

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization HUMBOLDT AREA FOUNDATION		<b>D</b> Employer identification number 23-7310660
	Doing business as		<b>E</b> Telephone number (707) 442-2993
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	363 INDIANOLA ROAD		<b>G</b> Gross receipts \$ 14,968,931.
City or town, state or province, country, and ZIP or foreign postal code BAYSIDE, CA 95524		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: BRYNA LIPPER SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: WWW.HAFOUNDATION.ORG		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1972	<b>M</b> State of legal domicile: CA

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S VISION IS A THRIVING, JUST, HEALTHY AND EQUITABLE REGION.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	51
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	185
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	13,944,074.	10,826,567.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	372,104.	407,074.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,843,030.	3,684,490.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,285.	25,932.
		19,202,493.	14,944,063.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,711,966.	8,227,730.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,596,640.	4,498,121.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	1,342,733.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,782,690.	2,820,787.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,091,296.	15,546,638.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	5,111,197.	-602,575.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	149,379,870.	160,124,907.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	35,368,981.	38,433,272.
	114,010,889.	121,691,635.	

## 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.

<b>Sign Here</b>	Signature of officer BRYNA LIPPER, CEO		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name BRIAN YACKER	Preparer's signature BRIAN YACKER	Date 05/02/24	Check if self-employed <input type="checkbox"/>	PTIN P00401346
	Firm's name BAKER TILLY US, LLP	Firm's EIN 39-0859910	Phone no. 949.222.2999		
	Firm's address 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOUNDATION'S VISION IS A THRIVING, JUST, HEALTHY AND EQUITABLE REGION.

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 \$ 8,180,595. including grants of \$ 5,555,364. ) (Revenue \$ 407,074. ) THE HUMBOLDT AREA FOUNDATION + WILD RIVERS COMMUNITY FOUNDATION SERVICE AREA INCLUDES HUMBOLDT, DEL NORTE, TRINITY, AND CURRY COUNTIES, AND 18 INDIGENOUS PEOPLES AND THE FEDERALLY AND NON-FEDERALLY RECOGNIZED NATIONS THAT REPRESENT THEM. WE ARE SUPPORTED IN THIS WORK BY THE REMARKABLE COMMUNITY WE SERVE, AS WELL AS OUR BOARD OF DIRECTORS, NATIONAL AND STATEWIDE PHILANTHROPIC PARTNERS, AND GENEROUS LOCAL DONORS. IN THE 2022-2023 FISCAL YEAR, WE LEVIED THIS SUPPORT INTO HELPING COMMUNITIES DISPROPORTIONATELY IMPACTED BY SYSTEMIC POVERTY AND INEQUITY, SUPPORTING COMMUNITIES AND FAMILIES THREATENED BY NATURAL DISASTERS, AND INVESTING IN PROJECTS, PROGRAMS AND RESEARCH THAT WILL PROVIDE COMMUNITY BENEFIT FOR MANY YEARS TO COME.

4b (Code: ) (Expenses \$ 1,848,820. including grants of \$ 1,848,820. ) (Revenue \$ ) THE DISASTER RESPONSE & RESILIENCE FUND SUPPORTS RESIDENTS OF HUMBOLDT, TRINITY, DEL NORTE, AND CURRY COUNTIES, AS WELL AS ADJOINING TRIBAL LANDS DURING CURRENT AND FUTURE DISASTERS, INCLUDING PUBLIC HEALTH EMERGENCIES SUCH AS THE COVID19 PANDEMIC, FIRES, EARTHQUAKES, FLOODING, AND OTHER NATURAL AND HUMAN-MADE DISASTERS. GRANTS ARE MADE TO NONPROFIT AGENCIES, PUBLIC BENEFIT ORGANIZATIONS (SCHOOLS, GOVERNMENT AGENCIES, FEDERALLY RECOGNIZED TRIBES, ETC.), CHARITABLE ORGANIZATIONS AND GROUPS WITH A QUALIFIED FISCAL SPONSOR. THERE IS NO WRITTEN APPLICATION PROCESS, AND WE STRIVE TO HAVE FUNDS IN PLACE FOR BOTH IMMEDIATE DISASTER RESPONSE AND TO HELP COMMUNITIES BECOME MORE RESILIENT IN THE FACE OF FUTURE DISASTERS.

4c (Code: ) (Expenses \$ 1,755,467. including grants of \$ 409,262. ) (Revenue \$ ) HEADQUARTERED AT THE HUMBOLDT AREA FOUNDATION, THE REDWOOD CORE HUB HAS A MISSION TO HELP SOLVE THE CLIMATE EMERGENCY AND ACT WITH URGENCY TO TRANSITION OUR BUILT AND NATURAL SYSTEMS TO BECOME BOTH DECARBONIZED AND RESILIENT AT THE SAME TIME. TO DO THIS IMPORTANT WORK, CORE SUPPORTS DEEP COMMUNITY ENGAGEMENT, EXPERT TECHNICAL ASSISTANCE, AND CENTERS EQUITY BY ENSURING BENEFITS ACCRUE TO UNDERREPRESENTED AND MARGINALIZED COMMUNITIES FIRST AND TO THE GREATEST EXTENT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 719,568. including grants of \$ 414,284. ) (Revenue \$ )

4e Total program service expenses 12,504,450.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 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 on 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 on 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 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYNA LIPPER CEO	40.00 1.25			X				222,300.	0.	29,755.
(2) GINA ZOTTOLA VP ADVANCEMENT & PHILAN. INNOVATION	40.00			X				122,600.	0.	25,198.
(3) SARA DRONKERS CHIEF OF STAFF	40.00			X				123,050.	0.	20,189.
(4) LINDSIE BEAR VP STRATEGY, PROGRAM & COMMS. SOL.	40.00			X				112,677.	0.	30,259.
(5) SARAH MILLSAP VP OF FINANCE AND ADMINISTRATION	40.00 1.25			X				124,080.	0.	10,721.
(6) MICHELLE CARRILLO DIR OF STRATEGY, PGRM & COMM.	40.00					X		104,800.	0.	17,478.
(7) KEYTRA MEYER DIR OF ADVANCEMENT & PHILAN, INNOV.	40.00					X		103,100.	0.	18,577.
(8) JAMES KLOOR DIRECTOR OF FINANCE AND ADMIN.	40.00					X		102,163.	0.	16,891.
(9) CHARLEEN JORDAN CHAIR	4.00	X		X				0.	0.	0.
(10) DAVID FINIGAN VICE CHAIR	2.50	X		X				0.	0.	0.
(11) RAQUEL ORTEGA SECRETARY	2.50	X		X				0.	0.	0.
(12) MARY KEEHN DIRECTOR	2.50	X						0.	0.	0.
(13) DENNIS RAEI DIRECTOR	2.50	X						0.	0.	0.
(14) MARYLYN PAIK NICELY DIRECTOR	2.50	X						0.	0.	0.
(15) DINA MOORE DIRECTOR	2.50	X						0.	0.	0.
(16) CHRISTINA HUFF DIRECTOR	2.50 1.25	X						0.	0.	0.
(17) JUDGE ABBY ABINANTI DIRECTOR	2.50	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALAN NIDIFFER DIRECTOR	2.50	X						0.	0.	0.
(19) KEITH FLAMER DIRECTOR	2.50	X						0.	0.	0.
(20) ALEX OZAKI-MCNEILL DIRECTOR	2.50	X						0.	0.	0.
<b>1b Subtotal</b>								1,014,770.	0.	169,068.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,014,770.	0.	169,068.

