

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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 \$ 19,339,174.
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 H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	
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			
J Website: ▶ WWW.HAFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			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 2021 (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	85
	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, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,592,135.	13,944,074.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	388,337.	372,104.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,175,903.	4,843,030.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,074.	43,285.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,192,449.	19,202,493.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	7,403,477.	8,711,966.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,269,362.	3,596,640.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,230,989.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,369,440.	1,782,690.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,042,279.	14,091,296.
19 Revenue less expenses. Subtract line 18 from line 12	1,150,170.	5,111,197.	
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)	172,334,910.	149,379,870.
	22 Net assets or fund balances. Subtract line 21 from line 20	39,912,291.	35,368,981.
		132,422,619.	114,010,889.

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 BRIAN YACKER	Date 05/05/23	Check if self-employed <input type="checkbox"/>	PTIN P00401346
	Firm's name ▶ BAKER TILLY US, LLP	Firm's EIN ▶ 39-0859910	Phone no. 949.222.2999		
	Firm's address ▶ 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 9,153,686. including grants of \$ 6,709,661.) (Revenue \$ 372,104.) FOR FIVE DECADES, THE HUMBOLDT AREA FOUNDATION - JOINED SINCE 2004 BY THE WILD RIVERS COMMUNITY FOUNDATION - HAS PROUDLY SERVED THE COUNTIES OF HUMBOLDT, TRINITY, AND DEL NORTE IN CALIFORNIA AND CURRY COUNTY IN SOUTHERN OREGON. THE FOUNDATION ALSO HONORS THE TERRITORIES OF 27 NATIVE AMERICAN NATIONS, RESERVATIONS, RANCHERIAS, AND THEIR DESCENDANTS. THROUGH THE GENEROSITY OF REGIONAL AND NATIONAL DONORS AND PHILANTHROPY, THE FOUNDATION HAS AWARDED MORE THAN \$100 MILLION IN GRANTS AND SCHOLARSHIPS SINCE 1972.

4b (Code:) (Expenses \$ 1,284,883. including grants of \$ 1,124,745.) (Revenue \$) INITIATED AND LED 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, NATIVE FIRE PRACTICES AND LANGUAGE DEVELOPMENT.

4c (Code:) (Expenses \$ 460,510. including grants of \$ 460,510.) (Revenue \$) THE DISASTER RESPONSE & RESILIENCE FUND PROVIDES CRITICAL RESOURCES DURING DISASTERS, INCLUDING PUBLIC HEALTH EMERGENCIES, FIRES, DROUGHTS, EARTHQUAKES, FLOODING, AND OTHER NATURAL AND MAN-MADE EVENTS, AND AIMS TO BUILD CAPACITY WITHIN OUR COMMUNITIES TO HELP MITIGATE FUTURE DISASTERS. THROUGH RESPONSIVE GRANTMAKING IN CLOSE COLLABORATION WITH ORGANIZATIONS THAT ARE DEEPLY EMBEDDED IN AND KNOW THE NEEDS OF THEIR COMMUNITIES, THE FUND SUPPORTS THOSE IMPACTED MOST TO GET THROUGH AND RECOVER FROM DISASTER AND BUILD A MORE RESILIENT REGION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 417,050. including grants of \$ 417,050.) (Revenue \$)

4e Total program service expenses 11,316,129.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, OR
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SARAH MILLSAP - (707) 442-2993 363 INDIANOLA ROAD, BAYSIDE, CA 95524

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) BRYNA LIPPER CEO	40.00 1.25			X				216,811.	0.	26,198.
(2) GINA ZOTTOLA VP ADVANCEMENT & PHILAN. INNOVATION	40.00 1.25			X				124,230.	0.	21,288.
(3) LINDSIE BEAR VP STRATEGY, PROGRAM & COMMS. SOLUTI	40.00 1.25			X				125,431.	0.	17,641.
(4) SARAH MILLSAP VP OF FINANCE AND ADMINISTRATION	40.00 2.00			X				125,478.	0.	10,709.
(5) SARA DRONKERS CHIEF OF STAFF	40.00 1.25			X				117,339.	0.	17,162.
(8) PATRICK CLEARY THRU 08/21 DIR OF COMMUNITY PROSPERITY & INVEST	40.00 1.25			X				71,667.	0.	14,882.
(10) MARY KEEHN CHAIR	16.00 1.25	X		X				0.	0.	0.
(11) RAQUEL ORTEGA VICE CHAIR	10.00 1.25	X		X				0.	0.	0.
(12) CHARLEEN JORDAN SECRETARY	10.00 1.25	X		X				0.	0.	0.
(13) JUDGE ABBY ABINANTI DIRECTOR	10.00 1.25	X						0.	0.	0.
(14) DINA MOORE DIRECTOR	10.00 1.25	X						0.	0.	0.
(15) DENNIS RAEI DIRECTOR	10.00 1.25	X						0.	0.	0.
(16) CHRISTINA HUFF DIRECTOR	10.00 1.25	X						0.	0.	0.
(17) JOHN MCBETH DIRECTOR	10.00 1.25	X						0.	0.	0.
(18) DAVID FINIGAN DIRECTOR	10.00 1.25	X						0.	0.	0.
(19) MARYLYN PAIK NICELY DIRECTOR	10.00 1.25	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	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	13,944,074.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,419,629.				
	h Total. Add lines 1a-1f			13,944,074.			
Program Service Revenue	2 a FISCAL SPONSOR FEES	Business Code					
		900099	334,249.	334,249.			
	b WORKSHOP / CONFERENCE	900099	37,855.	37,855.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			372,104.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,783,549.			2,783,549.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
			54,966.				
	b Less: rental expenses ...	6b	11,681.				
	c Rental income or (loss)	6c	43,285.				
	d Net rental income or (loss)			43,285.		43,285.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			2,054,481.	130,000.			
	b Less: cost or other basis and sales expenses	7b	0.	125,000.			
	c Gain or (loss)	7c	2,054,481.	5,000.			
d Net gain or (loss)			2,059,481.		2,059,481.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			19,202,493.	372,104.	0.	4,886,315.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,638,788.	7,638,788.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,073,178.	1,073,178.		
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	836,179.	275,275.	348,650.	212,254.
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	2,061,997.	1,045,881.	396,114.	620,002.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	125,438.	72,754.	32,614.	20,070.
9 Other employee benefits	347,319.	127,355.	91,042.	128,922.
10 Payroll taxes	225,707.	130,910.	58,684.	36,113.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,108.		13,108.	
c Accounting	45,275.		45,275.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	145,442.		145,442.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	398,835.	372,300.	19,036.	7,499.
12 Advertising and promotion	165,340.	41,941.	42,723.	80,676.
13 Office expenses	173,901.	44,426.	98,192.	31,283.
14 Information technology	207,775.	61,942.	107,284.	38,549.
15 Royalties				
16 Occupancy	148,089.	79,370.	50,553.	18,166.
17 Travel	12,620.	7,200.	3,318.	2,102.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	279,782.	270,265.	812.	8,705.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	113,220.	54,604.	43,121.	15,495.
23 Insurance	51,045.	14,138.	30,041.	6,866.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	17,295.	378.	16,705.	212.
b REPAIRS AND MAINTENANCE	10,963.	5,424.	1,464.	4,075.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	14,091,296.	11,316,129.	1,544,178.	1,230,989.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,395,283.	1	6,053,660.
	2 Savings and temporary cash investments	1,601,283.	2	1,380,091.
	3 Pledges and grants receivable, net	826,881.	3	1,986,718.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	60,237.	9	92,960.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,595,777.		
	b Less: accumulated depreciation	10b 1,492,720.	4,468,725.	10c 4,103,057.
	11 Investments - publicly traded securities	144,146,795.	11	126,840,612.
	12 Investments - other securities. See Part IV, line 11	14,843,641.	12	6,825,374.
	13 Investments - program-related. See Part IV, line 11	1,992,065.	13	2,097,398.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	172,334,910.	16	149,379,870.	
Liabilities	17 Accounts payable and accrued expenses	475,676.	17	669,076.
	18 Grants payable	998,678.	18	926,202.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	565,487.	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	37,872,450.	25	33,773,703.
	26 Total liabilities. Add lines 17 through 25	39,912,291.	26	35,368,981.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	123,270,382.	27	104,481,694.
	28 Net assets with donor restrictions	9,152,237.	28	9,529,195.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	132,422,619.	32	114,010,889.
33 Total liabilities and net assets/fund balances	172,334,910.	33	149,379,870.	

