

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form sections B through M: B Check if applicable, C Name of organization (HUMBOLDT AREA FOUNDATION), D Employer identification number (23-7310660), E Telephone number ((707) 442-2993), F Name and address of principal officer (BRYNA LIPPER), G Gross receipts (\$ 13,204,625), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status (501(c)(3)), J Website (WWW.HAFOUNDATION.ORG), K Form of organization (Corporation), L Year of formation (1972), M State of legal domicile (CA)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature and Preparer information: Sign Here (Signature of officer: BRYNA LIPPER, CEO), Paid (Preparer: BRIAN YACKER), Preparer Use Only (Firm: BAKER TILLY US, LLP)

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 6,984,139. including grants of \$ 4,448,090.) (Revenue \$ 388,337.) HUMBOLDT AREA FOUNDATION & WILD RIVERS FOUNDATION SERVES THE RESIDENTS OF HUMBOLDT, TRINITY, DEL NORTE, AND CURRY COUNTIES BY PROMOTING AND ENCOURAGING GENEROSITY, LEADERSHIP AND INCLUSION TO STRENGTHEN OUR COMMUNITIES. THROUGH THE GENEROSITY OF LOCAL DONORS, HAF HAS AWARDED MORE THAN \$93 MILLION IN GRANTS AND SCHOLARSHIPS SINCE 1972. HAF, ALONG WITH OUR AFFILIATE WILD RIVERS COMMUNITY FOUNDATION, FOCUSES ITS GRANTMAKING AND PROGRAM EFFORTS ON STRENGTHENING COMMUNITY CAPACITY AND TRANSFORMING OUR COMMUNITIES' ABILITY TO SOLVE PROBLEMS AND ADDRESS THE ROOT CAUSES OF THOSE PROBLEMS.

4b (Code:) (Expenses \$ 1,981,228. including grants of \$ 1,981,228.) (Revenue \$) THE COVID-19 REGIONAL RESPONSE FUND SUPPORTS URGENT COMMUNITY NEEDS IDENTIFIED BY OUR REGIONAL PARTNERS. THE FUND MAKES GRANTS ON A ROLLING BASIS TO NONPROFITS, CHARITABLE ORGANIZATIONS AND PUBLIC AGENCIES MEETING THE IMMEDIATE NEEDS OF RESIDENTS IN TRINITY, HUMBOLDT, DEL NORTE AND CURRY COUNTIES. THE FUND'S PRIORITY IS VULNERABLE COMMUNITIES AND THE ORGANIZATIONS THAT SUPPORT THEM. CURRENTLY, THIS INCLUDES ORGANIZATIONS AND SERVICE PROVIDERS SERVING FIRST RESPONDERS AND HEALTHCARE PROVIDERS, SENIORS; LOW-INCOME FAMILIES AND YOUTH; LOW-ACCESS RESIDENTS; INDIVIDUALS WITH UNDERLYING CONDITIONS; DISABLED; VETERANS, HOMELESS, HOUSING OR FOOD INSECURE; NATIVE AMERICANS, AT-RISK COMMUNITIES OF COLOR; AND THOSE WITH LIMITED OR NO HEALTHCARE RESOURCES.

4c (Code:) (Expenses \$ 652,723. including grants of \$ 652,723.) (Revenue \$) THE DISASTER RESPONSE & RESILIENCE FUND PROVIDES CRITICAL RESOURCES DURING DISASTERS, INCLUDING PUBLIC HEALTH EMERGENCIES, FIRES, DROUGHTS, EARTHQUAKES, FLOODING, AND OTHER NATURAL AND MAN-MADE EVENTS, AND AIMS TO BUILD CAPACITY WITHIN OUR COMMUNITIES TO HELP MITIGATE FUTURE DISASTERS. THROUGH RESPONSIVE GRANTMAKING IN CLOSE COLLABORATION WITH ORGANIZATIONS THAT ARE DEEPLY EMBEDDED IN AND KNOW THE NEEDS OF THEIR COMMUNITIES, THE FUND SUPPORTS THOSE IMPACTED MOST TO GET THROUGH AND RECOVER FROM DISASTER AND BUILD A MORE RESILIENT REGION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 364,992. including grants of \$ 321,436.) (Revenue \$)

4e Total program service expenses 9,983,082.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) BRYNA LIPPER CEO | 40.00 | | | X | | | 225,375. | 0. | 26,444. | |
| (2) PATRICK CLEARY DIR OF COMMUNITY PROSPERITY & INVEST | 40.00 | | | X | | | 113,125. | 0. | 24,311. | |
| (3) GINA ZOTTOLA VP ADVANCEMENT & PHILANTHROPIC INNOV | 40.00 | | | X | | | 101,690. | 0. | 18,911. | |
| (4) SARAH MILLSAP VP OF FINANCE AND ADMINISTRATION | 40.00 | | | X | | | 106,921. | 0. | 9,127. | |
| (5) KEYTRA MEYER DIR OF ADVANCEMENT & PHILANTHROPIC I | 40.00 | | | X | | | 98,395. | 0. | 15,538. | |
| (6) SARA DRONKERS CHIEF OF STAFF | 40.00 | | | X | | | 98,416. | 0. | 15,372. | |
| (7) LINDSIE BEAR VP STRATEGY, PROGRAM & COMMUNITY SOL | 40.00 | | | X | | | 93,594. | 0. | 14,867. | |
| (8) MARY KEEHN CHAIR | 10.00 | X | | X | | | 0. | 0. | 0. | |
| (9) RAQUEL ORTEGA VICE CHAIR | 7.00 | X | | X | | | 0. | 0. | 0. | |
| (10) CHARLEEN JORDAN SECRETARY | 10.00 | X | | X | | | 0. | 0. | 0. | |
| (11) ZURETTI GOOSBY DIRECTOR | 7.00 | X | | | | | 0. | 0. | 0. | |
| (12) DAVID FINIGAN DIRECTOR | 7.00 | X | | | | | 0. | 0. | 0. | |
| (13) MARYLYN PAIK NICELY DIRECTOR | 7.00 | X | | | | | 0. | 0. | 0. | |
| (14) JOHN MCBETH DIRECTOR | 7.00 | X | | | | | 0. | 0. | 0. | |
| (15) CHRISTINA HUFF DIRECTOR | 7.00 | X | | | | | 0. | 0. | 0. | |
| (16) DENNIS RAEI DIRECTOR | 7.00 | X | | | | | 0. | 0. | 0. | |
| (17) DINA MOORE DIRECTOR | 7.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JUDGE ABBY ABINANTI DIRECTOR | 7.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 837,516. | 0. | 124,570. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 837,516. | 0. | 124,570. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|---------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 9,592,135. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 751,240. | | | | |
| | h Total. Add lines 1a-1f | | 9,592,135. | | | | |
| Program Service Revenue | 2 a FISCAL SPONSOR FEES | Business Code | | | | | |
| | | 900099 | 382,129. | 382,129. | | | |
| | b WORKSHOP / CONFERENCE | 900099 | 6,208. | 6,208. | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 388,337. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,350,800. | | | 1,350,800. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | 48,250. | | | | |
| | b Less: rental expenses ... | 6b | 12,176. | | | | |
| | c Rental income or (loss) | 6c | 36,074. | | | | |
| | d Net rental income or (loss) | | 36,074. | | | 36,074. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | 1,825,103. | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 0. | | | | |
| c Gain or (loss) | 7c | 1,825,103. | | | | | |
| d Net gain or (loss) | | 1,825,103. | | | 1,825,103. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 13,192,449. | 388,337. | 0. | 3,211,977. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 6,737,859. | 6,737,859. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 665,618. | 665,618. | | |
| 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 | 1,043,714. | 305,785. | 380,567. | 357,362. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,677,137. | 1,239,378. | 331,150. | 106,609. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 115,951. | 89,099. | 22,315. | 4,537. |
| 9 Other employee benefits | 226,152. | 166,405. | 42,566. | 17,181. |
| 10 Payroll taxes | 206,408. | 120,070. | 53,100. | 33,238. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 2,195. | | 2,195. | |
| c Accounting | 45,925. | | 45,925. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 128,705. | | 128,705. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 116,719. | 93,421. | 18,387. | 4,911. |
| 12 Advertising and promotion | 187,055. | 105,804. | 52,968. | 28,283. |
| 13 Office expenses | 232,549. | 123,630. | 65,117. | 43,802. |
| 14 Information technology | 222,252. | 78,326. | 113,905. | 30,021. |
| 15 Royalties | | | | |
| 16 Occupancy | 176,260. | 117,205. | 47,128. | 11,927. |
| 17 Travel | 2,023. | 136. | 516. | 1,371. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 74,811. | 73,256. | 1,034. | 521. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 114,376. | 55,242. | 47,191. | 11,943. |
| 23 Insurance | 50,963. | 11,068. | 36,764. | 3,131. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a BANK FEES | 12,912. | | 12,912. | |
| b MISCELLANEOUS | 2,695. | 780. | 1,915. | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 12,042,279. | 9,983,082. | 1,404,360. | 654,837. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 4,912,580. | 1 | 4,395,283. |
| | 2 Savings and temporary cash investments | 1,382,706. | 2 | 1,601,283. |
| | 3 Pledges and grants receivable, net | 418,628. | 3 | 826,881. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 63,323. | 9 | 60,237. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 5,897,405. | | |
| | b Less: accumulated depreciation | 10b 1,428,680. | | |
| | 11 Investments - publicly traded securities | 4,579,059. | 10c | 4,468,725. |
| | 12 Investments - other securities. See Part IV, line 11 | 108,777,767. | 11 | 144,146,795. |
| | 13 Investments - program-related. See Part IV, line 11 | 11,303,096. | 12 | 14,843,641. |
| | 14 Intangible assets | 2,591,941. | 13 | 1,992,065. |
| | 15 Other assets. See Part IV, line 11 | | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 134,029,100. | 15 | | |
| | | 16 | 172,334,910. | |
| Liabilities | 17 Accounts payable and accrued expenses | 395,720. | 17 | 475,676. |
| | 18 Grants payable | 1,251,445. | 18 | 998,678. |
| | 19 Deferred revenue | 715. | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 573,700. | 24 | 565,487. |
| | 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 | 28,584,557. | 25 | 37,872,450. |
| | 26 Total liabilities. Add lines 17 through 25 | 30,806,137. | 26 | 39,912,291. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 95,115,470. | 27 | 123,270,382. |
| | 28 Net assets with donor restrictions | 8,107,493. | 28 | 9,152,237. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 103,222,963. | 32 | 132,422,619. |
| 33 Total liabilities and net assets/fund balances | 134,029,100. | 33 | 172,334,910. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 13,192,449. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,042,279. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,150,170. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 103,222,963. |
| 5 | Net unrealized gains (losses) on investments | 5 | 27,864,438. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 1,000. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 184,048. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 132,422,619. |

