,477.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,102,963.	2,858,957.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	483,424.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,603,550.	1,237,272.
19 Revenue less expenses. Subtract line 18 from line 12	9,270,571.	10,053,706.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,265,408.	2,846,015.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	132,134,544.	134,029,100.
		31,377,444.	30,806,137.
		100,757,100.	103,222,963.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	BRYNA LIPPER, CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name BRIAN YACKER	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00401346
	Firm's name BAKER TILLY US, LLP	Firm's EIN 39-0859910	Phone no. 949-222-2999	
	Firm's address 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PROMOTES & ENCOURAGES GENEROSITY, LEADERSHIP & INCLUSION TO STRENGTHEN OUR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,177,067. including grants of \$ 4,151,184.) (Revenue \$ 393,499.) HUMBOLDT AREA FOUNDATION SERVES THE RESIDENTS OF HUMBOLDT, TRINITY, DEL NORTE, AND CURRY COUNTIES BY PROMOTING AND ENCOURAGING GENEROSITY, LEADERSHIP AND INCLUSION TO STRENGTHEN OUR COMMUNITIES. THROUGH THE GENEROSITY OF LOCAL DONORS, HAF HAS AWARDED MORE THAN \$86 MILLION IN GRANTS AND SCHOLARSHIPS SINCE 1972. HAF, ALONG WITH OUR AFFILIATE WILD RIVERS COMMUNITY FOUNDATION, FOCUSES ITS GRANTMAKING AND PROGRAM EFFORTS ON STRENGTHENING COMMUNITY CAPACITY AND TRANSFORMING OUR COMMUNITIES' ABILITY TO SOLVE PROBLEMS AND ADDRESS THE ROOT CAUSES OF THOSE PROBLEMS.

4b (Code:) (Expenses \$ 1,476,237. including grants of \$ 1,476,237.) (Revenue \$) THE COVID-19 REGIONAL RESPONSE FUND SUPPORTS URGENT COMMUNITY NEEDS IDENTIFIED BY OUR REGIONAL PARTNERS. THE FUND MAKES GRANTS ON A ROLLING BASIS TO NONPROFITS, CHARITABLE ORGANIZATIONS AND PUBLIC AGENCIES MEETING THE IMMEDIATE NEEDS OF RESIDENTS IN TRINITY, HUMBOLDT, DEL NORTE AND CURRY COUNTIES. THE FUND'S PRIORITY IS VULNERABLE COMMUNITIES AND THE ORGANIZATIONS THAT SUPPORT THEM. CURRENTLY, THIS INCLUDES ORGANIZATIONS AND SERVICE PROVIDERS SERVING FIRST RESPONDERS AND HEALTHCARE PROVIDERS, SENIORS; LOW-INCOME FAMILIES AND YOUTH; LOW-ACCESS RESIDENTS; INDIVIDUALS WITH UNDERLYING CONDITIONS; DISABLED; VETERANS, HOMELESS, HOUSING OR FOOD INSECURE; NATIVE AMERICANS, AT-RISK COMMUNITIES OF COLOR; AND THOSE WITH LIMITED OR NO HEALTHCARE RESOURCES.

4c (Code:) (Expenses \$ 526,339. including grants of \$ 330,055.) (Revenue \$) FOUNDED BY CALIFORNIA INDIAN LEADERS AND NATIVE LED, THE NATIVE CULTURES FUND HAS PRACTICED COMMUNITY GRANTMAKING AND PROGRAM DEVELOPMENT AT HUMBOLDT AREA FOUNDATION SINCE 2002. NCF GRANTMAKING COMMITTEES CONTINUE TO BE MADE UP OF NATIVE CALIFORNIA CULTURE BEARERS, LANGUAGE REVIVALISTS, ARTISTS, AND EDUCATORS FORMER GRANTEEES MAKE THE GRANTS. THE NATIVE CULTURES FUND HAS MADE \$2.3 MILLION IN GRANTS TO 315 COMMUNITY-BASED PROJECT IN MORE THAN 100 CALIFORNIA NATIVE COMMUNITIES. SINCE 2016 THE NATIVE CULTURES FUND HAS ALSO DISTRIBUTED THE JACK MONTOYA SCHOLARSHIP FOR NATIVE STUDENTS IN CALIFORNIA WHO ARE ACTIVELY STRENGTHENING THEIR CULTURES TO ATTEND A FOUR YEAR UNIVERSITY OR GRADUATE PROGRAM. IN ADDITION TO GRANTMAKING, THE NATIVE CULTURES FUND SUPPORTS PROGRAMS LIKE THE LIVE YOUR LANGUAGE ALLIANCE CONFERENCE FOR

4d Other program services (Describe on Schedule O.) (Expenses \$ 182,233. including grants of \$) (Revenue \$ 90,336.)

4e Total program service expenses 8,361,876.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, OR
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) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SARAH MILLSAP - (707) 442-2993 363 INDIANOLA ROAD, BAYSIDE, CA 95524

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK CLEARY DIR OF COMMUNITY PROSPERITY & INVEST	40.00			X			107,208.	0.	22,542.	
(2) DEBORAH DOWNS DIRECTOR OF FINANCE ENDED 08/2019	40.00			X			100,965.	0.	11,542.	
(3) SARA DRONKERS DIR OF GRANTMAKING & NONPROFIT RESOU	40.00			X			90,311.	0.	13,991.	
(4) SARAH MILLSAP VP OF FINANCE AND ADMINISTRATION	40.00			X			87,730.	0.	7,608.	
(5) KEYTRA MEYER DIRECTOR OF OPERATIONS	40.00			X			86,553.	0.	13,845.	
(6) BRYNA LIPPER CEO AS OF 08/2019	40.00			X			74,684.	0.	2,741.	
(7) JULIE FULKERSON DIRECTOR	7.00	X					0.	0.	0.	
(8) DENNIS RAEI DIRECTOR	7.00	X					0.	0.	0.	
(9) MARYLYN PAIK NICELY DIRECTOR	7.00	X					0.	0.	0.	
(10) CHARLEEN JORDAN DIRECTOR	10.00	X					0.	0.	0.	
(11) JOHN MCBETH DIRECTOR	7.00	X					0.	0.	0.	
(12) CHRISTINA HUFF DIRECTOR	7.00	X					0.	0.	0.	
(13) CAROL RISCHE DIRECTOR	7.00	X					0.	0.	0.	
(14) DAVID FINIGAN DIRECTOR	7.00	X					0.	0.	0.	
(15) MARY KEEHN DIRECTOR	10.00	X					0.	0.	0.	
(16) RAQUEL ORTEGA DIRECTOR	7.00	X					0.	0.	0.	
(17) ZURETTI GOOSBY SECRETARY	7.00	X	X				0.	0.	0.	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	7,235.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,637,846.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,078,181.				
	h Total. Add lines 1a-1f			9,645,081.			
Program Service Revenue	2 a FISCAL SPONSOR FEES	Business Code					
		900099	393,499.	393,499.			
	b WORKSHOP / CONFERENCE	900099	88,442.	88,442.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			481,941.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,792,000.			1,792,000.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				43,494.			
	b Less: rental expenses	6b	5,399.				
	c Rental income or (loss)	6c	38,095.				
	d Net rental income or (loss)			38,095.	1,894.	36,201.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				14,344,921.			
	b Less: cost or other basis and sales expenses	7b	13,405,272.				
c Gain or (loss)	7c	939,649.					
d Net gain or (loss)			939,649.		939,649.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER	Business Code					
		900099	2,955.			2,955.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			2,955.				
12 Total revenue. See instructions			12,899,721.	483,835.	0.	2,770,805.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,221,640.	5,221,640.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	735,837.	735,837.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	708,340.	350,719.	263,986.	93,635.
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	1,645,000.	1,097,553.	338,849.	208,598.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	315,943.	232,301.	30,323.	53,319.
10 Payroll taxes	189,674.	94,837.	75,870.	18,967.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,290.		3,290.	
c Accounting	43,550.		43,550.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	115,498.		115,498.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	112,711.	81,842.	25,813.	5,056.
12 Advertising and promotion	138,374.	73,021.	21,784.	43,569.
13 Office expenses	167,190.	69,550.	78,716.	18,924.
14 Information technology	169,650.	74,420.	75,477.	19,753.
15 Royalties				
16 Occupancy	169,168.	117,199.	43,527.	8,442.
17 Travel	36,366.	30,779.	3,983.	1,604.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	128,994.	115,704.	10,847.	2,443.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	107,105.	59,154.	40,158.	7,793.
23 Insurance	34,543.	7,320.	25,902.	1,321.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK FEES	8,822.		8,822.	
b MISCELLANEOUS	2,011.		2,011.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	10,053,706.	8,361,876.	1,208,406.	483,424.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,563,826.	1	4,912,580.
	2 Savings and temporary cash investments	1,470,392.	2	1,382,706.
	3 Pledges and grants receivable, net	696,255.	3	418,628.
	4 Accounts receivable, net	450.	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	81,353.	9	63,323.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,918,906.		
	b Less: accumulated depreciation	10b 1,339,847.	4,605,476.	10c 4,579,059.
	11 Investments - publicly traded securities	109,945,775.	11	108,777,767.
	12 Investments - other securities. See Part IV, line 11	11,758,585.	12	11,303,096.
	13 Investments - program-related. See Part IV, line 11	2,012,432.	13	2,591,941.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	132,134,544.	16	134,029,100.	
Liabilities	17 Accounts payable and accrued expenses	294,413.	17	395,720.
	18 Grants payable	963,804.	18	1,251,445.
	19 Deferred revenue	715.	19	715.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	573,700.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	30,118,512.	25	28,584,557.
	26 Total liabilities. Add lines 17 through 25	31,377,444.	26	30,806,137.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	92,881,230.	27	95,115,470.
	28 Net assets with donor restrictions	7,875,870.	28	8,107,493.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	100,757,100.	32	103,222,963.
33 Total liabilities and net assets/fund balances	132,134,544.	33	134,029,100.	

