** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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



ΑΙ	For the	e 2021 calendar year, or tax year beginning JUL 1, 2021 and o	ending J	UN 30, 2022	
	Check if applicab	e: C Name of organization		D Employer identi	fication number
	Addre	e HUMBOLDT AREA FOUNDATION			
	Name	e Doing business as	23-7310660)	
	Initial		Room/suite	E Telephone numb	er
	Final return	363 INDIANOLA BOAD		(707) 442-2	
	termir ated			G Gross receipts \$	19,339,174.
	Amen return			H(a) Is this a group	return
	Applic tion	F Name and address of principal officer. DKINK HITTER		for subordinate	es? Yes X No
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
		empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach	a list. See instructions
<u>J</u> \	Websi	te: VWW.HAFOUNDATION.ORG		H(c) Group exempti	on number 🕨
		organization: X Corporation Trust Association Other	L Year	of formation: 1972	M State of legal domicile: CA
Pa		Summary			
đ	1	Briefly describe the organization's mission or most significant activities: PROMOTE		DURAGES	
Governance		GENEROSITY, LEADERSHIP & INCLUSION TO STRENGTHEN OUR COMMUNI	TIES.		
srne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	ssets.
٥ ٨	3				
		Number of independent voting members of the governing body (Part VI, line 1b)			
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			
iviti	6	Total number of volunteers (estimate if necessary)			
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		9,592,135	
ent.	9	Program service revenue (Part VIII, line 2g)	388,337		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,175,903		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36,074	/
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,192,449	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,403,477	· · ·
		Benefits paid to or for members (Part IX, column (A), line 4)			
ŝes	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,269,362	
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
Expenses	- b	Total fundraising expenses (Part IX, column (D), line 25)		1,369,440	. 1,782,690.
_	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,042,279	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,150,170	
		Revenue less expenses. Subtract line 18 from line 12			
Net Assets or	20	Total assets (Part X, line 16)		ginning of Current Year 172,334,910	
Asse	g 20		39,912,291		
Vet /	21 22	I otal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	132,422,619		
	art II	Signature Block		102,122,019	•1 •1 •1 •1 •1 •1 •1 •1 •1 •1 •1 •1 •1 •
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents and to the hest of n	ny knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			ing intowiougo and bollor, it is
	,	and sempleter boolaration of proparor (other than onloor) to baboa on an information of with			

Sign	Si	ignature of officer		D	ate						
Here	В	RYNA LIPPER, CEO									
	Ty	ype or print name and title									
	Print/Ty	/pe preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	BRIAN	YACKER	BRIAN YACKER	05/05/23	23 self-employed P00401346						
Preparer	Firm's name BAKER TILLY US, LLP					Firm's EIN 🕨 39-0859910					
Use Only	Firm's a	address 🕨 18500 VON KARMAN AVE, 10	TH FLOOR								
	IRVINE, CA 92612 Phone no.949.										
May the I	RS discu	uss this return with the preparer shown abov	ve? See instructions			X Yes	No				
						000					

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	rm 990 (2021) HUMBOLDT AREA FOUNDATION 23-73106	60 Page 2
Pa	art 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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	avnenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	•
	revenue, if any, for each program service reported.	
4a		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.	
	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.	
∆ ∧	d Other program services (Describe on Schedule O.)	
ΨU	(Expenses \$ 417,050. including grants of \$ 417,050.) (Revenue \$	
1-		1
40	Total program service expenses 11, 316, 129.	Earm 990 (2021)

Part IV	Checklist c	of Required S	chedu	ules
Form 990 (2021)	HUMBOLDT	AREA	FOUN

HUMBOLDT AREA FOUNDATION

Page 3 23-7310660

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Δ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
L	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	x	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		x
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> " <i>Yes</i> ," <i>complete Schedule E</i>	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	140		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
			000	

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HUMBOLDT AREA FOUNDATION

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х Schedule I Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // а x "Yes," complete Schedule L, Part IV 28a x b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If x 28c "Yes," complete Schedule L, Part IV х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation x contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 х 34 Part V line 1 x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 34 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable b 1b

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С (gambling) winnings to prize winners?

1c

Form	<u>990 (2021)</u> HUMBOLDT AREA FOUNDATION 23-731066	50	Р	_{age} 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			0					
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 52								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand			v					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-							
	excess parachute payment(s) during the year?	15		X					
40	If "Yes," see the instructions and file Form 4720, Schedule N.	10		v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
4-	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form	990 (2021) HUMBOLDT AREA FOUNDATION		23-731066		P	age 6			
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	hrough	7b below, and for a	"No" r	espon	se			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O								
	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	•	any other						
-	officer, director, trustee, or key employee?			2		х			
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision						
•	of officers, directors, trustees, or key employees to a management company or other person?			3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		x			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x			
6	Did the organization become aware during the year of a significant diversion of the organization s ass Did the organization have members or stockholders?	013:		6		x			
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	noint (
1a				7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			10					
D	a second s			7b		x			
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea								
8			•	8a	х				
a L	The governing body? Each committee with authority to act on behalf of the governing body?			8b	x				
9									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x			
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re			5					
		venue	Code.)		Yes	No			
102	Did the organization have local chapters, branches, or affiliates?			10a	103	x			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		affiliatos	100					
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters	, anniatos,	10b					
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ hefor	e filing the form?	11a	x				
b									
	Did the organization have a written conflict of interest policy? If "No." go to line 13			12a	х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			12.0					
•	on Schedule O how this was done	,		12c	х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	х				
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	х				
b	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a						
iou	taxable entity during the year?			16a		х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100					
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ECA, OR								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)	s only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.			.,					
	X Own website Another's website X Upon request Other (explain)	on Sc	hedule ()						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d financ	ial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records						
	SARAH MILLSAP - (707) 442-2993		· · ·						
	363 INDIANOLA ROAD, BAYSIDE, CA 95524								

Form 990 (2		23-7310660	Page 7								
Part VII	t 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.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization'	s tax year.								

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one				200	Reportable	Reportable	Estimated		
	hours per	box	box, unless p		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus T	tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the		
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		and related organizations		
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) BRYNA LIPPER	40.00				-		-					
CEO	1.25			х				216,811.	0.	26,198.		
(2) GINA ZOTTOLA	40.00											
VP ADVANCEMENT & PHILAN. INNOVATION				х				124,230.	0.	21,288.		
(3) LINDSIE BEAR	40.00											
VP STRATEGY, PROGRAM & COMMS. SOLUTI	1.25			х				125,431.	0.	17,641.		
(4) SARAH MILLSAP	40.00											
VP OF FINANCE AND ADMINISTRATION	2.00			X				125,478.	0.	10,709.		
(5) SARA DRONKERS	40.00											
CHIEF OF STAFF				X				117,339.	0.	17,162.		
<pre>(8) PATRICK CLEARY THRU 08/21</pre>	40.00											
DIR OF COMMUNITY PROSPERITY & INVEST				X				71,667.	0.	14,882.		
(10) MARY KEEHN	16.00											
CHAIR		Х		X				0.	0.	0.		
(11) RAQUEL ORTEGA	10.00											
VICE CHAIR		Х		Х				0.	0.	0.		
(12) CHARLEEN JORDAN	10.00											
SECRETARY		Х		Х				0.	0.	0.		
(13) JUDGE ABBY ABINANTI	10.00											
DIRECTOR		Х						0.	0.	0.		
(14) DINA MOORE	10.00											
DIRECTOR		Х						0.	0.	0.		
(15) DENNIS RAEL	10.00											
DIRECTOR		Х						0.	0.	0.		
(16) CHRISTINA HUFF	10.00											
DIRECTOR		Х						0.	0.	0.		
(17) JOHN MCBETH	10.00											
DIRECTOR		Х						0.	0.	0.		
(18) DAVID FINIGAN	10.00											
DIRECTOR		Х						0.	0.	0.		
(19) MARYLYN PAIK NICELY	10.00											
DIRECTOR		Х					<u> </u>	0.	0.	0.		
										- 000 (2223)		