**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 8

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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	NONE	(B) Description of services	(C) Compensation

**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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	10,826,567.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 323,538.				
	<b>h Total.</b> Add lines 1a-1f .....		10,826,567.				
Program Service Revenue	<b>2 a</b> FISCAL SPONSOR FEES	Business Code					
		900099	307,140.	307,140.			
	<b>b</b> WORKSHOP / CONFERENCE	900099	99,934.	99,934.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		407,074.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,140,232.			2,140,232.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
				50,800.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	24,868.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	25,932.				
	<b>d</b> Net rental income or (loss) .....		25,932.			25,932.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				1,544,258.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	0.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,544,258.				
<b>d</b> Net gain or (loss) .....		1,544,258.			1,544,258.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> .....	Business Code					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		14,944,063.	407,074.	0.	3,710,422.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,231,058.	7,231,058.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	996,672.	996,672.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	829,354.	245,779.	364,024.	219,551.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,697,937.	1,610,886.	496,429.	590,622.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	185,578.	104,572.	38,678.	42,328.
<b>9</b> Other employee benefits .....	510,105.	282,506.	120,104.	107,495.
<b>10</b> Payroll taxes .....	275,147.	151,114.	65,505.	58,528.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	67,408.		67,408.	
<b>c</b> Accounting .....	44,455.		44,455.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	132,636.		132,636.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	603,641.	598,246.	3,630.	1,765.
<b>12</b> Advertising and promotion .....	490,841.	294,519.	13,828.	182,494.
<b>13</b> Office expenses .....	174,587.	51,162.	93,689.	29,736.
<b>14</b> Information technology .....	259,608.	90,925.	123,528.	45,155.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	159,198.	93,329.	45,330.	20,539.
<b>17</b> Travel .....	46,884.	33,549.	7,057.	6,278.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	631,620.	607,440.	3,692.	20,488.
<b>20</b> Interest .....	1,435.		1,435.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	99,598.	49,455.	36,720.	13,423.
<b>23</b> Insurance .....	43,846.	5,319.	36,099.	2,428.
<b>24</b> 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.)				
<b>a</b> REPAIRS AND MAINTENANCE	53,597.	53,597.		
<b>b</b> EMPLOYEE RECRUITMENT	8,613.	2,960.	4,140.	1,513.
<b>c</b> ANNUITY EXPENSE	1,730.	1,051.	497.	182.
<b>d</b> PROPERTY TAXES	1,090.	311.	571.	208.
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,546,638.	12,504,450.	1,699,455.	1,342,733.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,053,660.	<b>1</b>	6,556,437.
	<b>2</b> Savings and temporary cash investments .....	1,380,091.	<b>2</b>	2,152,068.
	<b>3</b> Pledges and grants receivable, net .....	1,986,718.	<b>3</b>	1,101,275.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	37,279.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	20,982.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	92,960.	<b>9</b>	92,753.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,582,911.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,579,452.	4,103,057.	<b>10c</b> 4,003,459.
	<b>11</b> Investments - publicly traded securities .....	126,840,612.	<b>11</b>	132,169,383.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,825,374.	<b>12</b>	11,660,531.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,097,398.	<b>13</b>	2,330,740.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	149,379,870.	<b>16</b>	160,124,907.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	669,076.	<b>17</b>	696,628.
	<b>18</b> Grants payable .....	926,202.	<b>18</b>	1,125,723.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	33,773,703.	<b>25</b>	36,610,921.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	35,368,981.	<b>26</b>	38,433,272.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	104,481,694.	<b>27</b>	110,566,080.
	<b>28</b> Net assets with donor restrictions .....	9,529,195.	<b>28</b>	11,125,555.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	114,010,889.	<b>32</b>	121,691,635.
<b>33</b> Total liabilities and net assets/fund balances .....	149,379,870.	<b>33</b>	160,124,907.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,944,063.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,546,638.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-602,575.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	114,010,889.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	8,140,508.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	142,813.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	121,691,635.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</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 _____		

Form 990 (2022)



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7,563,427.	9,645,081.	9,592,135.	13,944,074.	10,826,567.	51,571,284.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7,563,427.	9,645,081.	9,592,135.	13,944,074.	10,826,567.	51,571,284.
<b>5</b> 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) .....						8,278,138.
<b>6 Public support.</b> Subtract line 5 from line 4.						43,293,146.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	7,563,427.	9,645,081.	9,592,135.	13,944,074.	10,826,567.	51,571,284.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,625,799.	1,833,600.	1,399,050.	2,838,515.	2,191,032.	10,887,996.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	25,150.	2,955.				28,105.
<b>11 Total support.</b> Add lines 7 through 10						62,487,385.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,983,198.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	69.28 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	70.33 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 2,704,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,107,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,080,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 645,982.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 615,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 500,000.	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/>	\$ 494,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 425,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 285,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 246,169.	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.)

Name of organization  HUMBOLDT AREA FOUNDATION	Employer identification number  23-7310660
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**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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	177	
2 Aggregate value of contributions to (during year)	1,411,562.	
3 Aggregate value of grants from (during year)	1,758,064.	
4 Aggregate value at end of year	14,731,990.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

b Assets included in Form 990, Part X \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**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	5,735,025.	5,720,245.	5,713,144.	5,702,798.	5,696,125.
b Contributions					6,673.
c Net investment earnings, gains, and losses	11,093.	14,780.	7,101.	10,346.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,746,118.	5,735,025.	5,720,245.	5,713,144.	5,702,798.

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,126,456.		2,126,456.
b Buildings		3,324,144.	1,466,525.	1,857,619.
c Leasehold improvements				
d Equipment		105,701.	86,317.	19,384.
e Other		26,610.	26,610.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,003,459.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) OTHER SECURITIES	11,660,531.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	11,660,531.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	34,900,016.
(3) OBLIGATIONS UNDER SPLIT INTEREST AGREEMENTS	1,710,905.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	36,610,921.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

THE FOUNDATION AND ITS SUPPORTING ORGANIZATION HAVE RECEIVED TAX-EXEMPT

STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX

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

REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY.

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

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

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

**Part XIII** Supplemental Information (continued)

FOUNDATION.

