

PUBLIC DISCLOSURE COPY

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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)

2023

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

| | | | |
|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization HUMBOLDT AREA FOUNDATION | | D Employer identification number 23-7310660 |
| | Doing business as | | E Telephone number (707) 442-2993 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 363 INDIANOLA ROAD | | G Gross receipts \$ 22,849,683. |
| | City or town, state or province, country, and ZIP or foreign postal code BAYSIDE, CA 95524 | | |
| F Name and address of principal officer: SARA DRONKERS SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| J Website: WWW.HAFOUNDATION.ORG | | If "No," attach a list. See instructions | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1972 | M State of legal domicile: CA |
| L Year of formation: 1972 | | H(c) Group exemption number | |

Part I Summary

| | | | |
|---|---|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S VISION IS A THRIVING, JUST, HEALTHY AND EQUITABLE REGION. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 58 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 175 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 10,826,567. | 18,984,760. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 407,074. | 534,062. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 3,684,490. | 3,297,261. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 25,932. | 29,673. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 14,944,063. | 22,845,756. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 8,227,730. | 8,454,600. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 4,498,121. | 5,406,141. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,656,428. | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,820,787. | 2,936,342. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 15,546,638. | 16,797,083. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | -602,575. | 6,048,673. |
| | 21 Total liabilities (Part X, line 26) | Beginning of Current Year | End of Year |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 160,124,907. | 184,241,118. |
| | | 38,433,272. | 43,323,286. |
| | | 121,691,635. | 140,917,832. |

Part II Signature Block

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

| | | | |
|-------------------------------|--|--------------------------------------|---|
| Sign Here | Signature of officer SARA DRONKERS, COO | DocuSigned by: | Date 4/23/2025 3:46 PM PDT |
| | Type or print name and title | 3FAFE1B76396475... | |
| Paid Preparer Use Only | Print/Type preparer's name BRIAN YACKER | Preparer's signature BRIAN YACKER | Date 04/22/25 |
| | Firm's name BAKER TILLY ADVISORY GROUP, LP | Firm's EIN 39-0859910 | Check if self-employed <input type="checkbox"/> PTIN P00401346 |
| | Firm's address 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612 | | Phone no. 949.222.2999 |

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 \$ 10,406,691. including grants of \$ 6,898,843.) (Revenue \$ 563,735.) THE HUMBOLDT AREA FOUNDATION + WILD RIVERS COMMUNITY FOUNDATION IS THREE YEARS INTO A DECADE-LONG STRATEGIC PLAN WITH THE VISION OF A THRIVING, JUST, HEALTHY, AND EQUITABLE FUTURE FOR ALL GENERATIONS AND COMMUNITIES IN OUR REMARKABLE REGION. OUR SERVICE AREA INCLUDES THE REGION OF DEL NORTE, HUMBOLDT, AND TRINITY COUNTIES IN NORTHERN CALIFORNIA AND CURRY COUNTY IN SOUTHERN OREGON, AS WELL AS 18 NATIVE AMERICAN TRIBAL NATIONS AND LANDS, AMONG THE COUNTRY'S MOST POPULOUS AND CULTURALLY SIGNIFICANT ANCESTRAL LANDS. 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.

4b (Code:) (Expenses \$ 2,045,461. including grants of \$ 897,500.) (Revenue \$) THE CORE HUB HELPS CONVENE DIALOGUES AND DISTRIBUTE RESOURCES TO COMMUNITIES AS THEY WORK TO REORGANIZE AND RELOCATE BUILT AND NATURAL SYSTEMS IN BETTER COOPERATION WITH HUMAN NEEDS, AND TO DOCUMENT THE PROCESSES SO LOCAL COMMUNITIES AND OTHER RURAL REGIONS AND TRIBAL NATIONS HAVE A RECIPE FOR THEIR OWN DECARBONIZED RESILIENCE.

4c (Code:) (Expenses \$ 559,963. including grants of \$ 249,453.) (Revenue \$) 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 408,804. including grants of \$ 408,804.) (Revenue \$)

4e Total program service expenses 13,420,919.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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, unrelated business 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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 13 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 13 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 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? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 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 | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | 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? | X | |
| b | 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | X | |
| 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? | | X |
| b | 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.
 Own website Another's website 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 | | | | 276,809. | 0. | 35,641. |
| (2) GINA ZOTTOLA VP ADVANCEMENT & PHILAN. INNOVATION | 40.00 1.25 | | | X | | | | 131,101. | 0. | 27,874. |
| (3) SARAH MILLSAP VP OF FINANCE AND ADMINISTRATION | 40.00 1.25 | | | X | | | | 131,036. | 0. | 25,566. |
| (4) SARA DRONKERS COO | 40.00 1.25 | | | X | | | | 133,901. | 0. | 22,228. |
| (5) HALEY CLARK DIRECTOR OF HR AND PEOPLE DEV. | 40.00 1.25 | | | | | X | | 105,351. | 0. | 30,297. |
| (6) LINDSIE BEAR VP OF SPECIAL PROJECTS | 40.00 1.25 | | | X | | | | 101,101. | 0. | 31,305. |
| (7) KEYTRA MEYER DIR OF ADVANCEMENT & PHILAN. INNOV. | 40.00 1.25 | | | | | X | | 110,101. | 0. | 20,774. |
| (8) KATERINA OSKARSSON EXECUTIVE IN RESIDENCE, CORE HUB | 40.00 1.25 | | | | | X | | 110,044. | 0. | 19,003. |
| (9) JAMES KLOOR DIRECTOR OF FINANCE AND ADMIN. | 40.00 1.25 | | | | | X | | 106,101. | 0. | 17,939. |
| (10) CRAIG WOODS DEPARTMENT DIR. OF PRGMS./COMMS. SOL | 40.00 1.25 | | | | | X | | 103,601. | 0. | 17,901. |
| (11) CHARLEEN JORDAN CHAIR | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (12) DAVID FINIGAN VICE CHAIR | 2.50 | X | | X | | | | 0. | 0. | 0. |
| (13) RAQUEL ORTEGA SECRETARY | 2.50 | X | | X | | | | 0. | 0. | 0. |
| (14) MARY KEEHN DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (15) DENNIS RAEI DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (16) MARYLYN PAIK NICELY DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (17) DINA MOORE 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) CHRISTINA HUFF DIRECTOR | 2.50 1.25 | X | | | | | | 0. | 0. | 0. |
| (19) JUDGE ABBY ABINANTI DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (20) ALAN NIDIFFER DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (21) KEITH FLAMER DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (22) ALEX OZAKI-MCNEILL DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (23) ELIAS PENCE DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,309,146. | 0. | 248,528. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,309,146. | 0. | 248,528. |

