** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 **and ending** JUN 30, 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HUMBOLDT AREA FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
363 INDIANOLA ROAD

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

D Employer identification number
23-7310660

E Telephone number
(707) 442-2993

G Gross receipts $ 21,143,760.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.HAFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1972

M State of legal domicile: CA

Part I Summary

Activities & Governance

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

2 Check this box ☐ 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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	55
6	Total number of volunteers (estimate if necessary)	6	150
7a	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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,984,760.	11,512,525.
9	Program service revenue (Part VIII, line 2g)	534,062.	533,258.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,297,261.	7,327,210.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,673.	19,811.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,845,756.	19,392,804.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,454,600.	12,744,298.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,406,141.	5,612,527.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,545,985.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,936,342.	2,184,297.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,797,083.	20,541,122.
19	Revenue less expenses. Subtract line 18 from line 12	6,048,673.	-1,148,318.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	184,241,118.	195,874,790.
21	Total liabilities (Part X, line 26)	43,323,286.	45,748,144.
22	Net assets or fund balances. Subtract line 21 from line 20	140,917,832.	150,126,646.

Part II Signature Block

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

Sign Here

Signature of officer — Date

SARA DRONKERS, CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
BRIAN YACKER	BRIAN YACKER	04/09/26	☐	P00401346

Firm's name BAKER TILLY ADVISORY GROUP, LP — Firm's EIN 39-0859910

Firm's address 2050 MAIN STREET, SUITE 700
IRVINE, CA 92614 — 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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 12,366,678. including grants of $ 10,082,123.) (Revenue $ 553,069.)
THE HUMBOLDT AREA FOUNDATION + WILD RIVERS COMMUNITY FOUNDATION IS FOUR 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. THE FOUNDATION SERVES THE RESIDENTS OF HUMBOLDT, DEL NORTE AND TRINITY COUNTIES IN CALIFORNIA AND CURRY COUNTY IN OREGON, INCLUDING THE REGION'S TRIBAL NATIONS AND HISTORICALLY INDIGENOUS TERRITORIES. OUR MISSION IS TO PROMOTE AND ENCOURAGE GENEROSITY, LEADERSHIP AND INCLUSION TO STRENGTHEN OUR COMMUNITIES. 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 $ 2,381,517. including grants of $ 910,500.) (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 $ 2,180,554. including grants of $ 1,547,000.) (Revenue $)
REMOVAL OF THE LOWER FOUR KLAMATH RIVER DAMS IS THE CENTERPIECE OF THE WORLD'S LARGEST SALMON RESTORATION PROJECT. DESPITE THE ENORMOUS BENEFITS OF DAM REMOVAL, MANY MORE RESTORATION ACTIONS ARE NECESSARY TO TAKE FULL ADVANTAGE OF THE OPPORTUNITY TO RECOVER FISHERIES, IMPROVE WATER QUALITY, AND BENEFIT THE BASIN'S DIVERSE RURAL COMMUNITIES. THE KLAMATH RIVER FUND, ESTABLISHED IN 2024, WAS CREATED TO SUPPORT THESE COMMUNITY-LEDEFFORTS THROUGHOUT THE WATERSHED.

4d Other program services (Describe on Schedule O.)
(Expenses $ 455,667. including grants of $ 204,675.) (Revenue $)

4e Total program service expenses 17,384,416.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
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? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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	1a	42		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12		
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?	2			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA,OR

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

SARAH MILLSAP - (707) 442-2993

363 INDIANOLA ROAD, BAYSIDE, CA 95524

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYNA LIPPER	40.00									
CHIEF INNOVATION OFFICER				X				225,124.	0.	32,487.
(2) SARA DRONKERS	40.00									
CEO	1.25			X				158,800.	0.	24,963.
(3) PAULA TRIPP-ALLEN	40.00									
VP PRGMS, COMM P'SHIPS/TRIBAL REL				X				135,850.	0.	40,917.
(4) SARAH MILLSAP	40.00									
VP OF FINANCE AND ADMINISTRATION	1.25			X				141,860.	0.	27,421.
(5) GINA ZOTTOLA	40.00									
VP ADVANCEMENT & PHILAN. INNOVATION				X				128,981.	0.	29,037.
(6) HALEY CLARK	40.00									
DIRECTOR OF HR AND PEOPLE DEV.						X		115,576.	0.	31,885.
(7) KEYTRA MEYER	40.00									
DIR OF ADVANCEMENT & PHILAN. INNOV.						X		112,076.	0.	21,714.
(8) KATERINA OSKARSSON	40.00									
EXECUTIVE IN RESIDENCE, CORE HUB						X		109,576.	0.	19,304.
(9) CRAIG WOODS	40.00									
DEPARTMENT DIR. OF PRGMS./COMMS. SOL						X		109,118.	0.	18,646.
(10) JAMES KLOOR	40.00									
VP OF FINANCE AND ADMINISTRATION						X		105,576.	0.	18,327.
(11) DAVID FINIGAN	4.00									
CHAIR (START 01/25)		X		X				0.	0.	0.
(12) CHARLIE JORDAN	4.00									
CHAIR (END 12/24)		X		X				0.	0.	0.
(13) CHRISTINA HUFF	4.00									
VICE CHAIR		X		X				0.	0.	0.
(14) DINA MOORE	2.50									
SECRETARY		X		X				0.	0.	0.
(15) ARISTEA SAULSBURY	2.50									
DIRECTOR		X						0.	0.	0.
(16) DENNIS RAEL	2.50									
DIRECTOR		X						0.	0.	0.
(17) RAQUEL ORTEGA	2.50									
DIRECTOR		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) MARYLYN PAIK-NICELY	2.50									
DIRECTOR		X						0.	0.	0.
(19) ALAN NIDIFFER	2.50									
DIRECTOR		X						0.	0.	0.
(20) KEITH FLAMER	2.50									
DIRECTOR		X						0.	0.	0.
(21) ALEX OZAKI-MCNEILL	2.50									
DIRECTOR		X						0.	0.	0.
(22) ELIAS PENCE	2.50									
DIRECTOR		X						0.	0.	0.
(23) JUDGE ABBY ABINANTI	2.50									
DIRECTOR		X						0.	0.	0.
1b Subtotal								1,342,537.	0.	264,701.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,342,537.	0.	264,701.

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? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		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
BETTER WORLD GROUP, 801 S. GRAND AVE, SUITE 200, LOS ANGELES, CA 90017	OFFSHORE WIND/CLIMATE CONSULTING	277,609.
MELISSA AMSCHL-MEIRIS 1878 GOLF COURSE ROAD, BAYSIDE, CA 95524	DEPARTMENT OF HEALTH/HR TRAINING	192,396.
A NEW HOPE CONSULTING 61725 BROKEN TOP DRIVE, BEND, OR 97702	INTERNAL FDTN EVAL./TRAINING	135,000.

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 3

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a 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	11,512,525.				
	g Noncash contributions included in lines 1a-1f	1g	$ 2,907,799.				
	h Total. Add lines 1a-1f			11,512,525.			
Program Service Revenue		Business Code					
	2a FISCAL SPONSOR FEES	900099		360,758.	360,758.		
	b WORKSHOP/CONFERENCE	900099		172,500.	172,500.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			533,258.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,405,170.			3,405,170.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a	29,200.				
	b Less: rental expenses	6b	9,389.				
	c Rental income or (loss)	6c	19,811.				
	d Net rental income or (loss)			19,811.	19,811.		
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	2,065,307.	3,598,300.			
	b Less: cost or other basis and sales expenses	7b	0.	1,741,567.			
	c Gain or (loss)	7c	2,065,307.	1,856,733.			
	d Net gain or (loss)			3,922,040.			3,922,040.
	8a 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						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a 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		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			19,392,804.	553,069.	0.	7,327,210.