Part 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	12,899,721.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,053,706.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,846,015.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	100,757,100.
5	Net unrealized gains (losses) on investments	5	-754,318.
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	374,166.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	103,222,963.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization HUMBOLDT AREA FOUNDATION	Employer identification number 23-7310660
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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: _____
- 5 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).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 university: _____
- 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).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,930,415.	4,671,645.	8,813,871.	7,563,427.	9,645,081.	35,624,439.
2 Tax revenues levied for the organization'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	4,930,415.	4,671,645.	8,813,871.	7,563,427.	9,645,081.	35,624,439.
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)						7,189,484.
6 Public support. Subtract line 5 from line 4.						28,434,955.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	4,930,415.	4,671,645.	8,813,871.	7,563,427.	9,645,081.	35,624,439.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,430,671.	2,097,004.	2,799,347.	2,625,799.	1,833,600.	11,786,421.
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.)	11,051.	18,163.	14,439.	25,150.	2,955.	71,758.
11 Total support. Add lines 7 through 10						47,482,618.
12 Gross receipts from related activities, etc. (see instructions)					12	1,711,615.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	59.88 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	61.71 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)

Horizontal lines for supplemental information input.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization HUMBOLDT AREA FOUNDATION	Employer identification number 23-7310660
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 2,219,264.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 1,801,878.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 611,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 412,760.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 333,221.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 232,187.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUMBOLDT AREA FOUNDATION	Employer identification number 23-7310660
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 200,509.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUMBOLDT AREA FOUNDATION	Employer identification number 23-7310660
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK DONATION _____ _____ _____	\$ 2,219,264.	06/30/20
2	STOCK DONATION _____ _____ _____	\$ 1,801,878.	06/30/20
4	STOCK DONATION _____ _____ _____	\$ 412,760.	06/30/20
6	STOCK DONATION _____ _____ _____	\$ 232,187.	06/30/20
7	STOCK DONATION _____ _____ _____	\$ 200,509.	06/30/20
	_____ _____ _____	\$ _____	_____

Name of organization HUMBOLDT AREA FOUNDATION	Employer identification number 23-7310660
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization HUMBOLDT AREA FOUNDATION Employer identification number 23-7310660

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a-1b, 2a-2b) regarding the reporting of art and historical treasures, including revenue and asset values.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,702,798.	5,696,125.	5,695,125.	5,863,800.	6,706,041.
b Contributions		6,673.	1,000.		
c Net investment earnings, gains, and losses	10,346.			11,980.	-163,548.
d Grants or scholarships					205,906.
e Other expenditures for facilities and programs				180,655.	5,033.
f Administrative expenses					104,686.
g End of year balance	5,713,144.	5,702,798.	5,696,125.	5,695,125.	6,226,868.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 100.00 %
 - c Term endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,251,456.		2,251,456.
b Buildings		3,485,557.	1,214,250.	2,271,307.
c Leasehold improvements				
d Equipment		155,283.	98,987.	56,296.
e Other		26,610.	26,610.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,579,059.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) OTHER SECURITIES	11,303,096.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	11,303,096.	

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 or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on 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 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUND LIABILITY	27,613,394.
(3) OBLIGATIONS UNDER SPLIT INTEREST AGREEMENTS	971,163.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	28,584,557.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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	12,478,451.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-754,318.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	327,649.
e	Add lines 2a through 2d	2e	-426,669.
3	Subtract line 2e from line 1	3	12,905,120.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-5,399.
c	Add lines 4a and 4b	4c	-5,399.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,899,721.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	10,258,442.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	239,474.
e	Add lines 2a through 2d	2e	239,474.
3	Subtract line 2e from line 1	3	10,018,968.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	34,738.
c	Add lines 4a and 4b	4c	34,738.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,053,706.

Part XIII Supplemental Information.

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

PART V, LINE 4:

GIVES GRANTS TO SUPPORT THE PROGRAMMATIC WORK OF HUMBOLDT AREA FOUNDATION.

PART X, LINE 2:

THE FOUNDATION AND ITS SUPPORTING ORGANIZATION HAVE RECEIVED TAX-EXEMPT

STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX

BOARD UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND UNDER

REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY.

LEAVEY RANCH, LLC IS A SINGLE-MEMBER LIMITED LIABILITY COMPANY, WHOLLY

OWNED BY THE FOUNDATION. ACCORDINGLY, ALL ACTIVITY IS REPORTED UNDER THE

FOUNDATION'S NAME AND LEAVEY RANCH, LLC ASSUMES THE SAME TAX STATUS AS THE

FOUNDATION.

Part XIII Supplemental Information (continued)

SINCE THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAXES. THE FOUNDATION USES THE SAME ACCOUNTING METHODS FOR TAX AND FINANCIAL REPORTING. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT FOUNDATION RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE FOUNDATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SUPPORTING ORGANIZATION'S REVENUE	-47,889.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	410,276.
INVESTMENT FEES	-115,498.
LEAVEY REIMBURSEMENT	80,760.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	327,649.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE	-5,399.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUPPORTING ORGANIZATION'S EXPENSE	197,965.
FISCAL SPONSORSHIP	36,110.
RENTAL EXPENSE	5,399.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	239,474.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES	115,498.
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Part XIII Supplemental Information (continued)

LEAVEY REIMBURSEMENT -80,760.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 34,738.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **HUMBOLDT AREA FOUNDATION** Employer identification number **23-7310660**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS HUMBOLDT PO BOX 157 1915 J ST EUREKA, CA 95502	20-4881299	501(C)(3)	25,000.	0.			FOR COMMUNITY VOICES COALITION
ADULT DAY HEALTH CARE OF MAD RIVER P.O. BOX 1115 3800 JANES RD ARCATA, CA 95518	94-3005997	501(C)(3)	5,010.	0.			PROVIDING VITAL SERVICES, INCLUDING LIFELINE, TO ELDERS NEEDING FINANCIAL ASSISTANCE
AFFORDABLE HOMELESS HOUSING ALTERNATIVES - PO BOX 3794 - EUREKA, CA 95502	81-0713410	501(C)(3)	20,000.	0.			AHHA COMMUNITY LIASONS - BUILDING BRIDGES AND CULTIVATING COMMUNITY
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN - PO BOX 5116 - EUREKA, CA 95502	68-0196036	501(C)(3)	6,454.	0.			PROGRAM SUPPORT
AMERICAN CANCER SOCIETY 2942 F ST EUREKA, CA 95501	13-1788491	501(C)(3)	63,530.	0.			AMERICAN CANCER SOCIETY SUPPORT AND RELAY FOR LIFE
AMERICAN INDIAN COUNCIL OF MARIPOSA COUNTY INC - PO BOX 186 5008 CA-140 - MARIPOSA, CA 95338	77-0161686	501(C)(3)	9,000.	0.			SSMN CEREMONIAL CYCLE 2020