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 10

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|---------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 18,984,760. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 307,741. | | | | |
| | h Total. Add lines 1a-1f | | 18,984,760. | | | | |
| Program Service Revenue | 2 a FISCAL SPONSOR FEES | Business Code | | | | | |
| | | 900099 | 328,777. | 328,777. | | | |
| | b WORKSHOP / CONFERENCE | 900099 | 205,285. | 205,285. | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 534,062. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,440,877. | | | 2,440,877. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | | 33,600. | | | |
| | | | (ii) Personal | | | | |
| | b Less: rental expenses ... | 6b | 3,927. | | | | |
| | c Rental income or (loss) | 6c | 29,673. | | | | |
| | d Net rental income or (loss) | | 29,673. | 29,673. | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | | 856,384. | | | |
| | | | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 0. | | | | |
| | c Gain or (loss) | 7c | 856,384. | | | | |
| d Net gain or (loss) | | 856,384. | | | 856,384. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | 22,845,756. | 563,735. | 0. | 3,297,261. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 7,451,720. | 7,451,720. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,002,880. | 1,002,880. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 966,950. | 321,323. | 411,111. | 234,516. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3,259,356. | 1,928,858. | 612,933. | 717,565. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 242,119. | 141,852. | 47,002. | 53,265. |
| 9 Other employee benefits | 616,475. | 344,486. | 137,510. | 134,479. |
| 10 Payroll taxes | 321,241. | 175,575. | 73,458. | 72,208. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 52,677. | 39,818. | 12,859. | |
| c Accounting | 45,173. | | 45,173. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 804,713. | 795,563. | 6,610. | 2,540. |
| 12 Advertising and promotion | 464,920. | 174,691. | 59,632. | 230,597. |
| 13 Office expenses | 182,325. | 57,007. | 94,090. | 31,228. |
| 14 Information technology | 227,204. | 67,401. | 68,863. | 90,940. |
| 15 Royalties | | | | |
| 16 Occupancy | 193,073. | 109,788. | 59,213. | 24,072. |
| 17 Travel | 59,467. | 44,955. | 4,933. | 9,579. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 715,919. | 672,231. | 5,371. | 38,317. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 101,882. | 51,877. | 36,123. | 13,882. |
| 23 Insurance | 51,113. | 6,555. | 42,300. | 2,258. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a REPAIRS AND MAINTENANCE | 31,763. | 31,086. | 489. | 188. |
| b EMPLOYEE RECRUITMENT | 3,293. | 1,186. | 1,522. | 585. |
| c ANNUITY EXPENSE | 1,730. | 1,730. | | |
| d PROPERTY TAXES | 1,090. | 337. | 544. | 209. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 16,797,083. | 13,420,919. | 1,719,736. | 1,656,428. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 6,556,437. | 1 | 6,673,796. |
| | 2 Savings and temporary cash investments | 2,152,068. | 2 | 1,269,926. |
| | 3 Pledges and grants receivable, net | 1,101,275. | 3 | 2,254,000. |
| | 4 Accounts receivable, net | 37,279. | 4 | 74,676. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 20,982. | 7 | 17,529. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 92,753. | 9 | 104,945. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 5,662,099. | | |
| | b Less: accumulated depreciation | 10b 1,681,334. | 4,003,459. | 10c 3,980,765. |
| | 11 Investments - publicly traded securities | 132,169,383. | 11 | 149,025,684. |
| | 12 Investments - other securities. See Part IV, line 11 | 11,660,531. | 12 | 18,749,239. |
| | 13 Investments - program-related. See Part IV, line 11 | 2,330,740. | 13 | 2,090,558. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 160,124,907. | 16 | 184,241,118. | |
| Liabilities | 17 Accounts payable and accrued expenses | 696,628. | 17 | 709,849. |
| | 18 Grants payable | 1,125,723. | 18 | 1,568,348. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 36,610,921. | 25 | 41,045,089. |
| | 26 Total liabilities. Add lines 17 through 25 | 38,433,272. | 26 | 43,323,286. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 110,566,080. | 27 | 119,151,169. |
| | 28 Net assets with donor restrictions | 11,125,555. | 28 | 21,766,663. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 121,691,635. | 32 | 140,917,832. |
| 33 Total liabilities and net assets/fund balances | 160,124,907. | 33 | 184,241,118. | |

Form 990 (2023)

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 22,845,756. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 16,797,083. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 6,048,673. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 121,691,635. |
| 5 | Net unrealized gains (losses) on investments | 5 | 13,032,709. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 144,815. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 140,917,832. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2023)

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|------------|------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,645,081. | 9,592,135. | 13,944,074. | 10,826,567. | 18,984,760. | 62,992,617. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 9,645,081. | 9,592,135. | 13,944,074. | 10,826,567. | 18,984,760. | 62,992,617. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 16,912,566. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 46,080,051. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|------------|------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 9,645,081. | 9,592,135. | 13,944,074. | 10,826,567. | 18,984,760. | 62,992,617. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,833,600. | 1,399,050. | 2,838,515. | 2,191,032. | 2,440,877. | 10,703,074. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 2,955. | | | | | 2,955. |
| 11 Total support. Add lines 7 through 10 | | | | | | 73,698,646. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,219,012. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) | 14 | 62.52 | % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 69.28 | % |
| 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. 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 - 2022. 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 |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

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

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

Schedule A (Form 990) 2023

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2023 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|---|---|--|---|
| 1 | Distributable amount for 2023 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2023 | | |
| a | From 2018 | | |
| b | From 2019 | | |
| c | From 2020 | | |
| d | From 2021 | | |
| e | From 2022 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2023 distributable amount | | |
| i | Carryover from 2018 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2023 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2023 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2019 | | |
| b | Excess from 2020 | | |
| c | Excess from 2021 | | |
| d | Excess from 2022 | | |
| e | Excess from 2023 | | |

Schedule A (Form 990) 2023

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
 (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2019 AMOUNT: \$ 2,955.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

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

Schedule B (Form 990) (2023)

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 10,415,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 1,655,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 1,475,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 700,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including revenue and asset amounts.

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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 | 5,746,118. | 5,735,025. | 5,720,245. | 5,713,144. | 5,702,798. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 11,109. | 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 | 5,757,227. | 5,746,118. | 5,735,025. | 5,720,245. | 5,713,144. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 100 %
 - c Term endowment 0.0000 %
- 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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 | | 3,334,833. | 1,555,803. | 1,779,030. |
| c Leasehold improvements | | | | |
| d Equipment | | 105,701. | 96,637. | 9,064. |
| e Other | | 95,109. | 28,894. | 66,215. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 3,980,765. |

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 | 18,749,239. | COST |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 18,749,239. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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 | 39,285,000. |
| (3) OBLIGATIONS UNDER SPLIT INTEREST AGREEMENTS | 1,760,089. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 41,045,089. |

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 line numbers and descriptions. Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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 line numbers and descriptions. Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information

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

PART V, LINE 4:

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

PART X, LINE 2:

THE FOUNDATION AND ITS SUPPORTING ORGANIZATION HAVE RECEIVED TAX-EXEMPT

STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX

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

REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY.

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

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

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

Part XIII Supplemental Information *(continued)*

FOUNDATION.

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| 2-1-1 HUMBOLDT INFORMATION AND RESOURCE CENTER - PO BOX 6683 - EUREKA, CA 95502 | 46-5092911 | 501(C)(3) | 17,897. | 0. | | | DIRECT SUPPORT FOR FAMILIES AND CHILDREN |
| ADULT DAY HEALTH CARE OF MAD RIVER C/O APRIL JOYCE - PO BOX 1115, 3800 JANES RD - ARCATA, CA 95518 | 94-3005997 | 501(C)(3) | 5,160. | 0. | | | PROVIDING VITAL SERVICES TO ELDERS NEEDING FINANCIAL ASSISTANCE |
| AFFORDABLE HOMELESS HOUSING ALTERNATIVES INC - PO BOX 3794 - EUREKA, CA 95502-3794 | 81-0713410 | 501(C)(3) | 30,250. | 0. | | | MENTAL HEALTH AND GENERAL OPERATING SUPPORT |
| AMERICAN CANCER SOCIETY 2942 F STREET EUREKA, CA 95501 | 13-1788491 | 501(C)(3) | 74,651. | 0. | | | RELAY FOR LIFE |
| ARCATA FIRE DISTRICT 2149 CENTRAL AVE MCKINLEYVILLE, CA 95519 | 43-2054018 | GOV | 130,000. | 0. | | | FIRE ENGINE PURCHASE |
| ARCATA HOUSE PARTNERSHIP C/O DARLENE SPOOR - 1005 - 11TH ST - ARCATA, CA 95521 | 94-3163269 | 501(C)(3) | 16,900. | 0. | | | HOUSING AND GENERAL OPERATING SUPPORT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 182.