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	19,202,493.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,091,296.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,111,197.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	132,422,619.
5	Net unrealized gains (losses) on investments	5	-22,982,587.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-540,340.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	114,010,889.

Part XII Financial Statements and Reporting

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

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

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,813,871.	7,563,427.	9,645,081.	9,592,135.	13,944,074.	49,558,588.
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	8,813,871.	7,563,427.	9,645,081.	9,592,135.	13,944,074.	49,558,588.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,590,523.
6 Public support. Subtract line 5 from line 4.						42,968,065.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	8,813,871.	7,563,427.	9,645,081.	9,592,135.	13,944,074.	49,558,588.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,799,347.	2,625,799.	1,833,600.	1,399,050.	2,838,515.	11,496,311.
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.)	14,439.	25,150.	2,955.			42,544.
11 Total support. Add lines 7 through 10						61,097,443.
12 Gross receipts from related activities, etc. (see instructions)					12	1,910,871.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	70.33 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	68.14 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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/>	\$ 3,358,469.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,499,744.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,001,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 615,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 481,138.	Person <input checked="" 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
2	STOCKS _____ _____ _____	\$ 1,499,744.	06/30/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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	
(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	
(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	
(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	

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

2021

Open to Public Inspection

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

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a: Reporting requirements for public service. 1b: Reporting requirements for public service with amounts. 2: Reporting requirements for financial gain with amounts.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,720,245.	5,713,144.	5,702,798.	5,696,125.	5,695,125.
b Contributions				6,673.	1,000.
c Net investment earnings, gains, and losses	14,780.	7,101.	10,346.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,735,025.	5,720,245.	5,713,144.	5,702,798.	5,696,125.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 100 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,126,456.		2,126,456.
b Buildings		3,324,144.	1,377,247.	1,946,897.
c Leasehold improvements				
d Equipment		118,567.	88,863.	29,704.
e Other		26,610.	26,610.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,103,057.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost 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	31,981,236.
(3) OBLIGATIONS UNDER SPLIT INTEREST AGREEMENTS	1,792,467.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	33,773,703.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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
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	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

THE FOUNDATION AND ITS SUPPORTING ORGANIZATION HAVE RECEIVED TAX-EXEMPT

STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX

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

REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY.

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

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

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

Part XIII Supplemental Information *(continued)*

FOUNDATION.

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

**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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COUNTY OF HUMBOLDT 825 - 5TH STREET, ROOM 126 EUREKA, CA 95501		GOV	400,000.	0.			FIRE RESPONSE CAPACITY BUILDING THROUGH NCRP
BETTY KWAN CHINN HOMELESS FOUNDATION - P.O. BOX 736 - EUREKA, CA 95502	46-1413135	501(C)(3)	312,000.	0.			GENERAL OPERATING SUPPORT
DEL NORTE COUNTY UNIFIED SCHOOL DISTRICT - 301 W. WASHINGTON BLVD. - CRESCENT CITY, CA 95531	94-6002153	501(C)(3)	291,242.	0.			SCHOLARSHIPS AND EQUIPMENT
KARUK TRIBE PO BOX 1016 HAPPY CAMP, CA 96039	94-2576572	501(C)(4)	255,827.	0.			COVID SURGE SUPPORT AND FIRE RESPONSE & CULTURAL BURNS
HOOPA VALLEY TRIBE PO BOX 1348 HOOPA, CA 95546	94-1477040	GOV	208,667.	0.			PROGRAM SUPPORT
HOSPICE OF HUMBOLDT 3327 TIMBER FALL CT EUREKA, CA 95503	94-2499333	501(C)(3)	207,386.	0.			HOSPICE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 170.