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **183.**

3 Enter total number of other organizations listed in the line 1 table **5.**

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RIVER NATURAL HISTORY ASSOCIATION - 2850 SAN LORENZO WAY - CARMICHAEL, CA 95608	94-2766075	501(C)(3)	20,031.	0.			PROGRAM SUPPORT
ARCATA ECONOMIC DEVELOPMENT CORP 707 K ST EUREKA, CA 95501	94-2674882	501(C)(3)	135,000.	0.			SUPPORTING THE ENTREPRENEURIAL DEL NORTE SMALL BUSINESS INITIATIVE.
ARCATA HOUSE PARTNERSHIP 1005 11TH ST ARCATA, CA 95521	94-3163269	501(C)(3)	29,500.	0.			PROGRAM SUPPORT
ARCATA PLAYHOUSE 1251 9TH ST ARCATA, CA 95521	26-0383637	501(C)(3)	20,500.	0.			PROGRAM SUPPORT
ARCATA VOLUNTEER FIREFIGHTER'S ASSOCIATION - 2149 CENTRAL AVE - MCKINLEYVILLE, CA 95519	32-0225711	501(C)(3)	22,101.	0.			ARCATA FIRE MEDICAL, SAFETY AND TRAINING EQUIPMENT
AUTHOR FESTIVAL - FRIENDS OF THE REDWOOD LIBRARIES - PO BOX 6089 - EUREKA, CA 95502	23-7087971	501(C)(3)	5,000.	0.			SUPPORT OF THE AUTHOR FESTIVAL
BAYSIDE PRIDE, INC P.O. BOX 342 BAYSIDE, CA 95524	74-3116092	501(C)(3)	20,000.	0.			SUPPORT OF THE BAYSIDE COMMUNITY HALL
BEAR RIVER BAND OF ROHNERVILLE RANCHERIA - 266 KEISNER RD - LOLETA, CA 95551	68-0085465	501(C)(3)	21,600.	0.			CRITICAL MOLD ABATEMENT FOR 12 HOUSES, PRIORITIZED FOR LOW INCOME, ELDER, PREGNANT
BETTY KWAN CHINN HOMELESS FOUNDATION - 133 7TH ST - EUREKA, CA 95501	46-1413135	501(C)(3)	10,000.	0.			SUPPORTING HOMELESS WORK OF THE FOUNDATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLESS THE BEASTS OF HUMBOLDT COUNTY - 378 WILDWOOD AVENUE - RIO DELL, CA 95562	68-0417175	501(C)(3)	31,680.	0.			BLESS THE BEATS SPAY/NEUTER PROGRAM 2020
BOYS AND GIRLS CLUB OF THE REDWOODS - 939 HARRIS ST - EUREKA, CA 95503	94-2184464	501(C)(3)	20,773.	0.			SUPPORT OF THE BOYS & GIRLS CLUB
BREAST & GYN HEALTH PROJECT 987 8TH STREET ARCATA, CA 95521	65-1205183	501(C)(3)	8,194.	0.			BREAST HEALTH PROJECT SUPPORT
BROOKINGS HARBOR COMMUNITY HELPERS, INC - P.O. BOX 1415 - BROOKINGS, OR 97415	93-1146935	501(C)(3)	17,490.	0.			SUPPORT OF THE SNACK PACK PROGRAM
BUDDY AND ANGEL'S ANIMAL RESCUE 1505 HARPER AVE. MCKINLEYVILLE, CA 95519	46-3430213	501(C)(3)	8,900.	0.			MEDICAL NEEDS FOR SICK OR INJURED PETS OF HOMELESS OR LOW INCOME PET OWNERS OF SOUTHERN HUMBOLDT
CALIFORNIA TRIBAL TANF PARTNERSHIP 636 H STREET EUREKA, CA 95501	48-1301542	501(C)(3)	15,500.	0.			FOR NATIVE TANF FAMILIES IN HUMBOLDT AND DEL NORTE TO RECEIVE GIFT CARDS FOR FOOD, HYGIENE SUPPLIES
CHANGING TIDES FAMILY SERVICES 2259 MYRTLE AVE EUREKA, CA 95501	94-2297737	501(C)(3)	6,520.	0.			CHROMEBOOKS FOR THE VIRTUAL MENTAL HEALTH SERVICES FOR YOUTH
CHRISTIAN HELP OF GOLD BEACH INC P.O. BOX 377 GOLD BEACH, OR 97444	93-0834498	501(C)(3)	11,000.	0.			FOOD SUPPORT IN RESPONSE TO COVID AND HOLIDAY FOOD BASKETS
CITY OF ARCATA 736 F STREET ARCATA, CA 95521	94-2186507	GOV	39,597.	0.			VARIOS PROGRAM SUPPORT INCLUDING HUMBOLDT BAY TRAILS AND FUTSAL COURT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CRESCENT CITY-FINANCE DEPT. - 377 J STREET - CRESCENT CITY, CA 95531	94-6000552	GOV	25,300.	0.			VARIOUS PROGRAM SUPPORT FOR YOUTH
CITY OF EUREKA 531 K STREET EUREKA, CA 95501		GOV	80,122.	0.			CONSTRUCTING THE GRACE MARTON MEMORIAL GARDEN AND PLAYGROUND AT HALVORSEN PARK IN EUREKA
CITY OF EUREKA COMMUNITY SERVICES 1011 WATERFRONT DRIVE EUREKA, CA 95501		GOV	5,000.	0.			COMMUNITY ACCESS PROJECT FOR EUREKA - OPERATIONAL SUPPORT FOR UPLIFT EUREKA
CITY OF TRINIDAD P.O. BOX 390 TRINIDAD, CA 95570		GOV	5,000.	0.			SUPPORT FOR THE TRINIDAD VOLUNTEER FIRE DEPARTMENT
CLARKE HISTORICAL MUSEUM 240 E STREET EUREKA, CA 95501	94-1651124	501(C)(3)	7,326.	0.			MUSEUM SUPPORT
CLEAR LAKE POMO CULTURAL PRESERVATION - PO BOX 1506 - CLEARLAKE, CA 95423	81-4706671	501(C)(3)	5,000.	0.			ROUNDHOUSE MAINTENANCE PROJECT
COASTLINE NEIGHBORS PO BOX 4322 BROOKINGS, OR 97415	81-2671997	501(C)(3)	7,000.	0.			A DELIVERY SYSTEM FOR FOOD AND MEDICINE FOR SHUT IN FOLKS WHO NEED IT.
COLLEGE OF THE REDWOODS FOUNDATION 7351 TOMPKINS HILL RD EUREKA, CA 95501	94-1603509	501(C)(3)	20,000.	0.			FOR SUPPORTING DACA STUDENTS
COLLEGE OF THE REDWOODS SCHOLARSHIP OFFICE - 7351 TOMPKINS HILL RD - EUREKA, CA 95501	94-2022980	501(C)(3)	11,000.	0.			SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPANION ANIMAL FOUNDATION 88 SUNNYBRAE CENTER ARCATA, CA 95521	94-3244839	501(C)(3)	31,580.	0.			COMPANION ANIMAL CENTER SUPPORT
COOPERATION HUMBOLDT 840 E STREET, SUITE 16 EUREKA, CA 95501	95-4126989	501(C)(3)	111,000.	0.			PROGRAM SUPPORT AND LOCAL RESPONSE TO THE CORONAVIRUS
COUNTY OF DEL NORTE, ADMINISTRATION DEPARTMENT - 981 H STREET, SUITE 210 - CRESCENT CITY, CA 95531		GOV	6,000.	0.			PROGAM SUPPORT
COURT APPOINTED SPECIAL ADVOCATES OF HUMBOLDT - 2356 MYRTLE AVE - EUREKA, CA 95501	68-0243040	501(C)(3)	6,750.	0.			CASA SUPPORT
CRESCENT CITY - DEL NORTE CHAMBER OF COMMERCE - 1001 FRONT ST - CRESCENT CITY, CA 95531	94-0410600	501(C)(6)	5,000.	0.			COMMUNITY RESPONSE AND SUPPORT AROUND COVID-19
CULTURAL FIRE MANAGEMENT COUNCIL PO BOX 357 HOOPA, CA 95546	47-5001679	501(C)(3)	41,960.	0.			PROGRAM SUPPORT
CUMBRE HUMBOLDT 1215 GUINTOLI LANE ARCATA, CA 95521	84-1788919	501(C)(3)	20,000.	0.			SUPPORT TUTORING FOR LATINX YOUTH IN RESPONSE TO COVID-19
CURRY CHILD ABUSE INTERVENTION CENTER - WALLY'S HOUSE - PO BOX 1845 - GOLD BEACH, OR 97444	81-1259778	501(C)(3)	12,149.	0.			PURCHASE & INSTALLATION OF IRECORD SYSTEM AND VIDANYX
CURRY COUNTY 94235 MOORE STREET, STE. 122 GOLD BEACH, OR 97444	93-6002291	GOV	28,000.	0.			MOBILE COMMAND STATION FOR EMERGENCY RESPONSE IN CURRY COUNTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CURRY HEALTH NETWORK EQUIPMENT FUND - 94220 FOURTH ST - GOLD BEACH, OR 97444	93-0937095	501(C)(3)	8,000.	0.			TELEMEDICINE AND REMOTE WORK TECHNICAL EQUIPMENT (IPADS, LAPTOP, MIC)
DEL NORTE CHILD CARE COUNCIL 212 K STREET CRESCENT CITY, CA 95531	94-2820925	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
DEL NORTE COUNTY UNIFIED SCHOOL DISTRICT - 301 W. WASHINGTON BLVD. - CRESCENT CITY, CA 95531	94-6002153	501(C)(3)	66,311.	0.			PROGRAM SUPPORT INCLUDING SCHOLARSHIPS, FOOD PROGRAMS AND LITERACY
DEL NORTE COUNTY UNIFIED SCHOOL DISTRICT - 301 W WASHINGTON BLVD - CRESCENT CITY, CA 95531	94-6002153	GOV	72,995.	0.			PURCHASE OF INSTRUMENTS
DEL NORTE HIGH SCHOOL 1301 EL DORADO ST CRESCENT CITY, CA 95531	94-6002153	GOV	9,679.	0.			SCHOLARSHIPS, WOODSHOP AND SOUND EQUIPMENT
DEL NORTE MISSION POSSIBLE 1135 HARROLD STREET CRESCENT CITY, CA 95531	84-3538055	501(C)(3)	10,800.	0.			MISSION POSSIBLE: CAPACITY BUILDING AND ACCOUNTABILITY
DELL' ARTE, INC PO BOX 816 BLUE LAKE, CA 95525	94-2207895	501(C)(3)	23,700.	0.			PROGRAM SUPPORT
DEPARTMENT OF HEALTH & HUMAN SERVICES, PUBLIC HEALTH BRANCH - 529 I STREET - EUREKA, CA 95501	94-6000513	GOV	9,657.	0.			CHILD PASSENGER SAFETY PROGRAM
EASTERN OREGON UNIVERSITY #1 UNIVERSITY BLVD. LA GRANDE, OR 97805	93-6030669	501(C)(3)	18,170.	0.			SCHOLARSHIPS