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	11,930,920.	11,930,920.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	813,378.	813,378.		
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	984,939.	316,934.	428,076.	239,929.
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	3,452,082.	2,308,301.	462,011.	681,770.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	262,579.	175,284.	34,847.	52,448.
9 Other employee benefits	577,641.	361,683.	88,468.	127,490.
10 Payroll taxes	335,286.	202,877.	63,589.	68,820.
11 Fees for services (nonemployees):				
a Management				
b Legal	71,581.	43,050.	28,531.	
c Accounting	48,115.		48,115.	
d Lobbying	58,138.	58,138.		
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.)	163,185.	162,494.	503.	188.
12 Advertising and promotion				
13 Office expenses	166,083.	54,985.	84,233.	26,865.
14 Information technology	257,975.	85,845.	125,309.	46,821.
15 Royalties				
16 Occupancy	202,001.	131,081.	49,318.	21,602.
17 Travel	55,129.	41,638.	4,373.	9,118.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	484,037.	433,582.	4,432.	46,023.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,428.	42,068.	39,574.	14,786.
23 Insurance	65,916.	13,800.	47,474.	4,642.
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 OUTREACH	455,547.	196,386.	56,655.	202,506.
b REPAIRS AND MAINTENANCE	45,996.	2,912.	41,496.	1,588.
c PROPERTY TAXES	7,057.	6,312.	542.	203.
d TRAINING	6,226.	2,072.	3,024.	1,130.
e All other expenses	883.	676.	151.	56.
25 **Total functional expenses.** Add lines 1 through 24e	20,541,122.	17,384,416.	1,610,721.	1,545,985.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		6,673,796.	1	6,987,142.
	2	Savings and temporary cash investments		1,269,926.	2	2,636,986.
	3	Pledges and grants receivable, net		2,254,000.	3	2,459,200.
	4	Accounts receivable, net		74,676.	4	32,134.
	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		17,529.	7	3,928.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		104,945.	9	132,940.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,767,082.			
	b	Less: accumulated depreciation	10b 1,637,525.	3,980,765.	10c	2,129,557.
	11	Investments - publicly traded securities		149,025,684.	11	147,849,176.
	12	Investments - other securities. See Part IV, line 11		18,749,239.	12	30,456,385.
	13	Investments - program-related. See Part IV, line 11		2,090,558.	13	3,187,342.
	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)		184,241,118.	16	195,874,790.
Liabilities	17	Accounts payable and accrued expenses		709,849.	17	609,733.
	18	Grants payable		1,568,348.	18	1,102,051.
	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		41,045,089.	25	44,036,360.
	26	**Total liabilities.** Add lines 17 through 25		43,323,286.	26	45,748,144.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		119,151,169.	27	128,942,843.
	28	Net assets with donor restrictions		21,766,663.	28	21,183,803.
		Organizations that do not follow FASB ASC 958, check here ☐ **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		140,917,832.	32	150,126,646.
	33	Total liabilities and net assets/fund balances		184,241,118.	33	195,874,790.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,392,804.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,541,122.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,148,318.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	140,917,832.
5	Net unrealized gains (losses) on investments	5	10,312,488.
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	44,644.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	150,126,646.

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	X	
	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?	3a		X
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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
HUMBOLDT AREA FOUNDATION	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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,592,135.	13,944,074.	10,826,567.	18,984,760.	11,512,525.	64,860,061.
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	9,592,135.	13,944,074.	10,826,567.	18,984,760.	11,512,525.	64,860,061.
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)						19,246,792.
6 **Public support.** Subtract line 5 from line 4.						45,613,269.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	9,592,135.	13,944,074.	10,826,567.	18,984,760.	11,512,525.	64,860,061.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,399,050.	2,838,515.	2,191,032.	2,440,877.	3,405,170.	12,274,644.
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.)						
11 **Total support.** Add lines 7 through 10						77,134,705.

12 Gross receipts from related activities, etc. (see instructions) 12 2,297,635.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 59.13 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 62.52 %

16a **33 1/3% support test - 2024.** 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 ☒

b **33 1/3% support test - 2023.** 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 ☐

17a **10% -facts-and-circumstances test - 2024.** 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 ☐

b **10% -facts-and-circumstances test - 2023.** 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 ☐

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 ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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

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

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

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

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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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 B (Form 990)
(Rev. December 2024)
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

Name of the organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 2,475,098.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 986,488.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 875,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 872,847.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 425,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 243,004.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (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
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: HUMBOLDT AREA FOUNDATION

Employer identification number: 23-7310660

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	58,138.	
c Total lobbying expenditures (add lines 1a and 1b)	58,138.	
d Other exempt purpose expenditures	18,911,837.	
e Total exempt purpose expenditures (add lines 1c and 1d)	18,969,975.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount				1,000,000.	1,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
c Total lobbying expenditures				58,138.	58,138.
d Grassroots nontaxable amount				250,000.	250,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments, and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid):**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
HUMBOLDT AREA FOUNDATION

Employer identification number
23-7310660

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	178	
2	Aggregate value of contributions to (during year)	761,641.	
3	Aggregate value of grants from (during year)	1,633,537.	
4	Aggregate value at end of year	16,197,278.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

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

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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	5,757,227.	5,746,118.	5,735,025.	5,720,245.	5,713,144.
b Contributions					
c Net investment earnings, gains, and losses	16,517.	11,109.	11,093.	14,780.	7,101.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,773,744.	5,757,227.	5,746,118.	5,735,025.	5,720,245.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .0000 %
b Permanent endowment 100 %
c Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations? 3a(i)		X
(ii) Related organizations? 3a(ii)		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		674,456.		674,456.
b Buildings		2,899,706.	1,499,752.	1,399,954.
c Leasehold improvements				
d Equipment		97,810.	95,180.	2,630.
e Other		95,110.	42,593.	52,517.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,129,557.

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	30,456,385.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	30,456,385.	

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	42,255,506.
(3) OBLIGATIONS UNDER SPLIT INTEREST AGREEMENTS	1,780,854.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	44,036,360.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

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

PART V, LINE 4:

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

PART X, LINE 2:

THE FOUNDATION AND ITS SUPPORTING ORGANIZATION HAVE RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX BOARD UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND UNDER REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY.

LEAVEY RANCH, LLC WAS A SINGLE-MEMBER LIMITED LIABILITY COMPANY, WHOLLY OWNED BY THE FOUNDATION UNTIL MARCH 2025. ACCORDINGLY, ALL ACTIVITY UNTIL MARCH 2025 WAS REPORTED UNDER THE FOUNDATION'S NAME AND LEAVEY RANCH, LLC ASSUMED THE SAME TAX STATUS AS THE 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 ORGANIZATION RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE FOUNDATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] 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)	11,376.	0.			CALFRESH AND WELLNESS SUPPORT
ADULT DAY HEALTH CARE OF MAD RIVER PO BOX 1115 3800 JANES RD ARCATA, CA 95518	94-3005997	501(C)(3)	10,150.	0.			PROVIDING VITAL SERVICES TO ELDERS NEEDING ASSISTANCE
AFFORDABLE HOMELESS HOUSING ALTERNATIVES INC - PO BOX 3794 - EUREKA, CA 95502-3794	81-0713410	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT AND MENTAL HEALTH SERVICES
AMERICAN CANCER SOCIETY - EUREKA 2942 F STREET EUREKA, CA 95501	13-1788491	501(C)(3)	67,412.	0.			AMERICAN CANCER SOCIETY AND RELAY FOR LIFE SUPPORT
AMERICAN INDIAN COUNCIL OF MARIPOSA COUNTY INC. - PO BOX 186 - MARIPOSA, CA 95338	77-0161686	501(C)(3)	14,720.	0.			CULTURAL WORKSHOPS AND PROGRAMS
AMERICAN RIVERS, INC. 1101 14TH STREET NW 1400 WASHINGTON, DC 20005-5601	23-7305963	501(C)(3)	130,000.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 180.