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
2-1-1 HUMBOLDT INFORMATION AND RESOURCE CENTER - PO BOX 6683 - EUREKA, CA 95502	46-5092911	501(C)(3)	6,971.	0.			SUPPORT FOR 211 PROGRAMS
AFFORDABLE HOMELESS HOUSING ALTERNATIVES INC - PO BOX 3794 - EUREKA, CA 95502-3794	81-0713410	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND, CA 94614	94-2960297	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN CANCER SOCIETY 2942 F STREET EUREKA, CA 95501	13-1788491	501(C)(3)	74,984.	0.			AMERICAN CANCER SOCIETY SUPPORT
AMERICAN INDIAN COUNCIL OF MARIPOSA COUNTY INC. - PO BOX 186 - MARIPOSA, CA 95338	77-0161686	501(C)(3)	9,000.	0.			MIWUK CULTURAL WORKSHOPS
AMERICAN RIVER NATURAL HISTORY ASSOCIATION AKA EFFIE YEAW NATURE CENTER - 2850 SAN LORENZO WAY - CARMICHAEL, CA 95608	94-2766075	501(C)(3)	17,000.	0.			GENERAL OPERATING SUPPORT, A GIFT FROM DICK & CAROL LAURSEN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **191.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **14.**

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCATA HIGH SCHOOL 1720 M ST ARCATA, CA 95521	94-6002186	GOV	5,448.	0.			SCHOLARSHIPS AND SCHOOL PROGRAMS
ARCATA HOUSE PARTNERSHIP C/O DARLENE SPOOR - 1005 - 11TH ST - ARCATA, CA 95521	94-3163269	501(C)(3)	448,979.	0.			GENERAL OPERATING SUPPORT AND DISASTER SUPPORT
ARCATA PLAYHOUSE 1251 9TH ST ARCATA, CA 95521	26-0383637	501(C)(3)	13,500.	0.			SUPPORT FOR THE ARTS
AREA 1 AGENCY ON AGING C/O MAGGIE KRAFT - 333 J STREET - EUREKA, CA 95501	94-2673039	501(C)(3)	11,500.	0.			PROGRAM SUPPORT
ASCEND WILDERNESS EXPERIENCE PO BOX 3263 WEAVERVILLE, CA 96093	59-3822430	501(C)(3)	7,029.	0.			CONTINUED OUTDOOR EDUCATION MATERIALS
BADUWA'T WATERSHED COUNCIL PO BOX 1252 BLUE LAKE, CA 95525	81-3360776	501(C)(3)	10,300.	0.			GENERAL OPERATING SUPPORT
BAY AREA VIDEO COALITION 145 9TH ST STE 101 SAN FRANCISCO, CA 94103-2637	94-2403876	501(C)(3)	25,000.	0.			SUPPORTING THE OAKLAND FILM CENTER
BETTY KWAN CHINN HOMELESS FOUNDATION - P.O. BOX 736 - EUREKA, CA 95502	46-1413135	501(C)(3)	21,500.	0.			PROGRAM SUPPORT
BIG LAGOON COMMUNITY SERVICES DISTRICT - PO BOX 847 - TRINIDAD, CA 95570	87-1323961		11,500.	0.			EARTHQUAKE RESPONSE - FUEL FOR GENERATORS

Schedule I (Form 990)

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

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BLESS THE BEASTS OF HUMBOLDT COUNTY - 378 WILDWOOD AVENUE - RIO DELL, CA 95562	68-0417175	501(C)(3)	32,820.	0.			SPAY AND NEUTER OF DOGS AND CATS IN HUMBOLDT COUNTY
BLUE LAKE RANCHERIA PO BOX 428 BLUE LAKE, CA 95525	68-0078113	TRIBE	124,599.	0.			MMIP EVENT, TRIBAL CLIMATE RESILIENCE NETWORK AND OTHER PROGRAM SUPPORT
BOYS & GIRLS CLUB OF THE REDWOODS C/O MONICA ROSE - 939 HARRIS ST - EUREKA, CA 95503	94-2184464	501(C)(3)	7,520.	0.			SUPPORT OF THE BOYS & GIRLS CLUB
BREAST & GYN HEALTH PROJECT C/O ROSE GALE-ZOELLYCK - 987 - 8TH ST - ARCATA, CA 95521	65-1205183	501(C)(3)	6,040.	0.			BREAST HEALTH PROJECT SUPPORT
BROOKINGS CORE RESPONSE PO BOX 4160 BROOKINGS, OR 97415	87-1608300	501(C)(3)	31,000.	0.			WINTER WEATHER SUPPORT FOR UNHOUSED COMMUNITY MEMBERS
CAL POLY HUMBOLDT FOUNDATION 1 HARPST ST - GIFT PROCESSING CENTE ARCATA, CA 95521	94-6077724	501(C)(3)	154,840.	0.			PROGRAM SUPPORT
CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION - 1 HARPST ST SBS #285 - ARCATA, CA 95521-8299	94-6050071	501(C)(3)	105,100.	0.			PROGRAM SUPPORT
CARLOTTA VOLUNTEER FIRE DEPARTMENT 61 JOHNSON LANE CARLOTTA, CA 95528		GOV	10,000.	0.			MATCHING FUNDS TOWARDS USDA GRANT FOR REPLACEMENT WATER TENDER
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - PO BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	23,420.	0.			BILINGUAL SPANISH & ENGLISH IMMIGRATION FAIRS

Schedule I (Form 990)

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

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CENTER FOR ENVIRONMENTAL ECONOMIC DEVELOPMENT - PO BOX 8028 - EUREKA, CA 95502-8028	94-3186347	501(C)(3)	10,000.	0.			TRADITIONAL ECOLOGICAL KNOWLEDGE
CENTRO DEL PUEBLO P.O. BOX 1174 ARCATA, CA 95518	92-0411172	501(C)(3)	55,500.	0.			GENERAL OPERATING AND EARTHQUAKE SUPPORT
CHETCO COMMUNITY PUBLIC LIBRARY ENDOWMENT FUND INC - PO BOX 1327 - BROOKINGS, OR 97415	93-0900782	501(C)(3)	9,440.	0.			SPANISH STORYTIME OUTREACH AND SOC PRIDE BOOK CLUB GATHERINGS
CITY OF ARCATA 736 F STREET ARCATA, CA 95521	94-2186507	GOV	6,593.	0.			PROGRAM SUPPORT
CITY OF EUREKA 531 K STREET EUREKA, CA 95501		GOV	27,674.	0.			PARK AND PLAYGROUND SUPPORT
CLARKE HISTORICAL MUSEUM C/O KATIE BUESCH - 240 E STREET - EUREKA, CA 95501	94-1651124	501(C)(3)	7,025.	0.			MUSEUM SUPPORT
COALITION FOR RESPONSIBLE TRANSPORTATION PRIORITIES - 145 G STREET, SUITE A - ARCATA, CA 95521	85-1133849	501(C)(3)	15,800.	0.			GENERAL OPERATING SUPPORT
COFFEE CREEK VOLUNTEER FIRE DISTRICT(CCVFC) - HC2 BOX 3951 - TRINITY CENTER, CA 96091	36-4557456	501(C)(3)	20,000.	0.			MVA CUTTERS AND SPREADERS PURCHASE
COLLEGE OF THE REDWOODS FOUNDATION C/O KEITH FLAMER - 7351 TOMPKINS HILL RD - EUREKA, CA 95501	94-1603509	501(C)(3)	67,500.	0.			HUMBOLDT AND DEL NORTE COAD SUPPORT

Schedule I (Form 990)