Schedule I (Form 990)

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EUREKA FOURSQUARE CHURCH 1032 BAY STREET EUREKA, CA 95501	94-2226704	501(C)(3)	8,569.	0.			EPI'S ANTI-HUMAN TRAFFICKING CAPITAL CAMPAIGN
EUREKA HIGH SCHOOL 1915 J ST EUREKA, CA 95501		GOV	5,473.	0.			PROGRAM SUPPORT
EUREKA RESCUE MISSION PO BOX 76 EUREKA, CA 95502	94-6135983	501(C)(3)	25,257.	0.			SUPPORT FOR THE FOOD PROGRAM
EUREKA VETERANS RESOURCE CENTER PO BOX 378 SANTA ROSA, CA 95402	94-2699571	501(C)(3)	17,275.	0.			SUPPORT DURING COVID-19 PANDEMIC
EUREKA WOMAN'S CLUB P.O. BOX 778 EUREKA, CA 95502	94-1497354	501(C)(3)	7,500.	0.			UTILITIES INFRASTRUCTURE REPAIR & PUBLIC SAFETY
EVERGREEN LODGE 4615 LITTLE CALIFORNIA ST EUREKA, CA 95503	94-1156596	501(C)(3)	8,687.	0.			BUILDING REPAIRS
FAMILY RESOURCE CENTER OF THE REDWOODS - 494 PACIFIC AVENUE - CRESCENT CITY, CA 95531	81-2675618	501(C)(3)	23,376.	0.			PROGRAM SUPPORT
FAMILY WATER ALLIANCE PO BOX 365 MAXWELL, CA 95955	68-0262939	501(C)(3)	25,000.	0.			FACILITATION OF KLAMATH COMMUNITIES COALITION MEETINGS
FERN COTTAGE FOUNDATION PO BOX 1286 2121 CENTERVILLE ROAD FERNDALE, CA 95536	94-3060700	501(C)(3)	11,000.	0.			PAINTING OF FERN COTTAGE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FIELDBROOK COMMUNITY CHURCH 4103 FIELDBROOK RD MCKINLEYVILLE, CA 95519	68-0168521	501(C)(3)	12,000.	0.			FOR GOD-SNACKED FOR 175 MEALS PER WEEK FOR UNHOUSED
FIRE CHIEFS ASSOCIATION OF HUMBOLDT COUNTY - PO BOX 7014 - EUREKA, CA 95502	95-4610738	501(C)(3)	8,600.	0.			GOWNS AND FACE SHIELDS FOR 39 FIRE DEPARTMENTS ACROSS HUMBOLDT (AND SOUTHERN TRINITY)
FIRST 5 HUMBOLDT 325 - 2ND ST, STE 201 EUREKA, CA 95501	68-0462363	501(C)(3)	63,100.	0.			PROGRAM SUPPORT FOR YOUTH
FOOD FOR PEOPLE PO BOX 4922 EUREKA, CA 95502	94-2772549	501(C)(3)	155,124.	0.			PROGRAM SUPPORT
FOR ALL TIME CAT HAVEN P.O. BOX 1751 CRESCENT CITY, CA 95531	68-0485301	501(C)(3)	5,700.	0.			CARE & FEEDING OF CATS
FORTUNA ELEMENTARY SCHOOL DISTRICT 500 - 9TH ST FORTUNA, CA 95540	30-0852344	501(C)(3)	6,000.	0.			TRAUMA-INFORMED PARENT AND TEACHER EDUCATION PROJECT AT SOUTH FORTUNA ELEMENTARY SCHOOL
FORTUNA ELEMENTARY SCHOOL DISTRICT ARTS & MUSIC FUND - 363 INDIANOLA RD - BAYSIDE, CA 95524		GOV	10,250.	0.			PROGRAM SUPPORT
FORTUNA ROTARY FOUNDATION P.O. BOX 1002 FORTUNA, CA 95540	45-4156012	501(C)(3)	25,200.	0.			PROGRAM SUPPORT
FORTUNA UNION HIGH SCHOOL DISTRICT 379 - 12TH ST FORTUNA, CA 95540	94-6002186	GOV	11,940.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FRESHWATER COMMUNITY GUILD PO BOX 6153 EUREKA, CA 95502	23-7143394	501(C)(8)	10,325.	0.			FRESHWATER ROAD SPEED HUMPS
FRIENDS OF CASTERLIN SCHOOL 375 RAILROAD AVE. BLOCKSBURG, CA 95514	90-0980666	501(C)(3)	6,200.	0.			PROGRAM SUPPORT
FRIENDS OF THE DUNES P.O. BOX 186 ARCATA, CA 95518	68-0373871	501(C)(3)	11,967.	0.			PROGRAM SUPPORT
GARFIELD SCHOOL DISTRICT 2200 FRESHWATER ROAD EUREKA, CA 95503		501(C)(3)	7,200.	0.			PROGRAM SUPPORT
GLEN PAUL SCHOOL 2501 CYPRESS AVENUE EUREKA, CA 95503	94-6000513	501(C)(3)	30,850.	0.			SUPPORT OF THE SCHOOL
GOLD BEACH SENIOR CENTER INC PO BOX 1277 GOLD BEACH, OR 97444	93-0861523	501(C)(3)	10,000.	0.			CURRY FOOD DISTRIBUTION IN GOLD BEACH AND PORT ORFORD
GREYHOUND ADOPTION LEAGUE OF TEXAS 3400 CARLISLE STREET #310 DALLAS, TX 75204	75-2930618	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HEALY SENIOR CENTER OF SOUTHERN HUMBOLDT, INC. - P.O. BOX 1849 - REDWAY, CA 95560	94-2762224	501(C)(3)	44,600.	0.			SENIOR NUTRITION PROGRAMS
HEART OF THE REDWOODS HOSPICE 464 MAPLE LANE GARBERVILLE, CA 95542	68-0397698	501(C)(3)	19,720.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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HMONG CULTURAL CENTER OF DEL NORTE COUNTY - 1675 ARLINGTON DRIVE - CRESCENT CITY, CA 95531	47-2989909	501(C)(3)	16,250.	0.			PROGRAM SUPPORT
HOLY TRINITY CHURCH HECTOR ST TRINIDAD, CA 95570		501(C)(3)	25,000.	0.			MAINTENANCE FUND
HOOPA VALLEY TRIBE P.O. BOX 1348 HOOPA, CA 95546	94-1477040	GOV	6,000.	0.			PROGRAM SUPPORT
HOSPICE OF HUMBOLDT 3327 TIMBER FALL COURT EUREKA, CA 95503	94-2499333	501(C)(3)	55,346.	0.			HOSPICE SUPPORT
HSU SPONSORED PROGRAMS FOUNDATION 1 HARPST ST SBS #285 ARCATA, OR 95521	94-6050071	501(C)(3)	49,275.	0.			PROGRAM AND WRIGHT WILDLIFE REFUGE SUPPORT
HUMAN RESPONSE NETWORK PO BOX 2370 111 MOUNTAIN VIEW DR WEAVERVILLE, CA 96093	68-0032176	501(C)(3)	5,000.	0.			UPDATED STRATEGIC PLAN FOR HRN
HUMBOLDT ANIMAL RESCUE TEAM P.O. BOX 253 8 WEST 6TH STREET CUTTEN, CA 95534	46-5666951	501(C)(3)	9,000.	0.			HUMBOLDT ANIMAL RESCUE TEAM
HUMBOLDT AREA CENTER FOR HARM REDUCTION - P.O. BOX 7365 - EUREKA, CA 95502	47-2822261	501(C)(3)	14,115.	0.			PROGRAM SUPPORT
HUMBOLDT COUNTY - DEPT. HEALTH & HUMAN SERVICES - 529 I STREET - EUREKA, CA 95501	94-6036494	501(C)(3)	25,000.	0.			4TH STREET HOUSING PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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HUMBOLDT COUNTY LIBRARY 1313 - 3RD ST EUREKA, CA 95501	94-6000513	501(C)(3)	32,518.	0.			LIBRARY SUPPORT
HUMBOLDT COUNTY OFFICE OF EDUCATION - 901 MYRTLE AVE. - EUREKA, CA 95501	94-6002186	501(C)(3)	10,000.	0.			TO SUPPORT INTERNET CONNECTIVITY FOR YOUTH TO ACCESS THEIR DISTANCE LEARNING
HUMBOLDT DOG OBEDIENCE 2030 HOLLY STREET EUREKA, HI 95503	68-0024232	501(C)(3)	13,000.	0.			TERRI LOCKETT MEMORIAL SPAY/NEUTER FUND
HUMBOLDT FAMILY SERVICE CENTER P.O. BOX 2005 EUREKA, CA 95502	94-1511575	501(C)(3)	44,000.	0.			PROGRAM SUPPORT
HUMBOLDT LAGOONS STATE PARK 15336 HIGHWAY 101 TRINIDAD, CA 95570		GOV	5,500.	0.			REMOVING IDENTIFIED TREE HAZARDS FROM LAGOONS ENVIRONMENTAL CAMPS
HUMBOLDT LIBRARY FOUNDATION PO BOX 440 EUREKA, CA 95502	91-1879359	501(C)(3)	5,716.	0.			PROGRAM SUPPORT
HUMBOLDT LITERACY PROJECT 537 G ST, STE 203 EUREKA, CA 95501	68-0062774	501(C)(3)	10,089.	0.			HEALTH INSURANCE OF THE HUMBOLDT LITERACY PROJECT EMPLOYEES AND GENERAL OPERATIONAL SUPPORT
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA, CA 95501	94-2261434	501(C)(3)	95,581.	0.			SENIOR RESOURCE CENTER SUPPORT
HUMBOLDT SENIOR RESOURCE CENTER-ALZHEIMER CARE CENTER - 1901 CALIFORNIA STREET - EUREKA, CA 95501	94-2261434	501(C)(3)	46,166.	0.			ALZHEIMER CARE CENTER SUPPORT