3 Enter total number of other organizations listed in the line 1 table ..... 23.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 432101 01-02-25

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
A MOTHER'S VILLAGE 1836 OLD ARCATA RD. 165 BAYSIDE, CA 95524	39-3563952	501(C)(3)	14,941.	0.			CAPACITY EXPANSION AND GENERAL OPERATING SUPPORT
ARCATA COMMUNITY HEALTH CENTER (OPEN DOOR) - 1150 FOSTER AVE - ARCATA, CA 95521	95-2671433	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT
ARCATA FIRE DISTRICT 2149 CENTRAL AVE MCKINLEYVILLE, CA 95519	43-2054018	GOV	140,000.	0.			FIRE ENGINE PURCHASE AND FIRST RESPONDER NETWORK MENTAL HEALTH SERVICES
ARCATA HOUSE PARTNERSHIP 1005 11TH ST ARCATA, CA 95521	94-3163269	501(C)(3)	10,700.	0.			GENERAL OPERATING SUPPORT
ARCATA PLAYHOUSE 1251 9TH ST ARCATA, CA 95521	26-0383637	501(C)(3)	6,000.	0.			ARCATA GATHERING CONCERT SERIES AND GENERAL OPERATING SUPPORT
ASCEND WILDERNESS EXPERIENCE PO BOX 3263 WEAVERVILLE, CA 96093	59-3822430	501(C)(3)	10,300.	0.			TRINITY ALPS WILDERNESS YOUTH TRIPS & TEEN INTERNSHIPS FOR CONSERVATION, LEADERSHIP
AUNTIES ON THE RIVER - MCKINLEYVILLE FAMILY RESOURCE CENTER - 1615 HEARTWOOD DR - MCKINLEYVILLE, CA 95519-3986	68-0445130	501(C)(3)	35,000.	0.			AUNTIES ON THE RIVER INDIGENOUS DOULA COLLECTIVE
BARBARENO CHUMASH TRIBAL COUNCIL 1545 MORSE STREET, UNIT G VENTURA, CA 93003		TRIBE	10,000.	0.			TOMOL BUILD
BETTY KWAN CHINN HOMELESS FOUNDATION - PO BOX 736 - EUREKA, CA 95502	46-1413135	501(C)(3)	313,845.	0.			GENERAL OPERATING 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
BIGFOOT TRAIL ALLIANCE PO BOX 777 BAYSIDE, CA 95524-0777	47-4468143	501(C)(3)	98,000.	0.			KLAMATH MOUNTAINS WORKFORCE TRAINING NETWORK
BIG PICTURE LEARNING NATIVE AMERICAN INITIATIVE - 325 PUBLIC ST. - PROVIDENCE, RI 29050	05-0485883	501(C)(3)	10,000.	0.			BIG PICTURE LEARNING NATIVE AMERICAN INITIATIVE
BLACK HUMBOLDT 39 5TH ST EUREKA, CA 95501	95-4126989	501(C)(3)	63,200.	0.			BLACK HUMBOLDT - GENERAL OPERATING SUPPORT
BLESS THE BEASTS OF HUMBOLDT COUNTY - PO BOX 323 - FORTUNA, CA 95540	68-0417175	501(C)(3)	30,735.	0.			SPAY/NEUTER OF DOGS & CATS IN HUMBOLDT COUNTY
BLUE LAKE RANCHERIA PO BOX 428 BLUE LAKE, CA 95525-0428	68-0078113	TRIBE	108,500.	3,598,300.	FMV	LEAVEY RANCH REAL PROPERTY	PROJECT DEVELOPMENT AND DEPLOYMENT, STAFF SUPPORT
BOYS & GIRLS CLUB OF THE REDWOODS 939 HARRIS ST EUREKA, CA 95503	94-2184464	501(C)(3)	17,700.	0.			EUREKA TEEN CENTER KITCHEN RENOVATION AND GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUB OF THE YUROK TRIBE - 190 KLAMATH BLVD. - KLAMATH, CA 95548	47-4098140	501(C)(3)	9,980.	0.			BOYS & GIRLS CLUB OF THE YUROK TRIBE
BRIDGEVILLE COMMUNITY CENTER PO BOX 3 BRIDGEVILLE, CA 95526-0003	31-1763137	501(C)(3)	8,523.	0.			COMMUNITY SOCIAL OUTREACH, HOLIDAY FOOD BOXES AND DOLLY PARTON IMAGINATION LIBRARY
CAL POLY HUMBOLDT FOUNDATION 1 HARPST ST GIFT PROCESSING CENTER, SBS 285 - ARCATA, CA 95521-8222	94-6077724	501(C)(3)	27,795.	0.			MUSIC, ARTS, SCIENCE, EDUCATION AND SCHOLARSHIPS

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

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CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION - 1 HARPST ST # 285 - ARCATA, CA 95521-8299	94-6050071	501(C)(3)	50,700.	0.			PELICAN BAY BACHELOR'S PROGRAM AND WRIGHT REFUGE SUPPORT
CASA OF HUMBOLDT 2356 MYRTLE AVE EUREKA, CA 95501-3328	68-0243040	501(C)(3)	19,700.	0.			EFFORTS OF CASA IN HUMBOLDT COUNTY
CENTER FOR DISASTER PHILANTHROPY 1 THOMAS CIR NW STE 700 WASHINGTON, DC 20005-5800	45-5257937	501(C)(3)	10,000.	0.			SUDAN HUMANITARIAN CRISIS FUND
CENTRO DEL PUEBLO MOVIMIENTO INDIGENA MIGRANTE - PO BOX 1174 - ARCATA, CA 95518	92-0411172	501(C)(3)	164,000.	0.			GENERAL OPERATING SUPPORT
CHANGING TIDES FAMILY SERVICES 2259 MYRTLE AVE EUREKA, CA 95501-3325	94-2297737	501(C)(3)	311,938.	0.			PROGRAM SUPPORT AND DISASTER ASSISTANCE FOR EARTHQUAKE VICTIMS
CITY OF ARCATA 736 F ST ARCATA, CA 95521-6284	94-2186507	GOV	60,000.	0.			EQUITY ARCATA - 2024/2025 FINANCIAL SUPPORT
CITY OF EUREKA 531 K ST EUREKA, CA 95501-1146		GOV	112,113.	0.			SUPPORT OF GARDEN, PLAYGROUNDS, ZOOS AND COMMUNITY FORESTS
COLLEGE OF THE REDWOODS 7351 TOMPKINS HILL ROAD EUREKA, CA 95501	94-2022980		11,000.	0.			SCHOLARSHIPS
COLLEGE OF THE REDWOODS FOUNDATION 7351 TOMPKINS HILL RD EUREKA, CA 95501	94-1603509	501(C)(3)	41,000.	0.			PROGRAM SUPPORT

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COMPANION ANIMAL FOUNDATION 3954 JACOBS AVE. EUREKA, CA 95501	94-3244839	501(C)(3)	39,555.	0.			COMPANION ANIMAL CENTER SUPPORT
CUMBRE HUMBOLDT 1215 GUINTOLI LANE ARCATA, CA 95521	84-1788919	501(C)(3)	9,220.	0.			GENERAL OPERATING AND SUMMER CAMP SUPPORT
DELL' ARTE INC. PO BOX 816 BLUE LAKE, CA 95525	94-2207895	501(C)(3)	7,713.	0.			GENERAL OPERATING SUPPORT
DEL NORTE AND TRIBAL LANDS COMMUNITY FOOD COUNCIL - 295 HIGHWAY 101 - CRESCENT CITY, CA 95531	99-4156918	501(C)(3)	11,750.	0.			WEDNESDAY FARMERS MARKET AND SUMMER GARDEN CAMP SUPPORT
DEL NORTE CHILD CARE COUNCIL 212 K ST CRESCENT CITY, CA 95531	94-2820925	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
DEL NORTE HIGH MUSIC BOOSTERS 1301 EL DORADO ST CRESCENT CITY, CA 95531	68-0210461	501(C)(3)	6,950.	0.			LEADERSHIP CAMP
DEL NORTE UNIFIED SCHOOL DISTRICT 301 W WASHINGTON BLVD CRESCENT CITY, CA 95531-8340	94-6002153		38,490.	0.			SCHOLARSHIPS
DOUGLAS CITY COMMUNITY SERVICES DISTRICT - PO BOX 10 - DOUGLAS CITY, CA 96024	94-2865852	GOV	9,400.	0.			OUTFITTING A USED TYPE 3 FIRE ENGINE
DREAM QUEST - WILLOW CREEK YOUTH PARTNERSHIP - PO BOX 609 - WILLOW CREEK, CA 95573-0609	68-0477682	501(C)(3)	12,500.	0.			PROGRAM SUPPORT - YOUTH WELLNESS, HOLIDAY GIVING, FOODSCAPE