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| ASCEND WILDERNESS EXPERIENCE PO BOX 3263 WEAVERVILLE, CA 96093 | 59-3822430 | 501(C)(3) | 6,500. | 0. | | | COMMUNITY GEAR LENDING LIBRARY SUPPORT & OUTDOOR EDUCATION |
| ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT - 1 HARPST ST - ARCATA, CA 95521 | 94-1201195 | 501(C)(3) | 5,700. | 0. | | | SUPPORT OF PROGRAMS |
| BADUWA'T WATERSHED COUNCIL PO BOX 1252 BLUE LAKE, CA 95525 | 81-3360776 | 501(C)(3) | 20,200. | 0. | | | WATERSHED PROTECTION AND RESTORATION |
| BETTY KWAN CHINN HOMELESS FOUNDATION - P.O. BOX 736 - EUREKA, CA 95502 | 46-1413135 | 501(C)(3) | 34,051. | 0. | | | GENERAL OPERATING SUPPORT |
| BIG VALLEY BAND OF POMO INDIANS 2726 MISSION RANCHERIA RD. LAKEPORT, CA 95453 | 68-0091190 | | 8,350. | 0. | | | BIG VALLEY RANCHERIA MEMORIAL PROJECT |
| BIRD ALLY X PO BOX 1020 ARCATA, CA 95518 | 27-2811727 | 501(C)(3) | 6,000. | 0. | | | HUMBOLDT WILDLIFE CARE CENTER |
| BLESS THE BEASTS OF HUMBOLDT COUNTY - 378 WILDWOOD AVENUE - RIO DELL, CA 95562 | 68-0417175 | 501(C)(3) | 33,318. | 0. | | | SPAY/NEUTER OF DOGS & CATS IN HUMBOLDT COUNTY |
| BREAST & GYN HEALTH PROJECT C/O ROSE GALE-ZOELLYCK - 987 - 8TH ST - ARCATA, CA 95521 | 65-1205183 | 501(C)(3) | 16,990. | 0. | | | BREAST HEALTH PROJECT SUPPORT |
| BROOKINGS HARBOR COMMUNITY HELPERS, INC. DBA: BROOKINGS HARBOR FOOD BANK - PO BOX 1415 - BROOKINGS, OR 97415 | 93-1146935 | 501(C)(3) | 8,200. | 0. | | | EMERGENCY FIRE RESPONSE SUPPORT & SNACK PROGRAMS |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| CACHE CREEK CONSERVANCY PO BOX 8249 WOODLAND, CA 95776-8249 | 68-0374372 | 501(C)(3) | 10,000. | 0. | | | YOUTH TRADITIONAL ECOLOGICAL KNOWLEDGE PROGRAM |
| CAL POLY HUMBOLDT CASHIER'S OFFICE, 1 HARPST ST ARCATA, CA 95521 | 68-0282413 | 501(C)(3) | 490,000. | 0. | | | CAL POLY HUMBOLDT RN TO BSN PROGRAM, WRIGHT REFUGE & SCHATZ ENERGY |
| CAL POLY HUMBOLDT FOUNDATION GIFT PROCESSING CENTER, SBS 285, 1 ARCATA, CA 95521 | 94-6077724 | 501(C)(3) | 23,400. | 0. | | | CAL POLY HUMBOLDT'S NATIONAL SOCIETY OF BLACK ENGINEERS STUDENT CHAPTER CONFERENCE TRAVEL |
| CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION - 1 HARPST ST SBS #285 - ARCATA, CA 95521-8299 | 94-6050071 | 501(C)(3) | 19,155. | 0. | | | SUPPORT FOR VARIOUS PROGRAMS AND SCHOLARSHIPS |
| CAL POLY STATE UNIVERSITY PLANNED GIVING & ENDOWMENTS, 1 GRAND AVENUE - SAN LUIS OBISPO, CA 93407-0443 | 23-7040360 | 501(C)(3) | 37,500. | 0. | | | SCHOLARSHIPS |
| CALIFORNIA CAREFORCE 950 RESERVE DRIVE, SUITE 120 ROSEVILLE, CA 95678 | 45-2408171 | 501(C)(3) | 32,500. | 0. | | | CALIFORNIA CAREFORCE FREE HEALTHCARE CLINIC 2024 |
| CALIFORNIA TROUT 1380 9TH ST ARCATA, CA 95521 | 23-7097680 | 501(C)(3) | 330,300. | 0. | | | FISH MONITORING EQUIPMENT & MONITORING PROJECT |
| CASA OF DEL NORTE C/O CHRISTINE SLETTE - 579 HWY 101 S - CRESCENT CITY, CA 95531 | 68-0484676 | 501(C)(3) | 8,300. | 0. | | | PROGRAM SUPPORT |
| CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - PO BOX 4900 - SANTA ROSA, CA 95402 | 94-2479393 | 501(C)(3) | 20,000. | 0. | | | SUPPORT OF PROGRAMS |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| CENTRO DEL PUEBLO P.O. BOX 1174 ARCATA, CA 95518 | 92-0411172 | 501(C)(3) | 37,575. | 0. | | | GENERAL OPERATING SUPPORT & PROGRAM SUPPORT |
| CHANGING TIDES FAMILY SERVICES 2259 MYRTLE AVE EUREKA, CA 95501-3325 | 94-2297737 | 501(C)(3) | 10,000. | 0. | | | HUMBOLDT EARTHQUAKE DISASTER CASE MANAGEMENT |
| CITY OF ARCATA 736 F ST ARCATA, CA 95521-6284 | 94-2186507 | GOV | 61,250. | 0. | | | EQUITY ARCATA FUNDING |
| CITY OF EUREKA 531 K STREET EUREKA, CA 95501 | | GOV | 21,000. | 0. | | | BAY TRAIL TRASH RECEPTACLES & STREET ART |
| CLARKE HISTORICAL MUSEUM C/O KATIE BUESCH - 240 E STREET - EUREKA, CA 95501 | 94-1651124 | 501(C)(3) | 5,284. | 0. | | | MUSEUM SUPPORT |
| COFFEE CREEK VOLUNTEER FIRE DISTRICT(CCVFC) - HC2 BOX 3951 - TRINITY CENTER, CA 96091 | 36-4557456 | 501(C)(3) | 13,000. | 0. | | | HYDRAULIC RAM RESCUE TOOL |
| COLLEGE OF THE REDWOODS FOUNDATION C/O KEITH FLAMER - 7351 TOMPKINS HILL RD - EUREKA, CA 95501 | 94-1603509 | 501(C)(3) | 20,000. | 0. | | | NURSING STUDENT TRAVEL EXPENSES |
| COLLEGE OF THE REDWOODS SCHOLARSHIP OFFICE - 7351 TOMPKINS HILL ROAD - EUREKA, CA 95501 | 94-2022980 | 501(C)(3) | 11,000. | 0. | | | SCHOLARSHIPS |
| COMPANION ANIMAL FOUNDATION 3954 JACOBS AVE. EUREKA, CA 95501 | 94-3244839 | 501(C)(3) | 39,685. | 0. | | | SPAY/NEUTER OF DOGS & CATS IN HUMBOLDT COUNTY |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| COUNTY OF HUMBOLDT - OFFICE OF HUMAN RESOURCES - 825 5TH STREET, SUITE 100 - EUREKA, CA 95501 | | GOV | 15,000. | 0. | | | AWARENESS-BASED LEADERSHIP PROGRAM/SUPERVISOR ACADEMY AT THE COUNTY OF |
| CURRY CHILD ABUSE INTERVENTION CENTER - WALLY'S HOUSE - PO BOX 1845 - GOLD BEACH, OR 97444 | 81-1259778 | 501(C)(3) | 25,000. | 0. | | | WALLY'S HOUSE CHILDREN'S WELLNESS CENTER |
| CURRY COUNTY 94235 MOORE STREET, STE. 122 GOLD BEACH, OR 97444 | 93-6002291 | GOV | 8,250. | 0. | | | CURRY COUNTY AQUATIC SAFETY |
| DEL NORTE COUNTY SEARCH & RESCUE TEAM - 650 5TH STREET - CRESCENT CITY, CA 95531 | | GOV | 25,000. | 0. | | | HEALTH AND SAFETY EQUIPMENT FOR EMERGENCY RESPONSE |
| DEL NORTE COUNTY UNIFIED SCHOOL DISTRICT - 301 W. WASHINGTON BLVD. - CRESCENT CITY, CA 95531 | 94-6002153 | 501(C)(3) | 69,798. | 0. | | | SCHOLARSHIPS AND COMMUNITY MEALS FOR FIRE RESPONSE |
| DEL NORTE HIGH SCHOOL C/O PRINCIPAL ALISON ECKHART - 1301 EL DORADO ST - CRESCENT CITY, CA 95531 | 94-6002153 | GOV | 18,000. | 0. | | | MUSIC BOOSTERS, FOOTBALL PROGRAM AND MENTORING |
| DELL' ARTE, INC C/O KIMBERLY HAILE PO BOX 816 BLUE LAKE, CA 95525 | 94-2207895 | 501(C)(3) | 28,954. | 0. | | | GENERAL OPERATING SUPPORT |
| DISASTER RESPONSE SERVICES INC 4949 KNEELAND RD KNEELAND, CA 95549 | 93-1744260 | 501(C)(3) | 15,500. | 0. | | | TRANSPORTATION TRAILER |
| DOUGLAS CITY COMMUNITY SERVICES DISTRICT - PO BOX 10 - DOUGLAS CITY, CA 96024 | 94-2865852 | GOV | 21,326. | 0. | | | FIRE DEPARTMENT SUPPORT |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| EARTH EQUITY 5519 CLAIREMONT MESA BOULEVARD, SUITE 100 SAN DIEGO, CA 92117 | 92-3871083 | 501(C)(3) | 37,500. | 0. | | | GENERAL OPERATING SUPPORT |
| EAST BAY COMMUNITY FOUNDATION - DE DOMENICO BUILDING - 200 FRANK H. OGAWA PLAZA - OAKLAND, CA 94612 | 94-6070996 | 501(C)(3) | 75,809. | 0. | | | FOOTPRINT FOUNDATION FUND |
| EASTERN OREGON UNIVERSITY #1 UNIVERSITY BLVD. LA GRANDE, OR 97805-2899 | 93-6030669 | 501(C)(3) | 19,720. | 0. | | | SCHOLARSHIPS |
| EEL RIVER VALLEY YOUTH SOCCER LEAGUE - P.O. BOX 231 - FORTUNA, CA 95540 | 27-3810076 | 501(C)(3) | 10,000. | 0. | | | EEL RIVER VALLEY YOUTH SOCCER LEAGUE |
| ENDOWMENT FOR ECO-CULTURAL REVITALIZATION FUND - C/O HUMBOLDT AREA FOUNDATION, 363 INDIANOLA ROAD - BAYSIDE, CA 95524 | | GOV | 115,315. | 0. | | | PROGRAM SUPPORT |
| EUREKA HIGH SCHOOL MUSIC DEPARTMENT - 1915 J STREET - EUREKA, CA 95501 | 94-6000513 | GOV | 5,740. | 0. | | | MUSIC DEPARTMENT |
| EUREKA RESCUE MISSION PO BOX 76 EUREKA, CA 95502 | 94-6135983 | 501(C)(3) | 6,233. | 0. | | | FOOD PROGRAM SUPPORT |
| EUREKA SYMPHONY C/O ROBIN HASHEM PO BOX 776 BAYSIDE, CA 95524 | 05-0546860 | 501(C)(3) | 8,520. | 0. | | | GENERAL OPERATING SUPPORT |
| EVERGREEN LODGE C/O JOHN GOFF 4615 LITTLE CALIFORNIA ST. EUREKA, CA 95503 | 81-4791043 | 501(C)(3) | 26,590. | 0. | | | REPLACE 30 YEAR OLD FLOORING |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---------------------------------------|
| FAMILY RESOURCE CENTER OF THE REDWOODS - 494 PACIFIC AVE - CRESCENT CITY, CA 95531 | 81-2675618 | 501(C)(3) | 19,400. | 0. | | | SUPPORT OF VARIOUS PROGRAMS |
| FARM BUREAU OF HUMBOLDT COUNTY C/O JEANNIE FULTON - 5601 SOUTH BROADWAY - EUREKA, CA 95503 | 94-1063641 | 501(C)(5) | 7,994. | 0. | | | TO ADVANCE RANCH AND FARM PRACTICES |
| FERNDALE CHAMBER OF COMMERCE P. O. BOX 325 FERNDALE, CA 95536 | 94-0338512 | 501(C)(6) | 15,000. | 0. | | | PROGRAM SUPPORT AND STAFFING |
| FOOD FOR PEOPLE INC PO BOX 4922 EUREKA, CA 95502-4922 | 94-2772549 | 501(C)(3) | 104,066. | 0. | | | FOOD PROGRAM SUPPORT |
| FORTUNA ELEMENTARY SCHOOL DISTRICT 500 - 9TH ST FORTUNA, CA 95540 | 30-0852344 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPORT |
| FORTUNA UNION HIGH SCHOOL DISTRICT 379 - 12TH ST FORTUNA, CA 95540 | 94-6002186 | GOV | 8,684. | 0. | | | SUPPORT OF VARIOUS PROGRAMS |
| FRESHWATER COMMUNITY GUILD PO BOX 6153 EUREKA, CA 95502 | 23-7143394 | 501(C)(8) | 7,000. | 0. | | | GENERAL OPERATING |
| FRIENDS OF THE DUNES C/O SUZIE FORTNER - PO BOX 186 - ARCATA, CA 95518-0186 | 68-0373871 | 501(C)(3) | 23,408. | 0. | | | GENERAL OPPORATING AND YOUTH PROGRAMS |
| GLEN PAUL SCHOOL 2501 CYPRESS AVENUE EUREKA, CA 95503 | 94-6000513 | 501(C)(3) | 33,470. | 0. | | | SUPPORT OF THE SCHOOL |

