

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
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.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 **and ending** JUN 30, 2019

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 \$ 41,381,795.
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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	53
	6 Total number of volunteers (estimate if necessary)	6	150
	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 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,813,371.	7,563,427.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	334,747.	330,516.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,437,768.	2,590,219.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	69,457.	51,817.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,655,343.	10,535,979.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,223,914.	4,564,058.
	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)	2,635,940.	3,102,963.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 364,091.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,652,166.	1,603,550.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,512,020.	9,270,571.
19 Revenue less expenses. Subtract line 18 from line 12	4,143,323.	1,265,408.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	120,451,126.	132,134,544.
	22 Net assets or fund balances. Subtract line 21 from line 20	21,825,352.	31,377,444.
		98,625,774.	100,757,100.

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
	Firm's name ▶ YH ADVISORS, INC. Firm's address ▶ 5882 BOLSA AVENUE, SUITE 100 HUNTINGTON BEACH, CA 92649	Check if self-employed <input type="checkbox"/>	PTIN P00401346
		Firm's EIN ▶ 45-3269313	Phone no. 310-982-2803

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 \$ 7,261,149. including grants of \$ 4,223,869.) (Revenue \$ 244,297.) HAF DISTRIBUTES GRANTS AND SCHOLARSHIPS FOCUSED ON COMMUNITY BUILDING, YOUTH SERVICES, HEALTH AND WELLNESS, ART AND CULTURE, AND MUCH MORE. HAF SUPPORTS THE HUMBOLDT HEALTH FOUNDATION TO PROVIDE ADDITIONAL RESOURCES FOR HEALTH AND DENTAL CARE, AND PARTNERS WITH EIGHT OTHER LOCAL FUNDERS THROUGH THE NORTH COAST GRANT MAKING PARTNERSHIP TO COLLABORATIVELY STRENGTHEN IMPACT IN THE REGION. SINCE 1972, MORE THAN \$80 MILLION IN GRANTS AND SCHOLARSHIPS HAVE BEEN AWARDED TO LOCAL COMMUNITIES.

4b (Code:) (Expenses \$ 525,905. including grants of \$ 340,189.) (Revenue \$ 90,976.) INITIATED AND LEAD BY NATIVE PEOPLES, THE NATIVE CULTURES FUND IS A PARTNERSHIP BETWEEN NATIVE NATIONS, THE HUMBOLDT AREA FOUNDATION, THE WILLIAM AND FLORA HEWLETT FOUNDATION, AND OTHER DONORS. THE PROGRAM SUPPORTS THE TRANSMISSION OF KNOWLEDGE BETWEEN GENERATIONS THROUGH THE RENAISSANCE OF CALIFORNIA NATIVE ART CULTURE, SACRED SITES, AND LANGUAGE DEVELOPMENT.

4c (Code:) (Expenses \$ 170,633. including grants of \$) (Revenue \$) 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 151,164. including grants of \$) (Revenue \$)

4e Total program service expenses 8,108,851.

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, Yes, No. Rows 22-38 covering various organizational requirements.

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, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