Form 990 (2021) HUMBOLDT ARE	A FOUNDATIO	N							23-73	1066	0	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week			Posi heck r ss per nd a di	ition more rson is	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensatic from related	on		(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MK 1099-NEC)	zations compensa 99-MISC/ from the			e ion ed
1b Subtotal c Total from continuation sheets to Part VI								780,956.		0. 0.		107,	880. 0.
d Total (add lines 1b and 1c)					<u></u>			780,956.		٥.		107,	880.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			5
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," con											5		Х
Section B. Independent Contractors									100.000 (
Complete this table for your five highest co the organization. Report compensation for (A)										jensat			
Name and business	address	NOI	NE					Description of s	ervices	C		nsatio	n
2 Total number of independent contractors (i	ncludina but no	ot lin	niter	d to 1	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	-))		,e .esonou inc					

	t VII	Statement of Re	venu	le						0 Paç
		Check if Schedule O	contai	ns a respo	nse o	r note to any line	(
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ş	1 a	Federated campaigns		1a						
uno	b	Membership dues		1b						
Other Revenue Program Service Contributions, Gifts, Gran 6 8 2 7 8 0		Fundraising events								
		Related organizations								
	е	Government grants (contr	ributio	ns) 1e						
	f	All other contributions, gifts,	grants	, and						
		similar amounts not included	l above	9 1f		13,944,074.				
	g	Noncash contributions included in	lines 1a	-1f 1g \$	6	4,419,629.				
an	h	Total. Add lines 1a-1f	<u></u>		<u></u>	🕨	13,944,074.			
					-	Business Code				
Other Revenue Contributions, Gifts, Gran 6 Bevenue Contributions, Gifts, Gran 6 8 2 9 5 7 5 7 8 9 5 7 8 9 5 7 8 9 5 7 8 9 5 7 8 9 5 7 8 9 5 7 8 9 5 7 8 9 5 7 8 9 5 7 8 9 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	2 a					900099	334,249.	,		
	b	WORKSHOP/CONFERENCE]			900099	37,855.	37,855.		
	С									
	d				—					
	е									
		All other program service					272 104			
		Total. Add lines 2a-2f					372,104.			
	3	Investment income (includ					2 783 549			2 783 5
		other similar amounts)					2,783,549.			2,783,5
		Income from investment of		-	-	Г				
	5	Royalties		(i) Real		(ii) Personal				
	6 3	Gross rents	6a	54,9						
		Gross rents Less: rental expenses	6b	11,6						
Revenue		Rental income or (loss)	6c	43,2						
		Net rental income or (loss)	· · ·				43,285.			43,2
		Gross amount from sales of	″ <u> </u>	(i) Securiti	ies	(ii) Other	, -			,
		assets other than inventory	7a	2,054,4		130,000.				
	b	Less: cost or other basis								
		and sales expenses	7b		٥.	125,000.				
	с	Gain or (loss)	7c	2,054,4	81.	5,000.				
		Net gain or (loss)				►	2,059,481.			2,059,4
2		Gross income from fundraisi								
5		including \$		of						
		contributions reported on								
		Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from				►				
	9 a	Gross income from gamin	-							
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			°	▶				
	10 a	Gross sales of inventory, I								
	-	and allowances			10a					
		Less: cost of goods sold			10b					
+	С	Net income or (loss) from	sales	of inventor	у Т					
					ŀ	Business Code				
Revenue	11 a				—					
/en	b				—					
Be	c									
7		All other revenue								
	е	Total. Add lines 11a-11d		<u></u>		🕨	19,202,493.		0.	

HUMBOLDT AREA FOUNDATION

23-7310660 Page **10**

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).

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)	0.061.007	4 9 4 5 9 9 4	206.444	
7 Other salaries and wages	2,061,997.	1,045,881.	396,114.	620,002
8 Pension plan accruals and contributions (include	105 400		20 614	00 050
section 401(k) and 403(b) employer contributions)	125,438.	72,754.	32,614.	20,070
9 Other employee benefits	347,319. 225,707.	127,355.	91,042.	128,922 36,113
10 Payroll taxes	225,707.	130,910.	58,684.	36,113
11 Fees for services (nonemployees):				
a Management	13,108.		13,108.	
b Legal	45,275.		45,275.	
c Accounting	45,275.			
d Lobbying				
Professional fundraising services. See Part IV, line 17	145,442.		145,442.	
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25,	110,112.			
column (A), amount, list line 11g expenses on Sch 0.)	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 0.)				
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)				

Pa	rt X	Balance Sheet			
_		Check if Schedule O contains a response or not	te to any line	in this Part X	
			, i i i i i i i i i i i i i i i i i i i		(A) Beginning of year
	1	Cash - non-interest-bearing			4,395,283.
	2	Savings and temporary cash investments			1,601,283.
	3	Pledges and grants receivable, net			826,881.
	4	Accounts receivable, net			
	5	Loans and other receivables from any current or			
		trustee, key employee, creator or founder, subst	tantial contri	butor, or 35%	
		controlled entity or family member of any of the	se persons	L	
	6	Loans and other receivables from other disquali	fied persons	(as defined	
		under section 4958(f)(1)), and persons described	d in section 4	1958(c)(3)(B)	
	7	Notes and loans receivable, net			
	8	Inventories for sale or use			
	9				60,237.
	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.
	11	Investments - publicly traded securities			144,146,795.
	12	Investments - other securities. See Part IV, line	11		14,843,641.
	13	Investments - program-related. See Part IV, line	11		1,992,065.
	14	Intangible assets			
	15				
	16	Total assets. Add lines 1 through 15 (must equ			172,334,910.
	17	Accounts payable and accrued expenses			475,676.
	18	Grants payable			998,678.
	19	Deferred revenue			
	20	Tax-exempt bond liabilities			
	1				

	-		, ,		, ,
1	4	Intangible assets		14	
1	5	Other assets. See Part IV, line 11		15	
1	6	Total assets. Add lines 1 through 15 (must equal line 33)	172,334,910.	16	149,379,870.
1	7	Accounts payable and accrued expenses	475,676.	17	669,076.
1	8	Grants payable	998,678.	18	926,202.
1	9	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
 15 Other a 16 Total a 16 Total a 17 Accourt 18 Grants 19 Deferred 20 Tax-ext 21 Escrow 22 Loans trustee control 23 Secure 24 Unsect 25 Other I parties of Schu 26 Total II Secure 27 Net as: 28 Net as: Organi and co 29 Capital 30 Paid-in 31 Retained 32 Total n 	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	Loans and other payables to any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
<u>2</u> ا	3	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties	565,487.	24	
2	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.
2	26	Total liabilities. Add lines 17 through 25	39,912,291.	26	35,368,981.
		Organizations that follow FASB ASC 958, check here 🕨 🛽			
:		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	123,270,382.	27	104,481,694.
8 2	8	Net assets with donor restrictions	9,152,237.	28	9,529,195.
pu		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
vertication of the second seco	and complete lines 29 through 33.				
	9	Capital stock or trust principal, or current funds		29	
set 3	0	Paid-in or capital surplus, or land, building, or equipment fund		30	
As 3	81	Retained earnings, endowment, accumulated income, or other funds		31	
Pet 3	2	Total net assets or fund balances	132,422,619.	32	114,010,889.
3	3	Total liabilities and net assets/fund balances	172,334,910.	33	149,379,870.

Form 990 (2021)

(B) End of year

1

2

3 4

5

6 7 8

9

10c

11

12

13

6,053,660.

1,380,091.

1,986,718.

92,960.

4,103,057.

6,825,374.

2,097,398.

126,840,612.

Form	n 990 (2021) HUMBOLDT AREA FOUNDATION	23-731066	0	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
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.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Э.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			77	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2021	

Open to Public Inspection

BateCord ARE FORMATION 23-7310660 23-7310600 23-7310600 23-7310600 23-7310600 23-7310600 23-7310600 23-7310600 23-7310600 23-7310600 23-7310600 23-7310600 23-7310600 23-7310600 23-7310600 23-7310600 23-7310600 23-73106000 23-73106000 23-73106000 23-73106000 23-73106000 23-73106000 23-73106000 23-73106000000 23-731060000000 23-7310600000000000000000000000000000000000	Nar	ne of t			IT ON					dentification number	
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of thurches, or association of churches described in section T70(b)(1)(A)(i). A church, convention of thurches, or association of churches described in section T70(b)(1)(A)(ii). A church, convention of thurches, or association described in section T70(b)(1)(A)(ii). A church, convention of the benefit of a college or university owned or operated by a governmental unit described in section T70(b)(1)(A)(ii). Enter the hospital's name, city, and state:	P	art I				omploto th	nic part) S	oo instruction		23-7310660	
1 A church, convention of churches, or association of churches described in section 1700() (1)(A)(ii). 2 A school described in section 1700() (1)(A)(iii). 3 A neglicit createrich organization operated in conjunction with a hospital described in section 1700() (1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 1700() (1)(A)(iii). Enter the hospital's name, city, and state. 5 A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700() (1)(A)(V). Temparization the denomity receives a substanial part of its support form a governmental unit described in section 1700() (1)(A)(V). 7 An organization the denomity receives a substanial part of its support from contributions, membership fees, and gross receipts from activities present of the section 1700() (1)(A)(V). 8 A commulty trust described in section 1700() (1)(A)(V). Complete Part II.) 9 An organization the nomally receives a substanial part of its support from contributions, membership fees, and gross receipts from activities present functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support for granization after June 30, 1975. 9 An organization organizate and operated exclusively to test for public safety. See section 509(a)(2). Check the box on lines 12 and organization described in section 509(a)(1) or section 509(a)(2). See testion 509(a)(3). Check the box on lines 12 and organization described reganization operated in connecti									15.		
2 A school described in section 170(b) (1)A(kii). 3 A hospital or a cooperative hospital service organization described in section 170(b) (1)A(kiii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b) (1)A(kiii). Enter the hospital's name, ety, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b) (1)A(kii). Complete Part II) 16 A defediat, state, or local government or governmental unit described in section 170(b) (1)A(kii). (Complete Part II) 17 A n agricultural research organization described in section 170(b) (1)A(kii). Complete Part II) 18 A community trust described in section 170(b) (1)A(kii). Complete Part II) 19 An agricultural research organization described in section 170(b) (1)A(kii) operated in conjunction with a land grant college or university: 10 An organization that normally receives (1) more than 33 1/3% of 16 support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of 15 support from gross investment income and unrelated business tazable income [loss section 501(s)(A). 10 An organization organization add exclusively to the tor public safety. Sees section 502(s)(A). 12 An organization organization described in section 502(a)(1) core section 502(a)(A). Check the box on lines 12 supportid organization described		organi						AV/ A \/:\			
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Organization above (see instructions)) Yes No support (see instructions) support (see instructions)		(i		(ii) EIN		in your governi	ng document?		-		
			organization			Yes	No	support (see in	istructions)	support (see instructions)	
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Part II