| 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 |
| GOD-SNACKED OUTREACH MINISTRY 83 QUAIL LANE MCKINLEYVILLE, CA 95519 | 87-3488453 | 501(C)(3) | 7,000. | 0. | | | GENERAL OPERATING SUPPORT |
| HAWAI'I COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813 | 99-0261283 | 501(C)(3) | 10,000. | 0. | | | MAUI STRONG FUND |
| HAYFORK COMMUNITY CENTER PO BOX 1101 HAYFORK, CA 96041-1101 | 31-1638910 | 501(C)(3) | 16,000. | 0. | | | HEALTHY SPACE AND WINTER WARMTH |
| HAYFORK FIRE PROTECTION DISTRICT P.O. BOX 668 HAYFORK, CA 96041 | | 501(C)(3) | 28,000. | 0. | | | COMMUNICATIONS UPGRADE FOR PUBLIC SAFETY FIRST RESPONDERS AND PUBLIC OUTREACH |
| HAYFORK VALLEY SPAY AND NEUTER ASSISTANCE FUND - PO BOX 1446 - HAYFORK, CA 96041 | 82-3276526 | 501(C)(3) | 6,510. | 0. | | | AIDING DOMESTIC ANIMALS |
| HEALY SENIOR CENTER PO BOX 1849 REDWAY, CA 95560 | 94-2762224 | 501(C)(3) | 35,475. | 0. | | | SENIOR HEALTH & NUTRITION PROGRAMS |
| HEART OF THE REDWOODS COMMUNITY HOSPICE C/O JOE WHITNEY - 464 MAPLE LN - GARBERVILLE, CA 95542 | 68-0397698 | 501(C)(3) | 23,950. | 0. | | | GENERAL OPERATING SUPPORT |
| HEYDAY INSTITUTE PO BOX 9145 BERKELEY, CA 94709 | 94-3268357 | 501(C)(3) | 7,000. | 0. | | | PROGRAM SUPPORT |
| HOOPA VALLEY PUBLIC UTILITIES DISTRICT - P.O. BOX 656 - HOOPA, CA 95546 | 82-2181615 | | 18,500. | 0. | | | HOOPA VALLEY TRIBE'S LAND ACQUISITION FILM AND PROGRAM SUPPORT |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| HOSPICE OF HUMBOLDT 3327 TIMBER FALL CT EUREKA, CA 95503 | 94-2499333 | 501(C)(3) | 88,273. | 0. | | | HOSPICE SUPPORT |
| HUMBOLDT ANIMAL RESCUE TEAM PO BOX 253, 8 WEST 6TH STREET CUTTEN, CA 95534 | 46-5666951 | 501(C)(3) | 10,775. | 0. | | | SPAY/NEUTER OF DOGS & CATS IN HUMBOLDT COUNTY |
| HUMBOLDT AREA CENTER FOR HARM REDUCTION - P.O. BOX 7365 - EUREKA, CA 95502 | 47-2822261 | 501(C)(3) | 18,500. | 0. | | | GENERAL OPERATING SUPPORT |
| HUMBOLDT AREA PEOPLES ARCHIVE PO BOX 632 BAYSIDE, CA 95524-0632 | 82-2648328 | 501(C)(3) | 5,980. | 0. | | | SALMON CEREMONY ORAL HISTORIES: AN INTERACTIVE EXHIBIT |
| HUMBOLDT BOTANICAL GARDEN FOUNDATION C/O EVELYN GIDDINGS - PO BOX 6117 - EUREKA, CA 95502 | 68-0243631 | 501(C)(3) | 24,500. | 0. | | | GENERAL OPERATING SUPPORT AND NEW BATHROOMS |
| HUMBOLDT COUNTY ASSOCIATION OF GOVERNMENTS C/O AMY EBERWEIN - 611 I ST, SUITE B - EUREKA, CA 95501 | | GOV | 5,568. | 0. | | | HUMBOLDT TRAILS COUNCIL - VTS COORDINATOR |
| HUMBOLDT COUNTY DEPARTMENT OF PUBLIC WORKS - 1106 SECOND STREET - EUREKA, CA 95501 | | GOV | 25,000. | 0. | | | EQUESTRIAN TRAILS AT MCKAY COMMUNITY FOREST |
| HUMBOLDT COUNTY HISTORICAL SOCIETY C/O JACK IRVINE - 703 - 8TH ST - EUREKA, CA 95502 | 23-7335930 | 501(C)(3) | 10,694. | 0. | | | OPERATIONAL SUPPORT DIGITIZATION AND GENERAL OPERATING SUPPORT |
| HUMBOLDT COUNTY LIBRARY C/O CHRIS COOPER - 1313 - 3RD ST - EUREKA, CA 95501 | 94-6000513 | GOV | 36,205. | 0. | | | LIBRARY SUPPORT |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| HUMBOLDT DOG OBEDIENCE 2030 HOLLY STREET EUREKA, CA 95503 | 68-0024232 | 501(C)(3) | 15,000. | 0. | | | SPAY/NEUTER OF DOGS & CATS IN HUMBOLDT COUNTY |
| HUMBOLDT HUMANE PO BOX 777 FERNDALE, CA 95536 | 88-0940666 | 501(C)(3) | 323,500. | 0. | | | CRITTERS WITHOUT LITTERS EQUIPMENT, SET UP AND OFFICE CONSTRUCTION |
| HUMBOLDT LITERACY PROJECT 537 G ST, STE 203 EUREKA, CA 95501 | 68-0062774 | 501(C)(3) | 18,370. | 0. | | | HEALTH INSURANCE OF THE HUMBOLDT LITERACY PROJECT EMPLOYEES AND GENERAL OPERATIONAL SUPPORT |
| HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA, CA 95501 | 94-2261434 | 501(C)(3) | 121,266. | 0. | | | SENIOR RESOURCE CENTER SUPPORT |
| HUMBOLDT SENIOR RESOURCE CENTER-ADULT DAY HEALTH SERVICES - 1910 CALIFORNIA STREET - EUREKA, CA 95501 | 94-2261434 | 501(C)(3) | 5,317. | 0. | | | SENIOR RESOURCE CENTER SUPPORT |
| HUMBOLDT SENIOR RESOURCE CENTER-ALZHEIMER CARE CENTER C/O MELISSA HOOVEN - 1901 CALIFORNIA STREET - EUREKA, CA 95501 | 94-2261434 | 501(C)(3) | 52,294. | 0. | | | ALZHEIMER CARE CENTER SUPPORT |
| HUMBOLDT SKATEPARK COLLECTIVE 2437 E COCHRAN RD MCKINLEYVILLE, CA 95519 | 68-0462298 | 501(C)(3) | 33,000. | 0. | | | MCKINLEYVILLE COMMUNITY SKATEPARK - SKATE PARK CONSTRUCTION |
| HUMBOLDT SPAY/NEUTER NETWORK 2606 MYRTLE AVENUE EUREKA, CA 95501 | 20-0729293 | 501(C)(3) | 77,743. | 0. | | | SPAY/NEUTER OF DOGS & CATS IN HUMBOLDT COUNTY |
| HUMBOLDT TRAILS COUNCIL P.O. BOX 7164 EUREKA, CA 95502 | 04-3763695 | 501(C)(3) | 5,269. | 0. | | | GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| HUNTER MUSEUM OF AMERICAN ART 10 BLUFF VIEW AVENUE CHATTANOOGA, TN 37403 | 62-0511893 | 501(C)(3) | 25,000. | 0. | | | GENERAL OPERATING SUPPORT |
| INK PEOPLE CENTER FOR THE ARTS C/O LESLIE CASTELLANO - 627 3RD ST - EUREKA, CA 95501 | 94-3056179 | 501(C)(3) | 103,115. | 0. | | | SUPPORT FOR VARIOUS PROGRAMS |
| INSIGHT GARDEN PROGRAM PO BOX 19669 SACRAMENTO, CA 95819-0669 | 46-3998218 | 501(C)(3) | 25,000. | 0. | | | JUSTICE JAM |
| KARUK DEPARTMENT OF NATURAL RESOURCES - P.O. BOX 282 - ORLEANS, CA 95556 | 94-2576572 | 501(C)(4) | 10,000. | 0. | | | K'IMA:W MMIP GENERAL OPERATING SUPPORT |
| KARUK TRIBE PO BOX 1016 HAPPY CAMP, CA 96039 | 94-2576572 | 501(C)(4) | 24,000. | 0. | | | FUEL REDUCTION AND CREATING DEFENSIBLE SPACE |
| KASHIA POMO ROUNDHOUSE PO BOX 1564 NICE, CA 95464 | 23-7310660 | 501(C)(3) | 50,000. | 0. | | | KARUK LANGUAGE REVITALIZATION STRATEGIC PLANNING & CLEAN AIR CENTER |
| KEE CHA-E-NAR CORPORATION PO BOX 1027 KLAMATH, CA 95548 | 47-4098140 | 501(C)(3) | 18,417. | 0. | | | KASHIA POMO ROUNDHOUSE ROOF SUPPLIES AND DRESSING ROOM |
| KEEP EUREKA BEAUTIFUL 124 W HAWTHORNE EUREKA, CA 95501 | | 501(C)(3) | 134,500. | 0. | | | GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT |
| K'IMA:W MEDICAL CENTER PO BOX 1288 HOOPA, CA 95546 | 23-7428302 | 501(C)(3) | 11,089. | 0. | | | SIDEWALK PLANTING |