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 in 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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 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. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) KATHRYN LOBATO CHAIR	5.00	X		X				0.	0.	0.
(2) MARY KEEHN VICE CHAIR	5.00	X		X				0.	0.	0.
(3) ZURETTI GOOSBY SECRETARY	5.00	X		X				0.	0.	0.
(4) JULIE FULKERSON DIRECTOR	5.00	X						0.	0.	0.
(5) DENNIS RAEI DIRECTOR	5.00	X						0.	0.	0.
(6) MARYLYN PAIK NICELY DIRECTOR	5.00	X						0.	0.	0.
(7) CHARLEEN JORDAN DIRECTOR	5.00	X						0.	0.	0.
(8) JOHN MCBETH DIRECTOR	5.00	X						0.	0.	0.
(9) RAQUEL ORTEGA DIRECTOR	5.00	X						0.	0.	0.
(10) CAROL RISCHÉ DIRECTOR	5.00	X						0.	0.	0.
(11) PATRICK CLEARY EXECUTIVE DIRECTOR	40.00			X				132,323.	0.	22,222.
(12) DEBORAH DOWNS DIRECTOR OF FINANCE	40.00			X				94,525.	0.	12,669.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (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. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Question text, Yes/No checkboxes. Questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address NONE, (B) Description of services, (C) Compensation. Includes a total row for line 2.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 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	3,070.				
	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	7,560,357.				
	g Noncash contributions included in lines 1a-1f: \$		2,945,873.				
	h Total. Add lines 1a-1f		7,563,427.				
Program Service Revenue	2 a FISCAL SPONSORSHIP	Business Code	900099	239,540.	239,540.		
	b WORKSHOP / CONFERENCE	Business Code	900099	90,976.	90,976.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			330,516.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,570,212.		2,570,212.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	55,587.				
		(ii) Personal					
		b Less: rental expenses	28,920.				
		c Rental income or (loss)	26,667.				
	d Net rental income or (loss)			26,667.	4,757.	21,910.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	29,852,593.				
		(ii) Other	984,310.				
		b Less: cost or other basis and sales expenses	29,766,896.	1,050,000.			
		c Gain or (loss)	85,697.	-65,690.			
	d Net gain or (loss)			20,007.		20,007.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a LEGAL SETTLEMENT		900099	25,000.			25,000.	
b OTHER		900099	150.			150.	
c							
d All other revenue							
e Total. Add lines 11a-11d			25,150.				
12 Total revenue. See instructions			10,535,979.	335,273.	0.	2,637,279.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 ...	3,721,014.	3,721,014.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	843,044.	843,044.		
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	268,669.	152,831.	52,632.	63,206.
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	2,219,073.	1,826,318.	232,017.	160,738.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	165,643.	129,090.	25,578.	10,975.
9 Other employee benefits	244,978.	203,101.	25,036.	16,841.
10 Payroll taxes	204,600.	163,749.	23,009.	17,842.
11 Fees for services (non-employees):				
a Management				
b Legal	2,594.		2,594.	
c Accounting	42,540.		42,540.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	108,694.		108,694.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	293,090.	230,773.	62,317.	
12 Advertising and promotion	141,557.	97,530.	10,331.	33,696.
13 Office expenses	42,337.	24,889.	11,831.	5,617.
14 Information technology	151,221.	94,116.	32,213.	24,892.
15 Royalties				
16 Occupancy	212,644.	179,547.	17,380.	15,717.
17 Travel	108,167.	100,669.	4,230.	3,268.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	228,174.	211,239.	9,553.	7,382.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	107,660.	18,748.	88,912.	
23 Insurance	35,579.	8,766.	25,906.	907.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a WORKSHOP	47,634.	47,634.		
b EQUIPMENT	46,258.	26,534.	16,714.	3,010.
c YEARBOOK	18,713.	18,713.		
d GRANT EXPENSE	9,306.	9,306.		
e All other expenses	7,382.	1,240.	6,142.	
25 Total functional expenses. Add lines 1 through 24e	9,270,571.	8,108,851.	797,629.	364,091.
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	1,451,915.	1	1,563,826.
	2 Savings and temporary cash investments	828,767.	2	1,470,392.
	3 Pledges and grants receivable, net	3,496,223.	3	696,255.
	4 Accounts receivable, net	2,256.	4	450.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	65,618.	9	81,353.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,914,918.		
	b Less: accumulated depreciation	10b 1,309,442.	4,713,135.	10c 4,605,476.
	11 Investments - publicly traded securities	105,980,660.	11	109,945,775.
	12 Investments - other securities. See Part IV, line 11	919,762.	12	11,758,585.
	13 Investments - program-related. See Part IV, line 11	1,942,790.	13	2,012,432.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,050,000.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	120,451,126.	16	132,134,544.	
Liabilities	17 Accounts payable and accrued expenses	403,263.	17	294,413.
	18 Grants payable	713,386.	18	963,804.
	19 Deferred revenue	1,598.	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,707,105.	25	30,118,512.
	26 Total liabilities. Add lines 17 through 25	21,825,352.	26	31,377,444.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	84,879,272.	27	92,881,230.
	28 Temporarily restricted net assets	7,715,497.	28	2,173,072.
	29 Permanently restricted net assets	6,031,005.	29	5,702,798.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	98,625,774.	33	100,757,100.	
34 Total liabilities and net assets/fund balances	120,451,126.	34	132,134,544.	

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	10,535,979.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,270,571.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,265,408.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	98,625,774.
5	Net unrealized gains (losses) on investments	5	1,817,801.
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 in Schedule O)	9	-951,883.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	100,757,100.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in 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?		X
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 in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2018)

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

2018

Open to Public Inspection

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,958,284.	4,930,415.	4,671,645.	8,813,871.	7,563,427.	31,937,642.
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	5,958,284.	4,930,415.	4,671,645.	8,813,871.	7,563,427.	31,937,642.
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)						4,582,026.
6 Public support. Subtract line 5 from line 4.						27,355,616.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	5,958,284.	4,930,415.	4,671,645.	8,813,871.	7,563,427.	31,937,642.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	2,356,452.	2,430,671.	2,097,004.	2,799,347.	2,625,799.	12,309,273.
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.)	11,127.	11,051.	18,163.	14,439.	25,150.	79,930.
11 Total support. Add lines 7 through 10						44,326,845.
12 Gross receipts from related activities, etc. (see instructions)					12	1,478,183.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	61.71 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	69.03 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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"/>

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

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.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (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? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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).		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.)

Multiple horizontal lines for supplemental information.

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

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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
--	--

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/>	\$ 2,253,515.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 842,622.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 404,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 344,214.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" 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 _____ _____ _____	\$ 2,253,515.	06/30/19
4	STOCK DONATION _____ _____ _____	\$ 344,214.	06/30/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

2018

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	200	
2 Aggregate value of contributions to (during year)	2,625,897.	
3 Aggregate value of grants from (during year)	2,021,787.	
4 Aggregate value at end of year	12,171,581.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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 are a 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 programs
- 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	5,696,125.	5,695,125.	5,863,800.	6,706,041.	6,900,148.
b Contributions	6,673.	1,000.			9,000.
c Net investment earnings, gains, and losses			11,980.	-163,548.	240,601.
d Grants or scholarships				205,906.	230,900.
e Other expenditures for facilities and programs			180,655.	5,033.	7,280.
f Administrative expenses				104,686.	114,539.
g End of year balance	5,702,798.	5,696,125.	5,695,125.	6,226,868.	6,797,030.

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 Temporarily restricted 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		3,388,708.	1,118,323.	2,270,385.
c Leasehold improvements		56,697.		56,697.
d Equipment		218,057.	191,119.	26,938.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,605,476.

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	11,758,585.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	11,758,585.	

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	28,524,901.
(3) OBLIGATIONS UNDER SPLIT INTEREST AGREEMENTS	1,593,611.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	30,118,512.