HUMBOLDT AREA FOUNDATION

23-7310660

Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					-	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	8,813,871.	7,563,427.	9,645,081.	9,592,135.	13,944,074.	49,558,588.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8,813,871.	7,563,427.	9,645,081.	9,592,135.	13,944,074.	49,558,588.
	The portion of total contributions	, , -	, , -	, , -	, , .	, , .	
J	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,						
							6,590,523.
6	Column (f) Public support. Subtract line 5 from line 4.						42,968,065.
	tion B. Total Support						42,500,005.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	8,813,871.	7,563,427.	9,645,081.	9,592,135.	13,944,074.	49,558,588.
	ſ	0,010,071.	1,303,427.	5,045,001.	5,352,133.	13,544,074.	49,550,500.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,799,347.	2 625 799	1,833,600.	1,399,050.	2,838,515.	11,496,311.
•	and income from similar sources	2,155,547.	2,023,755.	1,033,000.	1,335,030.	2,030,313.	11,490,311.
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	14 420	05 150	0.055			40 544
	assets (Explain in Part VI.)	14,439.	25,150.	2,955.			42,544.
	Total support. Add lines 7 through 10						61,097,443.
	Gross receipts from related activities,						1,910,871.
13	First 5 years. If the Form 990 is for th	-		· · ·			. —
<u> </u>	organization, check this box and stop						
	tion C. Computation of Public						70.22
	Public support percentage for 2021 (li					14	70.33 %
	Public support percentage from 2020					15	68.14 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-	-	VI how the organiz	zation
	meets the facts-and-circumstances tes	st. The organization	n qualifies as a pub	olicly supported or	ganization		▶∟
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	istances test, chec	k this box and st	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	imstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	s >

Schedule A (Form 990) 2021 HUMBOLDT AREA FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		•		•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot occord thinks	fourth or fifth to		01(0)(2)	
14	First 5 years. If the Form 990 is for the	-					
Se	check this box and stop here ction C. Computation of Publi	ic Support Per					
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020		-			16	%
	ction D. Computation of Invest						,,,
	Investment income percentage for 20			ne 13. column (f))		17	%
18						18	%
	a 33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

		23-7310660	Pa	age
Pa	rt IV Supporting Organizations (continued)			
			Yes	N
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations		-	
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	tod		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			

the organization maintained a close and continuous working relationship with the supported organization(s).
By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's

supported organizations played in this regard. 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 The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
-	ine eigenization eappertea a gerenniental entity.	Describe in the the four supported a governmental entity (see instruction <u>s).</u>

- 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? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2

3

2a

2b

3a

Yes No

che	dule A (Form 990) 2021 HUMBOLDT AREA FOUNDATION			23-7310660 Page
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		Sections A through E.	(B) Current Year
ect	on A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrate	d Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Sche	dule A (Form 990) 2021 HUMBOLDT AREA FOUND	ATION		23-7310660	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued	d)	
Sect	on D - Distributions			Current '	Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	0	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distribut Amount fo	
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				

Schedule A (Form 990) 2021

Page 7

Schedule A	(Form 990) 2021	HUMBOLDI	AREA FOUNDATION	23-7310660	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and 3	rovide the explanations required by Part II, line 10; Part II, line 17a or 1 b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 a 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, V, Section E, lines 2, 5, and 6. Also complete this part for any additiona	and 2; Part IV, Section Section B, line 1e; Par	C,

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

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

Employer identification number

23-	731	06	60

HUMBOLDT	AREA	FOUNDATION

Filers of:	Section:
Form 990 or 990-EZ	X 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 \dots \blacktriangleright \$

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).

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
HUMBOLDT	AREA FOUNDATION		23-7310660
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$3,358,4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$1,499,7	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$1,001,2	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$1,000,0	D00. Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$615,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6		\$481,1	.38. Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
HUMBOLDI	F AREA FOUNDATION		23-7310660
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
	STOCKS		
2		\$1,499,	744. 06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

Schedule E	3 (Form 990) (2021)		Page 4			
Name of or			Employer identification number			
HUMBOLDT	AREA FOUNDATION		23-7310660			
Part III		b) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations			
(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, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No						
(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, a	nd 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			
F		e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			

(Form 990)	
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Supplemental Einanaial Statemente

OMB No. 1545-0047
2024
2021
Open to Public
Inspection

90	HEDULE D		OMB No. 1545-00				
	n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Stateme anization answered "Yes" on Form , 11a, 11b, 11c, 11d, 11e, 11f, 12a,	990,		202	21
	ment of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest ir	formation		Open to Inspecti	
	e of the organizati				Employe	r identification	n number
Par	t Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Fu	nde or Ac	counte		
Fai		n answered "Yes" on Form 990, Part IV, lin			counts.	Complete if th	ie
	organizatio		(a) Donor advised funds	(h) Funds ar	nd other accou	nts
-	Total number at a	ad of year		188			1113
1		nd of year	3,738,1				
2		f contributions to (during year)	2,654,2				
3 4		f grants from (during year)					
4 5		t end of year on inform all donors and donor advisors in v			<u> </u>		
5	-	on's property, subject to the organization's	-			X Yes	No
6		on inform all grantees, donors, and donor a					
U	•	poses and not for the benefit of the donor o	•••		•		
	impermissible priv				•	X Yes	No
Par		ation Easements. Complete if the org				163	
1		servation easements held by the organization					
-		of land for public use (for example, recrea	(, , , , , , , , , , , , , , , , , , ,	ion of a histo	rically impo	ortant land area	1
		f natural habitat		on of a certif			•
		n of open space					
2		through 2d if the organization held a qualif	ied conservation contribution in the	form of a cor	servation e	easement on th	e last
_	day of the tax year	c c .				at the End of th	
а					2a		
b					2b		
с	-	vation easements on a certified historic stru			2c		
d		vation easements included in (c) acquired a					
		nal Register			2d		
3		vation easements modified, transferred, rel			ation durin	g the tax	
	year 🕨						
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handlin	g of			
	violations, and enf	orcement of the conservation easements it	holds?			Yes	🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing	conservation	n easement	s during the ye	ear
	▶						
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing con	servation eas	ements du	ring the year	
	▶\$						
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section	170(h)(4)(B)(i)		_
	and section 170(h)					Yes	└── No
9		be how the organization reports conservation					
		d include, if applicable, the text of the footr	ote to the organization's financial st	atements tha	t describes	the	
De	organization's acc	ounting for conservation easements.		- Othor C	miler Ae	+ -	
Par		ations Maintaining Collections of		r Other Si	milar As	sets.	
		f the organization answered "Yes" on Form					
1 a	•	elected, as permitted under FASB ASC 95	· ·				
	,	easures, or other similar assets held for put	, ,		ce of public	;	
_	· •	Part XIII the text of the footnote to its finar				_	
b	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	exhibition, education, or research ir	furtherance	of public s	ervice,	
	provide the followi	ng amounts relating to these items:					

	(i) Revenue included on Form 990, Part VIII, line 1	•	\$_	
	(ii) Assets included in Form 990, Part X	•	\$_	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	ide	;	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1	•	\$_	
b	Assets included in Form 990, Part X	•	\$	