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| KLAMATH TRINITY JOINT UNIFIED SCHOOL DISTRICT - P.O. BOX 1308 - HOOPA, CA 95546 | 94-6002186 | 501(C)(3) | 13,000. | 0. | | | FISH FAIR 2024 KLAMATH-TRINITY JOINT UNIFIED SCHOOL DISTRICT |
| LEAVEY RANCH, LLC 363 INDIANOLA ROAD BAYSIDE, CA 95524 | 46-3296780 | 501(C)(3) | 145,840. | 0. | | | GENERAL OPERATING SUPPORT |
| LEWISTON SPARKIES P.O. BOX 594 LEWISTON, CA 96052 | 20-1621381 | 501(C)(3) | 5,570. | 0. | | | FIRE DEPARTMENT SUPPORT |
| LIFE PLAN HUMBOLDT 2037 BLAKE ROAD MCKINLEYVILLE, CA 95519-8038 | 84-4757743 | 501(C)(3) | 14,300. | 0. | | | GENERAL OPERATING SUPPORT |
| LIGHTHOUSE REPERTORY THEATRE 271 EARL ST CRESCENT CITY, CA 95531 | 23-7302035 | 501(C)(3) | 10,100. | 0. | | | SCALING UP "THIS IS CRESCENT CITY" |
| MAD RIVER YOUTH SOCCER LEAGUE PO BOX 103 ARCATA, CA 95518 | 27-0112978 | 501(C)(3) | 13,380. | 0. | | | COMMUNITY COACH SUPPORT SYSTEM AND SCHOLARSHIPS |
| MATTOLE RESTORATION COUNCIL C/O SARAH VROOM - PO BOX 160 - PETROLIA, CA 95558 | 68-0037149 | 501(C)(3) | 11,000. | 0. | | | COMMUNITY EMERGENCY COMMUNICATIONS FOR LOWER MATTOLE FSC |
| MATTOLE VALLEY RESOURCE CENTER PO BOX 191 PETROLIA, CA 95558-0191 | 68-0010786 | 501(C)(3) | 16,750. | 0. | | | FOOD PANTRY/DISASTER SUPPLIES SHIPPING CONTAINER & SOCCER CAMP |
| MCKINLEYVILLE FAMILY RESOURCE CENTER - P.O. BOX 2668 - MCKINLEYVILLE, CA 95519 | 68-0445130 | 501(C)(3) | 85,707. | 0. | | | SUPPORT OF PROGRAMS |