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EARTH EQUITY 5519 CLAIREMONT MESA BOULEVARD SUIT SAN DIEGO, CA 92117	92-3871083	501(C)(3)	28,000.	0.			EARTH EQUITY - GENERAL OPERATING SUPPORT
EASTERN OREGON UNIVERSITY 1 UNIVERSITY BLVD. LA GRANDE, OR 97805-2899	93-6030669	501(C)(3)	19,590.	0.			SCHOLARSHIPS
EFFIE YEAW NATURE CENTER 2850 SAN LORENZO WAY CARMICHAEL, CA 95608-4586	94-2766075	501(C)(3)	20,090.	0.			GENERAL OPERATING SUPPORT
ELEM INDIAN COMMUNITY 311 2ND ST. 604 OAKLAND, CA 94607		TRIBE	10,000.	0.			BOAT AND DOCK LAUNCH FOR ELEM
ELK VALLEY RANCHERIA 2332 HOWLAND HILL ROAD CRESCENT CITY, CA 95531		TRIBE	100,000.	0.			CALIFORNIA ENERGY & CLIMATE RESILIENCE PROJECT
ENGLISH EXPRESS - INK PEOPLE CENTER FOR THE ARTS - PO BOX 111 - CUTTEN, CA 95534-0111	94-3056179	501(C)(3)	25,000.	0.			ENGLISH EXPRESS-GENERAL OPERATING SUPPORT
ENVIRONMENTAL PROTECTION INFORMATION CENTER (EPIC) - 145 G ST STE A - ARCATA, CA 95521-6694	94-2798433	501(C)(3)	62,200.	0.			GENERAL OPERATING SUPPORT
ERV COMMUNITY CENTER FOUNDATION 3000 NEWBURG ROAD B FORTUNA, CA 95540	84-3720436	501(C)(3)	31,300.	0.			NORCAN CONFERENCE 2024 AND RESOURCE LIBRARY SUPPORT
ETHIOPIAN EDUCATION FUND PO BOX 771 OAK HARBOR, WA 98277	20-1925048	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

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EUREKA CHAMBER MUSIC SERIES PO BOX 3509 EUREKA, CA 95502	84-2068518	501(C)(3)	6,800.	0.			SUPPORTING MUSIC IN HUMBOLDT COUNTY
EUREKA RESCUE MISSION PO BOX 76 EUREKA, CA 95502	94-6135983	501(C)(3)	7,765.	0.			FOOD PROGRAM SUPPORT
EUREKA SYMPHONY PO BOX 776 BAYSIDE, CA 95524	05-0546860	501(C)(3)	15,408.	0.			GENERAL OPERATING SUPPORT
FAMILY RESOURCE CENTER OF THE REDWOODS - 494 PACIFIC AVE - CRESCENT CITY, CA 95531	81-2675618	501(C)(3)	67,600.	0.			FOR DNATL COMMUNITY FOOD COUNCIL AND GENERAL OPERATING
FAMILY WATER ALLIANCE 2963 DAVISON COURT SUITE A COLUSA, CA 95932	68-0262939	501(C)(3)	40,000.	0.			KLAMATH BASIN FISH SCREEN PROGRAM
FAVELL MUSEUM INC 125 W MAIN ST KLAMATH FALLS, OR 97601-4287	20-0524744	501(C)(3)	79,000.	0.			VOICES OF THE KLAMATH RIVER WATERSHED A PERMANENT EXHIBIT BY THE FAVELL MUSEUM
FERN COTTAGE FOUNDATION PO BOX 1286 FERNDALE, CA 95536	94-3060700	501(C)(3)	15,126.	0.			FERN COTTAGE FOUNDATION SUPPORT
FIELD COMMITTEE, INC. P.O. BOX 327 CUTTEN, CA 95534	68-0361146	501(C)(3)	7,500.	0.			SUMMER YOUTH ACTIVITIES
FIRST 5 HUMBOLDT 325 2ND ST STE 201 EUREKA, CA 95501		GOV	10,000.	0.			PROGRAM SUPPORT

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FIRST PRESBYTERIAN CHURCH OF EUREKA - 819 15TH STREET - EUREKA, CA 95501-2455			8,375.	0.			GENERAL OPERATING SUPPORT AND NEW ROOF
FOOD FOR PEOPLE PO BOX 4922 EUREKA, CA 95502-4922	94-2772549	501(C)(3)	62,556.	0.			FOOD PROGRAM SUPPORT
FORTUNA ELEMENTARY SCHOOL DISTRICT 534 12TH STREET FORTUNA, CA 95540	30-0852344		10,000.	0.			PROGRAM SUPPORT
FORTUNA UNION HIGH SCHOOL DISTRICT 379 12TH ST FORTUNA, CA 95540-2357	94-6002186		8,377.	0.			PROGRAM SUPPORT
FRESHWATER COMMUNITY GUILD PO BOX 6153 EUREKA, CA 95502-6153	23-7143394	501(C)(3)	13,525.	0.			PROGRAM SUPPORT
FRIENDS OF PLUMAS WILDERNESS PO BOX 1441 QUINCY, CA 95971	68-0239283	501(C)(3)	10,301.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE ARCATA MARSH PO BOX 410 ARCATA, CA 95518	68-0232871	501(C)(3)	11,450.	0.			PROGRAM SUPPORT
FRIENDS OF THE DUNES PO BOX 186 ARCATA, CA 95518-0186	68-0373871	501(C)(3)	11,510.	0.			RECREATIONAL OPPORTUNITIES & WATER QUALITY
FRIENDS OF THE SHASTA RIVER 404 SOUTH MAIN 119 YREKA, CA 96097-3023	38-4181190	501(C)(3)	88,000.	0.			SHASTA RIVER RECOVERY FLOWS ANALYSIS

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GASQUET AMERICAN LEGION POST 548 PO BOX 171 GASQUET, CA 95543	94-6102302	501(C)(3)	15,400.	0.			GASQUET AMERICAN LEGION HALL DISASTER PREPAREDNESS
GASQUET FIRE PROTECTION DISTRICT PO BOX 85 GASQUET, CA 95543	68-0030138		7,915.	0.			GASQUET FIRE MEDICAL EQUIPMENT
GLEN PAUL SCHOOL 2501 CYPRESS AVENUE EUREKA, CA 95503	94-6000513		30,150.	0.			SUPPORT OF THE SCHOOL
GOLDEN AGE CENTER, INC. PO BOX 1413 WEAVERVILLE, CA 96093	51-0183604	501(C)(3)	7,000.	0.			FOOD PROGRAMS
HEALING AND COMMUNITY BLACK MUSIC AND ARTS ASSOCIATION - INK PEOPLE CENTER FOR T - 627 3RD ST - EUREKA, CA 95501-0417	94-3056179	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
HEALY SENIOR CENTER PO BOX 1849 REDWAY, CA 95560-1849	94-2762224	501(C)(3)	6,949.	0.			SENIOR NUTRITION PROGRAMS AND AED
HEART OF THE REDWOODS COMMUNITY HOSPICE - 464 MAPLE LN - GARBERVILLE, CA 95542	68-0397698	501(C)(3)	22,950.	0.			GENERAL OPERATING SUPPORT
HMONG CULTURAL CENTER OF DEL NORTE COUNTY - 1675 ARLINGTON DRIVE - CRESCENT CITY, CA 95531	47-2989909	501(C)(3)	48,500.	0.			GENERAL OPERATING SUPPORT
HOOPA VALLEY PUBLIC UTILITIES DISTRICT - P.O. BOX 656 - HOOPA, CA 95546	82-2181615	GOV	100,000.	0.			HOOPA CLIMATE RESILIENCY INITIATIVE