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

Sche	dule D (Form 990) 2021 HUMBOLDT AR	EA FOUNDATION			23	-7310660	Р	age 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	easures, or Oth	er Similar As	sets (conti	inued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	significant use o	of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	how they further th	ne organization's ex	empt purpose in	Part XIII.		
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	llection?		Yes		No
Par	t IV Escrow and Custodial Arrang					t IV, line 9, o	r	
	reported an amount on Form 990, Par		C C					
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contribution	s or other assets no	t included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII a							
	, , , , , , , , , , , , , , , , , , , ,	I I I I I I I I I I I I I I I I I I I	5			Amour	nt	
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fo					Yes		No
	If "Yes," explain the arrangement in Part XIII.				• · · · · · · · · · · · · · · · · · · ·			Ī
Par								
		(a) Current year	(b) Prior year	(c) Two years back		back (e) Fou	ir years	back
1a	Beginning of year balance	5,720,245.	5,713,144.				,695,	
b	Contributions	, , -	, , ,	, ,		573.		000.
0	Net investment earnings, gains, and losses	14,780.	7,101.	10,346	,		/	
с А	Grants or scholarships	, · •	• , = = = •	,	•			
	Other expenditures for facilities							
e								
	and programs							
	Administrative expenses	5,735,025.	5,720,245.	5,713,144	. 5,702,7	798 5	,696,	125
g	End of year balance		, ,	, ,	• 5,702,7	····	,000,	123.
2	Provide the estimated percentage of the curro	•)) held as:				
a	Board designated or quasi-endowment	.0000	_%					
	Permanent endowment 100 0000	%						
с	Term endowment .0000 g							
	The percentages on lines 2a, 2b, and 2c shou							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered for	the organization		Vee	Na
	by:						Yes	No
	(i) Unrelated organizations							X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organization					3b		
4	Describe in Part XIII the intended uses of the		wment funds.					
Fai	t VI Land, Buildings, and Equipm			See Farme 000 Davit	V line 10			
	Complete if the organization answered					1		
	Description of property	(a) Cost or o	· · · ·		Accumulated	(d) Boo	ok valu	е
		basis (investr	,	, ,	depreciation			
	Land			,126,456.			<u>,126,</u>	
	Buildings		3	,324,144.	1,377,247.	. 1	,946,	897.
С	Leasehold improvements							
	Equipment			118,567.	88,863.		29,	704.
	Other			26,610.	26,610.	-		0.
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part J	X. column (B), line 1	0c.)	►	4	,103,	057.
					Sche	edule D (For	m 990)) 2021

. .

(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)			
fotal. (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	
-	Description		(b) Book value
(1)	becomption		
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		31,981,23
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) AGENCY FUND LIABILITY	on Form 990, Part IV, line		31,981,23
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) AGENCY FUND LIABILITY (3) OBLIGATIONS UNDER SPLIT INTEREST AGREE (4)	on Form 990, Part IV, line		31,981,23
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) AGENCY FUND LIABILITY (3) OBLIGATIONS UNDER SPLIT INTEREST AGREE (4) (5)	on Form 990, Part IV, line		31,981,23
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) AGENCY FUND LIABILITY (3) OBLIGATIONS UNDER SPLIT INTEREST AGRE: (4) (5) (6)	on Form 990, Part IV, line		31,981,23
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) AGENCY FUND LIABILITY (3) OBLIGATIONS UNDER SPLIT INTEREST AGRES (4) (5) (6) (7)	on Form 990, Part IV, line		31,981,23
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) AGENCY FUND LIABILITY (3) OBLIGATIONS UNDER SPLIT INTEREST AGRES (4) (5) (6)	on Form 990, Part IV, line		(b) Book value 31,981,23 1,792,46

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

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

Sche	dule D (Form 990) 2021 HUMBOLDT AREA FOUNDATION		23-7310660 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenu	le 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		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expen	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Pa	t 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

HUMBOLDT AREA FOUNDATION

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)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		-	Attach to Form	m 990.			Open to Public Inspection
Name of the organization HUMBOLDT AREA	FOUNDATION	Go to www.ii	rs.gov/Form990 fo	r the latest morn			Employer identification number 23-7310660
Part I General Information on Grants a							23 /310000
Does the organization maintain records t criteria used to award the grants or assis Doesrike in Data N(the organization)	tance?						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiz	zations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
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) ar		-	e line 1 table				170.
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice,							

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) HUMBOLDT AREA FOUNDATION
Part II Continuation of Grants and Other Assistance to F

23-7310660 Page 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 non-cash assistance	(h) Purpose of grant or assistance
CAL POLY HUMBOLDT UNIVERSITY							ITEPP GENERAL OPERATING
FOUNDATION - 1 HARPST ST - GIFT							SUPPORT, FOOD SOVEREIGNT
PROCESSING CENTER, SBS 285 -							LAB, ROWING, LIBRARY AND
ARCATA, CA 95521	94-6077724	501(C)(3)	192,407.	0.			OTHER PROGRAM SUPPORT
CULTURAL FIRE MANAGEMENT COUNCIL PO BOX 357							CFMC CULTURAL BURN
HOOPA, CA 95546-0357	47-5001679	501(C)(3)	166,667.	0.			PROGRAM
QUEER HUMBOLDT P.O. BOX 45							GENERAL SUPPORT & MENTAL HEALTH SERVICES FOR QUEEN AND TRANS YOUTH, ADULTS,
ARCATA, CA 95518	01-0854933	501(C)(3)	143,500.	0.			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							OPERATING AND PROGRAM
EUREKA, CA 95502	95-4126989	501(C)(3)	110,846.	0.			SUPPORT
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA, CA 95501	94-2261434	501(C)(3)	107,982.	0.			SENIOR RESOURCE CENTER SUPPORT

23-7310660 Page 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 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 SUPPOR 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 GENERAI OPERATING SUPPORT
NAACP – EUREKA BRANCH PO BOX 1434 EUREKA, CA 95502	23-7028846	501(C)(4)	79,500.	0.			GENERAL OPERATING SUPPOR AND B-BLACK SUPPORT

Schedule I (Form 990)	HUMBOLDT	AREA	FOUNDATION
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23-7310660 Page 1

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpos							
organization or government	(-)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET -							SUPPORT FOR PROGRAMS IN
CONCORD, CA 94520	13-1644147	501(C)(3)	78,860.	0.			HUMBOLDT COUNTY
AMERICAN CANCER SOCIETY 2942 F STREET EUREKA, CA 95501	13-1788491	501(C)(3)	70,879.	0.			AMERICAN CANCER SOCIETY SUPPORT
	15 1700451	501(0)(3)	10,075.				
HUMBOLDT SPAY/NEUTER NETWORK 2606 MYRTLE AVENUE							SUPPORT MEDICAL TREATMENT AND SPAYING AND NEUTERING
EUREKA, CA 95501	20-0729293	501(C)(3)	67,656.	0.			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							FOR DEVELOPMENT OF COAD
HILL RD - EUREKA, CA 95501	94-1603509	501(C)(3)	65,000.	0.			IN HUMBOLDT
TIGERS GATHERING ENERGY RESOURCE SERVICES INC - PO BOX 4440 -		E01(G)(2)	CO 004				SUPPORT FOR NEW FUND FOR
ARCATA, CA 95518-4440	68-0006350	501(C)(3)	60,824.	0.			ORGANIZATION
TRINITY COUNTY HISTORICAL SOCIETY (TCHS) C/O DON JACKSON - PO BOX							WEAVERVILLE CHINESE CEMETERY FENCING PROJECT
333 - WEAVERVILLE, CA 96093	23-7052120	501(C)(3)	60,000.	0.			& 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.	Ο.			GENERAL OPERATING SUPPOR

Schedule I (Form 990) HUMBOLDT AREA FOUNDATION
Part II Continuation of Grants and Other Assistance to I

23-7310660 Page 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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE							IMMIGRATION PROPOSED
OF SANTA ROSA - PO BOX 4900 -							SERVICES FOR DEL NORTE
SANTA ROSA, CA 95402	94-2479393	501(C)(3)	50,616.	0.			AND HUMBOLDT
HUMBOLDT SENIOR RESOURCE							
CENTER-ALZHEIMER CARE CENTER C/O							
MELISSA HOOVER - 1901 CALIFORNIA							ALZHEIMER CARE CENTER
STREET - EUREKA, CA 95501	94-2261434	501(C)(3)	50,009.	0.			SUPPORT
DODEDICK (WANDODK CONTOD NUMBERTON							
RODERICK/HAYFORK SENIOR NUTRITION							
CENTER - PO BOX 723 - HAYFORK, CA 96041	68-0112469	501(0)(2)	50.000	0.			GENERAL OPERATING SUPPORT
96041	08-0112409	501(0)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
HOLY TRINITY CHURCH							
HECTOR ST							
TRINIDAD, CA 95570		RELIGIOUS ORG	50,000.	0.			GENERAL OPERATING SUPPOR
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.							COMPANION ANIMAL CENTER
EUREKA, CA 95501	94-3244839	501(0)(3)	48,686.	0.			SUPPORT
	54 5244055	501(0/(5/	40,000.				JULIONI
LOST COAST CHILDREN'S RESIDENTIAL							CRISIS STABILIZATION &
TREATMENT CENTER - 3305 RENNER DR							RESIDENTIAL TREATMENT
- FORTUNA, CA 95540	86-2911017	501(C)(3)	48,500.	0.			CENTER SUPPORT
,							
BROOKINGS HARBOR COMMUNITY HELPERS							
P.O. BOX 1415							TO SUPPORT FOOD SECURITY
BROOKINGS, OR 97415	93-1146935	501(C)(3)	43,500.	0.			SERVICES AND PROGRAMS
THE NODELL ODGANTZING NEWYORZ							
TRUE NORTH ORGANIZING NETWORK 517 - 3RD ST STE 16							