3 Enter total number of other organizations listed in the line 1 table ▶ 13.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAL POLY HUMBOLDT UNIVERSITY FOUNDATION - 1 HARPST ST - GIFT PROCESSING CENTER, SBS 285 - ARCATA, CA 95521	94-6077724	501(C)(3)	192,407.	0.			ITEPP GENERAL OPERATING SUPPORT, FOOD SOVEREIGNTY LAB, ROWING, LIBRARY AND OTHER PROGRAM SUPPORT
CULTURAL FIRE MANAGEMENT COUNCIL PO BOX 357 HOOPA, CA 95546-0357	47-5001679	501(C)(3)	166,667.	0.			CFMC CULTURAL BURN PROGRAM
QUEER HUMBOLDT P.O. BOX 45 ARCATA, CA 95518	01-0854933	501(C)(3)	143,500.	0.			GENERAL SUPPORT & MENTAL HEALTH SERVICES FOR QUEER AND TRANS YOUTH, ADULTS, AND FAMILIES
LEAVEY RANCH 363 INDIANOLA ROAD BAYSIDE, CA 95524	46-3296780	501(C)(3)	140,490.	0.			GENERAL OPERATING SUPPORT
FOOD FOR PEOPLE INC PO BOX 4922 EUREKA, CA 95502	94-2772549	501(C)(3)	133,115.	0.			FOOD FOR PEOPLE SUPPORT
ARCATA ECONOMIC DEVELOPMENT CORPORATION - 707 K ST - EUREKA, CA 95501	94-2674882	501(C)(3)	132,205.	0.			PUBLIC INVESTING AND INNOVATION PROJECT WAGES, BENEFITS AND THE STARTUP SUPPLIES
DEL NORTE HIGH SCHOOL MUSIC BOOSTERS - 1301 EL DORADO ST - CRESCENT CITY, CA 95531	68-0210461	501(C)(3)	116,500.	0.			PERFORMING ARTS CENTER SUPPORT
COOPERATION HUMBOLDT PO BOX 7248 EUREKA, CA 95502	95-4126989	501(C)(3)	110,846.	0.			OPERATING AND PROGRAM SUPPORT
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA, CA 95501	94-2261434	501(C)(3)	107,982.	0.			SENIOR RESOURCE CENTER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE ST. JOSEPH HEALTH FOUNDATION - 2700 DOLBEER STREET - EUREKA, CA 95501	81-4791043	501(C)(3)	104,435.	0.			SUPPORT FOR EQUIPMENT, EVERGREEN LODGE AND WELLNESS
WATERSHED RESEARCH AND TRAINING CENTER - PO BOX 356 - HAYFORK, CA 96041	94-3116339	501(C)(3)	103,500.	0.			PROGRAM SUPPORT
SEQUOIA HUMANE SOCIETY C/O KELSEY SAMPSON - 6073 LOMA AVE - EUREKA, CA 95503	23-7102713	501(C)(3)	96,226.	0.			HUMANE SOCIETY SUPPORT
INK PEOPLE CENTER FOR THE ARTS C/O LESLIE CASTELLANO - 627 3RD ST - EUREKA, CA 95501	94-3056179	501(C)(3)	95,075.	0.			SUPPORT FOR ASSORTED PROGRAMS
YUROK TRIBE 190 KLAMATH BLVD KLAMATH, CA 95548	68-0178020	GOV	95,000.	0.			GENERAL OPERATING SUPPORT FOR YUROK TRIBAL COURT & SUPPORT EMERGENCY WATER AND DROUGHT RESPONSE
CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION - 1 HARPST ST SBS #285 - ARCATA, CA 95521-8299	94-6050071	501(C)(3)	92,000.	0.			WRIGHT WILDLIFE REFUGE SUPPORT
KFUG COMMUNITY RADIO INC. 573 ELK VALLEY ROAD CRESCENT CITY, CA 95531	46-3769318	501(C)(3)	87,370.	0.			PROMOTING YOUTH HEALTH. SUPPORTING KFUG'S YOUTH-LED REDWOOD VOICE.
SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES - P.O. BOX 4569 - ARCATA, CA 95518	68-0027247	501(C)(3)	84,600.	0.			CENTRO DEL PUEBLO GENERAL OPERATING SUPPORT
NAACP - EUREKA BRANCH PO BOX 1434 EUREKA, CA 95502	23-7028846	501(C)(4)	79,500.	0.			GENERAL OPERATING SUPPORT AND B-BLACK SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520	13-1644147	501(C)(3)	78,860.	0.			SUPPORT FOR PROGRAMS IN HUMBOLDT COUNTY
AMERICAN CANCER SOCIETY 2942 F STREET EUREKA, CA 95501	13-1788491	501(C)(3)	70,879.	0.			AMERICAN CANCER SOCIETY SUPPORT
HUMBOLDT SPAY/NEUTER NETWORK 2606 MYRTLE AVENUE EUREKA, CA 95501	20-0729293	501(C)(3)	67,656.	0.			SUPPORT MEDICAL TREATMENT AND SPAYING AND NEUTERING OF CATS AND DOGS
KARUK TRIBE - ENDOWMENT FOR ECO-CULTURAL REVITALIZATION FUND (ORGANIZATIONAL FUN	94-2576572		65,590.	0.			PROGRAM SUPPORT
COLLEGE OF THE REDWOODS FOUNDATION C/O KEITH FLAMER - 7351 TOMPKINS HILL RD - EUREKA, CA 95501	94-1603509	501(C)(3)	65,000.	0.			FOR DEVELOPMENT OF COAD IN HUMBOLDT
TIGERS GATHERING ENERGY RESOURCE SERVICES INC - PO BOX 4440 - ARCATA, CA 95518-4440	68-0006350	501(C)(3)	60,824.	0.			SUPPORT FOR NEW FUND FOR ORGANIZATION
TRINITY COUNTY HISTORICAL SOCIETY (TCHS) C/O DON JACKSON - PO BOX 333 - WEAVERVILLE, CA 96093	23-7052120	501(C)(3)	60,000.	0.			WEAVERVILLE CHINESE CEMETERY FENCING PROJECT & GENERAL OPERATION