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 FIN 48 (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	12,589,538.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,817,801.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	206,838.
e	Add lines 2a through 2d	2e	2,024,639.
3	Subtract line 2e from line 1	3	10,564,899.
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	-28,920.
c	Add lines 4a and 4b	4c	-28,920.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,535,979.

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	10,462,214.
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	1,191,643.
e	Add lines 2a through 2d	2e	1,191,643.
3	Subtract line 2e from line 1	3	9,270,571.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,270,571.

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 QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFORE, HAS NO

PROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUNDATION QUALIFIES

FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION 170(B)(1)(A)

AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE

FOUNDATION UNDER SECTION 509(A)(2). THE SUPPORTING ORGANIZATION MEETS THE

REQUIREMENTS OF IRC SECTION 509(A)(3). HOWEVER, THE FOUNDATION IS SUBJECT

TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS

Part XIII Supplemental Information (continued)

AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION.

NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM

ANY UNRELATED BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO

THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

THE FOUNDATION EVALUATES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC

740-10-25-6, INCOME TAXES, WHEREBY THE EFFECT OF UNCERTAINTY WOULD BE

RECORDED IF THE TAX POSITIONS WILL MORE LIKELY THAN NOT BE SUSTAINED UPON

EXAMINATION. AS OF JUNE 30, 2019, THE FOUNDATION HAD NO UNCERTAIN TAX

POSITIONS REQUIRING ACCRUAL OR DISCLOSURE.

THE FEDERAL INCOME TAX RETURNS OF THE FOUNDATION FOR FISCAL YEARS ENDED

JUNE 30, 2018, 2017, AND 2016 ARE SUBJECT TO EXAMINATION BY THE INTERNAL

REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SUPPORTING ORGANIZATION'S REVENUE	304,160.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	11,372.
INVESTMENT FEES	-108,694.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	206,838.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-28,920.
-----------------	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUPPORTING ORGANIZATION'S EXPENSES	198,901.
RENTAL EXPENSES	28,920.
FISCAL SPONSORSHIP	1,072,516.

Part XIII Supplemental Information *(continued)*

INVESTMENT FEES -108,694.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,191,643.

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

2018

**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
211 HUMBOLDT P.O. BOX 6683 EUREKA, CA 95502	46-5092911	501(C)(3)	14,512.	0.			FINANCIAL ASSISTANCE FOR FAMILIES IN NEED
ADULT DAY HEALTH CARE OF MAD RIVER P.O. BOX 1115 3800 JANES RD ARCATA, CA 95518	94-3005997	501(C)(3)	6,050.	0.			SUPPORT FOR VARIOUS PROGRAMS
AMERICAN CANCER SOCIETY 611 HARRIS ST EUREKA, CA 95503	13-1788491	501(C)(3)	58,896.	0.			AMERICAN CANCER SOCIETY SUPPORT AND RELAY FOR LIFE
AMERICAN RIVER NATURAL HISTORY ASSOCIATION - 2850 SAN LORENZO WAY - CARMICHAEL, CA 95608	94-2766075	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
ARCATA ECONOMIC DEVELOPMENT CORP 707 K ST EUREKA, CA 95501	94-2674882	501(C)(3)	6,000.	0.			DEL NORTE MICROENTERPRISE SUPPORT AND LEMONADE DAY SUPPORT
ARCATA HOUSE PARTNERSHIP 1005 11TH ST ARCATA, CA 95521	94-3163269	501(C)(3)	5,100.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 121.

3 Enter total number of other organizations listed in the line 1 table ▶ 2.

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
ARCATA PLAYHOUSE 1251 9TH ST ARCATA, CA 95521	26-0383637	501(C)(3)	16,200.	0.			PROGRAM SUPPORT
ARCATA POLICE DEPARTMENT 736 F STREET ARCATA, CA 95521	94-2186507	GOV	20,000.	0.			ARCATA POLICE DEPARTMENT UPGRADE TO BUILDING SECURITY
AREA 1 AGENCY ON AGING 434 7TH ST EUREKA, CA 95521	94-2673039	501(C)(3)	6,180.	0.			SUPPORTING GENERAL OPERATIONS AND SURVEY WORK
ASCEND WILDERNESS EXPERIENCE P.O. BOX 3263 WEAVERVILLE, CA 96093	59-3822430	501(C)(3)	6,800.	0.			SUPPORT FOR YOUTH WILDERNESS BACKPACK TRIPS
BAYSIDE PRIDE, INC P.O. BOX 342 BAYSIDE, CA 95524	74-3116092	501(C)(3)	115,000.	0.			PROGRAM SUPPORT FOR BAYSIDE COMMUNITY HALL
BETTY KWAN CHINN HOMELESS FOUNDATION - 133 7TH ST - EUREKA, OR 95501	46-1413135	501(C)(3)	62,500.	0.			SUPPORTING HOMELESS WORK OF THE FOUNDATION
BIG LAGOON SCHOOL 269 BIG LAGOON PARK RD TRINIDAD, CA 95570	38-3946064	501(C)(3)	11,500.	0.			RESILIENCE BUILDING EXPERIENCES FOR YOUTH
BLESS THE BEASTS OF HUMBOLDT COUNTY - 378 WILDWOOD AVENUE - RIO DELL, CA 95562	68-0417175	501(C)(3)	31,840.	0.			BLESS THE BEASTS 2019 SPAY AND NEUTER PROGRAM
BLUE LAKE UNION ELEMENTARY SCHOOL P.O. BOX 268 BLUE LAKE, CA 95525		GOV	10,000.	0.			HEALTHY, ACTIVE, FIT CLINIC