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

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COLLEGE OF THE REDWOODS SCHOLARSHIP OFFICE - 7351 TOMPKINS HILL ROAD - EUREKA, CA 95501	94-2022980	501(C)(3)	11,000.	0.			SCHOLARSHIPS
COMMUNITY EDUCATION PARTNERSHIPS 2909 MCCLURE STREET OAKLAND, CA 94609	27-4215840	501(C)(3)	25,000.	0.			SUPPORTING THE OAKLAND CHILDREN'S LEARNING CENTER
COMPANION ANIMAL FOUNDATION 3954 JACOBS AVE. EUREKA, CA 95501	94-3244839	501(C)(3)	44,335.	0.			MEDICAL TREATMENT AND REHABILITATION OF DOGS IN HUMBOLDT COUNTY
COOPERATION HUMBOLDT PO BOX 7248 EUREKA, CA 95502	95-4126989	501(C)(3)	63,800.	0.			GENERAL OPERATING SUPPORT
CRESCENT CITY DEL NORTE COUNTY CHAMBER OF COMMERCE - 1001 FRONT STREET - CRESCENT CITY, CA 95531	94-0410600	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
CURRY COUNTY 94235 MOORE STREET, STE. 22 GOLD BEACH, OR 97444	93-6002291	GOV	15,000.	0.			NEW EMERGENCY MANAGER POSITION
DEL NORTE CHILD CARE COUNCIL C/O MELODEE MITCHELL - 212 K ST - CRESCENT CITY, CA 95531	94-2820925	501(C)(3)	29,553.	0.			DEL NORTE CHILD CARE COUNCIL TECHNOLOGY UPDATE
DEL NORTE LITTLE LEAGUE P.O. BOX 986 CRESCENT CITY, CA 95513	68-0342026	501(C)(3)	25,000.	0.			SUPPORTING YOUTH FOR SPRING AND SUMMER ACTIVITIES
DELL' ARTE INC C/O ALYSSA HUGHLETT PO BOX 816 BLUE LAKE, CA 95525	94-2207895	501(C)(3)	7,700.	0.			ADVANCING RACIAL AND GENDER EQUITY IN THE ARTS

Schedule I (Form 990)

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

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DOUGLAS CITY COMMUNITY SERVICES DISTRICT - P.O. BOX 10 - DOUGLAS CITY, CA 96024	94-2865852	GOV	17,000.	0.			POKER BAR VOLUNTEER FIRE STATION WATER TANKS PROJECT
EASTERN OREGON UNIVERSITY #1 UNIVERSITY BLVD. LA GRANDE, OR 97805-2899	93-6030669	501(C)(3)	19,865.	0.			SCHOLARSHIPS
ELAKHA ALLIANCE PO BOX 704 SILETZ, OR 97380	82-4364170	501(C)(3)	6,500.	0.			RECREATION & TOURISM IMPACT STUDY FOR SEA OTTER REINTRODUCTION
ELK VALLEY RANCHERIA 2332 HOWLAND HILL ROAD CRESCENT CITY, CA 95531		GOV	100,000.	0.			TRIBAL CLIMATE RESILIENCE NETWORK
ENDOWMENT FOR ECO-CULTURAL REVITALIZATION FUND C/O HUMBOLDT AREA FOUNDATION			64,775.	0.			GENERAL OPERATING SUPPORT
ERV COMMUNITY CENTER FOUNDATION 3000 NEWBURG ROAD B FORTUNA, CA 95540	84-3720436	501(C)(3)	25,000.	0.			NORCAN TRANSITION GRANT
EUREKA RESCUE MISSION PO BOX 76 EUREKA, CA 95502	94-6135983	501(C)(3)	45,750.	0.			FOOD AND SHELTER SECURITY
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0053	11-0303001	501(C)(3)	42,841.	0.			PROGRAM SUPPORT
FOOD FOR PEOPLE INC PO BOX 4922 EUREKA, CA 95502-4922	94-2772549	501(C)(3)	192,343.	0.			FOOD SECURITY

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FORT DICK FIRE PROTECTION DISTRICT PO BOX 369 FORT DICK, CA 95538		GOV	15,136.	0.			BATTERY POWERED COMBI-TOOL (JAWS OF LIFE)
FORTUNA ADVENTIST COMMUNITY SERVICES - 2331 ROHNERVILLE RD - FORTUNA, CA 95540	94-1026064	501(C)(3)	22,252.	0.			PROGRAM SUPPORT
FORTUNA UNION HIGH SCHOOL DISTRICT 379 - 12TH ST FORTUNA, CA 95540	94-6002186	GOV	8,715.	0.			SCHOOL PROGRAM SUPPORT
FRIENDS OF PLUMAS WILDERNESS PO BOX 1441 QUINCY, CA 95971	68-0239283	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE DUNES C/O SUZIE FORTNER - PO BOX 186 - ARCATA, CA 95518-0186	68-0373871	501(C)(3)	14,030.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE HAYFORK PARK PO BOX 1598 HAYFORK, CA 96041-1598	46-2593613	501(C)(3)	7,300.	0.			PROGRAM SUPPORT
GENTE UNIDA PO BOX 86598 SAN DIEGO, CA 92138	84-3231945	501(C)(3)	10,536.	0.			PROGRAM SUPPORT
GLEN PAUL SCHOOL 2501 CYPRESS AVENUE EUREKA, CA 95503	94-6000513	501(C)(3)	33,710.	0.			PROGRAM SUPPORT
GOLDEN AGE CENTER INC. P.O. BOX 1413 WEAVERVILLE, CA 96093	51-0183604	501(C)(3)	10,750.	0.			SENIOR SUPPORT

Schedule I (Form 990)

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GREEN BUILDING ALLIANCE 317 E CARSON ST PITTSBURGH, PA 15219-1202	25-1832931	501(C)(3)	10,000.	0.			THE PEOPLE OF THE PLANK HOUSE
HAPPY CAMP COMMUNITY ACTION INC P.O. BOX 201 HAPPY CAMP, CA 96039	91-1762252	501(C)(3)	22,500.	0.			HVAC SYSTEM FOR AOGC BUILDING REMODEL
HAWKINS BAR VOLUNTEER FIRE DEPARTMENT - P.O. BOX 485 - SALYER, CA 95563	68-0153480	501(C)(4)	14,500.	0.			13 EMERGENCY FIRE SHELTERS AND ONE MOBILE WATER PUMP
HAYFORK COMMUNITY CENTER PO BOX 1101 HAYFORK, CA 96041-1101	31-1638910	501(C)(3)	27,421.	0.			PROGRAM SUPPORT
HEALY SENIOR CENTER PO BOX 1849 REDWAY, CA 95560	94-2762224	501(C)(3)	10,060.	0.			SUPPORT FOR SENIORS
HEART OF THE REDWOODS COMMUNITY HOSPICE C/O JOE WHITNEY - 464 MAPLE LN - GARBERVILLE, CA 95542	68-0397698	501(C)(3)	24,220.	0.			PROGRAM SUPPORT
HIV ALLIANCE 1195 CITY VIEW STREET EUGENE, OR 97402	93-0963546	501(C)(3)	9,500.	0.			INCREASING HEALTH ACCESS IN CURRY COUNTY
HMONG CULTURAL CENTER OF DEL NORTE COUNTY - 1675 ARLINGTON DRIVE - CRESCENT CITY, CA 95531	47-2989909	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
HOOPA FIRE DEPARTMENT AND OFFICE OF EMERGENCY SERVICES - PO BOX 1348 - HOOPA, CA 95546	94-1477040	GOV	44,000.	0.			FIRE DEPT FUNDING