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4,671,645. | 8,813,871. | 7,563,427. | 9,645,081. | 9,592,135. | 40,286,159. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 4,671,645. | 8,813,871. | 7,563,427. | 9,645,081. | 9,592,135. | 40,286,159. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 5,466,526. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 34,819,633. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 4,671,645. | 8,813,871. | 7,563,427. | 9,645,081. | 9,592,135. | 40,286,159. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,097,004. | 2,799,347. | 2,625,799. | 1,833,600. | 1,399,050. | 10,754,800. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 18,163. | 14,439. | 25,150. | 2,955. | | 60,707. |
| 11 Total support. Add lines 7 through 10 | | | | | | 51,101,666. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,853,676. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 68.14 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 59.88 % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 2 | | |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| 2a | | |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 2b | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 3b | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

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

Schedule A (Form 990 or 990-EZ) 2020

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 553,009. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 545,455. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 297,259. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 247,747. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 245,930. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 201,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 192,392. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 3 | STOCK _____ _____ _____ | \$ 297,259. | 06/30/21 |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements. Includes a small table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Form with questions 1a, 1b, and 2 regarding the reporting of art and historical treasures. Includes fields for revenue and assets included.

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

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

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 5,713,144. | 5,702,798. | 5,696,125. | 5,695,125. | 5,863,800. |
| b Contributions | | | 6,673. | 1,000. | |
| c Net investment earnings, gains, and losses | 7,101. | 10,346. | | | 11,980. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | 180,655. |
| f Administrative expenses | | | | | |
| g End of year balance | 5,720,245. | 5,713,144. | 5,702,798. | 5,696,125. | 5,695,125. |

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 2,251,456. | | 2,251,456. |
| b Buildings | | 3,489,599. | 1,314,939. | 2,174,660. |
| c Leasehold improvements | | | | |
| d Equipment | | 129,740. | 87,131. | 42,609. |
| e Other | | 26,610. | 26,610. | 0. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 4,468,725. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) OTHER SECURITIES | 14,843,641. | COST |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 14,843,641. | |

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) AGENCY FUND LIABILITY | 36,342,975. |
| (3) OBLIGATIONS UNDER SPLIT INTEREST AGREEMENTS | 1,529,475. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 37,872,450. |

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 42,762,334. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 27,864,438. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 1,693,271. |
| e | Add lines 2a through 2d | 2e | 29,557,709. |
| 3 | Subtract line 2e from line 1 | 3 | 13,204,625. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | -12,176. |
| c | Add lines 4a and 4b | 4c | -12,176. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 13,192,449. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 12,135,474. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 221,900. |
| e | Add lines 2a through 2d | 2e | 221,900. |
| 3 | Subtract line 2e from line 1 | 3 | 11,913,574. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 128,705. |
| c | Add lines 4a and 4b | 4c | 128,705. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 12,042,279. |

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

THE FOUNDATION AND ITS SUPPORTING ORGANIZATION HAVE RECEIVED TAX-EXEMPT

STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX

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

REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY.

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

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

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

Part XIII Supplemental Information *(continued)*

FOUNDATION.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|------------|
| SUPPORTING ORGANIZATION'S REVENUE | 1,642,428. |
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | 179,548. |
| INVESTMENT FEES | -128,705. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 1,693,271. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|----------------|----------|
| RENTAL EXPENSE | -12,176. |
|----------------|----------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|----------|
| SUPPORTING ORGANIZATION'S EXPENSE | 209,724. |
| RENTAL EXPENSE | 12,176. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 221,900. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|-----------------|----------|
| INVESTMENT FEES | 128,705. |
|-----------------|----------|

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|--|
| 211 HUMBOLDT PO BOX 6683 EUREKA, CA 95502 | 46-5092911 | 501(C)(3) | 10,593. | 0. | | | PROGRAM SUPPORT FOR FAMILIES |
| ADULT DAY HEALTH CARE OF MAD RIVER C/O APRIL JOYCE - PO BOX 1115 - ARCATA, CA 95518 | 94-3005997 | 501(C)(3) | 15,180. | 0. | | | PROVIDING VITAL SERVICES TO ELDER |
| AFFORDABLE HOMELESS HOUSING ALTERNATIVES - PO BOX 3794 - EUREKA, CA 95502-3794 | 81-0713410 | 501(C)(3) | 44,000. | 0. | | | PROGRAM SUPPORT INCLUDING SUPPORT FOR TWO STAFF POSITIONS AND CELL PHONE SERVICES TO COMMUNITY |
| AMERICAN CANCER SOCIETY 2942 F STREET EUREKA, CA 95501 | 13-1788491 | 501(C)(3) | 74,119. | 0. | | | AMERICAN CANCER SOCIETY SUPPORT |
| AMERICAN RIVER NATURAL HISTORY ASSOCIATION AKA EFFIE YEAW NATURE CENTER - 2850 SAN LORENZO WAY - CARMICHAEL, CA 95608 | 94-2766075 | 501(C)(3) | 16,863. | 0. | | | THE EFFIE YEAW NATURE CENTER |
| ARCATA COMMUNITY POOL 1150 - 16TH ST ARCATA, CA 95521 | 68-0303929 | GOV | 46,300. | 0. | | | PROGAM SUPPORT FOR THE ARCATA POOL |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 171.