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
BOYS AND GIRLS CLUB OF THE REDWOODS - 939 HARRIS ST - EUREKA, CA 95503	94-2184464	501(C)(3)	11,970.	0.			SUPPORT OF THE BOYS & GIRLS CLUB
BREAST & GYN HEALTH PROJECT 987 8TH STREET ARCATA, CA 95521	65-1205183	501(C)(3)	54,776.	0.			BREAST HEALTH PROJECT SUPPORT
BROOKINGS HARBOR COMMUNITY THEATER 97900 SHOPPING CENTER AVE BROOKINGS, OR 97415	27-3690170	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
CALIFORNIA INDIAN BASKETWEAVERS ASSN. - 428 MAIN STREET - WOODLAND, CA 95695	68-0290749	501(C)(3)	10,000.	0.			FOLLOWING THE SMOKE II
CASA OF DEL NORTE 579 HWY 101 S CRESCENT CITY, CA 95531	68-0484676	501(C)(3)	5,200.	0.			SUPPORTING FOSTER KIDS AND THE WORK OF CASA
CHURCH OF THE ASSUMPTION OF THE BLESSED VIRGIN MARY - P.O. BOX 1097 - FERNDALE, CA 95536	94-1219134	501(C)(3)	8,184.	0.			ASSUMPTION BUILDING RENOVATION FUND
CITY OF ARCATA 736 F STREET ARCATA, CA 95521	94-2186507	GOV	343,545.	0.			SUPPORT OF VARIOUS PROGRAMS INCLUDING FUTSAL PROJECT, TRAILS AND DAY CAMP
CITY OF EUREKA 531 K STREET EUREKA, CA 95501	94-6000328	GOV	12,398.	0.			PROGRAM SUPPORT
CLARKE HISTORICAL MUSEUM 240 E STREET EUREKA, CA 95501	94-1651124	501(C)(3)	7,511.	0.			MUSEUM 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
COLLEGE OF THE REDWOODS FOUNDATION 7351 TOMPKINS HILL RD EUREKA, CA 95501	94-1603509	501(C)(3)	10,000.	0.			THE REDWOODS ROOM AND BOARD SCHOLARSHIP
COLLEGE OF THE REDWOODS 7351 TOMPKINS HILL RD EUREKA, CA 95501	94-2022980	501(C)(3)	68,028.	0.			PROGRAM SUPPORT AND SCHOLARSHIPS
COMPANION ANIMAL FOUNDATION 88 SUNNYBRAE CENTER ARCATA, CA 95521	94-3244839	501(C)(3)	42,040.	0.			COMPANION ANIMAL CENTER SUPPORT
COOPERATION HUMBOLDT 840 E STREET, SUITE 16 EUREKA, CA 95501	95-4126989	501(C)(3)	41,000.	0.			PROGRAM SUPPORT
DEL NORTE CHILD CARE COUNCIL 212 K STREET CRESCENT CITY, CA 95531	94-2820925	501(C)(3)	20,600.	0.			PROGRAM SUPPORT INCLUDING WONDERBUS AND REDWOODS SUMMER
DEL NORTE COUNTY UNIFIED SCHOOL DISTRICT - 301 W WASHINGTON BLVD - CRESCENT CITY, CA 95531	646002153	GOV	107,587.	0.			PROGRAM SUPPORT
DHHS - MATERNAL, CHILD, AND ADOLESCENT HEALTH - 908 SEVENTH ST. - EUREKA, CA 95501	94-6000513	GOV	10,207.	0.			PROGRAM AND FAMILY SUPPORT
EASTERN OREGON UNIVERSITY #1 UNIVERSITY BLVD. LA GRANDE, OR 97805	93-6030669	501(C)(3)	18,155.	0.			SCHOLARSHIPS
ENVIRONMENTAL PROTECTION INFORMATION CENTER - 145 G STREET, SUITE A - ARCATA, CA 95521	94-2798433	501(C)(3)	10,800.	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
EUREKA RESCUE MISSION PO BOX 76 EUREKA, CA 95502	94-6135983	501(C)(3)	13,954.	0.			FOOD FOR COMMUNITY MEALS AND MEN'S SHELTER ROOFING
FAITH CENTER FOURSQUARE CHURCH 1032 BAY STREET EUREKA, CA 95501	95-1684062	501(C)(3)	10,000.	0.			E.P.I./HUMBOLDT COUNTY COMMUNITY COLLABORATIVE
FAMILY RESOURCE CENTER OF THE REDWOODS - 494 PACIFIC AVENUE - CRESCENT CITY, CA 95531	81-2675618	501(C)(3)	6,392.	0.			PROGRAM SUPPORT
FERN COTTAGE FOUNDATION P.O. BOX 1286 2121 CENTERVILLE ROA FERNDAL, CA 95536	94-3060700	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
FIRST 5 HUMBOLDT 325 - 2ND ST, STE 201 EUREKA, CA 95501	68-0462363	501(C)(3)	15,345.	0.			PROGRAM SUPPORT
FOOD FOR PEOPLE 307 W. 14TH ST EUREKA, CA 95501	94-2772549	501(C)(3)	192,218.	0.			FOOD FOR PEOPLE SUPPORT
FORTUNA ROTARY FOUNDATION P.O. BOX 1002 FORTUNA, CA 95540	45-4156012	501(C)(3)	35,600.	0.			FORTUNA ROTARY SCHOLARSHIPS
FORTUNA SENIOR CENTER P.O. BOX 336 FORTUNA, CA 95540	45-4156012	501(C)(3)	11,118.	0.			SENIOR CENTER SUPPORT
FORTUNA UNION HIGH SCHOOL DISTRICT 379 - 12TH ST FORTUNA, CA 95540	94-6002186	501(C)(3)	8,412.	0.			SUPPORT OF THE SCIENCE, AG AND ATHLETICS DEPARTMENTS