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

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HOOPA VALLEY TRIBAL COUNCIL P.O. BOX 1348 HOOPA, CA 95546	94-1477040		10,000.	0.			DISASTER SUPPORT
HOOPA VALLEY TRIBE PO BOX 1348 HOOPA, CA 95546	94-1477040	GOV	100,000.	0.			TRIBAL CLIMATE RESILIENCE NETWORK
HOPE CRISIS RESPONSE NETWORK PO BOX 6393 SANTA ROSA, CA 95406	35-2147808	501(C)(3)	360,000.	0.			EARTHQUAKE DISASTER REPAIR OF HOMES
HOPE PROJECT PO BOX 657 NEW LEBANON, NY 12125	51-0187959	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HOSPICE OF HUMBOLDT 3327 TIMBER FALL CT EUREKA, CA 95503	94-2499333	501(C)(3)	86,266.	0.			HOSPICE SUPPORT
HUMANE SOCIETY OF DEL NORTE PO BOX 1526 CRESCENT CITY, CA 95531-1526	68-0038293	501(C)(3)	10,868.	0.			PROGRAM SUPPORT FOR AIDING DOMESTIC ANIMALS
HUMBOLDT ANIMAL RESCUE TEAM PO BOX 253 8 WEST 6TH STREET CUTTEN, CA 95534	46-5666951	501(C)(3)	9,798.	0.			SPAY AND NEUTER OF DOGS AND CATS IN HUMBOLDT COUNTY
HUMBOLDT AREA CENTER FOR HARM REDUCTION - P.O. BOX 7365 - EUREKA, CA 95502	47-2822261	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
HUMBOLDT BAY FIRE 533 C ST EUREKA, CA 95501		GOV	16,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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HUMBOLDT BAY SOCIAL CLUB 865 NEW NAVY BASE ROAD SAMOA, CA 95564			19,600.	0.			EMERGENCY RESPONSE
HUMBOLDT BOTANICAL GARDEN FOUNDATION C/O EVELYN GIDDINGS - PO BOX 6117 - EUREKA, CA 95502	68-0243631	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
HUMBOLDT COUNTY LIBRARY C/O CHRIS COOPER - 1313 - 3RD ST - EUREKA, CA 95501	94-6000513	GOV	36,285.	0.			LIBRARY SUPPORT
HUMBOLDT DOG OBEDIENCE 2030 HOLLY STREET EUREKA, CA 95503	68-0024232	501(C)(3)	15,040.	0.			SPAY AND NEUTER OF DOGS AND CATS IN HUMBOLDT COUNTY
HUMBOLDT LAGOONS STATE PARK 15336 HIGHWAY 101 TRINIDAD, CA 95570			13,993.	0.			PARK SUPPORT
HUMBOLDT LITERACY PROJECT 537 G ST, STE 203 EUREKA, CA 95501	68-0062774	501(C)(3)	16,360.	0.			PROGRAM SUPPORT
HUMBOLDT MADE 520 E ST EUREKA, CA 95501	47-3180548	501(C)(3)	100,000.	0.			EARTHQUAKE RESPONSE
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA, CA 95501	94-2261434	501(C)(3)	115,387.	0.			SUPPORT FOR SENIORS
HUMBOLDT SENIOR RESOURCE CENTER-ALZHEIMER CARE CENTER C/O MELISSA HOOVEN - 1901 CALIFORNIA STREET - EUREKA, CA 95501	94-2261434	501(C)(3)	52,606.	0.			ALZHEIMER CARE CENTER SUPPORT

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HUMBOLDT SPAY/NEUTER NETWORK 2606 MYRTLE AVENUE EUREKA, CA 95501	20-0729293	501(C)(3)	71,822.	0.			SPAY AND NEUTER OF DOGS AND CATS IN HUMBOLDT COUNTY
HUMBOLDT TRAILS COUNCIL P.O. BOX 7164 EUREKA, CA 95502	04-3763695	501(C)(3)	12,905.	0.			PROGRAM SUPPORT
HUMBOLDT WATERKEEPER C/O JENNIFER KALT - 600 F ST STE 3 # 810 415 I ST - ARCATA, CA 95521	86-1468130	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
INK PEOPLE CENTER FOR THE ARTS C/O LESLIE CASTELLANO - 627 3RD ST - EUREKA, CA 95501	94-3056179	501(C)(3)	155,588.	0.			PROGRAM SUPPORT
KARUK TRIBE PO BOX 1016 HAPPY CAMP, CA 96039	94-2576572	501(C)(4)	128,300.	0.			TRIBAL CLIMATE RESILIENCE NETWORK, EMERGENCY SUPPORT, PROGRAM SUPPORT
KASHIA POMO ROUNDHOUSE PO BOX 1564 NICE, CA 95464	23-7310660	501(C)(3)	49,256.	0.			KASHIA POMO ROUNDHOUSE ROOFING
KEE CHA-E-NAR CORPORATION PO BOX 1027 KLAMATH, CA 95548	47-4098140	501(C)(3)	56,000.	0.			GENERAL OPERATING SUPPORT
KEEP EUREKA BEAUTIFUL 124 W HAWTHORNE EUREKA, CA 95501		501(C)(3)	10,342.	0.			KEEP EUREKA BEAUTIFUL REIMBURSEMENTS
KEET-TV C/O DAVID GORDON PO BOX 13 7246 HUMBOLDT HILL RD EUREKA, CA 95502	94-1658168	501(C)(3)	5,025.	0.			GENERAL OPERATING SUPPORT

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KNEELAND FIRE PROTECTION DISTRICT C/O MIKE DAVIS - 6201 GREENWOOD HEIGHTS DR - KNEELAND, CA 95549	68-0041406	501(C)(4)	23,607.	0.			GENERAL OPERATING SUPPORT
KNO'QOTI NATIVE WELLNESS INC. PO BOX 891 CLEARLAKE OKS, CA 95423-0891	81-2560483	501(C)(3)	10,000.	0.			PUM-TI-TA-DE CULTURAL ARTS PROJECT
LEAVEY RANCH LLC 363 INDIANOLA ROAD BAYSIDE, CA 95524	46-3296780	501(C)(3)	146,720.	0.			PROGRAM SUPPORT
LEWISTON COMMUNITY SERVICES DISTRICT - P.O. BOX 164 - LEWISTON, CA 96052	36-3666729	GOV	8,189.	0.			NEW FIRE DEPARTMENT RADIOS
LIFE PLAN HUMBOLDT 2037 BLAKE ROAD MCKINLEYVILLE, CA 95519	84-4757743	501(C)(3)	6,650.	0.			SUPPORTING LIFE PLAN COMMUNITIES FOR RETIRED COMMUNITY MEMBERS
LIGHTHOUSE QUILT GUILD PO BOX 2031 CRESCENT CITY, CA 95531	68-0265178		5,100.	0.			BUILDING HEATING SYSTEM
LIGHTHOUSE REPERTORY THEATRE 1020 BLACKWELL LANE CRESCENT CITY, CA 95531	23-7302035	501(C)(3)	12,300.	0.			"THIS IS CRESCENT CITY" WITH TRIBAL, HMONG AND YOUTH COLLABORATIONS
LOLETA COMMUNITY RESOURCE CENTER, ST. JOSEPH'S - 700 LOLETA DRIVE - LOLETA, CA 95551		501(C)(3)	5,300.	0.			EMERGENCY SUPPORT
LOWER TRINITY RIVER PRESCRIBED BURN ASSOCIATION - P.O. BOX 605 - WILLOW CREEK, CA 95573	87-3462146	501(C)(3)	43,000.	0.			OPERATIONAL CAPACITY FOR FIRE PREVENTION, DISASTER PREPAREDNESS,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE THE ROAD STATES INC 301 GROVE ST. BROOKLYN, NY 11237-5664	84-3988830	501(C)(3)	11,000.	0.			MAKE THE ROAD SUPPORT
MC KINLEYVILLE YOUTH FOOTBALL ASSOCIATION INCORPORATED - PO BOX 2543 - MCKINLEYVILLE, CA 95519	68-0028738	501(C)(3)	6,000.	0.			FOOTBALL TEAM EQUIPMENT
MCKINLEYVILLE COMMUNITY SKATEPARK 2437 EAST COCHRAN RD. MCKINLEYVILLE, CA 95519	68-0462298	501(C)(3)	6,000.	0.			SKATEPARK CONSTRUCTION
MCKINLEYVILLE FAMILY RESOURCE CENTER - P.O. BOX 2668 - MCKINLEYVILLE, CA 95519	68-0445130	501(C)(3)	215,189.	0.			PROGRAM SUPPORT
MCKINLEYVILLE LIONS CLUB 1885 OCEAN DRIVE MCKINLEYVILLE, CA 95519	23-7408622	501(C)(3)	7,500.	0.			TRAILER FOR WINTER EXPRESS PROGRAM
MCKINLEYVILLE RECREATION MIDGET LEAGUE - P.O. BOX 2284 - MCKINLEYVILLE, CA 95519	94-2549982	501(C)(3)	6,000.	0.			BASEBALL TEAM EQUIPMENT
MENDOCINO SPAY NEUTER ASSISTANCE PROGRAM - P.O. BOX 4 - TALMAGE, CA 95481	68-0237631	501(C)(3)	20,110.	0.			SPAY & NEUTER ASSISTANCE PROGRAM
MID KLAMATH WATERSHED COUNCIL PO BOX 409 38150 HWY 96 ORLEANS, CA 95556	20-1501256	501(C)(3)	11,300.	0.			GENERAL OPERATING SUPPORT
MIRANDA'S RESCUE 1603 SANDY PRAIRIE ROAD FORTUNA, CA 95540	68-0417389	501(C)(3)	7,451.	0.			SUPPORT OF MIRANDA'S RESCUE

