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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

D Employer identification number

23-7310660

E Telephone number

(707) 442-2993

F Name and address of principal officer:
BRYNA LIPPER
363 INDIANOLA ROAD
BAYSIDE, CA 95524

G Gross receipts \$ 26,310,392

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

J Website: ▶ WWW.HAFOUNDATION.ORG

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 ▶

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

L Year of formation: 1972

M State of legal domicile: CA

Part I Summary

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

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 2019 (Part V, line 2a) 5 51

6 Total number of volunteers (estimate if necessary) 6 95

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 7,563,427

9 Program service revenue (Part VIII, line 2g) 9 330,516

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,590,219

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 51,817

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 10,535,979

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 4,564,058

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 3,102,963

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶483,424

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 1,603,550

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 9,270,571

19 Revenue less expenses. Subtract line 18 from line 12 19 1,265,408

Expenses

20 Total assets (Part X, line 16) 20 132,134,544

21 Total liabilities (Part X, line 26) 21 31,377,444

22 Net assets or fund balances. Subtract line 21 from line 20 22 100,757,100

Net Assets or Fund Balances

Beginning of Current Year End of Year

132,134,544 134,029,100

31,377,444 30,806,137

100,757,100 103,222,963

Part II Signature Block

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

Signature of officer

2021-03-23

Date

BRYNA LIPPER CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN P00401346

Firm's name ▶ BAKER TILLY US LLP Firm's EIN ▶ 39-0859910

Firm's address ▶ 18500 VON KARMAN AVE 10TH FLOOR Phone no. (949) 222-2999

IRVINE, CA 92612

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

PROMOTES & ENCOURAGES GENEROSITY, LEADERSHIP & INCLUSION TO STRENGTHEN OUR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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 \$	6,177,067	including grants of \$	4,151,184) (Revenue \$	393,499)
See Additional Data					

4b	(Code:) (Expenses \$	1,476,237	including grants of \$	1,476,237) (Revenue \$)
See Additional Data					








4c	(Code:) (Expenses \$	526,339	including grants of \$	330,055) (Revenue \$)
See Additional Data					

(Code:) (Expenses \$	182,233	including grants of \$) (Revenue \$	90,336)
NORCAN WAS ESTABLISHED IN 1999 TO SERVE THE RURAL NONPROFIT SECTOR IN HUMBOLDT, DEL NORTE AND TRINITY COUNTIES. NORCAN EXISTS TO CONNECT ORGANIZATIONS DOING GOOD WORK HERE, SO THAT THEY DON'T HAVE TO OPERATE IN ISOLATION, AS WE KNOW THAT ORGANIZATIONS SHARING INFORMATION, EXPERTISE, AND RESOURCES CAN BE MORE EFFECTIVE AND EFFICIENT IN THEIR WORK. NORCAN HELPS THOSE ORGANIZATIONS MAKE DEEPER IMPACTS THROUGH TRAININGS, PROFESSIONAL DEVELOPMENT, NETWORKING OPPORTUNITIES AND A BIENNIAL CONFERENCE.				

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	182,233	including grants of \$) (Revenue \$	90,336)

4e	Total program service expenses ▶	8,361,876			
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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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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 Yes	
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
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 Yes	
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 Yes	
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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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	No
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	No
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	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
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 Yes	

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 Yes	
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	No
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	No
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	No
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	No
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	No
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	No
28	Was the organization a party to a business transaction with one of the following parties (see 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	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
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	No
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 Yes	
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 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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	No
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	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 57	
b	Enter the number of Forms W-2G included in 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 Yes	

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

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	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">2a</div> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">51</div>				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		No
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
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		No
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		No
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		No
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		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
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		No
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		No
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?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		12a		
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		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 instructions and file Form 720, Schedule N.			15		No
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		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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 in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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 in Schedule O	9	No

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	No
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	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in 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	No
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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in 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 363 INDIANOLA ROAD BAYSIDE, CA 95524 (707) 442-2993