Schedule I (Form 990)	HUMBOLDT	AREA	FOUNDATION
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23-7310660 Page 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 non-cash assistance	(h) Purpose of grant or assistance
ARCATA PLAYHOUSE							
1251 9TH ST							GENERAL OPERATING SUPPOR
ARCATA, CA 95521	26-0383637	501(C)(3)	42,000.	0.			AND PROGRAM SUPPORT
SMITH RIVER ALLIANCE C/O GRANT							
WERSCHKULL - PO BOX 2129 -							SUPPORTING THE
CRESCENT CITY, CA 95531	94-2650838	501(C)(3)	41,000.	0.			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 -							SUPPORTING PROGRAMS AND
EUREKA, CA 95503	94-2184464	501(C)(3)	37,500.	0.			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							LOWER TRINITY RIVER PBA ORGANIZATIONAL DEVELOPMENT AND
SALYER, CA 95563	68-0305282	501(C)(3)	35,000.	0.			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

23-7310660 Page 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 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							SUPPORT OF TO' KEE SKUY'
KLAMATH, CA 95548-1027	47-4098140	501(C)(3)	32,000.	0.			SOO NEY-WO-CHEK'
PUBLIC VET - NEUTER SCOOTER							SUPPORT SPAYING AND
2336 LINDEN HILL RD							NEUTERING OF CATS AND
BLOOMINGTON, IN 47401	81-4581936	501(C)(3)	32,000.	0.			DOGS
DEL NORTE MISSION POSSIBLE							
1765 NORTHCREST DR							OPERATING AND PROGRAM
CRESCENT CITY, CA 95531	84-3538055	501(C)(3)	31,888.	0.			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							MEALS FOR ALL HOSPITAL
CRESCENT CITY, CA 95531	23-7310660	501(C)(3)	30,000.	0.			STAFF
WORLD RENEWAL							
PO BOX 567							TRACTOR AND CREW FOR
ноора, са 95546	86-3571651		30,000.	0.			CULTURAL FIREWORK

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
FAMILY RESOURCE CENTER OF THE							
REDWOODS - 494 PACIFIC AVE -							ASSISTANCE FOR FAMILIES
CRESCENT CITY, CA 95531	81-2675618	501(C)(3)	29,388.	0.			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,							ROTARY CLUB OF FORTUNA
CA 95540	45-4156012	501(C)(3)	25,000.	0.			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 SUPPOR
OASIS ADVOCACY & SHELTER							PROGRAM DIRECTOR POSITIO
PO BOX 932							AND ASL INTERPRETATION
GOLD BEACH, OR 97444	93-1030730	501(C)(3)	25,000.	0.			SERVICES FOR STAFF
BAY AREA VIDEO COALITION							
2727 MARIPOSA STREET							SUPPORTING THE OAKLAND
SAN FRANCISCO, CA 94110	94-2403876	501(C)(3)	25,000.	0.			FILM CENTER
ORLEANS VOLUNTEER FIRE DEPARTMENT							
PO BOX 312							INDUSTRIAL WASHER, DRYEF
ORLEANS, CA 95556	94-2572021	501(C)(4)	25,000.	0.			AND GEAR LOCKERS

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

23-7310660 Page 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 non-cash assistance	(h) Purpose of grant or assistance
ST. TIMOTHY'S EPISCOPAL CHURCH							COVID-19 VACCINATION
PO BOX 1237							CLINICS AND OUTREACH,
BROOKINGS, OR 97415	93-0386824	501(C)(3)	24,551.	0.			GENERAL OPERATING COSTS
MCKINLEYVILLE COMMUNITY							TRAINING TK-12 EDUCATORS
COLLABORATIVE - P.O. BOX 2668 -	60 0445400						TO LEAD EQUITY WORK IN
MCKINLEYVILLE, CA 95519	68-0445130	501(C)(3)	24,500.	0.			THEIR SCHOOLS
TRINITY CENTER VOLUNTEER FIRE							
DEPARTMENT AUXILIARY - PO BOX 191							SUPPORT AND EQUIPMENT FOR
- TRINITY CTR, CA 96091-0191	20-2499395	501(C)(3)	23,300.	0.			VFD
ST. MARY'S PARISH							
1690 JANES RD							SUPPORT THE WORK OF ST.
	94-2509590	F(1/a)/2	22,725.	0.			MARY'S CHURCH
ARCATA, CA 95521	94-2309390	501(C)(5)	22,725.	0.			MARI S CHURCH
MID KLAMATH WATERSHED COUNCIL							VOLUNTEER SUPPORT &
PO BOX 409							PURCHASE MOBILE EMERGENCY
ORLEANS, CA 95556	20-1501256	501(C)(3)	22,250.	0.			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							GENERAL OPERATING SUPPORT
COUNTY - 1675 ARLINGTON DRIVE -							AND FAMILY AND COMMUNITY
CRESCENT CITY, CA 95531	47-2989909	501(C)(3)	21,000.	0.			CONNECTION PROGRAM
,			, , ,				GENDER AND RACIAL BIAS
NORTH COAST HEALTH IMPROVEMENT AND							CURRICULUM & COMMUNITY
INFORMATION NETWORK - 2662 HARRIS							INFORMATION EXCHANGE
STREET - EUREKA, CA 95503	27-4520226	501(C)(3)	20,841.	0.			PROGRAM SUPPORT

Dort II	Continuation of Grants and

Schedule I (Form 990)

(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
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 DEPARTMEN
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 SUPPOR
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)	HUMBOLDT	AREA	FOUNDATION
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Part II Continuation of Grants and Other							
(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
ACCESS HUMBOLDT							
PO BOX 157							THE REDWOODS LISTENING
EUREKA, CA 95501	20-4881299	501(C)(3)	17,500.	0.			POST
DEL NORTE CHILD CARE COUNCIL C/O							
MELODEE MITCHELL - 212 K ST - CRESCENT CITY, CA 95531	94-2820925	501(C)(3)	17,000.	٥.			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.	٥.			GENERAL OPERATING SUPPORT
NATIVE AMERICAN PATHWAYS							
PO BOX 1093							FIRE RESPONSE RESOURCES
HOOPA, CA 95546	85-0726595		15,000.	0.			AND YOUTH SELF-DEFENSE
,			, ,				INTERIM REPAIR OF WATER
CHAGDUD GONPA FOUNDATION							INFRASTRUCTURE AS
PO BOX 279							CRITICAL EMERGENCY WATER
JUNCTION CITY, CA 96048	93-0924127	501(C)(3)	15,000.	0.			SOURCE FOR JUNCTION CITY
NORTH COAST SUBSTANCE ABUSE							TO SUPPORT CASE MANAGER
COUNCIL - P.O. BOX 1332 - EUREKA,							POSITION FOR RECOVERY
CA 95502	94-2281020	501(C)(3)	15,000.	٥.			PROGRAM
REDWOOD RURAL HEALTH CENTER							
PO BOX 769							SUPPORT FOR SOUTH COUNTY
REDWAY, CA 95560	94-2337367	501(C)(3)	15,000.	٥.			HOMES FOR ALL
SEVENTH GENERATION HOUSE							7K FOR PARTNERSHIP FEE
934 SOUTH FORTUNA ST., SUITE B							AND REMAINDER FOR RENT
FORTUNA, CA 95540			15,000.	0.			AND FACILITIES

Schedule I (Form 990)	HUMBOLDT	AREA	FOUNDATION
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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
HUMBOLDT DOG OBEDIENCE							SUPPORT SPAYING AND
2030 HOLLY STREET							NEUTERING OF CATS AND
EUREKA, CA 95503	68-0024232	501(C)(3)	14,925.	0.			DOGS
REDWOOD ART ASSOCIATION C/O							
TREASURER - 603 F ST - EUREKA, CA							SUPPORT FOR REDWOOD ARTS
95501	94-6138212	501(C)(3)	14,130.	0.			ASSOCIATION
FRIENDS OF THE DUNES C/O MIKE							TO SUPPORT RECREATIONAL
CIPRA - PO BOX 186 - ARCATA, CA							OPPORTUNITIES AND/OR
95518-0186	68-0373871	501(C)(3)	13,360.	0.			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							SUPPORT OF NORTH COAST
4259 - ARCATA, CA 95518	23-7122386	501(C)(3)	13,247.	0.			ENVIRONMENTAL CENTER
MCKINLEYVILLE FAMILY RESOURCE							
CENTER - P.O. BOX 2668 -							ASSISTANCE FOR FAMILIES
MCKINLEYVILLE, CA 95519	68-0445130	501(C)(3)	13,090.	0.			IN NEED
	00 0110100	501(0)(3)	15,050.				
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							MEDICAL TREATMENT AND
P.O. BOX 2913							REHABILITATION OF
MCKINLEYVILLE, CA 95519	61-1655383	501(C)(3)	12,856.	0.			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) HUMBOLDT AREA FOUNDATION
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