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HOPE PROJECT PO BOX 657 NEW LEBANON, NY 12125	51-0187959	501(C)(3)	30,000.	0.			POST-FLOOD REBUILDING AND GENERAL OPERATING SUPPORT
HOSPICE OF HUMBOLDT 3327 TIMBER FALL CT EUREKA, CA 95503-4894	94-2499333	501(C)(3)	95,624.	0.			GENERAL OPERATING AND PROGRAM SUPPORT
HUMBOLDT ANIMAL RESCUE TEAM PO BOX 253 8 WEST 6TH STREET CUTTEN, CA 95534	46-5666951	501(C)(3)	9,515.	0.			SPAYING & NEUTERING SMALL DOMESTIC ANIMALS
HUMBOLDT AREA CENTER FOR HARM REDUCTION - PO BOX 7365 - EUREKA, CA 95502	47-2822261	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
HUMBOLDT ASIANS & PACIFIC ISLANDERS (HAPI) - INK PEOPLE CENTER FOR THE ARTS - 525 7TH ST - EUREKA, CA 95501-6806	94-3056179	501(C)(3)	25,500.	0.			HUMBOLDT ASIANS & PACIFIC ISLANDERS IN SOLIDARITY
HUMBOLDT BOTANICAL GARDEN FOUNDATION - PO BOX 6117 - EUREKA, CA 95502	68-0243631	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
HUMBOLDT COAD PO BOX 1156 BLUE LAKE, CA 95525-1156	92-3621829	501(C)(3)	225,100.	0.			DISASTER ASSISTANCE FOR INDIVIDUAL UNMET NEEDS
HUMBOLDT COMMUNITY ACCESS AND RESOURCE CENTER - 1707 E ST STE 2 - EUREKA, CA 95501	94-6107605	501(C)(3)	25,000.	0.			HCAR CLINICAL SERVICES EXPANSION
HUMBOLDT COUNTY ASSOCIATION OF GOVERNMENTS - 611 I ST STE B - EUREKA, CA 95501-1151		GOV	6,680.	0.			VTS COORDINATOR STIPENDS AND PROGRAM SUPPORT

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HUMBOLDT COUNTY LIBRARY 1313 3RD ST EUREKA, CA 95501-0546	94-6000513	GOV	32,605.	0.			LIBRARY PROGRAM SUPPORT
HUMBOLDT COUNTY TRANSITION-AGE YOUTH COLLABORATION [HUMBOLDT DHHS] - 433 M STREET - EUREKA, CA 95501	22-2222222	GOV	10,000.	0.			HCTAYC YOUTH ADVOCACY BOARD
HUMBOLDT DOG OBEDIENCE GROUP 2030 HOLLY ST EUREKA, CA 95503-6137	68-0024232	501(C)(3)	13,300.	0.			SPAY/NEUTER OF DOGS & CATS IN HUMBOLDT COUNTY
HUMBOLDT HUMANE 309 FERNBRIDGE DR. FORTUNA, CA 95540	88-0940666	501(C)(3)	240,265.	0.			CRITTERS WITHOUT LITTERS AND SPAY AND NEUTER SUPPORT
HUMBOLDT LIBRARY FOUNDATION PO BOX 440 EUREKA, CA 95502-0440	91-1879359	501(C)(3)	16,119.	0.			GENERAL OPERATING SUPPORT
HUMBOLDT LITERACY PROJECT 537 G ST. STE 116 EUREKA, CA 95501	68-0062774	501(C)(3)	17,700.	0.			GENERAL OPERATING SUPPORT
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA ST EUREKA, CA 95501-2870	94-2261434	501(C)(3)	115,741.	0.			SENIOR RESOURCE CENTER SUPPORT
HUMBOLDT SENIOR RESOURCE CENTER-ALZHEIMER CARE CENTER - 1910 CALIFORNIA STREET - EUREKA, CA 95501	94-2261434	501(C)(3)	47,137.	0.			ALZHEIMER CARE CENTER SUPPORT
HUMBOLDT SPAY NEUTER NETWORK 2606 MYRTLE AVE EUREKA, CA 95501-3424	20-0729293	501(C)(3)	68,717.	0.			TREATMENT & REHABILITATION OF DOGS

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HUMBOLDT WATERKEEPER 600 F ST STE 3 PMB 810 ARCATA, CA 95521-6301	86-1468130	501(C)(3)	56,400.	0.			HUMBOLDT OFFSHORE WIND AND PORT ADVOCACY AND GENERAL OPERATING SUPPORT
INK PEOPLE CENTER FOR THE ARTS 627 3RD ST EUREKA, CA 95501	94-3056179	501(C)(3)	126,100.	0.			ASSORTED PROGRAM AND FISCAL SPONSOR SUPPORT
INSTITUTE FOR FISHERIES RESOURCES 991 MARINE DRIVE OLD COAST GUARD BUILDING, 2ND - SAN FRANCISCO, CA 94129-019	94-3176524	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
KARUK TRIBE 64236 2ND AVENUE HAPPY CAMP, CA 96039	94-2576572	TRIBE	125,000.	0.			GENERAL OPERATING SUPPORT
KASHIA BAND OF POMO INDIANS OF THE STEWARTS POINT RANCHERIA - 1420 GUERNEVILLE ROAD SUITE 1 - SANTA ROSA, CA 95403-4124	94-2193845	TRIBE	7,200.	0.			KASHIA LIVING LANGUAGE PROJECT
KASHIA POMO ROUNDHOUSE PO BOX 1564 NICE, CA 95464	23-7310660	501(C)(3)	15,411.	0.			KASHIA POMO ROUNDHOUSE SUPPLIES FOR HOUSE AND KITCHEN
KEE CHA-E-NAR CORPORATION PO BOX 1027 KLAMATH, CA 95548	47-4098140	501(C)(3)	11,000.	0.			YUROK WELLNESS AND GENERAL OPERATING SUPPORT
KEEP EUREKA BEAUTIFUL 124 W HAWTHORNE EUREKA, CA 95501		501(C)(3)	5,857.	0.			TREES & SUPPLIES
KEET-TV, REDWOOD EMPIRE PUBLIC TELEVISION - PO BOX 13 - EUREKA, CA 95502-0013	94-1658168	501(C)(3)	7,190.	0.			KEET SUPPORT

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KEVIN EBBERT FOUNDATION 1768 CHARLES AVENUE ARCATA, CA 95521	93-4954281	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
KFUG COMMUNITY RADIO INC. 573 ELK VALLEY ROAD CRESCENT CITY, CA 95531	46-3769318	501(C)(3)	13,000.	0.			REDWOOD VOICE AND GENERAL OPERATING SUPPORT
K'IMA:W MEDICAL CENTER PO BOX 1288 HOOPA, CA 95546	23-7428302	501(C)(3)	25,000.	0.			MAT (MEDICATION ASSISTED TREATMENT) PROGRAM
KLAMATH DRAINAGE DISTRICT PO BOX 1090 KLAMATH FALLS, OR 97601	93-9002619	GOV	23,000.	0.			CONNECTING AG & WILDLIFE ON LOWER KLAMATH AND STORYTELLING PROJECT
KLAMATH RIVER RENEWAL CORPORATION 2001 ADDISON STREET 317 BERKELEY, CA 94704	81-2761910	501(C)(3)	90,000.	0.			KLAMATH BASIN HERITAGE TRAIL
LATINO NET PO BOX 584 EUREKA, CA 95502	68-0659346	501(C)(3)	24,193.	0.			LATINONET CAPACITY BUILDING & GENERAL OPERATIONS
LEAVEY RANCH, LLC 363 INDIANOLA ROAD BAYSIDE, CA 95524	46-3296780	501(C)(3)	131,450.	0.			OPERATING SUPPORT
LIFE PLAN HUMBOLDT 1585 HEARTWOOD DRIVE SUITE B MCKINLEYVILLE, CA 95519	84-4757743	501(C)(3)	14,700.	0.			GENERAL OPERATING SUPPORT
MAD RIVER YOUTH SOCCER LEAGUE PO BOX 103 ARCATA, CA 95518	27-0112978	501(C)(3)	10,000.	0.			REFEREE MENTORSHIP & DEVELOPMENT PROGRAM