COFFEE CREEK VOLUNTEER FIRE DISTRICT (CCVFC) - HC2 BOX 3951 - TRINITY CENTER, CA 96091	36-4557456	501(C)(3)	52,400.	0.			EQUIPMENT FOR VFD
TRINIDAD CIVIC CLUB PO BOX 295 TRINIDAD, CA 95570	94-2750007	501(C)(3)	51,250.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - PO BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	50,616.	0.			IMMIGRATION PROPOSED SERVICES FOR DEL NORTE AND HUMBOLDT
HUMBOLDT SENIOR RESOURCE CENTER-ALZHEIMER CARE CENTER C/O MELISSA HOOVER - 1901 CALIFORNIA STREET - EUREKA, CA 95501	94-2261434	501(C)(3)	50,009.	0.			ALZHEIMER CARE CENTER SUPPORT
RODERICK/HAYFORK SENIOR NUTRITION CENTER - PO BOX 723 - HAYFORK, CA 96041	68-0112469	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
HOLY TRINITY CHURCH HECTOR ST TRINIDAD, CA 95570		RELIGIOUS ORG	50,000.	0.			GENERAL OPERATING SUPPORT
HUMBOLDT TRAILS COUNCIL P.O. BOX 7164 EUREKA, CA 95502	04-3763695	501(C)(3)	49,550.	0.			FLAIL MOWER PROJECT
COMPANION ANIMAL FOUNDATION 3954 JACOBS AVE. EUREKA, CA 95501	94-3244839	501(C)(3)	48,686.	0.			COMPANION ANIMAL CENTER SUPPORT
LOST COAST CHILDREN'S RESIDENTIAL TREATMENT CENTER - 3305 RENNER DR - FORTUNA, CA 95540	86-2911017	501(C)(3)	48,500.	0.			CRISIS STABILIZATION & RESIDENTIAL TREATMENT CENTER SUPPORT
BROOKINGS HARBOR COMMUNITY HELPERS P.O. BOX 1415 BROOKINGS, OR 97415	93-1146935	501(C)(3)	43,500.	0.			TO SUPPORT FOOD SECURITY SERVICES AND PROGRAMS
TRUE NORTH ORGANIZING NETWORK 517 - 3RD ST STE 16 EUREKA, CA 95501	47-2208314	501(C)(3)	43,000.	0.			OUTREACH AND SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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)	42,000.	0.			GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
SMITH RIVER ALLIANCE C/O GRANT WERSCHKULL - PO BOX 2129 - CRESCENT CITY, CA 95531	94-2650838	501(C)(3)	41,000.	0.			SUPPORTING THE ENVIRONMENT
TRINITY FOOD OUTREACH P.O. BOX 500 LEWISTON, CA 96052	47-3459942	501(C)(3)	38,320.	0.			FOOD SECURITY
BOYS & GIRLS CLUB OF THE REDWOODS C/O MONICA ROSE - 939 HARRIS ST - EUREKA, CA 95503	94-2184464	501(C)(3)	37,500.	0.			SUPPORTING PROGRAMS AND THE BUILDING PROJECT
COLLEGE OF THE REDWOODS FOUNDATION INVESTMENT FUND - 883 W. WASHINGTON BLVD - CRESCENT CITY, CA 95531	94-1603509	501(C)(3)	37,385.	0.			SCHOLARSHIPS
TSNUNGWE OF CALIFORNIA PO BOX 368 SALYER, CA 95563	68-0305282	501(C)(3)	35,000.	0.			LOWER TRINITY RIVER PBA ORGANIZATIONAL DEVELOPMENT AND OPERATIONS
HUMBOLDT COUNTY LIBRARY C/O CHRIS COOPER - 1313 - 3RD ST - EUREKA, CA 95501	94-6000513	GOV	34,190.	0.			LIBRARY SUPPORT
EUREKA CITY SCHOOLS C/O DR. FRED VAN VLECK - 2100 J ST - EUREKA, CA 95501	94-6000513	501(C)(3)	32,800.	0.			ASSISTANCE FOR FAMILIES
BLESS THE BEASTS OF HUMBOLDT COUNTY - 378 WILDWOOD AVENUE - RIO DELL, CA 95562	68-0417175	501(C)(3)	32,780.	0.			BLESS THE BEASTS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLEN PAUL SCHOOL 2501 CYPRESS AVENUE EUREKA, CA 95503	94-6000513	501(C)(3)	32,360.	0.			SUPPORT OF THE SCHOOL
KEE CHA-E-NAR CORPORATION PO BOX 1027 KLAMATH, CA 95548-1027	47-4098140	501(C)(3)	32,000.	0.			SUPPORT OF TO ' KEE SKUY ' SOO NEY-WO-CHEK '
PUBLIC VET - NEUTER SCOOTER 2336 LINDEN HILL RD BLOOMINGTON, IN 47401	81-4581936	501(C)(3)	32,000.	0.			SUPPORT SPAYING AND NEUTERING OF CATS AND DOGS
DEL NORTE MISSION POSSIBLE 1765 NORTHCREST DR CRESCENT CITY, CA 95531	84-3538055	501(C)(3)	31,888.	0.			OPERATING AND PROGRAM SUPPORT
TRINITY COUNTY LIFE SUPPORT P.O. BOX 2907 WEAVERVILLE, CA 96093	68-0304811	501(C)(3)	31,250.	0.			GENERAL OPERATING SUPPORT
REDWOODS MONASTERY 18104 BRICELAND-THORN RD WHITETHORN, CA 95589	94-1640741	501(C)(3)	30,870.	0.			MONASTERY SUPPORT
HUMANE SOCIETY OF DEL NORTE PO BOX 1526 CRESCENT CITY, CA 95531-1526	68-0038293	501(C)(3)	30,698.	0.			GENERAL OPERATING SUPPORT
SUTTER COAST - FEED THE ER 800 E. WASHINGTON BLVD CRESCENT CITY, CA 95531	23-7310660	501(C)(3)	30,000.	0.			MEALS FOR ALL HOSPITAL STAFF
WORLD RENEWAL PO BOX 567 HOOPA, CA 95546	86-3571651		30,000.	0.			TRACTOR AND CREW FOR CULTURAL FIREWORK