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| MCKINLEYVILLE YOUTH FOOTBALL ASSOCIATION INCORPORATED - PO BOX 2543 - MCKINLEYVILLE, CA 95519 | 68-0028738 | 501(C)(3) | 7,000. | 0. | | | FOOTBALL TEAM EQUIPMENT & SCHOLARSHIPS |
| MENDOCINO SPAY NEUTER ASSISTANCE PROGRAM - P.O. BOX 4 - TALMAGE, CA 95481 | 68-0237631 | 501(C)(3) | 19,760. | 0. | | | ANNUAL OPERATING SUPPORT FOR SPAY & NEUTER ASSISTANCE PROGRAM |
| MEROLA OPERA PROGRAM 601 VAN NESS AVENUE - SUITE S SAN FRANCISCO, CA 94102 | 94-6084831 | 501(C)(3) | 25,000. | 0. | | | GENERAL OPERATING SUPPORT |
| MID KLAMATH WATERSHED COUNCIL PO BOX 409, 38150 HWY 96 ORLEANS, CA 95556 | 20-1501256 | 501(C)(3) | 6,700. | 0. | | | EMERGENCY FIRE RESPONSE SUPPORT AND GENERAL OPERATING SUPPORT |
| MIRANDA'S RESCUE 1603 SANDY PRAIRIE ROAD FORTUNA, CA 95540 | 68-0417389 | 501(C)(3) | 17,454. | 0. | | | GENERAL OPERATING SUPPORT |
| NAACP - EUREKA BRANCH PO BOX 1434 EUREKA, CA 95502 | 23-7028846 | 501(C)(4) | 12,300. | 0. | | | GENERAL OPERATING SUPPORT & 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) | 13,090. | 0. | | | CLEFT PALATE FUND TO HELP CHILDREN |
| NATIVE WOMEN'S COLLECTIVE 1307 PARKSIDE DR MCKINLEYVILLE, CA 95519 | 27-1230591 | 501(C)(3) | 26,500. | 0. | | | WELLNESS SUPPORT FOR NATIVE CAL POLY HUMBOLDT STUDENTS & GENERAL OPERATING SUPPORT |

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

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| NOR CAL PET RESCUE 1147 RAILROAD DR MCKINLEYVILLE, CA 95519 | 87-2454708 | 501(C)(3) | 7,773. | 0. | | | SPAY/NEUTER OF DOGS & CATS IN HUMBOLDT COUNTY |
| NOR REL MUK WINTU NATION P.O. BOX 1967 WEAVERVILLE, CA 96093 | 68-0090510 | 501(C)(3) | 15,203. | 0. | | | PROGRAM SUPPORT |
| NORTH COAST REPERTORY THEATRE 300 - 5TH ST EUREKA, CA 95501 | 68-0380567 | 501(C)(3) | 35,800. | 0. | | | SUPPORT OF PROGRAMS |
| NORTHCOAST ENVIRONMENTAL CENTER C/O CAROLINE GRIFFITH - PO BOX 4259 - ARCATA, CA 95518 | 23-7122386 | 501(C)(3) | 27,664. | 0. | | | SUPPORT OF NORTHCOAST ENVIRONMENTAL CENTER |
| NORTHERN CALIFORNIA TRIBAL COURT COALITION - 728 4TH ST BOX M - EUREKA, CA 95501-0506 | 26-4323129 | 501(C)(3) | 50,000. | 0. | | | WEAVING TOGETHER AN INTER-TRIBAL RESPONSE TO THE MMIP CRISIS |
| NORTHERN HUMBOLDT UNION HIGH SCHOOL DISTRICT C/O ROGER MACDONALD - 2755 MCKINLEYVILLE AVE - MCKINLEYVILLE, CA 95519 | | 501(C)(3) | 21,599. | 0. | | | PROGRAM AND FAMILY SUPPORTS |
| NORTHERN VALLEY CATHOLIC SOCIAL SERVICE - 2400 WASHINGTON AVE. - REDDING, CA 96001 | 20-0984601 | 501(C)(3) | 22,000. | 0. | | | TRINITY COUNTY VOAD EXPANSION PROJECT & DOWNRIVER 911 ROAD SIGNS |
| NORTHWEST AMERICAN INDIAN COALITION - P.O. BOX 2441 - BROOKINGS, OR 97415 | 86-2830142 | 501(C)(3) | 13,500. | 0. | | | CURRY COUNTY COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER (CCCOAD) AND OTHER PROGRAM SUPPORT |
| OREGON COAST COMMUNITY ACTION P.O. BOX 836 BROOKINGS, OR 97415 | 93-0547036 | 501(C)(3) | 13,000. | 0. | | | SOUTH COAST FOOD SHARE |

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| OREGON STATE UNIVERSITY OFFICE OF FINANCIAL AID & SCHOLARSHIPS, 218 KERR ADMINISTRATION BLDG - CORVA | 48-1278540 | 501(C)(3) | 19,720. | 0. | | | SCHOLARSHIPS |
| PACIFIC FOREST TRUST 1001-A O'REILLY AVENUE SAN FRANCISCO, CA 94129 | 68-0292509 | 501(C)(3) | 26,000. | 0. | | | COMPLETING CONSERVATION OF TRINITY HEADWATERS FOREST |
| PARTNERS IN HEALTH P.O. BOX 996 FREDERICK, MD 21705-9942 | 04-3567502 | 501(C)(3) | 10,300. | 0. | | | SUPPORT OF PROGRAMS |
| PAY IT FORWARD HUMBOLDT C/O DESIRAE HADLEY - 326 I ST # 148 - EUREKA, CA 95501 | 47-5247321 | 501(C)(3) | 47,434. | 0. | | | EARTHQUAKE RECOVERY PROCESS FOR INDIVIDUAL UNMET NEEDS AND FIRE RESPONSE |
| PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PARKWAY OAKLAND, CA 94612 | 94-3136771 | 501(C)(3) | 50,000. | 0. | | | OAKSTOP EFFECT |
| PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520 | 13-1644147 | 501(C)(3) | 87,977. | 0. | | | SUPPORT OF PROGRAMS |
| PLAYHOUSE ARTS C/O JACQUELINE DANDENEAU - 1251 9TH ST - ARCATA, CA 95521 | 26-0383637 | 501(C)(3) | 35,320. | 0. | | | GENERAL OPERATING SUPPORT |
| PROVIDENCE HOME HEALTH - HUMBOLDT 2127 HARRISON AVE #3 EUREKA, CA 95501 | 81-4791043 | 501(C)(3) | 6,968. | 0. | | | HOME HEALTH SUPPORT |
| PROVIDENCE ST. JOSEPH HEALTH FOUNDATION - 2700 DOLBEER STREET - EUREKA, CA 95501 | 81-4791043 | 501(C)(3) | 81,699. | 0. | | | CAPITAL IMPROVEMENTS FOR CARDIAC PROGRAM AND OTHER PROGRAM SUPPORT |