Schedule I (Form 990)

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HUMBOLDT SKATEPARK COLLECTIVE 2437 E COCHRAN RD MCKINLEYVILLE, CA 95519	68-0462298	501(C)(3)	5,000.	0.			PURCHASING CONCRETE & EQUIPMENT RENTALS TO BE USED FOR MCKINLEYVILLE SKATE PARK
HUMBOLDT SPAY/NEUTER NETWORK P.O. BOX 7236 EUREKA, CA 95502	20-0729293	501(C)(3)	72,290.	0.			SPAY/NEUTER ASSISTANCE PROGRAM
HUMBOLDT STATE UNIVERSITY FOUNDATION - 1 HARPST ST SBS #285 - ARCATA, CA 95521	94-6077724	501(C)(3)	22,000.	0.			SCHOLARSHIPS AND PROGRAM SUPPORT
HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION - 1 HARPST STREET - ARCATA, CA 95521	94-6050071	501(C)(3)	24,975.	0.			PROGRAM SUPPORT
HUPA FAMILY RESOURCE CENTER PO BOX 728 HOOPA, CA 95546	94-1477040	GOV	5,000.	0.			FOOD BASKETS AND COVID SUPPORT
INK PEOPLE CENTER FOR THE ARTS 525 - 7TH ST EUREKA, CA 95501	94-3056179	501(C)(3)	102,220.	0.			PROGRAM SUPPORT
KARUK TRIBE OF CALIFORNIA PO BOX 1016 HAPPY CAMP, CA 96039	94-2576572	501(C)(4)	58,814.	0.			PROGRAM SUPPORT AND COVID RESPONSE
KEE CHA-E-NAR CORPORATION 230 KLAMATH BLVD KLAMATH, CA 95548	47-4098140	501(C)(3)	17,000.	0.			PROGRAM SUPPORT AND COVID RESPONSE
KFUG COMMUNITY RADIO INC. 573 ELK VALLEY ROAD CRESCENT CITY, CA 95531	46-3769318	501(C)(3)	50,750.	0.			SUPPORTING REDWOOD VOICE AT KFUG

Schedule I (Form 990)

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K'IMA:W MEDICAL CENTER PO BOX 1288 HOOPA, CA 95546	23-7428302	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
KLAMATH TRINITY CONSERVATION DISTRICT - PO BOX 279 - HOOPA, CA 95546	26-1992669	501(C)(3)	15,000.	0.			CONSTRUCTION, STOCKING COMMUNITY FOOD PANTRIES, PLANTING FRONT YARD GARDENS AND STOCKING
LOCALLY DELICIOUS P.O. BOX 309 ARCATA, CA 95518	27-3186261	501(C)(3)	10,100.	0.			PROGRAM SUPPORT
MATTOLE VALLEY RESOURCE CENTER P.O. BOX 191 PETROLIA, CA 95558	68-0010786	501(C)(3)	29,200.	0.			MVRC PERMANENT LOCATION REDESIGN AND FOOD BASKETS
MCKINLEYVILLE FAMILY RESOURCE CENTER - P.O. BOX 2668 - MCKINLEYVILLE, CA 95519	68-0445130	501(C)(3)	10,568.	0.			SUPPORT DURING COVID-19 PANDEMIC
MCKINLEYVILLE LAND TRUST PO BOX 2723 MCKINLEYVILLE, CA 95519	68-0338201	501(C)(3)	5,000.	0.			SUSTAINING THE CHAH GAH CHO TRAIL WITH CLEAN-UP, PATROLS, AND MOWING
MENDOCINO SPAY NEUTER ASSISTANCE PROGRAM - P.O. BOX 4 - TALMAGE, CA 95481	68-0237631	501(C)(3)	24,000.	0.			ANNUAL OPERATING SUPPORT FOR SPAY & NEUTER ASSISTANCE PROGRAM
MIRANDA'S RESCUE 1603 SANDY PRAIRIE ROAD FORTUNA, CA 95540	68-0417389	501(C)(3)	13,741.	0.			SUPPORT OF MIRANDA'S RESCUE
MONO LAKE KUTZADIKA INDIAN CULTURAL PRESERVATION ASSOCIATION - PO BOX 117 - BIG PINE, CA 93513	91-1908363	501(C)(3)	10,000.	0.			PUGWIHUU GATHERING