Schedule I (Form 990)

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FAMILY RESOURCE CENTER OF THE REDWOODS - 494 PACIFIC AVE - CRESCENT CITY, CA 95531	81-2675618	501(C)(3)	29,388.	0.			ASSISTANCE FOR FAMILIES IN NEED
PETROLIA VOLUNTEER FIRE DEPARTMENT PO BOX 169 PETROLIA, CA 95558	47-2863990	501(C)(3)	29,250.	0.			EQUIPMENT FOR VFD
TRINIDAD SCHOOL EDUCATION FOUNDATION C/O ANNIE LINDQUIST - PO BOX 3030 - TRINIDAD, CA 95570	68-0357357	501(C)(3)	28,250.	0.			PROGRAM SUPPORT
ROTARY CLUB OF FORTUNA C/O MELISSA COLLINS - PO BOX 1002 - FORTUNA, CA 95540	45-4156012	501(C)(3)	25,000.	0.			ROTARY CLUB OF FORTUNA SCHOLARSHIPS
ARCATA COMMUNITY POOL 1150 - 16TH ST ARCATA, CA 95521	68-0303929	GOV	25,000.	0.			PROGRAM SUPPORT
SACRED HEART PARISH 2085 MYRTLE AVE EUREKA, CA 95501	82-4682396	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
OASIS ADVOCACY & SHELTER PO BOX 932 GOLD BEACH, OR 97444	93-1030730	501(C)(3)	25,000.	0.			PROGRAM DIRECTOR POSITION AND ASL INTERPRETATION SERVICES FOR STAFF
BAY AREA VIDEO COALITION 2727 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-2403876	501(C)(3)	25,000.	0.			SUPPORTING THE OAKLAND FILM CENTER
ORLEANS VOLUNTEER FIRE DEPARTMENT PO BOX 312 ORLEANS, CA 95556	94-2572021	501(C)(4)	25,000.	0.			INDUSTRIAL WASHER, DRYER, AND GEAR LOCKERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ST. TIMOTHY'S EPISCOPAL CHURCH PO BOX 1237 BROOKINGS, OR 97415	93-0386824	501(C)(3)	24,551.	0.			COVID-19 VACCINATION CLINICS AND OUTREACH, GENERAL OPERATING COSTS
MCKINLEYVILLE COMMUNITY COLLABORATIVE - P.O. BOX 2668 - MCKINLEYVILLE, CA 95519	68-0445130	501(C)(3)	24,500.	0.			TRAINING TK-12 EDUCATORS TO LEAD EQUITY WORK IN THEIR SCHOOLS
TRINITY CENTER VOLUNTEER FIRE DEPARTMENT AUXILIARY - PO BOX 191 - TRINITY CTR, CA 96091-0191	20-2499395	501(C)(3)	23,300.	0.			SUPPORT AND EQUIPMENT FOR VFD
ST. MARY'S PARISH 1690 JANES RD ARCATA, CA 95521	94-2509590	501(C)(3)	22,725.	0.			SUPPORT THE WORK OF ST. MARY'S CHURCH
MID KLAMATH WATERSHED COUNCIL PO BOX 409 ORLEANS, CA 95556	20-1501256	501(C)(3)	22,250.	0.			VOLUNTEER SUPPORT & PURCHASE MOBILE EMERGENCY FIRE PUMP SYSTEM
HEALY SENIOR CENTER PO BOX 1849 REDWAY, CA 95560	94-2762224	501(C)(3)	21,970.	0.			SENIOR NUTRITION PROGRAMS
HEART OF THE REDWOODS COMMUNITY HOSPICE C/O JOE WHITNEY - 464 MAPLE LN - GARBERVILLE, CA 95542	68-0397698	501(C)(3)	21,090.	0.			PROGRAM SUPPORT
HMONG CULTURAL CENTER OF DEL NORTE COUNTY - 1675 ARLINGTON DRIVE - CRESCENT CITY, CA 95531	47-2989909	501(C)(3)	21,000.	0.			GENERAL OPERATING SUPPORT AND FAMILY AND COMMUNITY CONNECTION PROGRAM
NORTH COAST HEALTH IMPROVEMENT AND INFORMATION NETWORK - 2662 HARRIS STREET - EUREKA, CA 95503	27-4520226	501(C)(3)	20,841.	0.			GENDER AND RACIAL BIAS CURRICULUM & COMMUNITY INFORMATION EXCHANGE PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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2-1-1 HUMBOLDT INFORMATION AND RESOURCE CENTER - PO BOX 6683 - EUREKA, CA 95502	46-5092911	501(C)(3)	20,438.	0.			SUPPORT FOR FAMILIES IN NEED
FRIENDS OF THE EEL RIVER PO BOX 4945 ARCATA, CA 95518	68-0423026	501(C)(3)	20,000.	0.			NO COAL COALITION
CITY OF TRINIDAD P.O. BOX 390 TRINIDAD, CA 95570		GOV	20,000.	0.			SUPPORT FOR THE TRINIDAD VOLUNTEER FIRE DEPARTMENT
AMERICAN RIVER NATURAL HISTORY ASSOCIATION AKA EFFIE YEAW NATURE CENTER - 2850 SAN LORENZO WAY - CARMICHAEL, CA 95608	94-2766075	501(C)(3)	19,915.	0.			GENERAL OPERATING SUPPORT
MENDOCINO SPAY NEUTER ASSISTANCE PROGRAM - P.O. BOX 4 - TALMAGE, CA 95481	68-0237631	501(C)(3)	19,610.	0.			ANNUAL OPERATING SUPPORT FOR SPAY & NEUTER ASSISTANCE PROGRAM
OREGON STATE UNIVERSITY OFFICE OF FINANCIAL AID & SCHOLARSHIPS - CORVALLIS, OR 97331-4501	48-1278540	501(C)(3)	19,065.	0.			ABBRV: SCHOLARSHIPS
EASTERN OREGON UNIVERSITY #1 UNIVERSITY BLVD. LA GRANDE, OR 97805-2899	93-6030669	501(C)(3)	19,065.	0.			SCHOLARSHIPS
CIHUAPACTLI COLLECTIVE PO BOX 20345 PHOENIX, AZ 85036	82-4846555	501(C)(3)	18,000.	0.			SUPPORT FOR BIPOC DOULAS OF HUMBOLDT
BROOKINGS CORE RESPONSE 805 PARADISE LANE BROOKINGS, OR 97415	87-1608300		18,000.	0.			FOR EXPANSION OF HEALTH AND HOUSING PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ACCESS HUMBOLDT PO BOX 157 EUREKA, CA 95501	20-4881299	501(C)(3)	17,500.	0.			THE REDWOODS LISTENING POST
DEL NORTE CHILD CARE COUNCIL C/O MELODEE MITCHELL - 212 K ST - CRESCENT CITY, CA 95531	94-2820925	501(C)(3)	17,000.	0.			GENERAL OPERATING SUPPORT
WELL IN THE DESERT PO BOX 5312 PALM SPRINGS, CA 92263	33-0694580	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
HUMBOLDT AREA CENTER FOR HARM REDUCTION - P.O. BOX 7365 - EUREKA, CA 95502	47-2822261	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
NATIVE AMERICAN PATHWAYS PO BOX 1093 HOOPA, CA 95546	85-0726595		15,000.	0.			FIRE RESPONSE RESOURCES AND YOUTH SELF-DEFENSE
CHAGDUD GONPA FOUNDATION PO BOX 279 JUNCTION CITY, CA 96048	93-0924127	501(C)(3)	15,000.	0.			INTERIM REPAIR OF WATER INFRASTRUCTURE AS CRITICAL EMERGENCY WATER SOURCE FOR JUNCTION CITY
NORTH COAST SUBSTANCE ABUSE COUNCIL - P.O. BOX 1332 - EUREKA, CA 95502	94-2281020	501(C)(3)	15,000.	0.			TO SUPPORT CASE MANAGER POSITION FOR RECOVERY PROGRAM
REDWOOD RURAL HEALTH CENTER PO BOX 769 REDWAY, CA 95560	94-2337367	501(C)(3)	15,000.	0.			SUPPORT FOR SOUTH COUNTY HOMES FOR ALL
SEVENTH GENERATION HOUSE 934 SOUTH FORTUNA ST., SUITE B FORTUNA, CA 95540			15,000.	0.			7K FOR PARTNERSHIP FEE AND REMAINDER FOR RENT AND FACILITIES

Schedule I (Form 990)

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HUMBOLDT DOG OBEDIENCE 2030 HOLLY STREET EUREKA, CA 95503	68-0024232	501(C)(3)	14,925.	0.			SUPPORT SPAYING AND NEUTERING OF CATS AND DOGS
REDWOOD ART ASSOCIATION C/O TREASURER - 603 F ST - EUREKA, CA 95501	94-6138212	501(C)(3)	14,130.	0.			SUPPORT FOR REDWOOD ARTS ASSOCIATION
FRIENDS OF THE DUNES C/O MIKE CIPRA - PO BOX 186 - ARCATA, CA 95518-0186	68-0373871	501(C)(3)	13,360.	0.			TO SUPPORT RECREATIONAL OPPORTUNITIES AND/OR WATER QUALITY
REDWOOD COMMUNITY ACTION AGENCY 904 G STREET EUREKA, CA 95501	94-2646370	501(C)(3)	13,267.	0.			PROGRAM SUPPORT
NORTH COAST ENVIRONMENTAL CENTER C/O CAROLINE GRIFFITH - PO BOX 4259 - ARCATA, CA 95518	23-7122386	501(C)(3)	13,247.	0.			SUPPORT OF NORTH COAST ENVIRONMENTAL CENTER
MCKINLEYVILLE FAMILY RESOURCE CENTER - P.O. BOX 2668 - MCKINLEYVILLE, CA 95519	68-0445130	501(C)(3)	13,090.	0.			ASSISTANCE FOR FAMILIES IN NEED
TWO FEATHERS NATIVE AMERICAN FAMILY SERVICES - 1560 BETTY CT STE A - MCKINLEYVILLE, CA 95519	68-0285726	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
REDWOOD PALS RESCUE P.O. BOX 2913 MCKINLEYVILLE, CA 95519	61-1655383	501(C)(3)	12,856.	0.			MEDICAL TREATMENT AND REHABILITATION OF DOGS/CATS
NATIVE SONS OF THE GOLDEN WEST CHARITABLE FOUNDATION - 414 MASON ST STE 300 - SAN FRANCISCO, CA 94102	94-6094641	501(C)(3)	12,626.	0.			CLEFT PALATE FUND SUPPORT

Schedule I (Form 990)