3 Enter total number of other organizations listed in the line 1 table ▶ 18.

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

Schedule I (Form 990) 2020

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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ARCATA FIRE DISTRICT 2149 CENTRAL AVE MCKINLEYVILLE, CA 95519 | 43-2054018 | GOV | 15,000. | 0. | | | GENERAL OPERATING FUNDS |
| ARCATA HOUSE PARTNERSHIP C/O DARLENE SPOOR - 1005 - 11TH ST - ARCATA, CA 95521 | 94-3163269 | 501(C)(3) | 8,000. | 0. | | | PROGRAM SUPPORT |
| ARCATA PLAYHOUSE 1251 9TH ST ARCATA, CA 95521 | 26-0383637 | 501(C)(3) | 36,500. | 0. | | | SUPPORTING THE ARTS & COMMUNITY IN HUMBOLDT COUNTY |
| ARCATA PRESBYTERIAN CHURCH 670 - 11TH ST ARCATA, CA 95521 | 23-6393377 | 501(C)(3) | 9,000. | 0. | | | SUPPORT INCLUDING COVID SUPPLIES AND HOLIDAY BASKETS |
| AREA 1 AGENCY ON AGING C/O MAGGIE KRAFT - 333 J STREET - EUREKA, CA 95501 | 94-2673039 | 501(C)(3) | 46,266. | 0. | | | GENERAL SUPPORT |
| BEAR RIVER BAND OF ROHNERVILLE RANCHERIA - 266 KEISNER RD - LOLETA, CA 95551 | 68-0085465 | 501(C)(3) | 17,850. | 0. | | | COVID VACCINATION ACCESS STAFFING AND EXPENSES |
| BETTY KWAN CHINN HOMELESS FOUNDATION - 133 - 7TH ST - EUREKA, CA 95501 | 46-1413135 | 501(C)(3) | 9,000. | 0. | | | PROGRAM SUPPORT INCLUDING WINTER SHELTER SUPPLIES AND HOLIDAY FOOD DELIVERY |
| BIG BROTHERS BIG SISTERS OF THE NORTH COAST C/O FLORENCE PARKS - PO BOX 5510 - EUREKA, CA 95502-5510 | 94-2279513 | 501(C)(3) | 32,652. | 0. | | | PROGRAM SUPPORT FOR VIRTUAL MENTORING PROGRAM |
| BLESS THE BEASTS OF HUMBOLDT COUNTY - 378 WILDWOOD AVENUE - RIO DELL, CA 95562 | 68-0417175 | 501(C)(3) | 30,813. | 0. | | | SUPPORT SPAYING AND NEUTERING OF CATS AND DOGS IN HUMBOLDT COUNTY |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BOYS & GIRLS CLUB OF THE REDWOODS C/O MONICA ROSE - 939 HARRIS ST - EUREKA, CA 95503 | 94-2184464 | 501(C)(3) | 5,410. | 0. | | | SUPPORT OF THE BOYS & GIRLS CLUB |
| BREAST & GYN HEALTH PROJECT C/O ROSE GALE-ZOELLICK - 987 - 8TH ST - ARCATA, CA 95521 | 65-1205183 | 501(C)(3) | 25,537. | 0. | | | BREAST HEALTH PROJECT SUPPORT |
| BROOKINGS HARBOR COMMUNITY HELPERS, INC. DBA: BROOKINGS HARBOR FOOD BANK - P.O. BOX 1415 - BROOKINGS, OR 97415 | 93-1146935 | 501(C)(3) | 22,700. | 0. | | | SNACK PACK PROGRAM FOR LOW INCOME YOUTH, VETERANS AND SPANISH-SPEAKING FAMILIES |
| BUDDY AND ANGEL'S ANIMAL RESCUE 1505 HARPER AVE. MCKINLEYVILLE, CA 95519 | 46-3430213 | 501(C)(3) | 5,075. | 0. | | | SUPPORT SPAYING AND NEUTERING OF CATS AND DOGS IN HUMBOLDT COUNTY |
| CANBY ROTARY FOUNDATION PO BOX 926 CANBY, OR 97013 | 93-1037644 | 501(C)(3) | 6,000. | 0. | | | PROGRAM SUPPORT |
| CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - PO BOX 4900 - SANTA ROSA, CA 95402 | 94-2479393 | 501(C)(3) | 9,670. | 0. | | | IMMIGRATION ATTORNEYS |
| CHURCH OF THE JOYFUL HEALER 1944 CENTRAL AVENUE MCKINLEYVILLE, CA 95519 | 68-0472607 | | 24,940. | 0. | | | SUPPORT FOR YOUTH LEADERSHIP WORK AND HOUSELESS SERVICES PROGRAM |
| CIHUAPACTLI COLLECTIVE PO BOX 20345 PHOENIX, AZ 85036 | 82-4846555 | 501(C)(3) | 50,000. | 0. | | | SUPPORT FOR BIPOC DOULAS OF HUMBOLDT |
| CITY OF ARCATA 736 F STREET ARCATA, CA 95521 | 94-2186507 | GOV | 35,234. | 0. | | | SUPPORT FOR VARIOUS PROGRAMS INCLUDING HOME AWAY FROM HOME, FUTSAL COURT, SUNNY BRAE |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CITY OF CRESCENT CITY FINANCE DEPT 377 J ST CRESCENT CITY, CA 95531 | 94-6000552 | GOV | 26,300. | 0. | | | SUPPORTING THE CRESCENT CITY POLICE DEPARTMENT EXPLORER PROGRAM & CRESCENT CITY FIRE AND |
| CITY OF EUREKA 531 K STREET EUREKA, CA 95501 | | GOV | 15,045. | 0. | | | EUREKA STREET ART FESTIVAL'S MURAL APPRENTICE PROGRAM AND GRACE MARTON MEMORIAL |
| CLARKE HISTORICAL MUSEUM C/O KATIE BUESCH - 240 E STREET - EUREKA, CA 95501 | 94-1651124 | 501(C)(3) | 6,273. | 0. | | | SUPPORT FOR MUSEUM |
| CLEAR LAKE POMO CULTURAL PRESERVATION - PO BOX 1506 - CLEARLAKE OKS, CA 95423-1506 | 81-4706671 | 501(C)(3) | 5,300. | 0. | | | FOOD SOVEREIGNTY |
| COLLEGE OF THE REDWOODS FOUNDATION C/O KEITH FLAMER - 7351 TOMPKINS HILL RD - EUREKA, CA 95501 | 94-1603509 | 501(C)(3) | 108,000. | 0. | | | SUPPORT FOR COAD LAUNCH COORDINATOR, CHROMEBOOKS FOR STUDENTS AND DIRECT SERVICES FOR API STUDENTS |
| COLLEGE OF THE REDWOODS SCHOLARSHIP OFFICE - 7351 TOMPKINS HILL ROAD - EUREKA, CA 95501 | 94-2022980 | 501(C)(3) | 11,000. | 0. | | | SCHOLARSHIPS FOR SCHOOL ENROLLMENT |
| COMPANION ANIMAL FOUNDATION 3954 JACOBS AVE. EUREKA, CA 95501 | 94-3244839 | 501(C)(3) | 47,006. | 0. | | | COMPANION ANIMAL CENTER SUPPORT |
| CONSERVATION UNLIMITED ALUMNI ASSOCIATION C/O WILL GOLDENBURG - 1720 STEWART AVE - ARCATA, CA 95521 | 94-6184435 | 501(C)(3) | 5,060. | 0. | | | PROGRAM SUPPORT |
| COOPERATION HUMBOLDT PO BOX 7248 EUREKA, CA 95502 | 95-4126989 | 501(C)(3) | 98,000. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| COUNTY OF DEL NORTE 301 WEST WASHINGTON BLVD CRESCENT CITY, CA 95531 | 94-2254126 | 501(C)(3) | 14,600. | 0. | | | PROGRAM SUPPORT |
| COURT APPOINTED SPECIAL ADVOCATES OF HUMBOLDT - 2356 MYRTLE AVE - EUREKA, CA 95501-3328 | 68-0243040 | 501(C)(3) | 14,746. | 0. | | | CASA SUPPORT |
| CREATIVE SANCTUARY 1301 J STREET ARCATA, CA 95521 | 47-4860438 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SUPPORT |
| CUMBRE HUMBOLDT 1215 GUINTOLI LANE ARCATA, CA 95521 | 84-1788919 | 501(C)(3) | 10,103. | 0. | | | VIRTUAL MENTORING PROGRAM SUPPORT |
| CURRY COUNTY HOMELESS COALITION PO BOX 349 GOLD BEACH, OR 97444 | 61-1602933 | 501(C)(3) | 63,500. | 0. | | | FOR MEALS, TECH SUPPORT, EVICTION PREVENTION PROGRAMS AND EMERGENCY SHELTER |
| CURRY HEALTH NETWORK 94220 FOURTH ST GOLD BEACH, OR 97444 | 93-0937095 | 501(C)(3) | 40,000. | 0. | | | COVID VACCINE |
| DEL NORTE CENTER FOR THE PERFORMING ARTS C/O HAF - 1313 MOCKING BIRD LANE - SAN DIEGO, CA 92123 | 23-7310660 | 501(C)(3) | 10,980. | 0. | | | PROGRAM SUPPORT - CONSULTATION SERIVCES |