Schedule I (Form 990)

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

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MIWOK HERITAGE CENTER 901 QUAIL CT IONE, CA 95640-5426	81-1036329	501(C)(3)	10,000.	0.			HANDS-ON ACORN PROCESSING AND ACORN COOKING TOOLS
MOVEMENT BRAVE ENTREPRENEUR 6787 EL CAJON BLVD SAN DIEGO, CA 92115-1621	81-3315935	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
NAACP - EUREKA BRANCH PO BOX 1434 EUREKA, CA 95502	23-7028846	501(C)(4)	51,900.	0.			PROGRAM SUPPORT
NAMI - HUMBOLDT PO BOX 1225 EUREKA, CA 95502-1225	94-2665681	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NATIVE SONS OF THE GOLDEN WEST CHARITABLE FOUNDATION - 414 MASON ST STE 300 - SAN FRANCISCO, CA 94102	94-6094641	501(C)(3)	13,186.	0.			CLEFT PALATE FUND
NATIVE WOMEN'S COLLECTIVE 1307 PARKSIDE DR MCKINLEYVILLE, CA 95519	27-1230591	501(C)(3)	11,000.	0.			FOOD BOXES FOR THE WIYOT COMMUNITY
NORTH COAST GROWERS ASSOCIATION P.O. BOX 4232 ARCATA, CA 95518	77-0212408	501(C)(3)	36,000.	0.			PROGRAM SUPPORT
NORTHCOAST ENVIRONMENTAL CENTER C/O CAROLINE GRIFFITH - PO BOX 4259 - ARCATA, CA 95518	23-7122386	501(C)(3)	15,812.	0.			GENERAL OPERATING SUPPORT
NORTHERN CALIFORNIA INDIAN DEVELOPMENT COUNCIL - 241 F ST - EUREKA, CA 95501	51-0189400	501(C)(3)	11,000.	0.			SUPPORT FOR WELLBEING OF LOCAL TRIBAL INDIVIDUALS/FAMILIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OASIS ADVOCACY & SHELTER INC. PO BOX 932 GOLD BEACH, OR 97444	93-1030730	501(C)(3)	40,500.	0.			SHELTER SUPPLIES AND SUPPORT
OPEN DOOR COMMUNITY HEALTH CENTERS C/O TORY STARR - 1275 8TH ST 670 - 9TH STREET, SUITE 203 - ARCATA, CA 95521	95-2671433	501(C)(3)	182,841.	0.			ARCATA COMMUNITY HEALTH CENTER
OREGON STATE UNIVERSITY OFFICE OF FINANCIAL AID & SCHOLARSHIPS 218 KERR ADMINISTRATION BLDG - CORVAL	48-1278540	501(C)(3)	19,865.	0.			SCHOLARSHIPS
ORICK COMMUNITY SERVICE DISTRICT P.O. BOX 224 ORICK, CA 95555		501(C)(3)	14,767.	0.			NECESSARY FIRETRUCK REPAIRS
OWENS VALLEY INDIAN WATER COMMISSION - 46 N TU-SU LANE - BISHOP, CA 93514	77-0405494		8,400.	0.			NM HUUHUPI LAKE RECLAMATION HIKE
PACIFIC FOREST TRUST 416 AVIATION BLVD., SUITE #A SANTA ROSA, CA 95403	68-0292509	501(C)(3)	25,000.	0.			CONSERVING THE TRINITY HEADWATERS FOREST
PAY IT FORWARD HUMBOLDT C/O DESIRAE HADLEY - 326 I ST # 148 - EUREKA, CA 95501	47-5247321	501(C)(3)	48,000.	0.			EMERGENCY SUPPORT FOR EARTHQUAKE AND STORM RESPONSE
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520	13-1644147	501(C)(3)	75,095.	0.			SUPPORT FOR PROGRAMS IN HUMBOLDT COUNTY
PLAYHOUSE ARTS C/O JACQUELINE DANDENEAU - 1251 9TH ST - ARCATA, CA 95521	26-0383637	501(C)(3)	16,500.	0.			ARTS SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE ST. JOSEPH HEALTH FOUNDATION - 2700 DOLBEER STREET - EUREKA, CA 95501	81-4791043	501(C)(3)	88,263.	0.			HEALTH SUPPORT
PROVIDENCE ST. JOSEPH HOSPITAL - C/O MARTHA SHANAHAN - 2700 DOLBEER ST - EUREKA, CA 95501	68-0413958	501(C)(3)	7,500.	0.			EMERGENCY RESPONSE FOR VULNERABLE CLIENTS
PUBLIC VET - NEUTER SCOOTER 2336 LINDEN HILL RD BLOOMINGTON, IN 47401	81-4581936	501(C)(3)	34,500.	0.			SPAY AND NEUTER OF DOGS AND CATS IN HUMBOLDT COUNTY
QUEER HUMBOLDT P.O. BOX 45 ARCATA, CA 95518	01-0854933	501(C)(3)	103,500.	0.			GENERAL OPERATING SUPPORT
REDWAY ELEMENTARY SCHOOL P.O. BOX 369 REDWAY, CA 95560	94-6002186	501(C)(3)	19,120.	0.			PROGRAM SUPPORT
REDWOOD ART ASSOCIATION C/O TREASURER - 603 F ST - EUREKA, CA 95501	94-6138212	501(C)(3)	5,010.	0.			PROGRAM SUPPORT
REDWOOD COAST VILLAGE 1910 CALIFORNIA STREET EUREKA, CA 95501	81-3712463	501(C)(3)	5,600.	0.			PROGRAM SUPPORT
REDWOOD COMMUNITY ACTION AGENCY 904 G STREET EUREKA, CA 95501	94-2646370	501(C)(3)	30,891.	0.			PROGRAM SUPPORT
REDWOOD PALS RESCUE P.O. BOX 2913 MCKINLEYVILLE, CA 95519	61-1655383	501(C)(3)	10,835.	0.			SPAY AND NEUTER OF DOGS AND CATS 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDWOOD REGION ECONOMIC DEVELOPMENT COMMISSION - 325 2ND STREET, SUITE 203 - EUREKA, CA 95501		501(C)(3)	25,000.	0.			COAD'S EARTHQUAKE AND STORM RELATED
REDWOODS MONASTERY 18104 BRICELAND-THORN RD WHITETHORN, CA 95589	94-1640741	501(C)(3)	32,160.	0.			MONASTERY SUPPORT
REDWOODS RURAL HEALTH CENTER PO BOX 769 REDWAY, CA 95560-0000	94-2337367	501(C)(3)	9,000.	0.			SUPPORT FOR EMPLOYEES IN RIO DELL
RESIGHINI RANCHERIA P.O. BOX 529 KLAMATH, CA 95548	94-2482661	501(C)(3)	100,000.	0.			TRIBAL CLIMATE RESILIENCE NETWORK