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CHANGING TIDES FAMILY SERVICES 2259 MYRTLE AVE EUREKA, CA 95501-3325	94-2297737	501(C)(3)	12,500.	0.			TO SUPPORT MENTAL HEALTH SERVICES
NAMI - HUMBOLDT PO BOX 1225 EUREKA, CA 95502-1225	94-2665681	501(C)(3)	12,500.	0.			TO SUPPORT MENTAL HEALTH SERVICES
MIRANDA'S RESCUE 1603 SANDY PRAIRIE ROAD FORTUNA, CA 95540	68-0417389	501(C)(3)	12,344.	0.			SUPPORT RESCUE AND/OR CARE OF CATS, DOGS AND HORSES
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	12,019.	0.			GENERAL OPERATING SUPPORT
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	12,000.	0.			GENERAL SUPPORT
GATEWAY EDUCATION OF THE WILD RIVERS COAST - 900 NORTHCREST DR #105 - CRESCENT CITY, CA 95531	27-3728067	501(C)(3)	12,000.	0.			QUESTER (FOSTER YOUTH) CAMP, SUMMER DAY CAMP
MC KINLEYVILLE YOUTH FOOTBALL ASSOCIATION INCORPORATED - PO BOX 2543 - MCKINLEYVILLE, CA 95519	68-0028738	501(C)(3)	12,000.	0.			PURCHASE OF HELMETS SUPPLIES & OTHER EQUIPMENT
CHETCO ACTIVITY CENTER 550 CHETCO LANE BROOKINGS, OR 97415	93-0855877	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
WILLOW CREEK YOUTH PARTNERSHIP - DREAM QUEST - P.O. BOX 609 - WILLOW CREEK, CA 95573	68-0477682	501(C)(3)	11,800.	0.			SUMMER YOUTH PROGRAMS AND OTHER PROGRAM SUPPORT

Schedule I (Form 990)

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HUMBOLDT LITERACY PROJECT 537 G ST, STE 203 EUREKA, CA 95501	68-0062774	501(C)(3)	11,681.	0.			HEALTH INSURANCE OF THE HUMBOLDT LITERACY PROJECT EMPLOYEES AND GENERAL OPERATIONAL SUPPORT
YOUNG FAMILY RANCH P.O. BOX 3246 WEAVERVILLE, CA 96093-0307	68-0483865	501(C)(3)	11,500.	0.			SUMMER CAMP SUPPORT
THE COMMON GOOD P.O. BOX 564 PORT OXFORD, OR 97465	93-0861883	501(C)(3)	11,500.	0.			FOOD DISTRIBUTION PROGRAM
DOWN RIVER VOLUNTEER FIRE COMPANY P.O. BOX 608 BIG BAR, CA 96010	68-0257965	501(C)(3)	11,200.	0.			EQUIPMENT FOR VFD
SHRINER'S HOSPITAL FOR CHILDREN - NORTHERN CALIFORNIA - 2425 STOCKTON BLVD - SACRAMENTO, CA 95817	68-0016996	501(C)(3)	11,019.	0.			GENERAL OPERATING SUPPORT
COLLEGE OF THE REDWOODS SCHOLARSHIP OFFICE - 7351 TOMPKINS HILL ROAD - EUREKA, CA 95501	94-2022980	501(C)(3)	11,000.	0.			SCHOLARSHIPS
FORTUNA ELEMENTARY SCHOOL DISTRICT - ARTS & MUSIC FUND (ORGANIZATIONAL FUND AT H - 363 INDIANOLA RD - BAYSIDE, CA 95524		GOV	10,786.	0.			PROGRAM SUPPORT
VECTOR REHABILITATION C/O MAURA EASTMAN - 2121 MYRTLE AVE - EUREKA, CA 95501	94-2600144	501(C)(3)	10,745.	0.			PROGRAM SUPPORT
TOLOWA DEE-NI' NATION-COMMUNITY & FAMILY SERVICES - 140 ROWDY CREEK RD - SMITH RIVER, CA 95567	68-0087275	TRIBE	10,500.	0.			SUPPORT TRIBAL MEMBERS; ACCESS TO HEALTHCARE, VACCINATIONS AND FOOD SECURITY FOR FAMILIES

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AFFORDABLE HOMELESS HOUSING ALTERNATIVES - PO BOX 3794 - EUREKA, CA 95502-3794	81-0713410	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
GOLD BEACH SENIOR CENTER INC PO BOX 1277 GOLD BEACH, OR 97444	93-0861523	501(C)(3)	10,500.	0.			TO COVER 3 MONTHS OF HOMEBOUND FOOD PROGRAM FOR SENIORS
HAYFORK VALLEY SPAY AND NEUTER ASSISTANCE FUND - PO BOX 1446 - HAYFORK, CA 96041	82-3276526	501(C)(3)	10,490.	0.			SUPPORT SPAYING AND NEUTERING OF CATS AND DOGS
UNITED STATES BOWLING CONGRESS - HUMBOLDT - 166 W SUNNY SANDS RD - CATHLAMET, WA 98612	20-4416939	501(C)(3)	10,000.	0.			HUMBOLDT USBC YOUTH TROPHIES, TOURNAMENT, AND CONVENTION
GREYHOUND FRIENDS FOR LIFE PO BOX 549 FULTON, CA 95439-8861	20-5323161	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
JON FRANCIS FOUNDATION PO BOX 2235 STILLWATER, MN 55082	20-8188863	501(C)(3)	10,000.	0.			FOR PRIVATE INVESTIGATIONS WITH YUOK AND HOOPA TRIBES
ROTARY CLUB OF ARCATA SUNRISE FOUNDATION - PO BOX 4197 - ARCATA, CA 95518	20-8490867	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
UNITED INDIAN HEALTH SERVICES 1600 WEEOT WAY ARCATA, CA 95521	23-7088205	501(C)(3)	10,000.	0.			TO SUPPORT VISIONING AND STRATEGY DEVELOPMENT INCENTIVES
FASTFRIENDS GREYHOUND ADOPTION OF CALIFORNIA - 1210 N. CYPRESS ST. - LA HABRA HEIGHTS, CA 90631	33-0677770	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

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ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DR - CHICAGO, IL 60693	36-3245072	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PAY IT FORWARD HUMBOLDT C/O DESIRAE HADLEY - 326 I ST # 148 - EUREKA, CA 95501	47-5247321	501(C)(3)	10,000.	0.			FIRE RESPONSE
RON REED PO BOX 231 SOMES BAR, CA 95568	56-4064315	501(C)(3)	10,000.	0.			TAPPAS ARRA ARRA (THE MEDICINE PEOPLE/REAL PEOPLE): REVITALIZING KARUK CEREMONIAL TRAILS &
REDWOOD PARKS CONSERVANCY 1111 2ND STREET CRESCENT CITY, CA 95531	68-0084901	501(C)(3)	10,000.	0.			CONDOR REINTRODUCTION FUND & TOLOWA DUNES
DEL NORTE HABITAT FOR HUMANITY PO BOX 993 CRESCENT CITY, CA 95531	68-0417659	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SALYER COMMUNITY SERVICES DISTRICT PO BOX 235 SALYER, CA 95563	68-1366003	501(C)(3)	10,000.	0.			TO ASSIST WITH UNEXPECTED COST INCREASE FOR INSURANCE BILL
MIWOK HERITAGE CENTER 901 QUAIL CT IONE, CA 95640-5426	81-1036329	501(C)(3)	10,000.	0.			MIWOK MATERIAL CULTURE & FOODS
COUNTY OF DEL NORTE ADMINISTRATION DEPARTMENT CRESCENT CITY, CA 95531	94-2254126	501(C)(3)	10,000.	0.			3-MONTH 10K TRAUMATOLOGY SPECIALIST CONTRACT TO SUPPORT FRONTLINE HEALTH CARE WORKERS AT SUTTER
TRINIDAD LIONS CLUB PO BOX 536 TRINIDAD, CA 95570	94-2367614	501(C)(3)	10,000.	0.			ACTIVITY FUND