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MATTOLE VALLEY COMMUNITY CENTER P.O. BOX 72 PETROLIA, CA 95558	94-2324496	501(C)(3)	20,000.	0.			WATER FILTRATION & PUMP SHED UPGRADES
MATTOLE VALLEY RESOURCE CENTER PO BOX 191 PETROLIA, CA 95558-0191	68-0010786	501(C)(3)	16,800.	0.			SUPPORTING FAMILIES IN A CHILDCARE DESERT AND OTHER PROGRAM SUPPORT
MCKINLEYVILLE FAMILY RESOURCE CENTER - 1615 HEARTWOOD DRIVE - MCKINLEYVILLE, CA 95519	68-0445130	501(C)(3)	13,476.	0.			GENERAL OPERATING SUPPORT
MENDOCINO SPAY NEUTER ASSISTANCE PROGRAM - PO BOX 4 - TALMAGE, CA 95481-0004	68-0237631	501(C)(3)	17,670.	0.			ANNUAL OPERATING SUPPORT FOR SPAY & NEUTER ASSISTANCE PROGRAM
MID KLAMATH WATERSHED COUNCIL P.O. BOX 409 ORLEANS, CA 95556-0409	20-1501256	501(C)(3)	152,300.	0.			MID KLAMATH RIVER SCIENCE, RESTORATION, & ENVIRONMENTAL STEWARDSHIP PROJECT
MIRANDA'S RESCUE 1603 SANDY PRAIRIE ROAD FORTUNA, CA 95540	68-0417389	501(C)(3)	5,853.	0.			GENERAL OPERATING SUPPORT
MOONSTONE MIDWIVES BIRTH CENTER - WITH OPEN ARMS CENTER FOR REPRODUCTIVE CHOICES - 4677 VALLEY EAST BLVD - ARCATA, CA 95521	99-3806458	501(C)(3)	5,599.	0.			MOONSTONE DOULA TRAINING PROGRAM: PERINATAL SUPPORT
NAACP - EUREKA BRANCH PO BOX 1434 EUREKA, CA 95502-1434	23-7028846	501(C)(4)	35,300.	0.			GENERAL OPERATING SUPPORT
NAMI - HUMBOLDT PO BOX 1225 EUREKA, CA 95502-1225	94-2665681	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

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NATIVE SONS OF THE GOLDEN WEST CHARITABLE FOUNDATION - 414 MASON ST STE 300 - SAN FRANCISCO, CA 94102	94-6094641	501(C)(3)	11,795.	0.			SUPPORT OF THE CLEFT PALATE FUND
NATIVE STAR FOUNDATION 533 SOUTH RESERVATION ROAD PORTERVILLE, CA 93257	82-5289840	501(C)(3)	8,500.	0.			NATIVE STAR TRADITIONAL BOWS
NATIVE WOMEN'S COLLECTIVE 1307 PARKSIDE DR MCKINLEYVILLE, CA 95519	27-1230591	501(C)(3)	25,950.	0.			GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
NATURE RIGHTS COUNCIL 2274 EASTERN AVE ARCATA, CA 95521-5324	81-0706277	501(C)(3)	10,000.	0.			KARUK RECONSTRUCTION PROJECT
NOR CAL PET RESCUE 1147 RAILROAD DR MCKINLEYVILLE, CA 95519	87-2454708	501(C)(3)	7,777.	0.			TREATMENT & REHABILITATION OF DOGS AND CATS
NORTHCOAST ENVIRONMENTAL CENTER PO BOX 4259 ARCATA, CA 95518	23-7122386	501(C)(3)	64,429.	0.			GENERAL OPERATING SUPPORT
NORTH COAST GROWERS ASSOCIATION PO BOX 4232 ARCATA, CA 95518-4232	77-0212408	501(C)(3)	27,000.	0.			PURCHASE OF VAN AND HOLIDAY BOXES
NORTH COAST RAPE CRISIS TEAM 425 I STREET ARCATA, CA 95521	94-2646740	501(C)(3)	39,400.	0.			SUPPORT SERVICES FOR SURVIVORS OF SEXUALIZED VIOLENCE
NORTHERN CA. COMMUNITY BLOOD BANK 2524 HARRISON AVENUE EUREKA, CA 95501	94-1337639		6,000.	0.			NEW BLOOD MOBILE

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
NORTHERN VALLEY CATHOLIC SOCIAL SERVICE, INC - 2400 WASHINGTON AVE. - REDDING, CA 96001	20-0984601	501(C)(3)	13,483.	0.			TRINITY COUNTY VOAD AND DOWNRIVER VOLUNTEER FIRE DEPT
NORTHWEST AMERICAN INDIAN COALITION, INC. - PO BOX 2441 - BROOKINGS, OR 97415	86-2830142	501(C)(3)	25,000.	0.			NORTHWEST AMERICAN INDIAN COALITION GENERAL OPERATING SUPPORT
OMG YOUTH SPORTS 819 N CRESCENT HEIGHTS BLVD LOS ANGELES, CA 90046	84-3019475	501(C)(3)	10,000.	0.			OMG SOCCER CLUB - EUREKA
OPEN DOOR COMMUNITY HEALTH CENTERS - ADMINISTRATION - 1275 8TH STREET - ARCATA, CA 95521	95-2671433	501(C)(3)	44,676.	0.			GARDENS AND FOOD RESOURCES PROGRAM AND WELLNESS SUPPORT
OREGON COAST COMMUNITY ACTION P.O. BOX 836 BROOKINGS, OR 97415	93-0547036	501(C)(3)	8,000.	0.			CASA OF COOS AND CURRY COUNTIES
OREGON STATE UNIVERSITY 218 KERR ADMINISTRATION BLDG CORVALLIS, OR 97331-4501	48-1278540		19,590.	0.			SCHOLARSHIPS
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705-0996	04-3567502	501(C)(3)	10,300.	0.			GENERAL OPERATING SUPPORT
PASO A PASO (STEP BY STEP) PROVIDENCE - P.O. BOX 6603 2700 DOLBEER STREET - EUREKA, CA 95502	81-4791043	501(C)(3)	12,000.	0.			"LISTOS Y RESILIENTES" (READY AND RESILIENT) PROJECT
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520	13-1644147	501(C)(3)	86,812.	0.			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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PLAYHOUSE ARTS 1251 9TH ST ARCATA, CA 95521-5701	26-0383637	501(C)(3)	9,675.	0.			ARTS PROGRAM SUPPORT
PROVIDENCE ST. JOSEPH HEALTH FOUNDATION - 2700 DOLBEER ST - EUREKA, CA 95501-4736	81-4791043	501(C)(3)	6,678.	0.			WOMEN FOR WELLNESS, EVERGREEN LODGE AND HEART INSTITUTE SUPPORT
PUBLIC VET - NEUTER SCOOTER 2336 E LINDEN HILL DR BLOOMINGTON, IN 47401-8179	81-4581936	501(C)(3)	31,940.	0.			SPAY/NEUTER OF DOGS & CATS IN HUMBOLDT COUNTY
PULIKLA TRIBE OF YUROK PEOPLE PO BOX 529 KLAMATH, CA 95548	94-2482661	TRIBE	100,000.	0.			GENERAL CLIMATE RESILIENCY PROJECT SUPPORT
QUEER HUMBOLDT PO BOX 45 ARCATA, CA 95518	01-0854933	501(C)(3)	119,790.	0.			GENERAL OPERATING AND PROGRAM SUPPORT
REDWAY ELEMENTARY SCHOOL P.O. BOX 369 REDWAY, CA 95560	94-6002186		8,380.	0.			GENERAL OPERATING SUPPORT
REDWAY PTSA PO BOX 369 REDWAY, CA 95560	94-6172164	501(C)(3)	10,000.	0.			SOHUM SOCCER - GENERAL OPERATING SUPPORT
REDWAY VOLUNTEER FIRE DEPARTMENT P.O. BOX 695 REDWAY, CA 95560	94-2585510	501(C)(3)	12,000.	0.			THREE LEAD FIRE ACADEMY INSTRUCTORS FOR REQUIRED TRAINING IN SOUTHERN HUMBOLDT
REDWOOD ADULT & TEEN CHALLENGE 2844 FAIRFIELD ST. EUREKA, CA 95501	68-0358004	501(C)(3)	42,510.	0.			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
REDWOOD ART ASSOCIATION 603 F ST EUREKA, CA 95501-1011	94-6138212	501(C)(3)	6,080.	0.			GENERAL OPERATING SUPPORT
REDWOOD COMMUNITY ACTION AGENCY 904 G STREET EUREKA, CA 95501	94-2646370	501(C)(3)	19,269.	0.			TRAILS, MARTIN SLOUGH, SUMMER PROGRAMS AND OTHER PROGRAM SUPPORT
REDWOOD COMMUNITY RADIO, INC. PO BOX 135 REDWAY, CA 95560	94-2789780	501(C)(3)	6,000.	0.			GENERAL OPERATING AND PROGRAM SUPPORT
REDWOOD PALS RESCUE PO BOX 2913 MCKINLEYVILLE, CA 95519-2913	61-1655383	501(C)(3)	10,717.	0.			TREATMENT & REHABILITATION OF DOGS AND CATS
REDWOODS MONASTERY 18104 BRICELAND THORN RD WHITETHORN, CA 95589	94-1640741	501(C)(3)	28,770.	0.			MONASTERY SUPPORT
RIDGES TO RIFFLES INDIGENOUS CONSERVATION GROUP - P.O. BOX 1161 - HOOPA, CA 95546	92-1512281	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
RIOS TO RIVERS 1280 UTE AVENUE SUITE 4 ASPEN, CO 81611	46-0720031	501(C)(3)	100,000.	0.			PADDLE TRIBAL WATERS - PROGRAM SUPPORT
RODERICK/HAYFORK SENIOR NUTRITION CENTER - PO BOX 723 - HAYFORK, CA 96041	68-0112469	501(C)(3)	5,400.	0.			RODERICK SENIOR NUTRITION CENTER'S MEALS ON WHEELS PROGRAM
ROTARY CLUB OF ARCATA SUNRISE FOUNDATION - PO BOX 4197 - ARCATA, CA 95518	20-8490867	501(C)(3)	10,000.	0.			GENERAL OPERATING 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
ROTARY CLUB OF EUREKA PO BOX 65 EUREKA, CA 95502-0065	27-1339423	501(C)(3)	5,375.	0.			YOUTH AND ELDERLY SUPPORT AND OTHER PROGRAM SUPPORT
ROTARY CLUB OF FORTUNA PO BOX 1002 FORTUNA, CA 95540	45-4156012	501(C)(3)	25,000.	0.			ROTARY CLUB OF FORTUNA SCHOLARSHIPS
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DR - CHICAGO, IL 60693	36-3245072	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ROU DALAGURR FOOD SOVEREIGNTY LAB & TEK INSTITUTE - MCKINLEYVILLE FAMILY RESOURC - 1 HARPST STREET - ARCATA, CA 95521	68-0445130	501(C)(3)	10,000.	0.			FOOD SOVEREIGNTY LAB SPECIALTY CROP INITIATIVE
RUNNING STRONG FOR AMERICAN INDIAN YOUTH - 8301 RICHMOND HIGHWAY SUITE 200 - ALEXANDRIA, VA 22309	54-1594578	501(C)(3)	10,300.	0.			HUPA LANGUAGE IMMERSION NEST
SAVE CALIFORNIA SALMON PO BOX 142 ORLEANS, CA 95556-0000	88-1650309	501(C)(3)	101,100.	0.			GENERAL OPERATING SUPPORT
SCOTT RIVER WATERSHED COUNCIL PO BOX 355 ETNA, CA 96027	45-3936205	501(C)(3)	10,000.	0.			SCOTT RIVER WATERSHED COUNCIL RESILIENCE HUB
SEQUOIA HUMANE SOCIETY 6073 LOMA AVE EUREKA, CA 95503	23-7102713	501(C)(3)	88,723.	0.			HEALTH AND WELFARE OF ANIMALS.
SHASTA INDIAN NATION PO BOX 195 MACDOEL, CA 96058	20-3671312	TRIBE	71,000.	0.			LAND BACK SUPPORT AND PROJECT PLANNING