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
FRESNO BUILDING HEALTHY COMMUNITIES - P.O. BOX 7694 - FRESNO, CA 93747	81-3711032	501(C)(3)	9,000.	0.			COMMUNICATIONS SPECIALIST & RE-GRANT
FRIENDS OF THE DUNES P.O. BOX 186 ARCATA, CA 95518	68-0373871	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
GATEWAY EDUCATION OF THE WILD RIVERS COAST - 900 NORTHCREST DR #105 - CRESCENT CITY, CA 95531	27-3728067	501(C)(3)	8,750.	0.			PROGRAM SUPPORT INCLUDING YOUTH ENTREPRENEURIALSHIP AND STEM OPPORTUNITIES
GLEN PAUL SCHOOL 2501 CYPRESS AVENUE EUREKA, CA 95503	94-6000513	501(C)(3)	30,820.	0.			SUPPORT OF THE SCHOOL
HEALY SENIOR CENTER OF SOUTHERN HUMBOLDT, INC. - P.O. BOX 1849 - REDWAY, CA 95560	94-2762224	501(C)(3)	28,166.	0.			HEALY CENTER NUTRITION PROGRAMS AND MEALS
HEART OF THE REDWOODS HOSPICE 464 MAPLE LANE GARBERVILLE, CA 95542	68-0397698	501(C)(3)	20,560.	0.			PROGRAM SUPPORT
HEYDAY INSTITUTE P.O. BOX 9145 BERKELEY, CA 94709	94-3268357	501(C)(3)	5,500.	0.			PUBLICATION OF FRANK LAPENA'S BOOK
HMONG CULTURAL CENTER OF DEL NORTE COUNTY - 1675 ARLINGTON DRIVE - CRESCENT CITY, CA 95531	47-2989909	501(C)(3)	6,750.	0.			PROGRAM SUPPORT
HOOPA ELEMENTARY SCHOOL P.O. BOX 1308 HOOPA, CA 95546	94-6002186	GOV	8,000.	0.			CREATING A WELCOMING SCHOOL

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
HOSPICE OF HUMBOLDT 3327 TIMBER FALL COURT EUREKA, CA 95503	94-2499333	501(C)(3)	50,289.	0.			HOSPICE SUPPORT
HSU SPONSORED PROGRAMS FOUNDATION 1 HARPST ST SBS #285 ARCATA, OR 95521	94-6050071	501(C)(3)	129,704.	0.			PROGRAM SUPPORT INCLUDING WRIGHT REFUGE RADIO BILINGUE
HUMANE SOCIETY OF DEL NORTE P.O. BOX 1500 CRESCENT CITY, CA 95531	68-0038293	501(C)(3)	16,020.	0.			HSDN SPAY & NEUTER PROJECT AND HEALTHY CRITTERS 2019
HUMBOLDT ANIMAL RESCUE TEAM P.O. BOX 253 8 WEST 6TH STREET CUTTEN, CA 95534	46-5666951	501(C)(3)	12,500.	0.			HUMBOLDT ANIMAL RESCUE TEAM
HUMBOLDT AREA CENTER FOR HARM REDUCTION - P.O. BOX 7365 - EUREKA, CA 95502	47-2822261	501(C)(3)	10,800.	0.			PROGRAM SUPPORT
HUMBOLDT ASSOCIATION OF REALTORS "TOYS FOR KIDS" - 527 W. WABASH AVE. - EUREKA, CA 95501	94-1600047	501(C)(6)	26,621.	0.			2018 TOYS FOR KIDS DONATION
HUMBOLDT COUNTY LIBRARY 1313 - 3RD ST EUREKA, CA 95501	94-6000513	501(C)(3)	32,910.	0.			LIBRARY SUPPORT
HUMBOLDT COUNTY SUPERIOR COURT 421 I STREET EUREKA, CA 95501		GOV	7,200.	0.			WELLNESS COURT INCENTIVES
HUMBOLDT DOG OBEDIENCE 2030 HOLLY STREET EUREKA, HI 95503	68-0024232	501(C)(3)	11,865.	0.			TERRI LOCKETT MEMORIAL SPAY/NEUTER FUND