Schedule I (Form 990)

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NAACP - EUREKA BRANCH PO BOX 1434 EUREKA, CA 95502	23-7028846	501(C)(4)	20,600.	0.			PROGRAM SUPPORT
NARCOTICS ANONYMOUS WORLD SERVICES INC - 19737 NORDHOFF PL - CHATSWORTH, CA 91311	95-3090596	501(C)(3)	5,500.	0.			SUPPLYING SAFETY EQUIPMENT TO ALLOW NATIVE ADDICTION RECOVERY GROUPS TO WORK WITH HOOPA TRIBAL
NATIONAL LEAD FOR AMERICA, INC. KNAPP-SANDERS BUILDING CAMPUS BOX 3 CHAPEL HILL, NC 27599	83-1839530	501(C)(3)	5,000.	0.			CIVIC LEADERSHIP INITIATIVE IN ARCATA, CA
NATURE RIGHTS COUNCIL 1076 KINGLET AVE MCKINLEYVILLE, CA 95519	81-0706277	501(C)(3)	10,000.	0.			ARRAHI PA'PAH: RETURNING THE DUGOUT CANOE TO THE UPRIVER PEOPLE
NORCAL LAO FOUNDATION 223 PRIMROSE AVE EUREKA, CA 95503	82-2601156	501(C)(3)	14,000.	0.			PROGRAM SUPPORT AND SUPPORT FOR THE HUMBOLDT LAO DANCERS DURING THE COVID-19 CRISIS
NORTH COAST EMERGENCY MEDICAL SERVICES - 3340 GLENWOOD STREET - EUREKA, CA 95501	94-2857787		15,000.	0.			TO HELP COVER THE OVERTIME ADMIN COSTS ASSOCIATED WITH COVID RESPONSE
NORTH COAST GROWERS ASSOCIATION P.O. BOX 4232 ARCATA, CA 95518	77-0212408	501(C)(3)	18,315.	0.			SOURCE AND PREPARE FRESH FOOD BOXES FOR WEEKLY PURCHASE AND PICK-UP FROM JUNE TO OCTOBER
NORTH COAST RAPE CRISIS TEAM P.O. BOX 1011 EUREKA, CA 95502	94-2646740	501(C)(3)	5,000.	0.			FOR DEVELOPING A TRANSITION PLAN WITH CONSULTANT, STAFF AND BOARD
NORTHCOAST REGIONAL LAND TRUST P.O. BOX 398 BAYSIDE, CA 95524	68-0456290	501(C)(3)	8,340.	0.			CO-OP ANNUAL PUMPKIN PATCH WITH WARREN CREEK FARMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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NORTHERN CA. COMMUNITY BLOOD BANK 2524 HARRISON AVENUE EUREKA, CA 95501	94-1337639	501(C)(3)	10,000.	0.			NEW CARB COMPLIANT BLOODMOBILE
NORTHERN CALIFORNIA CULTURAL COMMUNICATIONS - P.O. BOX 650 - HOOPA, CA 95546	68-0354644	501(C)(3)	13,687.	0.			PROGRAM SUPPORT
NORTHERN CALIFORNIA INDIAN DEVELOPMENT COUNCIL - 241 F ST - EUREKA, CA 95501	51-0189400	501(C)(3)	60,000.	0.			SUPPORT AROUND COVID RESPONSE
OASIS SHELTER HOME PO BOX 932 GOLD BEACH, CA 97444	93-1030730	501(C)(3)	6,800.	0.			PROGRAM SUPPORT IN RESPONSE TO COVID-19 AND OASIS HOLIDAY GIVING
OPEN DOOR CLINIC 1275 8TH STREET ARCATA, CA 95521	95-2671433	501(C)(3)	25,000.	0.			SUPPORT DURING COVID-19 FOR DEL NORTE LOCATION
OPEN DOOR COMMUNITY HEALTH CENTERS 1275 8TH ST ARCATA, CA 95521	95-2671433	501(C)(3)	60,694.	0.			ARCATA COMMUNITY HEALTH CENTER
OREGON STATE UNIVERSITY, OFFICE OF FINANCIAL AID & SCHOLARSHIPS - 218 KERR ADMINISTRATION BLDG - CORVALLIS, OR 97331	48-1278540	501(C)(3)	18,170.	0.			SCHOLARSHIPS AND PROGRAM SUPPORT
PENINSULA UNION SCHOOL DISTRICT PO BOX 175 SAMOA, CA 95564		GOV	68,000.	0.			PROGRAM SUPPORT
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520	13-1644147	501(C)(3)	56,126.	0.			SUPPORT OF THE HUMBOLDT CHAPTER

Schedule I (Form 990)