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
SHRINER'S HOSPITAL FOR CHILDREN - NORTHERN CALIFORNIA - 2425 STOCKTON BLVD - SACRAMENTO, CA 95817	36-2193608	501(C)(3)	15,750.	0.			HEALTH CARE NEEDS
SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	39,000.	0.			WARRIOR INSTITUTE AND YOUTH CULTURAL CAMP
SOROPTIMIST INTERNATIONAL OF HUMBOLDT BAY - PO BOX 96 - EUREKA, CA 95502	94-6107888		35,143.	0.			GENERAL OPERATING SUPPORT
SORREL LEAF HEALING CENTER 124 INDIANOLA RD EUREKA, CA 95503-9403	86-2911017	501(C)(3)	33,000.	0.			MENTAL HEALTH SERVICES
SOUTH COAST HEALTH EQUITY COALITION - UNITED WAY OF SOUTHWEST OREGON - 126 MARKET AVE - COOS BAY, OR 97420-2335	93-0503188	501(C)(3)	25,000.	0.			SOUTH COAST HEALTH EQUITY COALITION- GENERAL OPERATING SUPPORT
SOUTHERN HUMBOLDT FAMILY RESOURCE CENTER - P.O. BOX 369 - REDWAY, CA 95560	94-2664285	501(C)(3)	17,810.	0.			GENERAL OPERATING AND PROGRAM SUPPORT
ST. BERNARD'S ACADEMY 222 DOLLISON ST EUREKA, CA 95501-4308	68-0462363	501(C)(3)	17,468.	0.			GENERAL OPERATING SUPPORT
ST. JOSEPH HOME HEALTH - HUMBOLDT COUNTY - 2127 HARRISON AVE STE 3 - EUREKA, CA 95501-3241	81-4791043	501(C)(3)	6,278.	0.			HOME HEALTH SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	16,750.	0.			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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ST. MARY'S PARISH 1690 JANES RD ARCATA, CA 95521-9623	94-2509590	501(C)(3)	21,192.	0.			SUPPORT THE WORK OF ST. MARY'S CHURCH
ST. VINCENT DE PAUL: REDWOODS COUNCIL - 35 W 3RD ST - EUREKA, CA 95502-1386	94-1573587	501(C)(3)	7,830.	0.			FOOD PROGRAM SUPPORT
SUSTAINABLE NORTHWEST 233 SW NAITO PARKWAY STE 200 PORTLAND, OR 97204	93-1152222	501(C)(3)	143,000.	0.			RECONNECTING & REVITALIZING THE KLAMATH BASIN AND SALMON HOMECOMING
THE SAFE PROJECT 1681 NEWMARK AVE COOS BAY, OR 97420	93-0790443	501(C)(3)	5,530.	0.			HATTIE'S HOUSE PLAYGROUND & MORE
TIGERS GATHERING ENERGY RESOURCE SERVICES INC - P.O. BOX 4440 - ARCATA, CA 95518	68-0006350	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
TOLOWA DEE-NI' NATION 12801 MOUTH OF SMITH RIVER RD SMITH RIVER, CA 95567-9451	68-0087275	TRIBE	100,000.	0.			TOLOWA CLIMATE & ENERGY RESILENCE PROJECT
TOLOWA NEE-DASH SOCIETY 180 CHINA CREEK COURT CRESCENT CITY, CA 95531-9779	94-2837784	501(C)(3)	20,000.	0.			XWII-T'II-DVN (COMMUNITY HALL)
TRINIDAD BAY ART & MUSIC FESTIVAL 693 SEASIDE LN TRINIDAD, CA 95570-9764	87-4188055	501(C)(3)	7,408.	0.			GENERAL OPERATING SUPPORT
TRINIDAD COASTAL LAND TRUST PO BOX 457 TRINIDAD, CA 95570-0457	94-2552913	501(C)(3)	11,080.	0.			LAND TRUST 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
TRINIDAD RANCHERIA P.O. BOX 630 TRINIDAD, CA 95570	94-2469967	TRIBE	107,500.	0.			TRINIDAD RANCHERIA CLIMATE PROGRAM DEVELOPMENT AND OTHER PROGRAMS
TRINITY ANIMAL SHELTER AUXILLARY 563 MOUNTAIN VIEW WEAVERVILLE, CA 96093-0000	68-0314188	501(C)(3)	20,000.	0.			TRINITY ANIMAL SHELTER AUXILIARY'S SPAY & NEUTER INITIATIVE
TRINITY CENTER COMMUNITY SERVICES DISTRICT - P. O. BOX 175 - TRINITY CTR, CA 96091	68-0363512	GOV	7,800.	0.			GENERATOR FOR TRINITY CENTER ODDFELLOWS HALL
TRINITY COUNTY FRIENDS OF THE LIBRARY - PO BOX 2151 - WEAVERVILLE, CA 96093	94-3006653	501(C)(3)	21,620.	0.			GENERAL OPERATING SUPPORT
TRUE NORTH ORGANIZING NETWORK 517 3RD ST STE 16 EUREKA, CA 95501-0460	47-2208314	501(C)(3)	73,900.	0.			GENERAL OPERATING SUPPORT
TWO FEATHERS NATIVE AMERICAN FAMILY SERVICES - 1560 BETTY CT STE A - MCKINLEYVILLE, CA 95519-4406	68-0285726	501(C)(3)	12,500.	0.			GENERAL OPERATING AND PROGRAM SUPPORT
UNITED INDIAN HEALTH SERVICES 1600 WEEOT WAY ARCATA, CA 95521	23-7088205	501(C)(3)	6,320.	0.			MEDICAL SUPPORT
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
UPPER KLAMATH BASIN AGRICULTURAL COLLABORATIVE - 1341 HIGHCREST DRIVE - MEDFORD, OR 97504	88-2281538	501(C)(3)	200,000.	0.			SPRAGUE RIVER COLLABORATIVE RESTORATION PROGRAM - PHASE 1 - GENERAL OPERATING 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
WARRIOR INSTITUTE - SOCIAL GOOD FUND - 1725 SITKA CT, - MCKINLEYVILLE, CA 95519	46-1323531	501(C)(3)	26,625.	0.			WARRIOR INSTITUTE PROGRAM SUPPORT
WATERSHED RESEARCH AND TRAINING CENTER - PO BOX 356 98 CLINIC AVE - HAYFORK, CA 96041	94-3116339	501(C)(3)	97,400.	0.			TRINITY YOUTH AND COMMUNITY STEWARDSHIP
WE ARE UP 4535 FIELDBROOK RD MCKINLEYVILLE, CA 95519	87-2606394	501(C)(3)	42,150.	0.			GENERAL OPERATING SUPPORT
WEAVERVILLE TRANSLATION COMPANY, INC. - PO BOX 3084 - WEAVERVILLE, CA 96093-3084	68-0350020	501(C)(3)	6,000.	0.			EMERGENCY RADIO TRANSMITTER REPLACEMENT
WILDERNESS LAND TRUST P.O. BOX 881 HELENA, MN 59624	84-1192823	501(C)(3)	6,000.	0.			EMERALD LAKE, MORRIS MEADOW PROJECT
WILD RIVERS ANIMAL RESCUE 29921 AIRPORT WAY PO BOX 1883 GOLD BEACH, OR 97444	26-3561170	501(C)(3)	5,870.	0.			AIDING DOMESTIC ANIMALS
YOUNG FAMILY RANCH, INC. P.O. BOX 1450 WEAVERVILLE, CA 96093-0307	68-0483865	501(C)(3)	52,500.	0.			MAINTENANCE, INSURANCE, FIELD WORK, FOR PUBLIC EVENTS
YUROK TRIBE 190 KLAMATH BLVD PO BOX 1027 KLAMATH, CA 95548	68-0178020	TRIBE	110,300.	0.			TRIBAL ENERGY RESILIENCE AND SOVEREIGNTY PROJECT (TERAS), MMIP SUMMIT