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
HUMBOLDT LITERACY PROJECT 537 G ST, STE 203 EUREKA, CA 95501	68-0024232	501(C)(3)	9,449.	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)	75,138.	0.			SENIOR RESOURCE CENTER SUPPORT
HUMBOLDT SENIOR RESOURCE CENTER-ALZHEIMER CARE CENTER - 1910 CALIFORNIA STREET - EUREKA, CA 95501	94-2261434	501(C)(3)	44,071.	0.			ALZHEIMER CARE CENTER AND PARKINSON'S SUPPORT
HUMBOLDT SENIOR RESOURCE CENTER-NUTRITION - 1910 CALIFORNIA STREET - EUREKA, CA 95501	94-2261434	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
HUMBOLDT SPAY/NEUTER NETWORK P.O. BOX 7236 EUREKA, CA 95502	20-0729293	501(C)(3)	61,780.	0.			SPAY/NEUTER ASSISTANCE PROGRAM
HUMBOLDT YOUTH SOCCER LEAGUE P.O. BOX 6784 EUREKA, CA 95502	68-0080353	501(C)(3)	6,300.	0.			POSITIVE COACHING ALLIANCE
INK PEOPLE CENTER FOR THE ARTS 525 - 7TH ST EUREKA, CA 95501	94-3056179	501(C)(3)	56,439.	0.			PROGRAM SUPPORT
KEET-TV, REDWOOD EMPIRE PUBLIC TELEVISION - P.O. BOX 13 7246 HUMBOLDT HILL RD. - EUREKA, CA 95502	94-1658168	501(C)(3)	28,500.	0.			KEET SUPPORT
KIWANIS FAMILY HOUSE 2875 50TH ST SACRAMENTO, CA 95817	68-0016996	501(C)(3)	5,900.	0.			SUPPORT OF KIWANIS FAMILY HOUSE

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
KNEELAND FIRE PROTECTION DISTRICT 6201 GREENWOOD HEIGHTS DRIVE KNEELAND, CA 95549	68-0041406	501(C)(4)	8,145.	0.			PROGRAM SUPPORT
LEAVEY RANCH, LLC 363 INDIANOLA ROAD BAYSIDE, CA 95524	46-3296780	501(C)(3)	113,550.	0.			RANGELAND MANAGEMENT RESEARCH AND GENERAL SUPPORT
LOCALLY DELICIOUS P.O. BOX 309 ARCATA, CA 95518	27-3186261	501(C)(3)	5,100.	0.			PROGRAM SUPPORT
MAD RIVER ALLIANCE P.O. BOX 1252 BLUE LAKE, CA 95525	81-3360776	501(C)(3)	35,500.	0.			PROGRAM SUPPORT
MATTOLE RESTORATION COUNCIL P.O. BOX 160 PETROLIA, CA 95558	68-0037149	501(C)(3)	13,000.	0.			WORKFORCE INNOVATION AND OPPORTUNITIES
MATTOLE VALLEY RESOURCE CENTER P.O. BOX 191 PETROLIA, CA 95558	68-0010786	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
MCKINLEYVILLE SENIOR CENTER 1620 PICKETT RD MCKINLEYVILLE, CA 95519	68-0339978	501(C)(3)	13,400.	0.			PROGRAM SUPPORT INCLUDING HOLIDAY MEALS
MCKINLEYVILLE UNION SCHOOL DISTRICT - 2275 CENTRAL AVENUE - MCKINLEYVILLE, CA 95519	94-6002186	501(C)(3)	11,400.	0.			PROGRAM SUPPORT
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

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
MIRANDA'S RESCUE 1603 SANDY PRAIRIE ROAD FORTUNA, CA 95540	68-0417389	501(C)(3)	6,144.	0.			SUPPORT OF MIRANDA'S RESCUE
NATIVE WOMEN'S COLLECTIVE 1307 PARKSIDE DR MCKINLEYVILLE, CA 95519	27-1230591	501(C)(3)	20,000.	0.			KEWOY KEECH REEEK INITIATIVE - DRESS MAKING & NWC/SBI TRAFFICKING COLLABORATION
NORTH COAST RAPE CRISIS TEAM P.O. BOX 1011 EUREKA, CA 95502	94-2646740	501(C)(3)	9,115.	0.			CHECK IT FOR ARCATA HIGH SCHOOL
NORTH COAST REPERTORY THEATRE 300 - 5TH ST EUREKA, CA 95501	68-0380567	501(C)(3)	9,750.	0.			PROGRAM SUPPORT
NORTHCOAST REGIONAL LAND TRUST P.O. BOX 398 BAYSIDE, CA 95524	68-0456290	501(C)(3)	33,750.	0.			PROGRAM SUPPORT
OPEN DOOR COMMUNITY HEALTH CENTERS 670 9TH STREET, SUITE 203 ARCATA, CA 95521	95-2671433	501(C)(3)	61,250.	0.			ARCATA COMMUNITY HEALTH CENTER AND FAMILY SUPPORT
OREGON STATE UNIVERSITY, OFFICE OF FINANCIAL AID & SCHOLARSHIPS - 218 KERR ADMINISTRATION BLDG - CORVALLIS, OR 97331	48-1278540	501(C)(3)	18,155.	0.			SCHOLARSHIPS
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520	48-1278540	501(C)(3)	55,183.	0.			PROGRAM SUPPORT
PLANNED PARENTHOOD NORTHERN CALIFORNIA - EUREKA - 3225 TIMBER FALL COURT, SUITE B - EUREKA, CA 95503	94-1575233	501(C)(3)	10,000.	0.			SEXUAL/REPRODUCTION HEALTH EDUCATION FOR UNDERSERVED HUMBOLDT RESIDENTS