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| PUBLIC VET - NEUTER SCOOTER 2336 LINDEN HILL RD BLOOMINGTON, IN 47401 | 81-4581936 | 501(C)(3) | 20,500. | 0. | | | SPAY/NEUTER OF DOGS & CATS IN HUMBOLDT COUNTY |
| QUEER HUMBOLDT P.O. BOX 45 ARCATA, CA 95518 | 01-0854933 | 501(C)(3) | 74,800. | 0. | | | SUPPORT OF PROGRAMS |
| RANCHO COASTAL HUMANE SOCIETY 389 REQUEZA STREET ENCINITAS, CA 92024 | 95-2151583 | 501(C)(3) | 10,000. | 0. | | | CAPITAL CAMPAIGN |
| REDBUD RESOURCE GROUP 1500 VALLEY HOUSE ROAD ROHNERT PARK, CA 94928 | 85-1919822 | 501(C)(3) | 9,850. | 0. | | | MAIDU WOMEN'S PLANT MEDICINE RETREAT |
| REDWAY ELEMENTARY SCHOOL P.O. BOX 369 REDWAY, CA 95560 | 94-6002186 | 501(C)(3) | 9,210. | 0. | | | DISCRETIONARY FUNDING |
| REDWOOD ART ASSOCIATION C/O TREASURER - 603 F ST - EUREKA, CA 95501 | 94-6138212 | 501(C)(3) | 7,750. | 0. | | | GENERAL OPERATING SUPPORT AND ACCESSIBILITY EQUIPMENT |
| REDWOOD COAST ENERGY AUTHORITY 633 3RD STREET EUREKA, CA 95501 | 74-3104616 | 501(C)(3) | 7,200. | 0. | | | REDWOOD COAST AIRPORT MICROGRID EDUCATION & OUTREACH |
| REDWOOD COMMUNITY ACTION AGENCY 904 G STREET EUREKA, CA 95501 | 94-2646370 | 501(C)(3) | 45,958. | 0. | | | VARIOUS PROGRAM SUPPORTS |
| REDWOOD COMMUNITY RADIO INC P.O. BOX 135 REDWAY, CA 95560 | 94-2789780 | 501(C)(3) | 26,344. | 0. | | | REPLACEMENT RADIO STUDIO CONSOLE |

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

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| REDWOOD PALMS RESCUE P.O. BOX 2913 MCKINLEYVILLE, CA 95519 | 61-1655383 | 501(C)(3) | 8,273. | 0. | | | SPAY/NEUTER OF DOGS & CATS IN HUMBOLDT COUNTY |
| REDWOOD PARKS CONSERVANCY 1111 2ND STREET CRESCENT CITY, CA 95531 | 68-0084901 | 501(C)(3) | 25,000. | 0. | | | REDWOOD CORPS |
| REDWOOD WRESTLING CLUB 756 EL DORADO ST. CRESCENT CITY, CA 95531 | 99-1205546 | 501(C)(3) | 10,000. | 0. | | | YOUTH PROGRAM SUPPORT |
| REDWOODS MONASTERY 18104 BRICELAND-THORN RD WHITETHORN, CA 95589 | 94-1640741 | 501(C)(3) | 31,940. | 0. | | | MONASTERY SUPPORT |
| RENAISSANCE CHARITABLE FOUNDATION INC - 8910 PURDUE RD STE 555 - INDIANAPOLIS, IN 46268-6117 | 35-2129262 | 501(C)(3) | 49,789. | 0. | | | GENERAL CHARITABLE SUPPORT FOR DEL NORTE COUNTY, CALIFORNIA |
| RIO DELL COMMUNITY RESOURCE CENTER 99 WILDWOOD AVE RIO DELL, CA 95562 | 95-3589356 | 501(C)(3) | 10,569. | 0. | | | SUPPORT OF PROGRAMS |
| RIO DELL/SCOTIA CHAMBER OF COMMERCE - P.O. BOX 95 - RIO DELL, CA 95562 | 94-2385448 | 501(C)(6) | 12,228. | 0. | | | EARTHQUAKE/DISASTER PREPAREDNESS AND RECOVERY |
| 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 |

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| ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DR - CHICAGO, IL 60693 | 36-3245072 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT |
| RUNNING STRONG FOR AMERICAN INDIAN YOUTH - 8301 RICHMOND HIGHWAY, SUITE 200 - ALEXANDRIA, VA 22309 | 54-1594578 | 501(C)(3) | 34,800. | 0. | | | HUPA LANGUAGE IMMERSION NEST |
| RURAL HUMAN SERVICES 286 M STREET, SUITE A CRESCENT CITY, CA 95531-4115 | 94-2735346 | 501(C)(3) | 7,000. | 0. | | | EMERGENCY FIRE RESPONSE FOOD SUPPORT |
| SALVATION ARMY EUREKA CORPS 2123 TYDD STREET EUREKA, CA 95501 | 94-1156347 | 501(C)(3) | 25,000. | 0. | | | GENERAL OPERATING SUPPORT |
| SALYER WAYSIDE CHAPEL PO BOX 492 SALYER, CA 95563 | 90-1030603 | | 5,500. | 0. | | | INDEPENDENT EMERGENCY POWER FOR DISASTERS & CLEAN AIR CENTER |
| SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVENUE SAN FRANCISCO, CA 94102-4509 | 94-0836240 | 501(C)(3) | 150,000. | 0. | | | GENERAL OPERATING SUPPORT |
| SAVE THE REDWOODS LEAGUE 111 SUTTER ST, 11TH FLOOR SAN FRANCISCO, CA 94104 | 94-0843915 | 501(C)(3) | 10,000. | 0. | | | GENERAL OPERATING SUPPORT |
| SEQUOIA HUMANE SOCIETY 6073 LOMA AVE EUREKA, CA 95503 | 23-7102713 | 501(C)(3) | 56,380. | 0. | | | HUMANE SOCIETY SUPPORT |
| SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES - P.O. BOX 5248 - EUREKA, CA 95502 | 68-0027247 | 501(C)(3) | 20,000. | 0. | | | MOTHER AND DAUGHTERS NATIVE MOON & GENERAL OPERATING SUPPORT |

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| SHRINER'S HOSPITAL FOR CHILDREN - NORTHERN CALIFORNIA - 2425 STOCKTON BLVD - SACRAMENTO, CA 95817 | 36-2193608 | 501(C)(3) | 15,213. | 0. | | | HEALTH CARE NEEDS |
| SIERRA PACIFIC FURBABIES NORCAL DIVISION - 12523 LIMONITE SUITE 440412 - MIRA LOMA, CA 91752 | 46-4805576 | 501(C)(3) | 5,040. | 0. | | | CARE & FEEDING OF CATS |
| 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) | 19,000. | 0. | | | MENTAL HEALTH SERVICES |
| SOUTH COAST COMMUNITY AQUATICS P.O. BOX 1800 BROOKINGS, OR 97415 | 92-1095207 | 501(C)(3) | 6,500. | 0. | | | WATER SAFETY YOUTH EDUCATION SUMMER PROGRAMS |
| SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE FOUNDATION - 733 CEDAR ST - GARBERVILLE, CA 95542-3201 | 94-6172987 | 501(C)(3) | 851,445. | 0. | | | SOHUM HEALTH CAPITAL CAMPAIGN FOR JEROLD PHELPS COMMUNITY HOSPITAL |
| SOUTHERN TRINITY VOLUNTEER FIRE DEPARTMENT - PO BOX 16 - MAD RIVER, CA 95552 | 91-1839905 | 501(C)(4) | 6,556. | 0. | | | UPDATE SAFETY EQUIPMENT FOR VOLUNTEER FIREFIGHTERS |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 16,213. | 0. | | | UNDERSTANDING AND TREATMENT CHILDHOOD CANCER AND OTHER LIFE-THREATENING DISEASES |
| ST. MARY'S PARISH 1690 JANES RD ARCATA, CA 95521 | 94-2509590 | 501(C)(3) | 23,532. | 0. | | | SUPPORT THE WORK OF ST. MARY'S CHURCH |