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
SCHOLARSHIPS	454	690,448.	0.		
ART, CULTURE & HUMANITIES	90	114,113.	0.		
WILDLIFE	3	8,817.	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: ASCEND WILDERNESS EXPERIENCE
(H) PURPOSE OF GRANT OR ASSISTANCE: TRINITY ALPS WILDERNESS YOUTH TRIPS
& TEEN INTERNSHIPS FOR CONSERVATION, LEADERSHIP & DEVELOPMENT

SCHEDULE J (Form 990)

(Rev. December 2024)

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

Open to Public Inspection

Name of the organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) BRYNA LIPPER	(i)	225,124.	0.	0.	18,010.	14,477.	257,611.	0.
CHIEF INNOVATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARA DRONKERS	(i)	158,800.	0.	0.	12,704.	12,259.	183,763.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAULA TRIPP-ALLEN	(i)	135,850.	0.	0.	10,868.	30,049.	176,767.	0.
VP PRGMS, COMM P'SHIPS/TRIBAL REL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SARAH MILLSAP	(i)	141,860.	0.	0.	11,349.	16,072.	169,281.	0.
VP OF FINANCE AND ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GINA ZOTTOLA	(i)	128,981.	0.	0.	10,318.	18,719.	158,018.	0.
VP ADVANCEMENT & PHILAN. INNOVATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

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	25	2,907,799.	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 ( )				

			Yes	No
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		
30a	During the year, did the organization receive by contribution any property reported on 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?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HUMBOLDT AREA FOUNDATION

Employer identification number
23-7310660

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
INITIATED AND LEAD BY NATIVE PEOPLES, THE NATIVE CULTURES FUND IS A PARTNERSHIP BETWEEN NATIVE NATIONS, THE HUMBOLDT AREA FOUNDATION, THE WILLIAM AND FLORA HEWLETT FOUNDATION, AND OTHER DONORS. THE PROGRAM SUPPORTS THE TRANSMISSION OF KNOWLEDGE BETWEEN GENERATIONS THROUGH RENAISSANCE OF CALIFORNIA NATIVE ART CULTURE, SACRED SITES, AND LANGUAGE DEVELOPMENT.
EXPENSES $ 455,667. INCLUDING GRANTS OF $ 204,675. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 4:
THE 2024 BYLAWS SIGNIFICANTLY MODERNIZE THE 2019 VERSION BY EXPANDING GOVERNANCE AND STRENGTHENING COMPLIANCE. KEY UPDATES INCLUDE A LARGER BOARD WITH LONGER TERMS, NEW RULES ON ATTENDANCE AND LEAVE, CLEARER SEPARATION OF BOARD AND STAFF ROLES, AND A RENAMED EXECUTIVE POSITION. THE REVISED BYLAWS ALSO ADD DETAILED CONFLICT-OF-INTEREST, COMPENSATION, AND FINANCIAL OVERSIGHT PROVISIONS, FORMALIZE COMMITTEE STRUCTURES, ALLOW REMOTE MEETINGS AND ELECTRONIC VOTING, AND MOVE SOME POLICIES (LIKE GIFT ACCEPTANCE) OUT OF THE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE TAX RETURN IS SENT TO ALL MEMBERS OF THE FINANCE COMMITTEE FOR REVIEW AND DISCUSSION BEFORE THE RETURN IS FILED. THE COMMITTEE MAKES A RECOMMENDATION TO THE BOARD REGARDING THE TAX RETURN AND COPIES OF THE TAX RETURN ARE PROVIDED TO THE BOARD AT A MONTHLY MEETING. THE FINANCE COMMITTEE REPORTS ON THEIR REVIEW OF THE RETURN TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL HUMBOLDT AREA FOUNDATION BOARD AND STAFF MEMBERS ANNUALLY. THE POLICY AND GOVERNANCE COMMITTEE REVIEWS THE FORM ANNUALLY AND MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY. FORM RESPONSES ARE RECORDED BY HR OR THE EXECUTIVE ASSISTANT TO THE CEO AND ARE REVIEWED BY MANAGEMENT. COMPLIANCE IS MONITORED BY ALL STAFF AND BOARD MEMBERS IN THIS SMALL COMMUNITY. INDIVIDUALS WITH A CONFLICT OF INTEREST REMOVE THEMSELVES PHYSICALLY FROM THE ROOM DURING DISCUSSION AND ABSTAIN FROM VOTING ON RELATED ISSUES.

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:

Name of the organization: HUMBOLDT AREA FOUNDATION

Employer identification number: 23-7310660

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	41,679.
HUMBOLDT HEALTH FOUNDATION INTERFUND TRANSFERS	2,965.
TOTAL TO FORM 990, PART XI, LINE 9	44,644.

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)
(Rev. January 2025)
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

Open to Public Inspection

Name of the organization
HUMBOLDT AREA FOUNDATION

Employer identification number
23-7310660

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LEAVEY RANCH, LLC - 46-3296780 363 INDIANOLA ROAD BAYSIDE, CA 95524	CHARITABLE ACTIVITIES	CALIFORNIA	3,700.	0.	HUMBOLDT AREA FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? 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

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HUMBOLDT HEALTH FOUNDATION	C	101,370.	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) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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