| DEL NORTE CHILD CARE COUNCIL C/O MELODEE MITCHELL - 212 K ST - CRESCENT CITY, CA 95531 | 94-2820925 | 501(C)(3) | 31,000. | 0. | | | PROGRAM SUPPORT |
| DEL NORTE COUNTY UNIFIED SCHOOL DISTRICT - 301 W. WASHINGTON BLVD. - CRESCENT CITY, CA 95531 | 94-6002153 | 501(C)(3) | 11,060. | 0. | | | SHOLARSHIPS AND SUPPORT OF MUSIC PROGRAM |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| DEL NORTE HIGH SCHOOL C/O PRINCIPAL ALISON ECKHART - 1301 EL DORADO ST - CRESCENT CITY, CA 95531 | 94-6002153 | GOV | 6,000. | 0. | | | DEL NORTE SCHOLARSHIP MENTORING PROGRAM SUPPORT |
| DEL NORTE HIGH SCHOOL MUSIC BOOSTERS - 1301 EL DORADO ST - CRESCENT CITY, CA 95531 | 68-0210461 | 501(C)(3) | 5,125. | 0. | | | PROGRAM SUPPORT |
| DEL NORTE MISSION POSSIBLE 1765 NORTHCREST DR CRESCENT CITY, CA 95531 | 84-3538055 | 501(C)(3) | 26,300. | 0. | | | PROGRAM SUPPORT |
| DELL' ARTE, INC C/O ALYSSA HUGHLETT - PO BOX 816 - BLUE LAKE, CA 95525 | 94-2207895 | 501(C)(3) | 13,500. | 0. | | | PROGRAM SUPPORT |
| EASTERN OREGON UNIVERSITY #1 UNIVERSITY BLVD. LA GRANDE, OR 97805-2899 | 93-6030669 | 501(C)(3) | 20,445. | 0. | | | SCHOLARSHIPS |
| ENDOWMENT FOR ECO-CULTURAL REVITALIZATION FUND - 363 INDIANOLA ROAD - BAYSIDE, CA 95524 | | | 34,731. | 0. | | | PROGRAM SUPPORT |
| ENVIRONMENT CALIFORNIA RESEARCH AND POLICY CENTER - 3435 WILSHIRE BLVD - LOS ANGELES, CA 90010 | 68-0531882 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SUPPORT |
| ENVIRONMENTAL PROTECTION INFORMATION CENTER (EPIC) - 145 G ST STE A - ARCATA, CA 95521 | 94-2798433 | 501(C)(3) | 14,910. | 0. | | | PROGRAM SUPPORT |
| EUREKA RESCUE MISSION PO BOX 76 EUREKA, CA 95502 | 94-6135983 | 501(C)(3) | 6,310. | 0. | | | FOOD PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| EVERGREEN LODGE C/O JOHN GOFF 4615 LITTLE CALIFORNIA ST EUREKA, CA 95503 | 81-4791043 | 501(C)(3) | 5,430. | 0. | | | REPLACEMENT OF 28 MATTRESSES |
| FAMILY RESOURCE CENTER OF THE REDWOODS - 494 PACIFIC AVE - CRESCENT CITY, CA 95531 | 81-2675618 | 501(C)(3) | 15,100. | 0. | | | PROGRAM SUPPORT |
| FIRST CHURCH OF THE NAZARENE 2039 E ST EUREKA, CA 95501 | | | 14,000. | 0. | | | SUPPORT GOD-SNACKED PROGRAM - FREE MEALS FOR UNHOUSED COMMUNITY MEMBERS IN MCKINLEYVILLE |
| FOOD FOR PEOPLE INC PO BOX 4922 EUREKA, CA 95502 | 94-2772549 | 501(C)(3) | 173,494. | 0. | | | SUPPORTING THE FOOD NEEDS OF THE COMMUNITY |
| FOR ALL TIME CAT HAVEN P.O. BOX 1751 CRESCENT CITY, CA 95531 | 68-0485301 | 501(C)(3) | 5,797. | 0. | | | CARE AND FEEDING OF CATS |
| FORTUNA ADVENTIST COMMUNITY SERVICES - 2331 ROHNERVILLE RD - FORTUNA, CA 95540 | 94-1026064 | 501(C)(3) | 16,500. | 0. | | | SUPPORT FOR HART PROGRAM AND OTHER SOCIAL SERVICE PROGRAMS |
| FORTUNA ELEMENTARY SCHOOL DISTRICT ARTS & MUSIC FUND - 363 INDIANOLA RD - BAYSIDE, CA 95524 | | | 10,000. | 0. | | | PROGRAM SUPPORT |
| FORTUNA UNION HIGH SCHOOL DISTRICT C/O GLEN SENESTRARO - 379 - 12TH ST - FORTUNA, CA 95540 | 94-6002186 | GOV | 17,832. | 0. | | | PROGRAM SUPPORT |
| FRIENDS OF THE DUNES C/O MIKE CIPRA - PO BOX 186 - ARCATA, CA 95518-0186 | 68-0373871 | 501(C)(3) | 15,320. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| GARFIELD SCHOOL DISTRICT 2200 FRESHWATER ROAD EUREKA, CA 95503 | | 501(C)(3) | 7,000. | 0. | | | EDUCATIONAL VIDEOS FOR YOUTH ABOUT COVID-19 BY QUACK & WABBIT |
| GATEWAY EDUCATION OF THE WILD RIVERS COAST - 900 NORTHCREST DR #105 - CRESCENT CITY, CA 95531 | 27-3728067 | 501(C)(3) | 86,137. | 0. | | | SUPPORTING GATEWAY EDUCATION'S YOUTH WELLNESS ADVENTURE PROGRAM |
| GILBERT H. GATES CRUT 363 INDIANOLA ROAD BAYSIDE, CA 95524 | | | 10,415. | 0. | | | CHARITABLE REMAINDER TRUST |
| GLEN PAUL SCHOOL 2501 CYPRESS AVENUE EUREKA, CA 95503 | 94-6000513 | 501(C)(3) | 35,300. | 0. | | | SUPPORT OF THE SCHOOL |
| GOLD BEACH SENIOR CENTER INC PO BOX 1277 GOLD BEACH, OR 97444 | 93-0861523 | 501(C)(3) | 10,000. | 0. | | | DELIVER FOOD TO HOMEBOUND SENIORS |
| GOLDEN AGE CENTER, INC. P.O. BOX 1413 WEAVERVILLE, CA 96093 | 51-0183604 | 501(C)(3) | 27,150. | 0. | | | FOOD, DISHWASHER, KITCHEN REPAIR AND TRANSPORTATION |
| HAPPY CAMP COMMUNITY ACTION, INC P.O. BOX 201 HAPPY CAMP, CA 96039 | 91-1762252 | 501(C)(3) | 169,500. | 0. | | | DIRECT RELIEF TO SLATER FIRE VICTIMS FOR SHELTER, UTILITIES |
| HEALY SENIOR CENTER PO BOX 1849 REDWAY, CA 95560 | 94-2762224 | 501(C)(3) | 32,109. | 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) | 21,270. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HMONG CULTURAL CENTER OF DEL NORTE COUNTY - 1675 ARLINGTON DRIVE - CRESCENT CITY, CA 95531 | 47-2989909 | 501(C)(3) | 25,600. | 0. | | | PROGRAM SUPPORT |
| HOOPA VALLEY TRIBE P.O. BOX 1348 HOOPA, CA 95546 | 94-1477040 | GOV | 78,103. | 0. | | | LAND ACQUISITION IN REDWOOD VALLEY AND COVID RELIEF |
| HOSPICE OF HUMBOLDT 3327 TIMBER FALL CT EUREKA, CA 95503 | 94-2499333 | 501(C)(3) | 75,841. | 0. | | | HOSPICE SUPPORT |
| HSU SPONSORED PROGRAMS FOUNDATION 1 HARPST ST SBS #285 ARCATA, CA 95521-8299 | 94-6050071 | 501(C)(3) | 90,000. | 0. | | | PROGRAM SUPPORT |
| HUMAN RESPONSE NETWORK C/O SHERI WHITE - PO BOX 2370 - WEAVERVILLE, CA 96093 | 68-0032176 | 501(C)(3) | 70,000. | 0. | | | HOMELESS PREVENTION, EMERGENCY AND TRANSITIONAL HOUSING SERVICE |
| HUMANE SOCIETY OF DEL NORTE PO BOX 1526 CRESCENT CITY, CA 95531-1526 | 68-0038293 | 501(C)(3) | 16,138. | 0. | | | PROGRAM SUPPORT |
| HUMBOLDT ANIMAL RESCUE TEAM PO BOX 253 CUTTEN, CA 95534 | 46-5666951 | 501(C)(3) | 11,347. | 0. | | | CARING FOR, FEEDING, AND NEUTERING OR SPAYING DOGS AND CATS LOCATED IN HUMBOLDT COUNTY |
| HUMBOLDT BOTANICAL GARDEN FOUNDATION C/O EVELYN GIDDINGS - PO BOX 6117 - EUREKA, CA 95502 | 68-0243631 | 501(C)(3) | 15,758. | 0. | | | PROGRAM SUPPORT |