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. TIMOTHY'S EPISCOPAL CHURCH PO BOX 1237 BROOKINGS, OR 97415 | 93-0386824 | 501(C)(3) | 5,800. | 0. | | | FIRE RELIEF AND PROGRAM SUPPORT |
| ST. VINCENT DE PAUL 35 W 3RD ST EUREKA, CA 95502-1386 | 94-1573587 | 501(C)(3) | 6,363. | 0. | | | FOOD PROGRAM SUPPORT |
| TEXAS STATE UNIVERSITY - SAN MARCOS - 601 UNIVERSITY DRIVE, SUITE 480 - SAN MARCOS, TX 78666 | 74-1982979 | 501(C)(3) | 37,500. | 0. | | | SCHOLARSHIPS |
| THE WECARE GROUP INC - SOUTHERN TRINITY AREA RESCUE - PO BOX 7 - SCOTIA, CA 95565 | 94-2507342 | 501(C)(3) | 8,754. | 0. | | | PROGRAM SUPPORT |
| TIGERS GATHERING ENERGY RESOURCE SERVICES INC - P.O. BOX 4440 - ARCATA, CA 95518 | 68-0006350 | 501(C)(3) | 15,000. | 0. | | | GENERAL OPERATING SUPPORT |
| TRI-COUNTY INDEPENDENT LIVING 139 5TH STREET EUREKA, CA 95501 | 94-2495540 | 501(C)(3) | 22,206. | 0. | | | PROGRAM SUPPORT |
| TRINIDAD BAY ART & MUSIC FESTIVAL 693 SEASIDE LN TRINIDAD, CA 95570-9764 | 87-4188055 | 501(C)(3) | 5,020. | 0. | | | GENERAL OPERATING SUPPORT |
| TRINIDAD COASTAL LAND TRUST PO BOX 457 TRINIDAD, CA 95570 | 94-2552913 | 501(C)(3) | 11,130. | 0. | | | LAND TRUST SUPPORT |
| TRINIDAD RANCHERIA P.O. BOX 630 TRINIDAD, CA 95570 | 94-2469967 | TRIBE | 9,075. | 0. | | | HERHL-PERH (STICK GAME) PROJECT |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| TRINITY ALPS UNIFIED SCHOOL DISTRICT - P.O. BOX 1227, 321 VICTORY LANE - WEAVERVILLE, CA 96093 | 26-3968318 | 501(C)(3) | 5,175. | 0. | | | TRINITY YOUTH SUPPORT |
| TRINITY ANIMAL SHELTER AUXILLARY 563 MOUNTAIN VIEW WEAVERVILLE, CA 96093-0000 | 68-0314188 | 501(C)(3) | 10,000. | 0. | | | TASA SPAY AND NEUTER INITIATIVE |
| TRINITY COMMUNITY FOOD OUTREACH P.O. BOX 500 LEWISTON, CA 96052 | 47-3459942 | 501(C)(3) | 21,790. | 0. | | | PROGRAM SUPPORT FOR TRINITY REGION |
| TRINITY COUNTY OFFICE OF EMERGENCY SERVICES - PO BOX 399 - WEAVERVILLE, CA 96093 | 94-6000544 | | 10,556. | 0. | | | EMERGENCY RESPONSE PROGRAMS |
| TRINITY COUNTY RESOURCE CONSERVATION DISTRICT - PO BOX 1450 - WEAVERVILLE, CA 96093 | 86-2830142 | GOV | 17,500. | 0. | | | TRINITY COUNTY'S FARMERS MARKET INITIATIVE |
| TRUE NORTH ORGANIZING NETWORK 517 - 3RD ST STE 16 EUREKA, CA 95501 | 47-2208314 | 501(C)(3) | 129,480. | 0. | | | PROGRAM SUPPORT |
| UNITED INDIAN HEALTH SERVICES 1600 WEEOT WAY ARCATA, CA 95521-4734 | 23-7088205 | 501(C)(3) | 17,870. | 0. | | | EMERGENCY RESPONSE FOR CLIENTS EXPERIENCING FOOD INSECURITY AND OTHER PROGRAMS |
| 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 |
| UNITED WAY OF SOUTHWESTERN OREGON PO BOX 1288 COOS BAY, OR 97420 | 93-0503188 | 501(C)(3) | 15,000. | 0. | | | SUPPORT OF PROGRAMS |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| WATERSHED RESEARCH AND TRAINING CENTER - PO BOX 356, 98 CLINIC AVE - HAYFORK, CA 96041 | 94-3116339 | 501(C)(3) | 12,200. | 0. | | | PROGRAM SUPPORT |
| WE ARE UP 4535 FIELDBROOK RD MCKINLEYVILLE, CA 95519 | 87-2606394 | 501(C)(3) | 33,000. | 0. | | | GENERAL OPERATING SUPPORT |
| WESTSIDE COMMUNITY IMPROVEMENT ASSOCIATION - PO BOX 5315 - EUREKA, CA 95502 | 27-4553664 | 501(C)(3) | 205,438. | 0. | | | JEFFERSON COMMUNITY CENTER PROJECTS |
| WILLOW CREEK FIRE SAFE COUNCIL PO BOX 224 WILLOW CREEK, CA 95573-0224 | 26-3766157 | 501(C)(3) | 20,000. | 0. | | | WILLOW CREEK FIRE SAFE COUNCIL ADMINISTRATIVE POSITION |
| WILLOW CREEK YOUTH PARTNERSHIP - DREAM QUEST - P.O. BOX 609 - WILLOW CREEK, CA 95573 | 68-0477682 | 501(C)(3) | 9,950. | 0. | | | DREAM QUEST COMMUNITY YOUTH CENTER AND PROGRAMS |
| WISHTOYO FOUNDATION 9452 TELEPHONE RD. #432 VENTURA, CA 93004 | 95-4124859 | 501(C)(3) | 10,000. | 0. | | | RESTORING NATIVE FOOD SYSTEMS |
| WIYOT TRIBE 1000 WIYOT DR. LOLETA, CA 95551 | 94-2714533 | GOV | 102,270. | 0. | | | SUPPORT OF PROGRAMS |
| YOUNG FAMILY RANCH P.O. BOX 3246 WEAVERVILLE, CA 96093-0307 | 68-0483865 | 501(C)(3) | 35,500. | 0. | | | ANNUAL INSURANCE PREMIUMS & ANNUAL EXPENSES |
| YOUTH ART WILL SUCCEED 1825 HYLAND STREET BAYSIDE, CA 95524 | 85-0604523 | 501(C)(3) | 8,000. | 0. | | | ALL HIGH SCHOOL BSU MENTORSHIP |

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 | 27 | 127,845. | 0. | | |
| SCHOLARSHIPS | 513 | 875,035. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

COUNTY OF HUMBOLDT - OFFICE OF HUMAN RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: AWARENESS-BASED LEADERSHIP

PROGRAM/SUPERVISOR ACADEMY AT THE COUNTY OF HUMBOLDT

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

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 checked="" 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 |
|----|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2023

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 CEO | (i) | 276,809. | 0. | 0. | 22,145. | 13,496. | 312,450. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) GINA ZOTTOLA VP ADVANCEMENT & PHILAN. INNOVATION | (i) | 131,101. | 0. | 0. | 10,488. | 17,386. | 158,975. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) SARAH MILLSAP VP OF FINANCE AND ADMINISTRATION | (i) | 131,036. | 0. | 0. | 10,483. | 15,083. | 156,602. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) SARA DRONKERS COO | (i) | 133,901. | 0. | 0. | 10,712. | 11,516. | 156,129. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

(Empty horizontal lines for supplemental information)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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 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 | 8 | 307,741. | 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. | | |

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

Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

THE 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.
 EXPENSES \$ 408,804. INCLUDING GRANTS OF \$ 408,804. 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

ASSISTANT TO THE CEO AND ARE REVIEWED BY MANAGEMENT. COMPLIANCE IS
 MONITORED BY ALL STAFF AND BOARD MEMBERS IN THIS SMALL COMMUNITY.
 INDIVIDUALS WITH A CONFLICT OF INTEREST REMOVE THEMSELVES PHYSICALLY FROM
 THE ROOM DURING DISCUSSION AND ABSTAIN FROM VOTING ON RELATED ISSUES.

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

COMPENSATION PROCESS FOR TOP OFFICIAL
 THE EXECUTIVE COMMITTEE REVIEWS ISSUES SPECIFIC TO THE CEO UTILIZING
 COUNCIL ON FOUNDATIONS SURVEY INFORMATION SPECIFIC TO CEO COMPENSATION.

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

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

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

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

| | |
|--|----------|
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | 103,615. |
| HUMBOLDT HEALTH FOUNDATION INTERFUND TRANSFERS | 41,200. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 144,815. |

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

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

| | |
|--|--|
| Name of the organization <p align="center">HUMBOLDT AREA FOUNDATION</p> | Employer identification number <p align="center">23-7310660</p> |
|--|--|

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 | 165,040. | 1,783,052. | HUMBOLDT AREA FOUNDATION |
| | | | | | |
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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 |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

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

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

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) HUMBOLDT HEALTH FOUNDATION | C | 100,802. | AMOUNT RECEIVED |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

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