23-7310660 Page 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 non-cash assistance	(h) Purpose of grant or assistance
CHANGING TIDES FAMILY SERVICES							
2259 MYRTLE AVE							TO SUPPORT MENTAL HEALTH
EUREKA, CA 95501-3325	94-2297737	501(C)(3)	12,500.	0.			SERVICES
NAMI - HUMBOLDT							
PO BOX 1225							TO SUPPORT MENTAL HEALTH
EUREKA, CA 95502-1225	94-2665681	501(C)(3)	12,500.	0.			SERVICES
MIRANDA'S RESCUE							SUPPORT RESCUE AND/OR
1603 SANDY PRAIRIE ROAD							CARE OF CATS, DOGS AND
FORTUNA, CA 95540	68-0417389	501(C)(3)	12,344.	0.			HORSES
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - 501 ST. JUDE PLACE -	62 0646012	E01/(0)/(2)	12 010	0.			CENERAL OPERAMING GURDON
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							QUESTER (FOSTER YOUTH)
#105 - CRESCENT CITY, CA 95531	27-3728067	501(C)(3)	12,000.	0.			CAMP, SUMMER DAY CAMP
MC KINLEYVILLE YOUTH FOOTBALL							PURCHASE OF HELMETS
ASSOCIATION INCORPORATED - PO BOX							SUPPLIES & OTHER
2543 - MCKINLEYVILLE, CA 95519	68-0028738	501(C)(3)	12,000.	0.			EQUIPMENT
CHETCO ACTIVITY CENTER							
550 CHETCO LANE							
BROOKINGS, OR 97415	93-0855877	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
NILLON ODDER VOUMU DADMNED CUTD							
WILLOW CREEK YOUTH PARTNERSHIP - DREAM QUEST - P.O. BOX 609 -							SUMMER YOUTH PROGRAMS ANI
WILLOW CREEK, CA 95573	68-0477682		11,800.	0.			OTHER PROGRAM SUPPORT

(a) Name and address of	(h) Purpose of grant						
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	
							HEALTH INSURANCE OF THE
HUMBOLDT LITERACY PROJECT							HUMBOLDT LITERACY PROJECT
537 G ST, STE 203							EMPLOYEES AND GENERAL
EUREKA, CA 95501	68-0062774	501(C)(3)	11,681.	0.			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 CONTON COOD							
THE COMMON GOOD P.O. BOX 564							
	02 0061002	E01(0)(2)	11 500	0.			ROOD DIGEDIDIGION DROGRAM
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	94-2022980	E01(0)(2)	11 000	0.			SCHOLARSHIPS
HILL ROAD - EUREKA, CA 95501 FORTUNA ELEMENTARY SCHOOL DISTRICT	94-2022980	501(C)(3)	11,000.	υ.			SCHOLARSHIPS
- ARTS & MUSIC FUND							
(ORGANIZATIONAL FUND AT H - 363		0017	10 700	0.			
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
	22 2000174						SUPPORT TRIBAL MEMBERS;
TOLOWA DEE-NI' NATION-COMMUNITY &							ACCESS TO HEALTHCARE,
FAMILY SERVICES - 140 ROWDY CREEK							VACCINATIONS AND FOOD
RD - SMITH RIVER, CA 95567	68-0087275	L	10,500.	0.			SECURITY FOR FAMILIES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			Cash grant	assistance	(book, FMV, appraisal, other)		
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							TO COVER 3 MONTHS OF
PO BOX 1277							HOMEBOUND FOOD PROGRAM
GOLD BEACH, OR 97444	93-0861523	501(C)(3)	10,500.	0.			FOR SENIORS
HAYFORK VALLEY SPAY AND NEUTER							SUPPORT SPAYING AND
ASSISTANCE FUND - PO BOX 1446 -							NEUTERING OF CATS AND
HAYFORK, CA 96041	82-3276526	501(C)(3)	10,490.	0.			DOGS
			,				
UNITED STATES BOWLING CONGRESS -							HUMBOLDT USBC YOUTH
HUMBOLDT - 166 W SUNNY SANDS RD -							TROPHIES, TOURNAMENT, ANI
CATHLAMET, WA 98612	20-4416939	501(C)(3)	10,000.	0.			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							FOR PRIVATE
PO BOX 2235							INVESTIGATIONS WITH YUROF
STILLWATER, MN 55082	20-8188863	501(C)(3)	10,000.	0.			AND HOOPA TRIBES
ROTARY CLUB OF ARCATA SUNRISE							
FOUNDATION - PO BOX 4197 - ARCATA,	00 040006	501 (2) (2)	10.000				
<u>CA 95518</u>	20-8490867	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
UNITED INDIAN HEALTH SERVICES							TO SUPPORT VISIONING AND
1600 WEEOT WAY							STRATEGY DEVELOPMENT
ARCATA, CA 95521	23-7088205		10,000.	0.			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

Schedul	e I (Form 990)	HUMBOLDT AF	REA FOUNDATION
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23-7310660 Page 1

ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DR - CHICAGO, IL 60693 36-3245072 501(C)(3) 10,000. PAY IT FORWARD HUMBOLDT C/O DESIRAE HADLEY - 326 I ST # 148 - 47-5247321 501(C)(3) 10,000. RON REED 47-5247321 501(C)(3) 10,000. 10,000. ROM REED 56-4064315 501(C)(3) 10,000. PAK S CONSERVANCY 1111 2ND STREET 68-0084901 501(C)(3) 10,000. CRESCENT CITY, CA 95531 68-0417659 501(C)(3) 10,000. DEL NORTE HABITAT FOR HUMANITY 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT 68-1366003 501(C)(3) 10,000.	0. FII TAI MEI 0. KAI	RE RESPONSE PPAS ARRA ARRA (THE DICINE PEOPLE/REAL DPLE): REVITALIZING
CENTER DR - CHICAGO, IL 60693 36-3245072 501(C)(3) 10,000. PAY IT FORWARD HUMBOLDT C/O DESIRAE HADLEY - 326 I ST # 148 - 47-5247321 501(C)(3) 10,000. EUREKA, CA 95501 47-5247321 501(C)(3) 10,000. 10,000. RON REED PO BOX 231 SOMES BAR, CA 95568 56-4064315 501(C)(3) 10,000. REDWOOD PARKS CONSERVANCY 1111 2ND STREET 10,000. 10,000. DEL NORTE HABITAT FOR HUMANITY 68-0084901 501(C)(3) 10,000. DEL NORTE HABITAT FOR HUMANITY 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT FO BOX 235 501(C)(3) 10,000.	0. FII TAI MEI 0. KAI	PPAS ARRA ARRA (THE DICINE PEOPLE/REAL DPLE): REVITALIZING RUK CEREMONIAL TRAILS &
CENTER DR - CHICAGO, IL 60693 36-3245072 501(C)(3) 10,000. PAY IT FORWARD HUMBOLDT C/O DESIRAE HADLEY - 326 I ST # 148 - 47-5247321 501(C)(3) 10,000. EUREKA, CA 95501 47-5247321 501(C)(3) 10,000. 10,000. RON REED PO BOX 231 SOMES BAR, CA 95568 56-4064315 501(C)(3) 10,000. REDWOOD PARKS CONSERVANCY 1111 2ND STREET 10,000. 10,000. DEL NORTE HABITAT FOR HUMANITY 68-0084901 501(C)(3) 10,000. DEL NORTE HABITAT FOR HUMANITY 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT FO BOX 235 501(C)(3) 10,000.	0. FII TAI MEI 0. KAI	RE RESPONSE PPAS ARRA ARRA (THE DICINE PEOPLE/REAL DPLE): REVITALIZING RUK CEREMONIAL TRAILS &
DESIRAE HADLEY - 326 I ST # 148 - 47-5247321 501(C)(3) 10,000. RON REED 47-5247321 501(C)(3) 10,000. PO BOX 231 56-4064315 501(C)(3) 10,000. SOMES BAR, CA 95568 56-4064315 501(C)(3) 10,000. REDWOOD PARKS CONSERVANCY 1111 2ND STREET 68-0084901 501(C)(3) 10,000. CRESCENT CITY, CA 95531 68-0084901 501(C)(3) 10,000. 10,000. DEL NORTE HABITAT FOR HUMANITY 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT 501(C)(3) 10,000.	0. CON	PPAS ARRA ARRA (THE DICINE PEOPLE/REAL DPLE): REVITALIZING RUK CEREMONIAL TRAILS &
EUREKA, CA 95501 47-5247321 501(C)(3) 10,000. RON REED P0 BOX 231 10,000. 10,000. SOMES BAR, CA 95568 56-4064315 501(C)(3) 10,000. REDWOOD PARKS CONSERVANCY 1111 2ND STREET 10,000. CRESCENT CITY, CA 95531 68-0084901 501(C)(3) 10,000. DEL NORTE HABITAT FOR HUMANITY 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT 68-0417659 501(C)(3) 10,000.	0. CON	PPAS ARRA ARRA (THE DICINE PEOPLE/REAL DPLE): REVITALIZING RUK CEREMONIAL TRAILS &
RON REED 56-4064315 501(C)(3) 10,000. SOMES BAR, CA 95568 56-4064315 501(C)(3) 10,000. REDWOOD PARKS CONSERVANCY 1111 2ND STREET 68-0084901 501(C)(3) 10,000. CRESCENT CITY, CA 95531 68-0084901 501(C)(3) 10,000. 10,000. DEL NORTE HABITAT FOR HUMANITY 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT 68-0417659 501(C)(3) 10,000.	0. CON	PPAS ARRA ARRA (THE DICINE PEOPLE/REAL DPLE): REVITALIZING RUK CEREMONIAL TRAILS &
PO BOX 231 56-4064315 501(C)(3) 10,000. REDWOOD PARKS CONSERVANCY 111 2ND STREET 68-0084901 501(C)(3) 10,000. CRESCENT CITY, CA 95531 68-0084901 501(C)(3) 10,000. 10,000. DEL NORTE HABITAT FOR HUMANITY 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT 68-0417659 501(C)(3) 10,000.	0. CON	DICINE PEOPLE/REAL DPLE): REVITALIZING RUK CEREMONIAL TRAILS &
PO BOX 231 56-4064315 501(C)(3) 10,000. REDWOOD PARKS CONSERVANCY 111 2ND STREET 68-0084901 501(C)(3) 10,000. CRESCENT CITY, CA 95531 68-0084901 501(C)(3) 10,000. 10,000. DEL NORTE HABITAT FOR HUMANITY 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT 68-0417659 501(C)(3) 10,000.	0. PEC 0. KAP COL	OPLE): REVITALIZING RUK CEREMONIAL TRAILS (NDOR REINTRODUCTION
SOMES BAR, CA 95568 56-4064315 501(C)(3) 10,000. REDWOOD PARKS CONSERVANCY 1111 2ND STREET 68-0084901 501(C)(3) 10,000. CRESCENT CITY, CA 95531 68-0084901 501(C)(3) 10,000. 10,000. DEL NORTE HABITAT FOR HUMANITY 68-0417659 501(C)(3) 10,000. CRESCENT CITY, CA 95531 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT FO BOX 235 FO BOX 235 FO BOX 235 FO BOX 235	0. KAI	RUK CEREMONIAL TRAILS &
REDWOOD PARKS CONSERVANCY1111 2ND STREETCRESCENT CITY, CA 9553168-0084901 501(C)(3)DEL NORTE HABITAT FOR HUMANITYPO BOX 993CRESCENT CITY, CA 9553168-0417659 501(C)(3)10,000.SALYER COMMUNITY SERVICES DISTRICTPO BOX 235	CON	NDOR REINTRODUCTION
1111 2ND STREET CRESCENT CITY, CA 9553168-0084901 501(C)(3)10,000.DEL NORTE HABITAT FOR HUMANITY PO BOX 993 CRESCENT CITY, CA 9553168-0417659 501(C)(3)10,000.SALYER COMMUNITY SERVICES DISTRICT PO BOX 23510,000.10,000.		
1111 2ND STREET CRESCENT CITY, CA 9553168-0084901 501(C)(3)10,000.DEL NORTE HABITAT FOR HUMANITY PO BOX 993 CRESCENT CITY, CA 9553168-0417659 501(C)(3)10,000.SALYER COMMUNITY SERVICES DISTRICT PO BOX 23510,000.10,000.		
CRESCENT CITY, CA 95531 68-0084901 501(C)(3) 10,000. DEL NORTE HABITAT FOR HUMANITY PO BOX 993 CRESCENT CITY, CA 95531 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT		
DEL NORTE HABITAT FOR HUMANITY PO BOX 993 CRESCENT CITY, CA 95531 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT PO BOX 235		AD & TOHOWA DONED
PO BOX 993 68-0417659 501(C)(3) 10,000. CRESCENT CITY, CA 95531 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT PO BOX 235 10,000.		
PO BOX 993 68-0417659 501(C)(3) 10,000. CRESCENT CITY, CA 95531 68-0417659 501(C)(3) 10,000. SALYER COMMUNITY SERVICES DISTRICT PO BOX 235 10,000.		
SALYER COMMUNITY SERVICES DISTRICT PO BOX 235		
PO BOX 235	0. GE1	NERAL OPERATING SUPPOR
PO BOX 235	TO TO	ASSIST WITH UNEXPECTE
		ST INCREASE FOR
		SURANCE BILL
MIWOK HERITAGE CENTER		
901 QUAIL CT	MIV	VOK MATERIAL CULTURE &
IONE, CA 95640-5426 81-1036329 501(C)(3) 10,000.	0. FO	DDS
	3-1	MONTH 10K TRAUMATOLOGY
COUNTY OF DEL NORTE	SPI	ECIALIST CONTRACT TO
ADMINISTRATION DEPARTMENT	SUI	PORT FRONTLINE HEALTH
CRESCENT CITY, CA 95531 94-2254126 501(C)(3) 10,000.	0. CAF	RE WORKERS AT SUTTER
TETNIDAD LIONS CLUB		
TRINIDAD LIONS CLUB PO BOX 536		
TRINIDAD, CA 95570 94-2367614 501(C)(3) 10,000.	0. ACT	TIVITY FUND

Schedule	I (Form 990)	HUMBOLDT	AREA	FOUNDATION	
	a				

(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
TAMIEN NATION							
P.O. BOX 8053							TAMIEN NATION CULTURAL
SAN JOSE, CA 95155	86-1578458		10,000.	0.			BURN PROGRAM
ARCATA HIGH SCHOOL							
1720 M ST							DEPARTMENT AND PROGRAM
ARCATA, CA 95521	94-6002186	GOV	9,630.	0.			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							SUPPORT SPAYING AND
PO BOX 253							NEUTERING OF CATS AND
CUTTEN, CA 95534	46-5666951	501(C)(3)	9,085.	0.			DOGS
FORTUNA UNION HIGH SCHOOL DISTRICT							
379 - 12TH ST							DEPARTMENT AND PROGRAM
FORTUNA, CA 95540	94-6002186	GOV	8,854.	0.			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 SUPPOR
REDWAY ELEMENTARY SCHOOL							TEACHING AIDS, SUPPLIES
P.O. BOX 369							AND PROGRAMS NOT
REDWAY, CA 95560	94-6002186	501(C)(3)	8,500.	0.			ORDINARILY FUNDED

85260

PO BOX 373

WEAVERVILLE, CA 96093

FORT DICK, CA 95538

PELICAN BAY ATHLETIC ORGANIZATION

ASSUMPTION GREEK ORTHODOX CHURCH C/O FATHER JACOB SAYLOR - 8202 EAST CACTUS RD - SCOTTSDALE, AZ

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					
ENVIRONMENTAL PROTECTION INFORMATION CENTER (EPIC) - 145 G ST STE A - ARCATA, CA 95521	94-2798433	501(C)(3)	8,250.	0.							
TRINIDAD COASTAL LAND TRUST PO BOX 457 TRINIDAD, CA 95570	94-2552913	501(C)(3)	8,076.	0.							
WINSHIP MIDDLE SCHOOL 2500 CYPRESS AVENUE EUREKA, CA 95503	94-6002186	501(C)(3)	8,000.	0.							
UNITED METHODIST CHURCH OF THE JOYFUL HEALER - 1944 CENTRAL AVE. - MCKINLEYVILLE, CA 95519		RELIGIOUS ORG	8,000.	0.							
CITY OF EUREKA 531 k street Eureka, ca 95501		GOV	7,800.	0.							
ARCATA HOUSE PARTNERSHIP C/O DARLENE SPOOR - 1005 - 11TH ST - ARCATA, CA 95521	94-3163269	501(C)(3)	7,600.	0.							
, WEAVERVILLE LIONS CLUB PO BOX 386											

7,500.

Ο.