| HUMBOLDT COUNTY LIBRARY C/O CHRIS COOPER - 1313 - 3RD ST - EUREKA, CA 95501 | 94-6000513 | GOV | 39,895. | 0. | | | LIBRARY SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| HUMBOLDT COUNTY OFFICE OF EDUCATION - 901 MYRTLE AVENUE - EUREKA, CA 95501 | 94-6002186 | 501(C)(3) | 21,099. | 0. | | | PROGRAM SUPPORT |
| HUMBOLDT COUNTY SHERIFF'S OFFICE 826 4TH ST EUREKA, CA 95501 | 94-6000513 | 501(C)(3) | 31,000. | 0. | | | TRAUMA KITS AND OTHER EMERGENCY SUPPLIES |
| HUMBOLDT DOG OBEDIENCE 2030 HOLLY STREET EUREKA, CA 95503 | 68-0024232 | 501(C)(3) | 15,575. | 0. | | | FOR THE ALTERING AND SPAYING OF DOGS AND CATS IN HUMBOLDT COUNTY |
| HUMBOLDT LIBRARY FOUNDATION C/O ELIZABETH MURGUIA - PO BOX 440 - EUREKA, CA 95502-0440 | 91-1879359 | 501(C)(3) | 5,988. | 0. | | | PROGRAM SUPPORT |
| HUMBOLDT LITERACY PROJECT 537 G ST, STE 203 EUREKA, CA 95501 | 68-0062774 | 501(C)(3) | 12,110. | 0. | | | HEALTH INSURANCE OF THE HUMBOLDT LITERACY PROJECT EMPLOYEES AND GENERAL SUPPORT |
| HUMBOLDT NEUROHEALTH THERAPEUTIC SERVICES - 2145 MYRTLE AVE - EUREKA, CA 95501 | 83-2600783 | 501(C)(3) | 15,000. | 0. | | | OPERATING SUPPORT |
| HUMBOLDT RESILIENCE INC P.O. BOX 544 FORTUNA, CA 95540 | 85-0623682 | 501(C)(3) | 10,000. | 0. | | | INTERVENTION AND PREVENTION PROGRAM FOR AT-RISK YOUTH IN HUMBOLDT |
| HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA, CA 95501 | 94-2261434 | 501(C)(3) | 132,313. | 0. | | | SENIOR RESOURCE CENTER SUPPORT |
| HUMBOLDT SENIOR RESOURCE CENTER-ALZHEIMER CARE CENTER C/O MELISSA HOOVEN - 1901 CALIFORNIA STREET - EUREKA, CA 95501 | 94-2261434 | 501(C)(3) | 52,995. | 0. | | | ALZHEIMER CARE CENTER SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| HUMBOLDT SPAY/NEUTER NETWORK 2606 MYRTLE AVENUE EUREKA, CA 95501 | 20-0729293 | 501(C)(3) | 70,959. | 0. | | | MEDICAL TREATMENT AND REHABILITATION OF DOGS IN HUMBOLDT COUNTY |
| HUMBOLDT STATE UNIVERSITY FOUNDATION - 1 HARPST ST - GIFT PROCESSING CENTER, SBS 285 - ARCATA, CA 95521 | 94-6077724 | 501(C)(3) | 53,000. | 0. | | | SUPPORT FOR MOST VULNERABLE STUDENTS RE: HEALTHCARE, HOUSING, FOOD SECURITY |
| HUPA FAMILY RESOURCE CENTER PO BOX 728 HOOPA, CA 95546 | 94-1477040 | GOV | 22,500. | 0. | | | PROGRAM SUPPORT |
| INK PEOPLE CENTER FOR THE ARTS C/O LESLIE CASTELLANO - 627 3RD ST - EUREKA, CA 95501 | 94-3056179 | 501(C)(3) | 104,302. | 0. | | | SUPPORT FOR ARTISTS PROGRAMS |
| INQUIRING SYSTEMS, INC. 887 SONOMA AVE. #23 SANTA ROSA, CA 95404 | 94-2524840 | 501(C)(3) | 60,000. | 0. | | | CREATE A SOVEREIGN BODIES INSTITUTE SECOND SOCIAL WORK POSITION |
| KARUK TRIBE PO BOX 1016 HAPPY CAMP, CA 96039-1016 | 94-2576572 | 501(C)(4) | 217,500. | 0. | | | WEATHERPROOFING, IMPROVEMENTS, AND OTHER ASSISTANCE FOR SLATER FIRE VICTIMS |
| KEE CHA-E-NAR CORPORATION PO BOX 1027 KLAMATH, CA 95548-1027 | 47-4098140 | 501(C)(3) | 36,500. | 0. | | | MISSING & MURDERED INDIGENOUS WOMEN PROGRAMS |
| KEEP EUREKA BEAUTIFUL 4401 CEDAR ST EUREKA, CA 95503 | | 501(C)(3) | 9,656. | 0. | | | KEEP EUREKA BEAUTIFUL REIMBURSEMENTS |
| K'IMA:W MEDICAL CENTER PO BOX 1288 HOOPA, CA 95546 | 23-7428302 | 501(C)(3) | 173,000. | 0. | | | COVID-19 VACCINE SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| KUA'AIANA ASSOCIATES 1630 UNIVERSITY AVE #29 BERKELEY, CA 94703 | | | 10,000. | 0. | | | NOQSI - THE PAXIIWOVEM CANOE FAMILY GUIDING STAR PROJECT |
| LAMB CREEK CHRISTIAN CENTER, INC PO BOX 26 MAD RIVER, CA 95552-0026 | 94-2795915 | 501(C)(3) | 30,000. | 0. | | | PROGRAM SUPPORT FOR SOUTHERN TRINITY VOLUNTEER FIRE DEPARTMENT |
| LATINO NET PO BOX 584 EUREKA, CA 95502 | 68-0659346 | 501(C)(3) | 100,000. | 0. | | | QUARANTINE FOR MIGRANT FAMILIES IN MULTI-FAMILY HOUSING |
| LEAGUE OF WOMEN VOTERS - CALIFORNIA EDUCATION FUND - 921 11TH STREET, SUITE 700 - SACRAMENTO, CA 95814 | 68-0061260 | 501(C)(3) | 5,948. | 0. | | | ANNUAL PMP DUES FOR LWV HUMBOLDT AND EDUCATION FUND |
| LEAGUE OF WOMEN VOTERS OF HUMBOLDT COUNTY C/O NANCY KAY - PO BOX 3219 - EUREKA, CA 95502-3219 | 94-6103157 | 501(C)(4) | 7,000. | 0. | | | LWVHC EDUCATIONAL MARKETING CAMPAIGN |
| LEAVEY RANCH, LLC 363 INDIANOLA ROAD BAYSIDE, CA 95524 | 46-3296780 | 501(C)(3) | 150,100. | 0. | | | OPERATING SUPPORT |
| LIFE CARE HUMBOLDT 2037 BLAKE ROAD MCKINLEYVILLE, CA 95519 | 84-4757743 | | 22,500. | 0. | | | GENERAL EXPENSES, UNRESTRICTED |
| LINELL K. WALKER ELEMENTARY SCHOOL 500 9TH ST. FORTUNA, CA 95540 | | 501(C)(3) | 8,056. | 0. | | | FOR SUPPORTING SAFETY OF STUDENTS IN THE FALL, OFFICE PROTECTION |
| MATTOLE VALLEY RESOURCE CENTER P.O. BOX 191 PETROLIA, CA 95558 | 68-0010786 | 501(C)(3) | 33,314. | 0. | | | FOOD INSECURITY, GAS CARDS FOR TRANSPORTATION TO VACCINE CENTERS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| MCKINLEYVILLE LIONS CLUB 1885 OCEAN DRIVE MCKINLEYVILLE, CA 95519 | 23-7408622 | 501(C)(3) | 20,000. | 0. | | | RECONSTRUCTION OF MAIN HALL |
| MENDOCINO SPAY NEUTER ASSISTANCE PROGRAM - P.O. BOX 4 - TALMAGE, CA 95481 | 68-0237631 | 501(C)(3) | 24,000. | 0. | | | ANNUAL OPERATING SUPPORT FOR SPAY & NEUTER ASSISTANCE PROGRAM |
| MIRANDA'S RESCUE 1603 SANDY PRAIRIE ROAD FORTUNA, CA 95540 | 68-0417389 | 501(C)(3) | 14,983. | 0. | | | SUPPORT OF MIRANDA'S RESCUE |
| MOUNTAIN CHAPEL ASSEMBLY OF GOD CHURCH - P.O. BOX 2520 - WEAVERVILLE, CA 96093 | 68-0143951 | 501(C)(3) | 18,723. | 0. | | | INFRASTRUCTURE FOR TRINITY SOUP KITCHEN PROGRAM |
| NAACP - EUREKA BRANCH PO BOX 1434 EUREKA, CA 95502 | 23-7028846 | 501(C)(4) | 182,588. | 0. | | | COVID RELIEF, B-BLACK AND JUNETEETH AND OTHER PROGRAM SUPPORT |
| NAMI - HUMBOLDT P.O. BOX 1225 EUREKA, CA 95502 | 94-2665681 | 501(C)(3) | 25,000. | 0. | | | PROGRAM SUPPORT |
| NEW WEST BALLET, INC 1215 LINDA VISTA DRIVE #B SAN MARCOS, CA 92078 | 47-3197777 | 501(C)(3) | 18,028. | 0. | | | PROGRAM SUPPORT |
| NORCAL LAO FOUNDATION 2966 PIGEON PT. RD EUREKA, CA 95503 | 82-2601156 | 501(C)(3) | 10,500. | 0. | | | SUPPORT STORYTELLING OF LOCAL AAPI EXPERIENCES AND ANTI-ASIAN VIOLENCE |