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PUBLIC VET - NEUTER SCOOTER 2336 LINDEN HILL RD BLOOMINGTON, IN 47401	81-4581936	501(C)(3)	30,000.	0.			HUMBOLDT ONE HEALTH
REDWAY ELEMENTARY SCHOOL P.O. BOX 369 REDWAY, CA 95560	94-6002186	501(C)(3)	7,190.	0.			ANNUAL SUPPORT FOR DISCRETIONARY SPENDING
REDWOOD COAST REGIONAL CENTER - HUMBOLDT COUNTY - 525 2ND ST STE 300 - EUREKA, CA 95501	94-2897317	501(C)(3)	13,250.	0.			FOR 237 TABLETS FOR ALLIANCE OF SERVICE PROVIDERS
REDWOOD COAST REGIONAL CENTER - MENDOCINO COUNTY - 1116 AIRPORT PARK BLVD - UKIAH, CA 95482	94-2897317	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
REDWOOD COAST VILLAGE 434 7TH ST EUREKA, CA 95501	81-3712463	501(C)(3)	6,775.	0.			PROGRAM SUPPORT
REDWOOD COMMUNITY ACTION AGENCY 904 G STREET EUREKA, CA 95501	94-2646370	501(C)(3)	51,226.	0.			VARIOUS PROGRAM SUPPORT
REDWOOD PALS RESCUE P.O. BOX 2913 MCKINLEYVILLE, CA 95519	61-1655383	501(C)(3)	13,030.	0.			PROGRAM SUPPORT
REDWOOD PLAYHOUSE P.O. BOX 988 GARBERVILLE, CA 95542	45-5355909	501(C)(3)	8,000.	0.			RECYCLED YOUTH PROGRAM
REDWOOD SCHOOL 301 W. WASHINGTON CRESCENT CITY, CA 95531		GOV	5,500.	0.			SUPPORTING STEM LEARNING AND HANDS ON EXPERIENCE FOR YOUNG MINDS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDWOODS MONASTERY 18104 BRICELAND-THORN RD WHITETHORN, CA 95589	94-1640741	501(C)(3)	29,430.	0.			MONASTERY SUPPORT
RESIGHINI RANCHERIA P.O. BOX 529 KLAMATH, CA 95548	94-2482661	501(C)(3)	16,800.	0.			PROGRAM SUPPORT AND COVID RESPONSE
RIVER LIFE FOUNDATION PO BOX 384 FORTUNA, CA 95540	30-0521906	501(C)(3)	6,500.	0.			FOR OPERATIONAL AND OUTREACH COSTS IN RESPONSE TO COVID-19 AND HOLIDAY MEALS
RODERICK/HAYFORK SENIOR NUTRITION CENTER - PO BOX 723 - HAYFORK, CA 96041	68-0112469	501(C)(3)	6,000.	0.			FOOD TRANSPORT CARRIERS, PAPER PRODUCTS, STORAGE CONTAINERS, AND AN INDUSTRIAL FREEZER
ROTARY CLUB OF ARCATA SUNRISE FOUNDATION - PO BOX 4197 - ARCATA, CA 95518	20-8490867	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ROTARY CLUB OF EUREKA SIGN SMITH FUND - PO BOX 65 - EUREKA, CA 95502	46-4130657	501(C)(3)	27,350.	0.			SERVICE PROJECTS
ROTARY CLUB OF FORTUNA P.O. BOX 1002 FORTUNA, CA 95540	45-4156012	501(C)(3)	25,000.	0.			ROTARY CLUB OF FORTUNA SCHOLARSHIPS
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DR - CHICAGO, IL 60693	36-3245072	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SANCTUARY FOREST PO BOX 166 WHITETHORN, CA 95589	94-2676195	501(C)(3)	5,600.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE THE REDWOODS LEAGUE 111 SUTTER ST, 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	25,000.	0.			SUPPORT OF THE BAY AREA EDUCATION PROGRAM
SEQUOIA FOOTBALL CLUB PO BOX 554 EUREKA, CA 95502	47-1502726	501(C)(3)	5,000.	0.			SCHOLARSHIPS FOR SOCCER FOR UNDERSERVED
SEQUOIA HUMANE SOCIETY 6073 LOMA AVE EUREKA, CA 95503	23-7102713	501(C)(3)	92,367.	0.			HUMANE SOCIETY SUPPORT
SEQUOIA PARK ZOO FOUNDATION 3414 W ST EUREKA, CA 95503	56-2410108	501(C)(3)	128,910.	0.			PROGRAM SUPPORT AND GIANTS OF THE EARTH INTERPRETIVE CENTER
SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES - P.O. BOX 4569 - ARCATA, CA 95518	68-0027247	501(C)(3)	177,900.	0.			PROGRAM SUPPORT
SOHUM HOUSING OPPORTUNITIES PO BOX 323 REDWAY, CA 95560	83-2347520	501(C)(3)	12,420.	0.			SOUTHERN HUMBOLDT HOUSING OPPORTUNITIES COVID RESPONSE
SOUTH COAST EDUCATION SCHOOL DISTRICT - 1350 TEAKWOOD AVE - COOS BAY, OR 97420		501(C)(3)	10,000.	0.			FOR TRAUMA INFORMED TRAINING & TRAIN THE TRAINER-GOLD BEACH /PORT ORFORD
ST. BERNARD CATHOLIC SCHOOLS 222 DOLLISON ST EUREKA, CA 95501	68-0462363	501(C)(3)	20,259.	0.			PROGRAM SUPPORT
ST. BERNARD HIGH SCHOOL COUNSELING DEPARTMENT - 222 DOLLISON RD - EUREKA, CA 95501	68-0462363	501(C)(3)	10,440.	0.			SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. FRANCIS EPISCOPAL CHURCH 568 16TH STREET FORTUNA, CA 95540		501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ST. JOSEPH HOME CARE 2127 HARRISON AVE. STE. #3 EUREKA, CA 95501	94-1156596	501(C)(3)	6,421.	0.			HOME HEALTH SUPPORT
ST. JOSEPH HOSPITAL FOUNDATION 2700 DOLBEER STREET EUREKA, CA 95501	94-1156596	501(C)(3)	144,738.	0.			PROGRAM SUPPORT, CAPITAL IMPROVEMENTS AND FAMILY RESIDENCY PROGRAM
ST. MARY'S CHURCH 1690 JANES RD ARCATA, CA 95521	94-2509590	501(C)(3)	21,633.	0.			SUPPORT THE WORK OF ST. MARY'S CHURCH
ST. VINCENT DE PAUL PO BOX 1386 35 - 3RD ST EUREKA, CA 95502	94-1573587	501(C)(3)	29,337.	0.			SUPPORT FOR THE FOOD PROGRAM
THE GREYHOUND ALLIANCE P.O. BOX 5803 RIVER FOREST, IL 60305	76-0811448	501(C)(3)	10,000.	0.			SUPPORT OF THE SUNBURST PROJECT
THE SANCTUARY ARCATA 1301 J ST ARCATA, CA 95521	47-4860438	501(C)(3)	17,850.	0.			PROGRAM SUPPORT
THE TIMBER HERITAGE ASSOCIATION P.O. BOX 6399 EUREKA, CA 95502	94-2388203	501(C)(3)	25,000.	0.			SUPPORTING INTERPRETIVE COMMUNITY EDUCATIONAL PROGRAMS ABOUT LOCAL LOGGING HISTORY
TOLOWA DEE-NI' NATION-COMMUNITY & FAMILY SERVICES - 110 W FIRST STREET - SMITH RIVER, CA 95567	68-0087275	501(C)(3)	27,085.	0.			FOOD DELIVERY, SANITARY SUPPLIES & PPE FOR 307 HOUSEHOLDS IN CURRY & DEL NORTE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLOWA NEE-DASH SOCIETY 180 CHINA CREEK COURT CRESCENT CITY, CA 95531	94-2837784	501(C)(3)	6,102.	0.			NEE-DASH
TOYS FOR TOTS 2383 MYRTLE AVE. EUREKA, CA 95501	20-3021444	501(C)(3)	8,041.	0.			FORKLIFT & CONTAINER
TRADITIONAL FARMERS FOUNDATION 434 CHURCH STREET GARBERVILLE, CA 95542	82-1178844	501(C)(3)	30,000.	0.			SUPPORT OF THE TRADITIONAL FARMERS FOUNDATION
TRANSITIONAL RESIDENTIAL TREATMENT FACILITIES - P.O. BOX 6299 - EUREKA, CA 95502	94-2663190	501(C)(3)	20,000.	0.			FUNDS TO PROCURE AN ADDITIONAL 5 HOMES TO HOUSE AN ADDITIONAL 25 CHRONICALLY MENTALLY ILL
TRINIDAD COASTAL LAND TRUST PO BOX 457 TRINIDAD, CA 95570	94-2552913	501(C)(3)	35,240.	0.			LAND TRUST SUPPORT
TRINIDAD SCHOOL EDUCATION FOUNDATION - PO BOX 3030 - TRINIDAD, CA 95570	68-0357357	501(C)(3)	5,150.	0.			PROGRAM SUPPORT
TRINITY COMMUNITY FOOD OUTREACH, INC. - P.O. BOX 500 - LEWISTON, CA 96052	47-3459942	501(C)(3)	45,400.	0.			PROGRAM SUPPORT
TRUE NORTH ORGANIZING NETWORK 517 - 3RD ST STE 16 EUREKA, CA 95501	47-2208314	501(C)(3)	25,000.	0.			SUPPORT RUN HOTLINE AND VOLUNTEER DELIVERY PROGRAM
TWO FEATHERS NATIVE AMERICAN FAMILY SERVICES - 1560 BETTY CT STE A - MCKINLEYVILLE, CA 95519	68-0285726	501(C)(3)	9,740.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCSF BENIOFF CHILDREN'S HOSPITAL 1975 4TH STREET BOX 4061 SAN FRANCISCO, CA 94158		GOV	8,450.	0.			SUPPORT FOR YOUTH MEDICAL EXPENSES
UNITED INDIAN HEALTH SERVICES 1600 WEEOT WAY ARCATA, CA 95521	23-7088205	501(C)(3)	21,350.	0.			FOOD BASKETS, MEALS, CLOTHES
UNITED STATES BOWLING CONGRESS - HUMBOLDT - 2136 BROADWAY - EUREKA, CA 95501	20-4416939	501(C)(3)	10,000.	0.			HUMBOLDT USBC YOUTH TROPHIES, TOURNAMENT, AND CONVENTION
VECTOR REHABILITATION 2121 MYRTLE AVE EUREKA, CA 95501	94-2600144	501(C)(3)	10,336.	0.			PROGRAM SUPPORT
WATERSHED RESEARCH & TRAINING CENTER - PO BOX 356 98 CLINIC AVE - HAYFORK, CA 96041	94-3116339	501(C)(3)	7,680.	0.			PROGRAM SUPPORT
WESTSIDE COMMUNITY IMPROVEMENT ASSOCIATION - PO BOX 5315 - EUREKA, CA 95502	27-4553664	501(C)(3)	13,000.	0.			TO SUPPORT THE FAMILY RESOURCE CENTERS WITH FUNDING IN RESPONSE TO COVID-19
WILLOW CREEK CHRISTIAN SCHOOL P. O. BOX 1568 WILLOW CREEK, CA 95573	68-0005517	501(C)(3)	12,040.	0.			SCHOLARSHIPS FOR SCHOOL ENROLLMENT
WIYOT TRIBE 1000 WIYOT DR. LOLETA, CA 95551	94-2714533	GOV	20,000.	0.			PROGRM SUPPORT
YOUNG FAMILY RANCH, INC. P.O. BOX 3246 WEAVERVILLE, CA 96093	68-0483865	501(C)(3)	41,600.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ART, CULTURE & HUMANITIES	15	62,749.	0.		
HEALTH AND WELL-BEING	1	5,306.	0.		
SCHOLARSHIPS	341	667,782.	0.		