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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PLAYHOUSE ARTS 1251 9TH ST. ARCATA, CA 95521	26-0383637	501(C)(3)	14,850.	0.			PROGRAM SUPPORT
PUBLIC VET - NEUTER SCOOTER 2336 LINDEN HILL RD BLOOMINGTON, IN 47401	81-4581936	501(C)(3)	23,000.	0.			PUBLIC VET - THE HUMBOLDT PROJECT
QUARTZ VALLEY INDIAN RESERVATION 13601 QUARTZ VALLEY ROAD FT. JONES, CA 96032	68-0173957	501(C)(3)	6,400.	0.			QVIR BASKETRY PROJECT
REACHING FOR INDEPENDENCE, INC. 609 14TH STREET FORTUNA, CA 95540	20-3067798	501(C)(3)	7,000.	0.			REPLACEMENT AND REPAIR OF VAN WHEELCHAIR LIFT
REDWAY ELEMENTARY SCHOOL P.O. BOX 369 REDWAY, CA 95560	94-6002186	501(C)(3)	6,660.	0.			TO PROVIDE ANNUAL SUPPORT FOR DISCRETIONARY SPENDING BY THE TEACHERS OF REDWAY ELEMENTARY
REDWOOD ART ASSOCIATION 603 F ST EUREKA, CA 95501	94-6138212	501(C)(3)	5,310.	0.			SUPPORT FOR REDWOOD ARTS ASSOCIATION
REDWOOD COAST VILLAGE P.O. BOX 2843 MCKINLEYVILLE, CA 95519	81-3712463	501(C)(3)	7,000.	0.			TRILLIUM SCHOLARSHIP PROGRAM AND PROGRAM SUPPORT
REDWOOD COMMUNITY ACTION AGENCY 904 G STREET EUREKA, CA 95501	94-2646370	501(C)(3)	29,989.	0.			PROGRAM SUPPORT
REDWOOD PALS RESCUE P.O. BOX 2913 MCKINLEYVILLE, CA 95519	61-1655383	501(C)(3)	19,900.	0.			SPAY/NEUTER, VACCINATIONS, AND FOOD FOR HOMELESS-OWNED DOGS IN HUMBOLDT 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.)

(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
REDWOOD SCHOOL 301 W. WASHINGTON CRESCENT CITY, CA 95531		GOV	20,898.	0.			PROGRAM SUPPORT
REDWOODS MONASTERY 18104 BRICELAND-THORN RD WHITETHORN, CA 95589	94-1640741	501(C)(3)	29,410.	0.			MONASTERY SUPPORT
REDWOODS MONASTERY 18104 BRICELAND-THORN RD WHITETHORN, CA 95589	94-1640741	501(C)(3)	29,410.	0.			MONASTERY SUPPORT
RESIGHINI RANCHERIA P.O. BOX 529 KLAMATH, CA 95548	94-2482661	501(C)(3)	5,700.	0.			TRADITIONAL SWEATHOUSE
RIVER LIFE FOUNDATION P.O. BOX 384 FORTUNA, CA 95540	30-0521906	501(C)(3)	6,400.	0.			PROGRAM SUPPORT
ROTARY CLUB OF ARCATA SUNRISE FOUNDATION - P.O. BOX 4197 - ARCATA, CA 95518	20-8490867	501(C)(3)	10,000.	0.			RCAS BOARD DISCRETION
ROTARY CLUB OF EUREKA SIGN SMITH FUND - P.O. BOX 65 - EUREKA, CA 95502	46-4130657	501(C)(3)	30,740.	0.			SERVICE PROJECTS
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DR - CHICAGO, IL 60693	36-3245072	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SAVE THE REDWOODS LEAGUE 111 SUTTER ST, 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	25,000.	0.			REDWOOD GENOME 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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SEQUOIA HUMANE SOCIETY 6073 LOMA AVE EUREKA, CA 95503	23-7102713	501(C)(3)	92,782.	0.			HUMANE SOCIETY SUPPORT
SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES, INC. - P.O. BOX 4569 - ARCATA, CA 95518	56-2410108	501(C)(3)	43,600.	0.			PROGRAM SUPPORT
ST. JOSEPH HOME CARE 2127 HARRISON AVE. STE. #3 EUREKA, CA 95501	56-2410108	501(C)(3)	6,416.	0.			HOME HEALTH SUPPORT
ST. JOSEPH HOSPITAL - PAIN CLINIC 2700 DOLBEER STREET EUREKA, CA 95501	94-1156596	501(C)(3)	10,123.	0.			SUPPORT FOR EVERGREEN LODGE AND MEDICAL ASSISTANCE FOR FAMILIES IN NEED
ST. MARY'S CHURCH 1690 JANES ROAD ARCATA, CA 95521	94-1156596	501(C)(3)	21,531.	0.			SUPPORT THE WORK OF ST. MARY'S CHURCH
TREES FOUNDATION 439 MELVILLE RD GARBERVILLE, CA 95542	68-0259810	501(C)(3)	10,000.	0.			NORTH COAST SALMON PEOPLE PROJECT
TRINIDAD COASTAL LAND TRUST P.O. BOX 457 TRINIDAD, CA 95570	94-2552913	501(C)(3)	27,050.	0.			LAND TRUST SUPPORT
TRINIDAD SCHOOL EDUCATION FOUNDATION - P.O. BOX 3030 - TRINIDAD, CA 95570	68-0357357	501(C)(3)	10,650.	0.			PROGRAM SUPPORT
TRINITY CENTER VOLUNTEER FIRE DEPARTMENT - P.O. BOX 191 - TRINITY CENTER, CA 96091	20-2499395	501(C)(3)	6,500.	0.			FIRE TRUCK REPAIR