| NORTH COAST GROWERS ASSOCIATION P.O. BOX 4232 ARCATA, CA 95518 | 77-0212408 | 501(C)(3) | 5,800. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NORTH COAST HEALTH IMPROVEMENT AND INFORMATION NETWORK - 2662 HARRIS STREET - EUREKA, CA 95503 | 27-4520226 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SUPPORT |
| NORTH COAST JOURNAL 310 F ST EUREKA, CA 95501 | | 501(C)(3) | 10,000. | 0. | | | COMMUNITY VOICES COALITION |
| NORTH COAST OPPORTUNITIES INC 413 NORTH STATE STREET UKIAH, CA 95482 | 94-1671958 | 501(C)(3) | 12,201. | 0. | | | UNITED DISASTER RELIEF MENDOCINO LAKE FIRE COMPLEX; DISASTER RESPONSE CENTER |
| NORTH COAST RAPE CRISIS TEAM P.O. BOX 1011 EUREKA, CA 95502 | 94-2646740 | 501(C)(3) | 43,000. | 0. | | | REMOTE WORK STATIONS AND HIPPA COMPLIANCE |
| NORTH COAST REPERTORY THEATRE 300 - 5TH ST EUREKA, CA 95501 | 68-0380567 | 501(C)(3) | 12,800. | 0. | | | PROGRAM SUPPORT |
| NORTH FORK RANCHERIA P.O. BOX 929 NORTH FORK, CA 93643 | | | 7,386. | 0. | | | NEUM PLANT PRESERVATION |
| NORTHERN CALIFORNIA CULTURAL COMMUNICATIONS - P.O. BOX 650 - HOOPA, CA 95546 | 68-0354644 | 501(C)(3) | 25,000. | 0. | | | SUPPORT OF BLUE CREEK - AH PAH TRADITIONAL YUROK VILLAGE |
| NORTHERN CALIFORNIA INDIAN DEVELOPMENT COUNCIL - 241 F ST - EUREKA, CA 95501 | 51-0189400 | 501(C)(3) | 105,000. | 0. | | | SUPPORTING DIRECT RELIEF EFFORTS |
| OASIS ADVOCACY & SHELTER, INC. PO BOX 932 GOLD BEACH, OR 97444 | 93-1030730 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT EXECUTIVE TRANSITION PROCESS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| OPEN DOOR COMMUNITY HEALTH CENTER 550 E WASHINGTON BLVD CRESCENT CITY, CA 95531 | 95-2671433 | 501(C)(3) | 5,201. | 0. | | | 10 CHROMEBOOKS |
| OPEN DOOR COMMUNITY HEALTH CENTERS C/O TORY STARR - 1275 8TH ST - ARCATA, CA 95521 | 95-2671433 | 501(C)(3) | 82,500. | 0. | | | PROGRAM SUPPORT |
| OREGON STATE UNIVERSITY 104 KERR ADMIN BUILDING CORVALLIS, OR 97331-4501 | 48-1278540 | 501(C)(3) | 20,445. | 0. | | | SCHOLARSHIPS |
| ORLEANS VOLUNTEER FIRE DEPARTMENT P. O. BOX 312 ORLEANS, CA 95556 | 94-2572021 | 501(C)(4) | 15,000. | 0. | | | PURCHASING A WATER TENDER |
| OUR DAILY BREAD MINISTRIES 1135 HARROLD ST. CRESCENT CITY, CA 95531 | 26-2878035 | 501(C)(3) | 7,000. | 0. | | | SUPPORT TO PURCHASE OUTDOOR GEAR AND FOOD FOR HOMELESS CLIENTS |
| OWENS VALLEY INDIAN WATER COMMISSION - 46 N TU-SU LANE - BISHOP, CA 93514 | 77-0405494 | | 8,993. | 0. | | | WILDERNESS FIRST RESPONDERS CERTIFICATIONS |
| PAY IT FORWARD HUMBOLDT C/O DESIRAE HADLEY - 326 I ST # 148 - EUREKA, CA 95501 | 47-5247321 | 501(C)(3) | 136,800. | 0. | | | FOR FIRE COORDINATED SUPPORT |
| PENINSULA UNION SCHOOL DISTRICT PO BOX 175 SAMOA, CA 95564 | | GOV | 10,000. | 0. | | | PROGRAM SUPPORT |
| PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520 | 13-1644147 | 501(C)(3) | 80,204. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| PLAYHOUSE ARTS C/O JACQUELINE DANDENEAU - 1251 9TH ST - ARCATA, CA 95521 | 26-0383637 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SUPPORT |
| PROVIDENCE ST. JOSEPH HEALTH FOUNDATION - 2700 DOLBEER STREET - EUREKA, CA 95501 | 81-4791043 | 501(C)(3) | 144,920. | 0. | | | PROGRAM SUPPORT |
| PROVIDENCE ST. JOSEPH HOSPITAL - HOME CARE - 2127 HARRISON AVE. STE. #3 - EUREKA, CA 95501 | 81-4791043 | 501(C)(3) | 7,222. | 0. | | | PROGRAM SUPPORT |
| PROVIDENCE ST. JOSEPH HOSPITAL - PAIN CLINIC - 2700 DOLBEER STREET - EUREKA, CA 95501 | 94-1156596 | 501(C)(3) | 5,439. | 0. | | | HOME HEALTH SUPPORT |
| PUBLIC VET - NEUTER SCOOTER 2336 LINDEN HILL RD BLOOMINGTON, IN 47401 | 81-4581936 | 501(C)(3) | 32,500. | 0. | | | SUPPORT SPAYING AND NEUTERING OF CATS AND DOGS IN HUMBOLDT COUNTY |
| QUEER HUMBOLDT P.O. BOX 45 ARCATA, CA 95518 | 01-0854933 | 501(C)(3) | 127,750. | 0. | | | SUPPORT LGBTQ+2 IN HUMBOLDT AND TRIBAL TERRITORIES ACROSS COUNTY LINES |
| REDWAY ELEMENTARY SCHOOL P.O. BOX 369 REDWAY, CA 95560 | 94-6002186 | 501(C)(3) | 8,690. | 0. | | | PROGRAM SUPPORT |
| REDWOOD COMMUNITY ACTION AGENCY 904 G STREET EUREKA, CA 95501 | 94-2646370 | 501(C)(3) | 26,638. | 0. | | | PROGRAM SUPPORT |
| REDWOOD PALS RESCUE P.O. BOX 2913 MCKINLEYVILLE, CA 95519 | 61-1655383 | 501(C)(3) | 12,097. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| REDWOOD RURAL HEALTH CENTER PO BOX 769 REDWAY, CA 95560 | 94-2337367 | 501(C)(3) | 9,250. | 0. | | | LUNCH FOR SATURDAY VACCINE CLINICS THROUGH JULY (\$3150) AND EQUIPMENT FOR DENTAL |
| REDWOOD SCHOOL 301 W. WASHINGTON CRESCENT CITY, CA 95531 | 47-5250015 | | 10,000. | 0. | | | SUPPORTING THE REDWOOD ELEMENTARY SCHOOL STEAM LAB |
| REDWOOD TEEN CHALLENGE 2212 2ND STREET EUREKA, CA 95501 | 68-0358004 | 501(C)(3) | 11,700. | 0. | | | PROGRAM SUPPORT |
| REDWOODS MONASTERY 18104 BRICELAND-THORN RD WHITETHORN, CA 95589 | 94-1640741 | 501(C)(3) | 33,110. | 0. | | | MONASTERY SUPPORT |
| REDWOODS RURAL HEALTH CENTER PO BOX 769 REDWAY, CA 95560 | 94-2337367 | 501(C)(3) | 42,000. | 0. | | | SOUTH COUNTY HOUSING SUPPORT COUNCIL MEMBERSHIP, STRATEGIC PLAN, MANAGER POSITION |
| RODERICK/HAYFORK SENIOR NUTRITION CENTER - PO BOX 723 - HAYFORK, CA 96041 | 68-0112469 | 501(C)(3) | 6,000. | 0. | | | PROGRAM SUPPORT |
| ROTARY CLUB OF ARCATA SUNRISE FOUNDATION - PO BOX 4197 - ARCATA, CA 95518 | 20-8490867 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SUPPORT |
| ROTARY CLUB OF FORTUNA C/O MELISSA COLLINS - PO BOX 1002 - FORTUNA, CA 95540 | 45-4156012 | 501(C)(3) | 25,000. | 0. | | | PROGRAM SUPPORT |
| ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DR - CHICAGO, IL 60693 | 36-3245072 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| RURAL HUMAN SERVICES 286 M STREET, SUITE A CRESCENT CITY, CA 95531-4115 | 94-2735346 | 501(C)(3) | 16,500. | 0. | | | HARRINGTON HOUSE- BUILD FENCE FOR SAFETY AROUND THE DOMESTIC VIOLENCE SHELTER PROPERTY |