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

PART I, LINE 2:

ORGANIZATIONAL GRANTEES ARE EITHER REQUIRED TO SIGN A CONTRACT ASSOCIATED WITH THEIR PROPOSAL, OR AGREE THROUGH CASHING OF A GRANT CHECK THAT THEY WILL USE FUNDS AS DESCRIBED IN THEIR AWARD LETTER. WHEN SIGNING A CONTRACT, THE GRANTEE AGREES TO SUBMIT BOTH A NARRATIVE AND A FINANCIAL REPORT DOCUMENTING HOW GRANT FUNDS WERE SPENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

BEAR RIVER BAND OF ROHNERVILLE RANCHERIA

(H) PURPOSE OF GRANT OR ASSISTANCE: CRITICAL MOLD ABATEMENT FOR 12

HOUSES, PRIORITIZED FOR LOW INCOME, ELDER, PREGNANT AND THOSE WITH HEALTH

RISKS TO KEEP TRIBAL MEMBERS FROM HOSPITALIZATION FOR COVID CO-HEALTH

FACTORS

NAME OF ORGANIZATION OR GOVERNMENT: BUDDY AND ANGEL'S ANIMAL RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL NEEDS FOR SICK OR INJURED

PETS OF HOMELESS OR LOW INCOME PET OWNERS OF SOUTHERN HUMBOLDT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA TRIBAL TANF PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR NATIVE TANF FAMILIES IN HUMBOLDT

AND DEL NORTE TO RECEIVE GIFT CARDS FOR FOOD, HYGIENE SUPPLIES AND

SANITATION SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: KLAMATH TRINITY CONSERVATION DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSTRUCTION, STOCKING COMMUNITY

FOOD PANTRIES, PLANTING FRONT YARD GARDENS AND STOCKING PANTRIES.

NAME OF ORGANIZATION OR GOVERNMENT:

NARCOTICS ANONYMOUS WORLD SERVICES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLYING SAFETY EQUIPMENT TO ALLOW

NATIVE ADDICTION RECOVERY GROUPS TO WORK WITH HOOPA TRIBAL OES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **HUMBOLDT AREA FOUNDATION** Employer identification number **23-7310660**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	5,078,181.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS ARE BEING LISTED.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

KNOWLEDGE SHARING AMONG INDIGENOUS LANGUAGE TEACHERS. NCF CURATED THE

RIVER AS HOME EXHIBITION, HELPED TO ADVOCATE FOR YUOK LANGUAGE TO BE

ADOPTED FOR LANGUAGE CREDITS INTO THE EUREKA PUBLIC SCHOOLS, AND

CO-FOUNDED THE HUMBOLDT STATE UNIVERSITY BIG TIME WITH NATIVE STUDENTS

AT HSU. WE CONTINUE TO ADVOCATE, CONNECT, AND SUPPORT NATIVE PEOPLES IN

THE MOVEMENTS THAT ARISE FROM WITHIN CALIFORNIA INDIGENOUS COMMUNITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NORCAN WAS ESTABLISHED IN 1999 TO SERVE THE RURAL NONPROFIT SECTOR IN

HUMBOLDT, DEL NORTE AND TRINITY COUNTIES. NORCAN EXISTS TO CONNECT

ORGANIZATIONS DOING GOOD WORK HERE, SO THAT THEY DON'T HAVE TO OPERATE

IN ISOLATION, AS WE KNOW THAT ORGANIZATIONS SHARING INFORMATION,

EXPERTISE, AND RESOURCES CAN BE MORE EFFECTIVE AND EFFICIENT IN THEIR

WORK. NORCAN HELPS THOSE ORGANIZATIONS MAKE DEEPER IMPACTS THROUGH

TRAININGS, PROFESSIONAL DEVELOPMENT, NETWORKING OPPORTUNITIES AND A

BIENNIAL CONFERENCE.

EXPENSES \$ 182,233. INCLUDING GRANTS OF \$ 0. REVENUE \$ 90,336.

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

THE TAX RETURN IS SENT TO ALL SEVEN MEMBERS OF THE FINANCE COMMITTEE FOR

REVIEW AND DISCUSSION BEFORE THE RETURN IS FILED. THE COMMITTEE MAKES A

RECOMMENDATION TO THE BOARD REGARDING THE TAX RETURN AND COPIES OF THE TAX

RETURN ARE PROVIDED TO THE BOARD AT A MONTHLY MEETING. THE FINANCE

COMMITTEE REPORTS ON THEIR REVIEW OF THE RETURN TO THE BOARD.

Name of the organization HUMBOLDT AREA FOUNDATION	Employer identification number 23-7310660
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FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL HUMBOLDT AREA FOUNDATION BOARD AND STAFF MEMBERS ANNUALLY. THE AUDIT COMMITTEE REVIEWS THE FORM ANNUALLY AND MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY. DOCUMENTS ARE REVIEWED BY THE BOARD LIAISON AND FINANCE DEPARTMENT. COMPLIANCE IS MONITORED BY ALL STAFF AND BOARD MEMBERS IN THIS SMALL COMMUNITY. INDIVIDUALS WITH A CONFLICT OF INTEREST REMOVE THEMSELVES PHYSICALLY FROM THE ROOM DURING DISCUSSION AND ABSTAIN FROM VOTING ON RELATED ISSUES.

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

COMPENSATION PROCESS FOR TOP OFFICIAL THE COMPENSATION COMMITTEE REVIEWS ISSUES SPECIFIC TO THE CEO UTILIZING COUNCIL ON FOUNDATIONS SURVEY INFORMATION SPECIFIC TO CEO COMPENSATION.

COMPENSATION PROCESS FOR OFFICERS H.A.F. PERFORMS AN ANNUAL COMPREHENSIVE REVIEW ON ALL STAFF POSITIONS IN COMPLIANCE WITH COUNCIL ON FOUNDATIONS (COF) NATIONAL STANDARDS BEST PRACTICES. ANALYSIS INCLUDES COMPARISON OF CURRENT INDIVIDUAL STAFF GROSS SALARIES WITH SIMILAR ASSET SIZE ACROSS THE NATION. ALSO INCLUDED IS LOCAL EUREKA, CALIFORNIA DATA WHICH REFLECTS AVERAGE ENTRY LEVEL COMPENSATION FOR EACH POSITION. MANAGEMENT COMPENSATION RECOMMENDATIONS ARE ALSO DECIDED BASED ON THE COMPENSATION MANUAL APPROVED BY THE FINANCE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE TAX RETURN IS INCLUDED ON THE WEBSITE OF HUMBOLDT AREA FOUNDATION AND A HARD COPY IS PROVIDED TO ANY MEMBER OF THE PUBLIC BY REQUEST.

Name of the organization HUMBOLDT AREA FOUNDATION	Employer identification number 23-7310660
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 410,276.

FISCAL SPONSORSHIP -36,110.

TOTAL TO FORM 990, PART XI, LINE 9 374,166.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **HUMBOLDT AREA FOUNDATION** Employer identification number **23-7310660**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LEAVEY RANCH, LLC - 46-3296780 363 INDIANOLA ROAD BAYSIDE, CA 95524	CHARITABLE ACTIVITIES	CALIFORNIA	162,960.	2,075,328.	HUMBOLDT AREA FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HUMBOLDT HEALTH FOUNDATION - 94-0942427 363 INDIANOLA ROAD BAYSIDE, CA 95524	SUPPORT	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMBOLDT AREA FOUNDATION		X

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

Schedule R (Form 990) 2019

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

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

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUMBOLDT HEALTH FOUNDATION	C	95,789.	AMOUNT RECEIVED
(2)			
(3)			
(4)			
(5)			
(6)			