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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TRINITY COMMUNITY FOOD OUTREACH, INC. - P.O. BOX 500 - LEWISTON, CA 96052	47-3459942	501(C)(3)	8,205.	0.			PROGRAM SUPPORT INCLUDING FOOD PANTRY
TSNUNGWE OF CALIFORNIA P.O. BOX 368 SALYER, CA 95563	68-0305282	501(C)(3)	9,500.	0.			TSNUNGWE STICK GAME FIELD RESTORATION
UNITED STATES BOWLING CONGRESS - HUMBOLDT - 2427 SPRING ST - 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)	16,771.	0.			PROGRAM SUPPORT
VETERANS FOR PEACE P.O. BOX 87 SAMOA, CA 95564	77-0596127	501(C)(3)	5,800.	0.			AGAINST THE WIND/PEACE PROJECT & FESTIVAL
WILLOW CREEK CHRISTIAN SCHOOL P.O. BOX 1568 WILLOW CREEK, CA 95573	68-0005517	501(C)(3)	12,023.	0.			SCHOLARSHIPS FOR SCHOOL ENROLLMENT
WILLOW CREEK YOUTH PARTNERSHIP - DREAM QUEST - P.O. BOX 609 - WILLOW CREEK, CA 95573	68-0477682	501(C)(3)	9,300.	0.			DREAM QUEST 2019 SUMMER PROGRAM AND OTHER PROGRAM SUPPORT
YOUNG FAMILY RANCH, INC. P.O. BOX 3246 WEAVERVILLE, CA 96093	68-0483865	501(C)(3)	23,450.	0.			PROGRAM SUPPORT
DRY CREEK POMO TRADITIONAL DANCERS P.O. BOX 321 FORESTVILLE, CA 95436	94-3172760	501(C)(3)	8,000.	0.			ROUNDHOUSE COMPLETION

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	25	96,153.	0.		
HEALTH AND WELLBEING	7	9,385.	0.		
SCHOLARSHIPS	467	737,506.	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:

GRANTEES ARE REQUIRED TO SIGN A CONTRACT THAT DESCRIBES THE USE OF THE FUNDS. THE CONTRACT ALSO REQUIRES GRANTEES TO SUBMIT BOTH A NARRATIVE AND A FINANCIAL REPORT DOCUMENTING THE ORGANIZATION'S ACTIVITIES WITH THE GRANT FUNDS AND THE SPECIFIC USES OF GRANT FUNDS IF THE GRANT AMOUNT IS OVER \$2,000.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: REDWAY ELEMENTARY SCHOOL

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ANNUAL SUPPORT FOR

DISCRETIONARY SPENDING BY THE TEACHERS OF REDWAY ELEMENTARY SCHOOL FOR

TEACHING AIDS, SUPPLIES AND PROGRAMS NOT ORDINARILY FUNDED

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK CLEARY EXECUTIVE DIRECTOR	(i)	132,323.	0.	0.	10,586.	11,636.	154,545.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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	9	2,945,873.	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) 2018

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

2018

Open to Public
Inspection

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

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

HUMBOLDT COUNTY PRIDES ITSELF ON BEING A VERY CONNECTED AND WELCOMING

COMMUNITY. THE TRUTH IS THAT MANY PEOPLE OF COLOR IN HUMBOLDT

COMMUNITIES FEEL UNSAFE, UNWELCOME AND EXPERIENCE DISCRIMINATION -- IN

SHORT, THEIR EXPERIENCES ARE NOT EQUITABLE TO THOSE OF PEOPLE WHO

IDENTIFY AS WHITE. MOST OF US DON'T WANT THAT TO BE TRUE. HOWEVER, WE

CAN'T CHANGE THIS UNLESS WE UNDERSTAND HOW THESE DIFFERENCES MANIFEST

INDIVIDUALLY, INSTITUTIONALLY AND COLLECTIVELY, AND ADDRESS RACIAL

INEQUITIES ACROSS ORGANIZATIONS AND AT EVERY LEVEL OF SOCIETY. THAT'S

WHY WE HAVE TAKEN ON A MULTI-YEAR INITIATIVE TO DO JUST THAT: THE

EQUITY ALLIANCE OF THE NORTH COAST.

CASCADIA CENTER FOR LEADERSHIP ASPIRES TO BE A REGIONALLY RECOGNIZED

LEADERSHIP DEVELOPMENT INSTITUTE THAT INSPIRES AND ENABLES CURRENT AND

EMERGING LEADERS AT ALL LEVELS AND IN EVERY SECTOR TO: (1) RUN

SUCCESSFUL ORGANIZATIONS (SERVE CUSTOMERS AND CLIENTS, MAINTAIN

SOLVENCY, AND REWARD STAKEHOLDERS OR SHAREHOLDERS) (2) ENGAGE AND

COLLABORATE IN SUBSTANTIVE WAYS WITH PEOPLE INSIDE THEIR ORGANIZATIONS

AND IN SURROUNDING COMMUNITIES (3) MAKE DECISIONS THAT HELP

ORGANIZATIONS AND COMMUNITIES PROSPER NOW AND ENSURE THE ABILITY OF

COMING GENERATIONS TO PROSPER IN THE FUTURE

EXPENSES \$ 151,164. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED DURING THE TAX YEAR END 6/30/19 TO UPDATE THE BOARD

OF DIRECTORS COMPOSITION.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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

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.

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

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

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	11,372.
INTERFUND TRANSFERS	109,261.
FISCAL SPONSORSHIP	-1,072,516.
TOTAL TO FORM 990, PART XI, LINE 9	-951,883.

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

2018

Open to Public Inspection

Name of the organization <p style="text-align: center;">HUMBOLDT AREA FOUNDATION</p>	Employer identification number <p style="text-align: center;">23-7310660</p>
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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	163,560.	2,183,049.	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		LINE 12A, I	HUMBOLDT AREA FOUNDATION		X

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

Schedule R (Form 990) 2018

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for providing supplemental information.