| SAVE THE REDWOODS LEAGUE 111 SUTTER ST, 11TH FLOOR SAN FRANCISCO, CA 94104 | 94-0843915 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SUPPORT |
| SEQUOIA HUMANE SOCIETY C/O KELSEY SAMPSON - 6073 LOMA AVE - EUREKA, CA 95503 | 23-7102713 | 501(C)(3) | 103,382. | 0. | | | HUMANE SOCIETY SUPPORT |
| SEQUOIA PARK ZOO FOUNDATION C/O LEIGH PIERRE-OETKER - 3414 W ST - EUREKA, CA 95503 | 56-2410108 | 501(C)(3) | 29,270. | 0. | | | PROGRAM SUPPORT |
| SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES, INC. - P.O. BOX 4569 - ARCATA, CA 95518 | 68-0027247 | 501(C)(3) | 84,000. | 0. | | | PROGRAM SUPPORT |
| SHERWOOD VALLEY BAND OF POMO INDIANS - 190 SHERWOOD HILL DRIVE - WILLITS, CA 95490 | 94-2447327 | | 5,800. | 0. | | | KAI POMA JAHNOO |
| SHRINER'S HOSPITAL FOR CHILDREN - NORTHERN CALIFORNIA - 2425 STOCKTON BLVD - SACRAMENTO, CA 95817 | 68-0016996 | 501(C)(3) | 6,626. | 0. | | | FOR THE PROVISION OF CASE TO CHILDREN WITH NEUROMUSCULOSKELETAL CONDITIONS, BURN |
| SMITH RIVER ALLIANCE C/O GRANT WERSCHKULL - PO BOX 2129 - CRESCENT CITY, CA 95531 | 94-2650838 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SUPPORT |
| SOUTH COAST EDUCATION SCHOOL DISTRICT - 1350 TEAKWOOD AVE - COOS BAY, OR 97420 | | | 8,000. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE FOUNDATION - 733 CEDAR ST - GARBERVILLE, CA 95542-3201 | 94-6172987 | 501(C)(3) | 41,000. | 0. | | | JEROLD PHELPS HOSPITAL REBUILD |
| SOUTHERN TRINITY AREA RESCUE PO BOX 4 MAD RIVER, CA 95552 | 94-2507342 | 501(C)(3) | 19,000. | 0. | | | AMBULANCE REPLACEMENT |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 7,626. | 0. | | | PROGRAM SUPPORT |
| ST. MARY'S PARISH 1690 JANES RD ARCATA, CA 95521 | 94-2509590 | 501(C)(3) | 24,370. | 0. | | | SUPPORT THE WORK OF ST. MARY'S CHURCH |
| ST. TIMOTHY'S EPISCOPAL CHURCH 404 FIR ST BROOKINGS, OR 97415 | 93-0386824 | 501(C)(3) | 12,450. | 0. | | | PROGRAM SUPPORT |
| ST. VINCENT DE PAUL PO BOX 1386 EUREKA, CA 95502-1386 | 94-1573587 | 501(C)(3) | 29,377. | 0. | | | PROGRAM SUPPORT |
| THE CANBY CENTER 681 SW 2ND AVE CANBY, OR 97013 | 51-0603464 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SUPPORT |
| THE GREYHOUND ALLIANCE P.O. BOX 5803 RIVER FOREST, IL 60305-5803 | 76-0811448 | 501(C)(3) | 10,000. | 0. | | | SUPPORT FOR THE SUNBURST PROJECT |
| TOLOWA DEE-NI' NATION 140 ROWDY CREEK RD SMITH RIVER, CA 95567 | 68-0087275 | 501(C)(3) | 18,069. | 0. | | | SUPPORTING THE NEEDS OF TRIBAL ELDERS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| TREES FOUNDATION C/O SUSAN BARSOTTI - PO BOX 2202 - REDWAY, CA 95560 | 68-0259810 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SUPPORT |
| TRINIDAD COASTAL LAND TRUST C/O BEN MOREHEAD - PO BOX 457 - TRINIDAD, CA 95570 | 94-2552913 | 501(C)(3) | 11,220. | 0. | | | LAND TRUST SUPPORT |
| TRINITY ALPS UNIFIED SCHOOL DISTRICT - PO BOX 1227 - WEAVERVILLE, CA 96093 | 26-3968318 | 501(C)(3) | 15,000. | 0. | | | PPE AND DISTANCE LEARNING SUPPORT |
| TRINITY CENTER COMMUNITY SERVICES DISTRICT - P.O. BOX 191 - TRINITY CENTER, CA 96091 | 20-2499395 | 501(C)(3) | 29,000. | 0. | | | PPE |
| TRINITY COMMUNITY FOOD OUTREACH, INC. - P.O. BOX 500 - LEWISTON, CA 96052 | 47-3459942 | 501(C)(3) | 28,600. | 0. | | | PROGRAM SUPPORT |
| TRINITY COUNTY FOOD ASSISTANCE PROGRAM - PO BOX 1123 - WEAVERVILLE, CA 96093 | 41-2127592 | 501(C)(3) | 14,275. | 0. | | | SUPPORTING STRATEGY DEVELOPMENT PROCESS FOR TRI-COUNTY FOOD BANK |
| TRINITY COUNTY LIFE SUPPORT P.O. BOX 2907 WEAVERVILLE, CA 96093 | 68-0304811 | 501(C)(3) | 15,000. | 0. | | | ONLINE TRAININGS FOR EMT AND VOLUNTEER FIRE |
| TRINITY COUNTY SEARCH AND RESCUE TEAM - PO BOX 1228 - WEAVERVILLE, CA 96093-1228 | 81-5037308 | 501(C)(3) | 10,000. | 0. | | | EQUIPMENT AND TRAINING |
| TRUE NORTH ORGANIZING NETWORK 517 - 3RD ST STE 16 EUREKA, CA 95501 | 47-2208314 | 501(C)(3) | 76,402. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| TWO FEATHERS NATIVE AMERICAN FAMILY SERVICES - 1560 BETTY CT STE A - MCKINLEYVILLE, CA 95519 | 68-0285726 | 501(C)(3) | 62,000. | 0. | | | PROGRAM SUPPORT |
| UCSF BENIOFF CHILDREN'S HOSPITAL 1975 4TH STREET SAN FRANCISCO, CA 94158 | 94-1657474 | | 9,000. | 0. | | | PROGRAM SUPPORT |
| UNITED STATES BOWLING CONGRESS - HUMBOLDT - 13896 HARBOR BLVD #5A - GARDEN GROVE, CA 92843 | 20-4416939 | | 10,000. | 0. | | | HUMBOLDT USBC YOUTH TROPHIES, TOURNAMENT, AND CONVENTION |
| UNITED WAY OF SOUTHWESTERN OREGON, INC. - PO BOX 1288 - COOS BAY, OR 97420 | 93-0503188 | 501(C)(3) | 11,000. | 0. | | | "EVERY CHILD CURRY" TUTOR PROGRAM SUPPORT |
| VECTOR REHABILITATION C/O MAURA EASTMAN - 2121 MYRTLE AVE - EUREKA, CA 95501 | 94-2600144 | 501(C)(3) | 11,573. | 0. | | | PROGRAM SUPPORT |
| WILLOW CREEK CHRISTIAN SCHOOL P. O. BOX 1568 WILLOW CREEK, CA 95573 | 68-0005517 | 501(C)(3) | 13,536. | 0. | | | SCHOLARSHIPS FOR SCHOOL ENROLLMENT |
| WILLOW CREEK YOUTH PARTNERSHIP - DREAM QUEST - P.O. BOX 609 - WILLOW CREEK, CA 95573 | 68-0477682 | 501(C)(3) | 5,700. | 0. | | | PROGRAM SUPPORT |
| WIYOT TRIBE 1000 WIYOT DR. LOLETA, CA 95551 | 94-2714533 | GOV | 12,500. | 0. | | | PROGRAM SUPPORT |
| WOMEN'S CRISIS SHELTER IN SOUTHERN HUMBOLDT - P.O. BOX 642 - GARBERVILLE, CA 95542 | 68-0323926 | 501(C)(3) | 8,000. | 0. | | | PROGRAM SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| YOUNG FAMILY RANCH, INC. P.O. BOX 3246 WEAVERVILLE, CA 96093-0307 | 68-0483865 | 501(C)(3) | 54,400. | 0. | | | WEAVERVILLE SUMMER DAY CAMP (WSDC) |
| YOUTHABILITY, INC P.O. BOX 6358 EUREKA, CA 95502 | 90-0289749 | 501(C)(3) | 13,950. | 0. | | | PROVIDING WORK HOURS/PAYMENT & LIFE SKILLS FOR VULNERABLE YOUTH |
| YUROK TRIBE 190 KLAMATH BLVD KLAMATH, CA 95548 | 68-0178020 | GOV | 95,000. | 0. | | | PROGRAM SUPPORT FOR DISASTER RESPONSE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| ART, CULTURE & HUMANITIES | 30 | 153,125. | 0. | | |
| SCHOLARSHIPS | 219 | 512,493. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