81-2850129 501(C)(3)

81-3752777 501(C)(3)

86-0909004 501(C)(3)

7,500. Ο. YOUTH ENTREPRENEURSHIP OPERATING AND PROGRAM SUPPORT 7,500. Ο. Schedule I (Form 990)

23-7310660 Page 1

> (h) Purpose of grant or assistance

GENERAL OPERATING SUPPORT

LAND TRUST SUPPORT

MUSIC TRUST FUND

FOOD SECURITY

FAMILIES

SUPPORT

MURAL APPRENTICE PROGRAM FOR EUREKA STREET ART FESTIVAL & SUPPORT FOR

GENERAL OPERATING SUPPORT

MONUMENT FIRE EVACUEE

Schedule I (Form 990)	HUMBOLDT	AREA	FOUNDATION
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	<i>.</i>						
(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 -							STAFF APPRECIATION GIFT
GOLD BEACH, OR 97444	93-0937095	501(C)(3)	7,500.	0.			CARD RAFFLE
HEYDAY INSTITUTE							
PO BOX 9145							CALIFORNIA NATIVE
BERKELEY, CA 94709	94-3268357	501(C)(3)	7,500.	0.			сооквоок
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							SUPPORTING COMMUNICATION
2037 BLAKE ROAD							AND RESEARCH AROUND
MCKINLEYVILLE, CA 95519	84-4757743	501(C)(3)	6,500.	0.			AGING-IN-PLACE FACILITIES
MCKINLEYVILLE LIONS CLUB							
1885 OCEAN DRIVE							WINTER EXPRESS CHILDRENS
MCKINLEYVILLE, CA 95519	23-7408622	501(C)(3)	6,290.	Ο.			PROJECT

Schedule I (Form 990)	HUMBOLDT	AREA	FOUNDATION
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Part II Continuation of Grants and Other A							
(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 SUPPOR
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

23-7310660 Page 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 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 SUPPOR 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 SUPPOR
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

Schedule I (Form 990) 2021

HUMBOLDT AREA FOUNDATION

23-7310660

Page 2

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
RT, 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: YUROK TRIBE

Part IV Supplemental Information

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

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

SC	HEDULE J	Compe	ensation Information		OMB No. 1	545-004	17		
(Fo	rm 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		20	21			
			ompensated Employees on answered "Yes" on Form 990, Part IV, line 23.		20		1		
	tment of the Treasury		Attach to Form 990.	Open to Public					
	al Revenue Service		n990 for instructions and the latest information.	Inspection Employer identification numb					
inari	e of the organizatior		7		7310660				
Da	rt I Question	HUMBOLDT AREA FOUNDATION 8 Regarding Compensation	N	23-73	10660				
1 4		s negarang compensation				Vaa	No		
10	Check the appropri	ate box(es) if the organization provided a	any of the following to or for a person listed on Form	000		Yes	No		
Id		.,	relevant information regarding these items.	990,					
	First-class or c		Housing allowance or residence for perso	معبياهم					
	Travel for com		Payments for business use of personal re-						
		ation and gross-up payments	Health or social club dues or initiation fee						
		pending account	Personal services (such as maid, chauffel						
b	If any of the boxes	on line 1a are checked. did the organizat	tion follow a written policy regarding payment or						
	•	·	above? If "No," complete Part III to explain		1b				
2			sing or allowing expenses incurred by all directors,						
	-		, regarding the items checked on line 1a?		2				
	,		, , , , , , , , , , , , , , , , , , , 						
3	Indicate which, if ar	y, of the following the organization used	t to establish the compensation of the organization's	;					
	CEO/Executive Dire	ctor. Check all that apply. Do not check	any boxes for methods used by a related organization	on to					
		tion of the CEO/Executive Director, but							
	X Compensation	committee	Written employment contract						
	Independent c	ompensation consultant	X Compensation survey or study						
	Form 990 of of	her organizations	Approval by the board or compensation c	ommittee					
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 re	ated organization:							
а	Receive a severanc	e payment or change-of-control paymen	t?		4a		x		
b	•	eive payment from a supplemental nonc			. 4b		X		
С	Participate in or rec	eive payment from an equity-based com	pensation arrangement?		. 4 c		X		
	If "Yes" to any of lin	es 4a-c, list the persons and provide the	e applicable amounts for each item in Part III.						
)(3), 501(c)(4), and 501(c)(29) organiza	-						
5			did the organization pay or accrue any compensatio	n					
	contingent on the re				_		v		
a	The organization?				5a		X		
b					5b		X		
-		r 5b, describe in Part III.							
6			did the organization pay or accrue any compensatio	n					
_	contingent on the n	-			0		x		
a	The organization?				6a Ch		X		
a					6b				
7		r 6b, describe in Part III.	did the organization provide any particular surgers						
'			did the organization provide any nonfixed payments		-		x		
0			period pursuant to a contract that was subject to the		7				
8	•		accrued pursuant to a contract that was subject to th 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x		
9					. 0		<u> </u>		
9			able presumption procedure described in		9				
LΗΔ		eduction Act Notice, see the Instruction	ons for Form 990.	Schedul		n 990)	2021		

23-7310660

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRYNA LIPPER	(i)	216,811.	0.	0.	17,345.	8,853.	243,009.	0
CEO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

2021 Open to Public Inspection

Employer identification number 23-7310660

Name of the organization

HUMBOLDT	AREA	FOUNDATION

Pa	t 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 1	(d) Method of de noncash contribu	etermin	•	S
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 VALU	E		
9 10	Securities - Closely held stock				•••••••	_		
11								
	Securities - Partnership, LLC, or							
10	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	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throu	ıgh 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be	used for			
	exempt purposes for the entire holding period?							Х
b	If "Yes," describe the arrangement in Part II.							
31							х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncas				
	contributions?		-			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is ch	ecked,			
	describe in Part II.	()	, i i i,	()				

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

Part II	Supplementa	l Informat	ion. _F	Provide the inform	matior
Schedule	M (Form 990) 2021	HUMBOLDT	AREA	FOUNDATION	

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTORS

SCHE	DULE	0
(Form	990)	

Department of the Treasury

Name of the organization

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.



Employer identification number 23-7310660

HUMBOLDT AREA FOUNDATION

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

HARD COPY IS PROVIDED TO ANY MEMBER OF THE PUBLIC BY REQUEST.	
THE TAX RETURN IS INCLUDED ON THE WEBSITE OF HUMBOLDT AREA FOUNDATION AND A	
FORM 990, PART VI, SECTION C, LINE 19:	
POLICY AND GOVERNANCE COMMITTEE.	
BASED ON THE COMPENSATION MANUAL APPROVED BY THE FINANCE COMMITTEE AND	
EACH POSITION. MANAGEMENT COMPENSATION RECOMMENDATIONS ARE ALSO DECIDED	
EUREKA, CALIFORNIA DATA WHICH REFLECTS AVERAGE ENTRY LEVEL COMPENSATION FOR	
SALARIES WITH SIMILAR ASSET SIZE ACROSS THE NATION. ALSO INCLUDED IS LOCAL	
PRACTICES. ANALYSIS INCLUDES COMPARISON OF CURRENT INDIVIDUAL STAFF GROSS	
COMPLIANCE WITH COUNCIL ON FOUNDATIONS (COF) NATIONAL STANDARDS BEST	
H.A.F. PERFORMS AN ANNUAL COMPREHENSIVE REVIEW ON ALL STAFF POSITIONS IN	
COMPENSATION PROCESS FOR OFFICERS	
COUNCIL ON FOUNDATIONS SURVEY INFORMATION SPECIFIC TO CEO COMPENSATION.	
THE EXECUTIVE COMMITTEE REVIEWS ISSUES SPECIFIC TO THE CEO UTILIZING	
COMPENSATION PROCESS FOR TOP OFFICIAL	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ROOM DURING DISCUSSION AND ABSTAIN FROM VOTING ON RELATED ISSUES.	
INDIVIDUALS WITH A CONFLICT OF INTEREST REMOVE THEMSELVES PHYSICALLY FROM	
MONITORED BY ALL STAFF AND BOARD MEMBERS IN THIS SMALL COMMUNITY.	
ASSISTANT TO THE CEO AND ARE REVIEWED BY MANAGEMENT. COMPLIANCE IS	

Schedule O (Form 990) 2021

HUMBOLDT AREA FOUNDATION

Name of the organization

Page 2

Employer identification number

23-7310660

Name of the organization HUMBOLDT AREA FOUNDATION TOTAL TO FORM 990, PART XI, LINE 9	-540,340.	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 SELECT	lon	
PROCESS DURING THE TAX YEAR.		

SCHEDULE	F
(F 000)	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

HUMBOLDT AREA FOUNDATION

Employer identification number 23-7310660

OMB No. 1545-0047

Open to Public

Inspection

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
LEAVEY RANCH, LLC - 46-3296780					
363 INDIANOLA ROAD					HUMBOLDT AREA
BAYSIDE, CA 95524	CHARITABLE ACTIVITIES	CALIFORNIA	318,783.	1,951,498.	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	(f) Direct controlling entity	(g) Section 512(b)(13 controlled entity?	
				501(c)(3))		Yes	No
HUMBOLDT HEALTH FOUNDATION - 94-0942427							
363 INDIANOLA ROAD					HUMBOLDT AREA		
BAYSIDE, CA 95524	SUPPORTING ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	FOUNDATION		х
	-						
	-						

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr enti	
		country)						Yes	No
]								

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

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
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	?		
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)			
Gift, grant, or capital contribution from related organization(s)		X	
Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)	1e		_
Dividends from related organization(s)	1f		
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)		+	_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses		X	:
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Other transfer of cash or property from related organization(s)	1s		

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	с	97,622.	AMOUNT RECEIVED
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2021 HUMBOLDT AREA FOUNDATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021 HUMBOL Part VII Supplemental Information

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