Schedule I (Form 990)

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TAMIEN NATION P.O. BOX 8053 SAN JOSE, CA 95155	86-1578458		10,000.	0.			TAMIEN NATION CULTURAL BURN PROGRAM
ARCATA HIGH SCHOOL 1720 M ST ARCATA, CA 95521	94-6002186	GOV	9,630.	0.			DEPARTMENT AND PROGRAM SUPPORT
AMERICAN INDIAN COUNCIL OF MARIPOSA COUNTY INC. - PO BOX 186 - MARIPOSA, CA 95338	77-0161686	501(C)(3)	9,500.	0.			MIWUK G.O.N.A.
KASHIA BAND OF POMO INDIANS OF THE STEWARTS POINT RANCHERIA - 1420 GUERNEVILLE ROAD SUITE 1 - SANTA ROSA, CA 95403-4124	94-2193845		9,500.	0.			KASHIA LANGUAGE CLASSES
GARFIELD SCHOOL DISTRICT 2200 FRESHWATER ROAD EUREKA, CA 95503		GOV	9,371.	0.			PROGRAM SUPPORT
HUMBOLDT ANIMAL RESCUE TEAM PO BOX 253 CUTTEN, CA 95534	46-5666951	501(C)(3)	9,085.	0.			SUPPORT SPAYING AND NEUTERING OF CATS AND DOGS
FORTUNA UNION HIGH SCHOOL DISTRICT 379 - 12TH ST FORTUNA, CA 95540	94-6002186	GOV	8,854.	0.			DEPARTMENT AND PROGRAM SUPPORT
NORTH COAST REGIONAL LAND TRUST C/O DAN EHRESMAN - PO BOX 398 - BAYSIDE, CA 95524	68-0456290	501(C)(3)	8,628.	0.			GENERAL OPERATING SUPPORT
REDWAY ELEMENTARY SCHOOL P.O. BOX 369 REDWAY, CA 95560	94-6002186	501(C)(3)	8,500.	0.			TEACHING AIDS, SUPPLIES AND PROGRAMS NOT ORDINARILY FUNDED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENVIRONMENTAL PROTECTION INFORMATION CENTER (EPIC) - 145 G ST STE A - ARCATA, CA 95521	94-2798433	501(C)(3)	8,250.	0.			GENERAL OPERATING SUPPORT
TRINIDAD COASTAL LAND TRUST PO BOX 457 TRINIDAD, CA 95570	94-2552913	501(C)(3)	8,076.	0.			LAND TRUST SUPPORT
WINSHIP MIDDLE SCHOOL 2500 CYPRESS AVENUE EUREKA, CA 95503	94-6002186	501(C)(3)	8,000.	0.			MUSIC TRUST FUND
UNITED METHODIST CHURCH OF THE JOYFUL HEALER - 1944 CENTRAL AVE. - MCKINLEYVILLE, CA 95519		RELIGIOUS ORG	8,000.	0.			FOOD SECURITY
CITY OF EUREKA 531 K STREET EUREKA, CA 95501		GOV	7,800.	0.			MURAL APPRENTICE PROGRAM FOR EUREKA STREET ART FESTIVAL & SUPPORT FOR FAMILIES
ARCATA HOUSE PARTNERSHIP C/O DARLENE SPOOR - 1005 - 11TH ST - ARCATA, CA 95521	94-3163269	501(C)(3)	7,600.	0.			GENERAL OPERATING SUPPORT
WEAVERVILLE LIONS CLUB PO BOX 386 WEAVERVILLE, CA 96093	81-2850129	501(C)(3)	7,500.	0.			MONUMENT FIRE EVACUEE SUPPORT
PELICAN BAY ATHLETIC ORGANIZATION PO BOX 373 FORT DICK, CA 95538	81-3752777	501(C)(3)	7,500.	0.			YOUTH ENTREPRENEURSHIP
ASSUMPTION GREEK ORTHODOX CHURCH C/O FATHER JACOB SAYLOR - 8202 EAST CACTUS RD - SCOTTSDALE, AZ 85260	86-0909004	501(C)(3)	7,500.	0.			OPERATING AND PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURRY GENERAL HOSPITAL HEALTH NETWORK - 94220 FOURTH STREET - GOLD BEACH, OR 97444	93-0937095	501(C)(3)	7,500.	0.			STAFF APPRECIATION GIFT CARD RAFFLE
HEYDAY INSTITUTE PO BOX 9145 BERKELEY, CA 94709	94-3268357	501(C)(3)	7,500.	0.			CALIFORNIA NATIVE COOKBOOK
EUREKA RESCUE MISSION PO BOX 76 EUREKA, CA 95502	94-6135983	501(C)(3)	7,057.	0.			FOOD SECURITY
EUREKA CHURCH OF THE NAZARENE 2039 E STREET EUREKA, CA 95501	23-7370462	501(C)(3)	7,000.	0.			MOPS PROGRAM SUPPORT
MERCY'S HAVEN PO BOX 607 BLUE LAKE, CA 95525	47-4261878	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
REDWOOD TEEN CHALLENGE 2212 2ND STREET EUREKA, CA 95501	68-0358004	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
PROVIDENCE ST. JOSEPH HOSPITAL - HOME CARE - 2127 HARRISON AVE. STE. #3 - EUREKA, CA 95501	81-4791043	501(C)(3)	6,736.	0.			HOME HEALTH SUPPORT
LIFE PLAN HUMBOLDT 2037 BLAKE ROAD MCKINLEYVILLE, CA 95519	84-4757743	501(C)(3)	6,500.	0.			SUPPORTING COMMUNICATIONS AND RESEARCH AROUND AGING-IN-PLACE FACILITIES
MCKINLEYVILLE LIONS CLUB 1885 OCEAN DRIVE MCKINLEYVILLE, CA 95519	23-7408622	501(C)(3)	6,290.	0.			WINTER EXPRESS CHILDRENS PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAST & GYN HEALTH PROJECT C/O ROSE GALE-ZOELLICK - 987 - 8TH ST - ARCATA, CA 95521	65-1205183	501(C)(3)	6,220.	0.			BREAST HEALTH PROJECT SUPPORT
CASA OF DEL NORTE C/O CHRISTINE SLETTE - 579 HWY 101 S - CRESCENT CITY, CA 95531	68-0484676	501(C)(3)	6,200.	0.			GENERAL SUPPORT
HAYFORK COMMUNITY CENTER PO BOX 1101 HAYFORK, CA 96041-1101	31-1638910	501(C)(3)	6,000.	0.			NEW HEATING/COOLING SYSTEM FOR HCC
SEQUOIA FOOTBALL CLUB PO BOX 554 EUREKA, CA 95502	47-1502726	501(C)(3)	6,000.	0.			UNIFORMS AND EQUIPMENT FOR TWO TRAVELING SOCCER TEAMS
HOPE PROJECT PO BOX 657 NEW LEBANON, NY 12125	51-0187959	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
HOME GROWN HOST HOMES 2029 WILLIAMS STREET EUREKA, CA 95501	32-0644167	501(C)(3)	5,900.	0.			GENERAL OPERATING SUPPORT
HUMBOLDT LIBRARY FOUNDATION C/O ELIZABETH MURGUIA - PO BOX 440 - EUREKA, CA 95502-0440	91-1879359	501(C)(3)	5,732.	0.			SUPPORT OF HUMBOLDT LIBRARY FOUNDATION
REDBUD RESOURCE GROUP 2328 BROMPTON AVENUE SANTA ROSA, CA 95403	85-1919822	501(C)(3)	5,600.	0.			GOING BEYOND LAND ACKNOWLEDGEMENTS: LANDBACK DOCUSERIES
KUA'AIANA ASSOCIATES 1630 UNIVERSITY AVE #29 BERKELEY, CA 94703	26-4095133		5,516.	0.			SULU'APE KEONE NUNES VISIT TO HUMBOLDT COUNTY MAY 4-8, 2022