RIO DELL COMMUNITY RESOURCE CENTER 99 WILDWOOD AVE RIO DELL, CA 95562	95-3589356	501(C)(3)	14,379.	0.			EARTHQUAKE SUPPORT
RIO DELL VOLUNTEER FIRE DEPT. 50 WEST CENTER STREET RIO DELL, CA 95562	68-0271935	501(C)(3)	74,064.	0.			EARTHQUAKE SUPPORT
RIO DELL/SCOTIA CHAMBER OF COMMERCE - P.O. BOX 95 - RIO DELL, CA 95562	94-2385448	501(C)(6)	73,307.	0.			EMERGENCY RESPONSE
ROTARY CLUB OF ARCATA SUNRISE FOUNDATION - PO BOX 4197 - ARCATA, CA 95518	20-8490867	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ROTARY CLUB OF FORTUNA C/O MELISSA COLLINS - PO BOX 1002 - FORTUNA, CA 95540	45-4156012	501(C)(3)	25,000.	0.			ROTARY CLUB OF FORTUNA SCHOLARSHIPS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY DISTRICT 5130 DISASTER RELIEF FUND - 9048 BROOKS ROAD SOUTH SUITE 311 - WINDSOR, CA 95492-7811	83-0852722	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DR - CHICAGO, IL 60693	36-3245072	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SACRED HEART PARISH 2085 MYRTLE AVE EUREKA, CA 95501	82-4682396	501(C)(3)	50,000.	0.			KITCHEN EQUIPMENT
SALYER VOLUNTEER FIRE DEPARTMENT PO BOX 235 SALYER, CA 95563	94-3076454	501(C)(3)	9,390.	0.			ESSENTIAL FIRE RESPONSE EQUIPMENT
SAVE CALIFORNIA SALMON P.O. BOX 142 ORLEANS, CA 95556-0000	88-1650309	501(C)(3)	16,500.	0.			GENERAL OPERATING SUPPORT
SEQUOIA HUMANE SOCIETY C/O KELSEY SAMPSON - 6073 LOMA AVE - EUREKA, CA 95503	23-7102713	501(C)(3)	100,220.	0.			HUMANE SOCIETY SUPPORT
SHRINER'S HOSPITAL FOR CHILDREN - NORTHERN CALIFORNIA - 2425 STOCKTON BLVD - SACRAMENTO, CA 95817	68-0016996	501(C)(3)	13,743.	0.			CHILDREN WITH SPECIAL HEALTH CARE NEEDS
SMITH RIVER ALLIANCE C/O GRANT WERSCHKULL - PO BOX 2129 - CRESCENT CITY, CA 95531	94-2650838	501(C)(3)	30,000.	0.			ESTUARY RESTORATION FUND
SORREL LEAF HEALING CENTER INC 124 INDIANOLA RD EUREKA, CA 95503-9403	86-2911017	501(C)(3)	35,000.	0.			YOUTH CRISIS RESIDENTIAL HEALING CENTER PROJECT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. BERNARD CATHOLIC SCHOOLS 222 DOLLISON ST EUREKA, CA 95501	68-0462363	501(C)(3)	10,580.	0.			YOUTH ATHLETICS AND EDUCATION PROGRAMS
ST. BONAVENTURE SCHOOL 16377 BRADBURY LANE HUNTINGTON BEACH, CA 92647	95-2458929	501(C)(3)	17,027.	0.			SUPPORT ST. BONAVENTURE SCHOOL
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	14,743.	0.			CANCER RESEARCH AND TREATMENT
ST. MARY'S PARISH 1690 JANES RD ARCATA, CA 95521	94-2509590	501(C)(3)	23,695.	0.			SUPPORT THE WORK OF ST. MARY'S CHURCH
ST. TIMOTHY'S EPISCOPAL CHURCH PO BOX 1237 BROOKINGS, OR 97415	93-0386824	501(C)(3)	35,970.	0.			PROGRAM SUPPORT
ST. VINCENT DE PAUL PO BOX 1386 35 - 3RD ST EUREKA, CA 95502-1386	94-1573587	501(C)(3)	6,367.	0.			FOOD SECURITY
THE CANBY CENTER 681 SW 2ND AVE CANBY, OR 97013	51-0603464	501(C)(3)	32,855.	0.			PROGRAM SUPPORT
TIGERS GATHERING ENERGY RESOURCE SERVICES INC - P.O. BOX 4440 - ARCATA, CA 95518	68-0006350	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
TOLOWA DEE-NI' NATION 12801 MOUTH OF SMITH RIVER ROAD SMITH RIVER, CA 95567	68-0087275	501(C)(3)	100,000.	0.			TRIBAL CLIMATE RESILIENCE NETWORK

Schedule I (Form 990)

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

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TRINIDAD COASTAL LAND TRUST PO BOX 457 TRINIDAD, CA 95570	94-2552913	501(C)(3)	9,960.	0.			LAND TRUST SUPPORT
TRINIDAD RANCHERIA P.O. BOX 630 TRINIDAD, CA 95570	94-2469967	501(C)(3)	100,000.	0.			TRIBAL CLIMATE RESILIENCE NETWORK
TRINIDAD SCHOOL C/O ALYSE NICHOLS PO BOX 3030 TRINIDAD, CA 95570	68-0357357	501(C)(3)	8,294.	0.			SUPPORTING THE COMMUNITY SERVICE OF TRINIDAD SCHOOL
TRINITY COUNTY ARTS COUNCIL P.O. BOX 1887 WEAVERVILLE, CA 96093	65-1228653	501(C)(3)	9,340.	0.			HMONG NEW YEAR COMMUNITY EVENT
TRINITY COUNTY FOOD ASSISTANCE PROGRAM - PO BOX 1123 - WEAVERVILLE, CA 96093	41-2127592	501(C)(3)	55,000.	0.			CULTURALLY APPROPRIATE FOOD DISTRIBUTION FOR HMONG AND LAO FAMILIES
TRINITY COUNTY OFFICE OF EMERGENCY SERVICES - PO BOX 399 - WEAVERVILLE, CA 96093	94-6000544		30,000.	0.			40 EMERGENCY FIRE SHELTERS
TRINITY FOOD OUTREACH INC P.O. BOX 500 LEWISTON, CA 96052	47-3459942	501(C)(3)	17,750.	0.			SUPPORT FOR PROGRAMS
TWO FEATHERS NATIVE AMERICAN FAMILY SERVICES - 1560 BETTY CT STE A - MCKINLEYVILLE, CA 95519	68-0285726	501(C)(3)	10,000.	0.			MENTAL HEALTH SERVICES
UNITED STATES BOWLING CONGRESS - HUMBOLDT - 2427 SPRING STREET - EUREKA, CA 95501	20-4416939	501(C)(3)	10,000.	0.			HUMBOLDT USBC YOUTH TROPHIES, TOURNAMENT, AND CONVENTION