AFFORDABLE HOMELESS HOUSING ALTERNATIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT INCLUDING SUPPORT

FOR TWO STAFF POSITIONS AND CELL PHONE SERVICES TO COMMUNITY MEMBERS

NAME OF ORGANIZATION OR GOVERNMENT:

BROOKINGS HARBOR COMMUNITY HELPERS, INC. DBA: BROOKINGS HARBOR FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: SNACK PACK PROGRAM FOR LOW INCOME

YOUTH, VETERANS AND SPANISH-SPEAKING FAMILIES IN BROOKINGS

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF ARCATA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR VARIOUS PROGRAMS

INCLUDING HOME AWAY FROM HOME, FUTSAL COURT, SUNNY BRAE COMMUNITY FOREST

AND COVID RELIEF

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CRESCENT CITY FINANCE DEPT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE CRESCENT CITY POLICE

DEPARTMENT EXPLORER PROGRAM & CRESCENT CITY FIRE AND RESCUE

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF EUREKA

(H) PURPOSE OF GRANT OR ASSISTANCE: EUREKA STREET ART FESTIVAL'S MURAL

APPRENTICE PROGRAM AND GRACE MARTON MEMORIAL GARDEN

NAME OF ORGANIZATION OR GOVERNMENT: FIRST CHURCH OF THE NAZARENE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT GOD-SNACKED PROGRAM - FREE

MEALS FOR UNHOUSED COMMUNITY MEMBERS IN MCKINLEYVILLE & NORTHERN ARCATA

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD RURAL HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: LUNCH FOR SATURDAY VACCINE CLINICS

Part IV Supplemental Information

THROUGH JULY (\$3150) AND EQUIPMENT FOR DENTAL FILTRATION SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: REDWOODS RURAL HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SOUTH COUNTY HOUSING SUPPORT COUNCIL

MEMBERSHIP, STRATEGIC PLAN, MANAGER POSITION AND HOUSING SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

SHRINER'S HOSPITAL FOR CHILDREN - NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PROVISION OF CARE TO

CHILDREN WITH NEUROMUSCULOSKELETAL CONDITIONS, BURN INJURIES, AND OTHER

SPECIAL HEALTH CARE NEEDS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2020

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) BRYNA LIPPER CEO | (i) | 225,375. | 0. | 0. | 18,030. | 8,414. | 251,819. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 14 | 751,240. | FAIR MARKET VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

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

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

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

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

INITIATED AND LEAD BY NATIVE PEOPLES, THE NATIVE CULTURES FUND IS A

PARTNERSHIP BETWEEN NATIVE NATIONS, THE HUMBOLDT AREA FOUNDATION, THE

WILLIAM AND FLORA HEWLETT FOUNDATION, AND OTHER DONORS. THE PROGRAM

SUPPORTS THE TRANSMISSION OF KNOWLEDGE BETWEEN GENERATIONS THROUGH THE

RENAISSANCE OF CALIFORNIA NATIVE ART CULTURE, SACRED SITES, AND

LANGUAGE DEVELOPMENT.

EXPENSES \$ 364,992. INCLUDING GRANTS OF \$ 321,436. REVENUE \$ 0.

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

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

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL HUMBOLDT AREA

FOUNDATION BOARD AND STAFF MEMBERS ANNUALLY. THE AUDIT COMMITTEE REVIEWS

THE FORM ANNUALLY AND MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY.

DOCUMENTS ARE REVIEWED BY THE BOARD LIAISON AND FINANCE DEPARTMENT.

COMPLIANCE IS MONITORED BY ALL STAFF AND BOARD MEMBERS IN THIS SMALL

COMMUNITY. INDIVIDUALS WITH A CONFLICT OF INTEREST REMOVE THEMSELVES

PHYSICALLY FROM THE ROOM DURING DISCUSSION AND ABSTAIN FROM VOTING ON

RELATED ISSUES.

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

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

COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION COMMITTEE REVIEWS ISSUES SPECIFIC TO THE CEO UTILIZING
COUNCIL ON FOUNDATIONS SURVEY INFORMATION SPECIFIC TO CEO COMPENSATION.

COMPENSATION PROCESS FOR OFFICERS

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

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

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

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

| | |
|--|----------|
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | 179,548. |
| INTERFUND | 4,500. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 184,048. |

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION
PROCESS DURING THE TAX YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| LEAVEY RANCH, LLC - 46-3296780 363 INDIANOLA ROAD BAYSIDE, CA 95524 | CHARITABLE ACTIVITIES | CALIFORNIA | 187,050. | 2,411,193. | HUMBOLDT AREA FOUNDATION |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

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

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

Schedule R (Form 990) 2020

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) HUMBOLDT HEALTH FOUNDATION | C | 94,001. | AMOUNT RECEIVED |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) <small>Are all partners sec. 501(c)(3) orgs.?</small> | | (f) Share of total income | (g) Share of end-of-year assets | (h) <small>Dispropor- tionate allocations?</small> | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) <small>General or managing partner?</small> | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|---|----|---|--|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