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CRESCENT FINANCE DEPARTMENT - 377 J STREET CRESCENT CITY - CRESCENT CITY, CA 95531	94-6000552	GOV	5,507.	0.			INSTALLATION OF A LEGACY LABYRINTH AT BEACHFRONT PARK
PLAYHOUSE ARTS C/O JACQUELINE DANDENEAU - 1251 9TH ST - ARCATA, CA 95521	26-0383637	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
CLARKE HISTORICAL MUSEUM C/O KATIE BUESCH - 240 E STREET - EUREKA, CA 95501	94-1651124	501(C)(3)	5,447.	0.			MUSEUM SUPPORT
CITY OF ARCATA 736 F STREET ARCATA, CA 95521	94-2186507	GOV	5,250.	0.			EQUITY ARCATA - HOME AWAY FROM HOME AND SUMMER CAMPS
SIERRA PACIFIC FURBABIES NORCAL DIVISION - 12523 LIMONITE SUITE 440412 - MIRA LOMA, CA 91752	46-4805576	501(C)(3)	5,075.	0.			GENERAL OPERATING SUPPORT
ADULT DAY HEALTH CARE OF MAD RIVER C/O APRIL JOYCE - PO BOX 1115 - ARCATA, CA 95518	94-3005997	501(C)(3)	5,060.	0.			PROVIDING VITAL SERVICES, INCLUDING LIFELINE, TO ELDERS NEEDING FINANCIAL ASSISTANCE

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	19	86,672.	0.		
SCHOLARSHIPS	397	986,506.	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:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: YUOK TRIBE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR YUOK

TRIBAL COURT & SUPPORT EMERGENCY WATER AND DROUGHT RESPONSE EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT: RON REED

(H) PURPOSE OF GRANT OR ASSISTANCE: TAPPAS ARRA ARRA (THE MEDICINE

PEOPLE/REAL PEOPLE): REVITALIZING KARUK CEREMONIAL TRAILS & FAMILY-BASED

MANAGEMENT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization HUMBOLDT AREA FOUNDATION	Employer identification number 23-7310660
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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	10	4,419,629.	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 V, 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.		

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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:

THE COVID-19 REGIONAL RESPONSE FUND SUPPORTS URGENT COMMUNITY NEEDS

IDENTIFIED BY OUR REGIONAL PARTNERS. THE FUND MAKES GRANTS ON A ROLLING

BASIS TO NONPROFITS, CHARITABLE ORGANIZATIONS AND PUBLIC AGENCIES

MEETING THE IMMEDIATE NEEDS OF RESIDENTS IN TRINITY, HUMBOLDT, DEL

NORTE AND CURRY COUNTIES. THE FUND'S PRIORITY IS VULNERABLE COMMUNITIES

AND THE ORGANIZATIONS THAT SUPPORT THEM. CURRENTLY, THIS INCLUDES

ORGANIZATIONS AND SERVICE PROVIDERS SERVING FIRST RESPONDERS AND

HEALTHCARE PROVIDERS, SENIORS; LOW-INCOME FAMILIES AND YOUTH;

LOW-ACCESS RESIDENTS; INDIVIDUALS WITH UNDERLYING CONDITIONS; DISABLED;

VETERANS, HOMELESS, HOUSING OR FOOD INSECURE; NATIVE AMERICANS, AT-RISK

COMMUNITIES OF COLOR; AND THOSE WITH LIMITED OR NO HEALTHCARE

RESOURCES.

EXPENSES \$ 417,050. INCLUDING GRANTS OF \$ 417,050. REVENUE \$ 0.

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

THE TAX RETURN IS SENT TO ALL 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 POLICY AND GOVERNANCE

COMMITTEE REVIEWS THE FORM ANNUALLY AND MONITORS AND ENFORCES COMPLIANCE

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

Schedule O (Form 990) 2021

Name of the organization HUMBOLDT AREA FOUNDATION	Employer identification number 23-7310660
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WITH THE POLICY. FORM RESPONSES ARE RECORDED BY HR OR THE EXECUTIVE

ASSISTANT TO THE CEO AND ARE REVIEWED BY MANAGEMENT. 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 EXECUTIVE COMMITTEE REVIEWS ISSUES SPECIFIC TO THE CEO UTILIZING

COUNCIL ON FOUNDATIONS SURVEY INFORMATION SPECIFIC TO CEO COMPENSATION.

COMPENSATION PROCESS FOR OFFICERS

H.A.F. PERFORMS AN ANNUAL COMPREHENSIVE REVIEW ON ALL STAFF POSITIONS IN

COMPLIANCE WITH COUNCIL ON FOUNDATIONS (COF) NATIONAL STANDARDS BEST

PRACTICES. ANALYSIS INCLUDES COMPARISON OF CURRENT INDIVIDUAL STAFF GROSS

SALARIES WITH SIMILAR ASSET SIZE ACROSS THE NATION. ALSO INCLUDED IS LOCAL

EUREKA, CALIFORNIA DATA WHICH REFLECTS AVERAGE ENTRY LEVEL COMPENSATION FOR

EACH POSITION. MANAGEMENT COMPENSATION RECOMMENDATIONS ARE ALSO DECIDED

BASED ON THE COMPENSATION MANUAL APPROVED BY THE FINANCE COMMITTEE AND

POLICY AND GOVERNANCE 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 -553,341.

INTERFUND 13,001.

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

TOTAL TO FORM 990, PART XI, LINE 9 -540,340.

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

2021

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LEAVEY RANCH, LLC - 46-3296780 363 INDIANOLA ROAD BAYSIDE, CA 95524	CHARITABLE ACTIVITIES	CALIFORNIA	318,783.	1,951,498.	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	SUPPORTING ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMBOLDT AREA FOUNDATION		X

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

Schedule R (Form 990) 2021

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q	X	
1r		X
1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HUMBOLDT HEALTH FOUNDATION	C	97,622.	AMOUNT RECEIVED
(2)				
(3)				
(4)				
(5)				
(6)				