Schedule I (Form 990)

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

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UNITED WAY OF SOUTHWESTERN OREGON INC - PO BOX 1288 - COOS BAY, OR 97420	93-0503188	501(C)(3)	15,000.	0.			OUTREACH & ADVOCACY COORDINATOR FOR SOC PRIDE
VECTOR REHABILITATION C/O MAURA EASTMAN - 2121 MYRTLE AVE - EUREKA, CA 95501	94-2600144	501(C)(3)	11,106.	0.			SUPPORT FOR POOL AND OTHER PROGRAMS
WATERSHED RESEARCH AND TRAINING CENTER - PO BOX 356 98 CLINIC AVE - HAYFORK, CA 96041	94-3116339	501(C)(3)	40,000.	0.			PROGRAMS IN TRINITY COUNTY
WE ARE UP 4535 FIELDBROOK RD MCKINLEYVILLE, CA 95519	87-2606394	501(C)(3)	29,717.	0.			GENERAL OPERATING SUPPORT
WILLOW CREEK COMMUNITY RESOURCE CENTER - P O BOX 939 - WILLOW CREEK, CA 95573	81-4791043	501(C)(3)	20,650.	0.			EMERGENCY RESPONSE
WILLOW CREEK FIRE SAFE COUNCIL PO BOX 224 WILLOW CREEK, CA 95573-0224	26-3766157	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
WILLOW CREEK YOUTH PARTNERSHIP - DREAM QUEST - P.O. BOX 609 - WILLOW CREEK, CA 95573	68-0477682	501(C)(3)	39,000.	0.			DREAMQUEST AND PROGRAM SUPPORT
WINTU EDUCATION AND CULTURAL COUNCIL OF NORTHERN CALIFORNIA - PO BOX 762 - WEAVERVILLE, CA 96093-0762	90-0915471	501(C)(3)	5,050.	0.			FOOD SOVEREIGNTY IN TRINITY COUNTY
WISHTOYO FOUNDATION 9452 TELEPHONE RD. #432 VENTURA, CA 93004	95-4124859	501(C)(3)	10,000.	0.			RESTORING NATIVE FOOD SYSTEMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WIYOT TRIBE 1000 WIYOT DR. LOLETA, CA 95551	94-2714533	GOV	55,200.	0.			EMERGENCY SUPPORT, DISHGAMU, WIYOT CERMONIAL DANCE HOUSE
YOUNG FAMILY RANCH INC. P.O. BOX 3246 WEAVERVILLE, CA 96093-0307	68-0483865	501(C)(3)	89,000.	0.			SUPPORTING CHARITABLE EFFORTS OF YOUNG FAMILY RANCH
YOUTHABILITY INC P.O. BOX 6358 EUREKA, CA 95502	90-0289749	501(C)(3)	19,500.	0.			TRAINING SCHOLARSHIPS AND SUPPLIES
YUOK TRIBE 190 KLAMATH BLVD PO BOX 1027 KLAMATH, CA 95548	68-0178020	GOV	112,062.	0.			TRIBAL CLIMATE RESILIENCE NETWORK AND PROGRAM SUPPORT

**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	22	123,915.	0.		
SCHOLARSHIPS	350	872,757.	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.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the 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"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

**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 and/or 1099-NEC 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	(i)	222,300.	0.	0.	17,784.	11,971.	252,055.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	323,538.	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

**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 CONTRIBUTORS.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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  
 RENAISSANCE OF CALIFORNIA NATIVE ART CULTURE, SACRED SITES, AND  
 LANGUAGE DEVELOPMENT.

EXPENSES \$ 719,568. INCLUDING GRANTS OF \$ 414,284. REVENUE \$ 0.

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

THE TAX RETURN IS SENT TO ALL MEMBERS OF THE FINANCE COMMITTEE FOR REVIEW  
 AND DISCUSSION BEFORE THE RETURN IS FILED. THE COMMITTEE MAKES A  
 RECOMMENDATION TO THE BOARD REGARDING THE TAX RETURN AND COPIES OF THE TAX  
 RETURN ARE PROVIDED TO THE BOARD AT A MONTHLY MEETING. THE FINANCE  
 COMMITTEE REPORTS ON THEIR REVIEW OF THE RETURN TO THE BOARD.

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

CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL HUMBOLDT AREA  
 FOUNDATION BOARD AND STAFF MEMBERS ANNUALLY. THE POLICY AND GOVERNANCE  
 COMMITTEE REVIEWS THE FORM ANNUALLY AND MONITORS AND ENFORCES COMPLIANCE  
 WITH THE POLICY. FORM RESPONSES ARE RECORDED BY HR OR THE EXECUTIVE  
 ASSISTANT TO THE CEO AND ARE REVIEWED BY MANAGEMENT. COMPLIANCE IS  
 MONITORED BY ALL STAFF AND BOARD MEMBERS IN THIS SMALL COMMUNITY.  
 INDIVIDUALS WITH A CONFLICT OF INTEREST REMOVE THEMSELVES PHYSICALLY FROM  
 THE ROOM DURING DISCUSSION AND ABSTAIN FROM VOTING ON RELATED ISSUES.

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 EXECUTIVE COMMITTEE REVIEWS ISSUES SPECIFIC TO THE CEO UTILIZING

COUNCIL ON FOUNDATIONS SURVEY INFORMATION SPECIFIC TO CEO COMPENSATION.

COMPENSATION PROCESS FOR OFFICERS

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

COMPLIANCE WITH COUNCIL ON FOUNDATIONS (COF) NATIONAL STANDARDS BEST

PRACTICES. ANALYSIS INCLUDES COMPARISON OF CURRENT INDIVIDUAL STAFF GROSS

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

EUREKA, CALIFORNIA DATA WHICH REFLECTS AVERAGE ENTRY LEVEL COMPENSATION FOR

EACH POSITION. MANAGEMENT COMPENSATION RECOMMENDATIONS ARE ALSO DECIDED

BASED ON THE COMPENSATION MANUAL APPROVED BY THE FINANCE COMMITTEE AND

POLICY AND GOVERNANCE COMMITTEE.

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

THE TAX RETURN IS INCLUDED ON THE WEBSITE OF HUMBOLDT AREA FOUNDATION AND A

HARD COPY IS PROVIDED TO ANY MEMBER OF THE PUBLIC BY REQUEST.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	110,813.
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INTERFUND	32,000.
-----------	---------

TOTAL TO FORM 990, PART XI, LINE 9	142,813.
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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**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	183,120.	1,906,524.	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) 2022

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	101,982.	AMOUNT RECEIVED
(2)			
(3)			
(4)			
(5)			
(6)			