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK CLEARY DIR OF COMMUNITY PROSPERITY & INVESTMENTS	40.00			X				107,208	0	22,542
(2) DEBORAH DOWNS DIRECTOR OF FINANCE ENDED 08/2019	40.00			X				100,965	0	11,542
(3) SARA DRONKERS DIR OF GRANTMAKING & NONPROFIT RESOURCES	40.00			X				90,311	0	13,991
(4) SARAH MILLSAP VP OF FINANCE AND ADMINISTRATION	40.00			X				87,730	0	7,608
(5) KEYTRA MEYER DIRECTOR OF OPERATIONS	40.00			X				86,553	0	13,845
(6) BRYNA LIPPER CEO AS OF 08/2019	40.00			X				74,684	0	2,741
(7) JULIE FULKERSON DIRECTOR	7.00	X						0	0	0
(8) DENNIS RAEI DIRECTOR	7.00	X						0	0	0
(9) MARYLYN PAIK NICELY DIRECTOR	7.00	X						0	0	0
(10) CHARLEEN JORDAN DIRECTOR	10.00	X						0	0	0
(11) JOHN MCBETH DIRECTOR	7.00	X						0	0	0
(12) CHRISTINA HUFF DIRECTOR	7.00	X						0	0	0
(13) CAROL RISCHÉ DIRECTOR	7.00	X						0	0	0
(14) DAVID FINIGAN DIRECTOR	7.00	X						0	0	0
(15) MARY KEEHN DIRECTOR	10.00	X						0	0	0
(16) RAQUEL ORTEGA DIRECTOR	7.00	X						0	0	0
(17) ZURETTI GOOSBY SECRETARY	7.00	X		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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHRYN LOBATO CHAIR	10.00	X		X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								547,451	0	72,269

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 ► **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
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		No
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		No

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

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

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

Form **990** (2019)

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	5,221,640	5,221,640		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	735,837	735,837		
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	708,340	350,719	263,986	93,635
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,645,000	1,097,553	338,849	208,598
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	315,943	232,301	30,323	53,319
10 Payroll taxes	189,674	94,837	75,870	18,967
11 Fees for services (non-employees):				
a Management				
b Legal	3,290		3,290	
c Accounting	43,550		43,550	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	115,498		115,498	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	112,711	81,842	25,813	5,056
12 Advertising and promotion	138,374	73,021	21,784	43,569
13 Office expenses	167,190	69,550	78,716	18,924
14 Information technology	169,650	74,420	75,477	19,753
15 Royalties				
16 Occupancy	169,168	117,199	43,527	8,442
17 Travel	36,366	30,779	3,983	1,604
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	128,994	115,704	10,847	2,443
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	107,105	59,154	40,158	7,793
23 Insurance	34,543	7,320	25,902	1,321
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK FEES	8,822		8,822	
b MISCELLANEOUS	2,011		2,011	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,053,706	8,361,876	1,208,406	483,424
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		1,563,826	1	4,912,580	
	2	Savings and temporary cash investments		1,470,392	2	1,382,706	
	3	Pledges and grants receivable, net		696,255	3	418,628	
	4	Accounts receivable, net		450	4		
	5	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			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		81,353	9	63,323	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,918,906			
	b	Less: accumulated depreciation	10b	1,339,847	4,605,476	10c	4,579,059
	11	Investments—publicly traded securities		109,945,775	11	108,777,767	
	12	Investments—other securities. See Part IV, line 11		11,758,585	12	11,303,096	
	13	Investments—program-related. See Part IV, line 11		2,012,432	13	2,591,941	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		132,134,544	16	134,029,100		
Liabilities	17	Accounts payable and accrued expenses		294,413	17	395,720	
	18	Grants payable		963,804	18	1,251,445	
	19	Deferred revenue		715	19	715	
	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	573,700	
	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		30,118,512	25	28,584,557	
	26	Total liabilities. Add lines 17 through 25		31,377,444	26	30,806,137	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		92,881,230	27	95,115,470	
	28	Net assets with donor restrictions		7,875,870	28	8,107,493	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		100,757,100	32	103,222,963		
33	Total liabilities and net assets/fund balances		132,134,544	33	134,029,100		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,899,721
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,053,706
3	Revenue less expenses. Subtract line 2 from line 1	3	2,846,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,757,100
5	Net unrealized gains (losses) on investments	5	-754,318
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 in Schedule O)	9	374,166
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	103,222,963

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 23-7310660
Name: HUMBOLDT AREA FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

HUMBOLDT AREA FOUNDATION SERVES THE RESIDENTS OF HUMBOLDT, TRINITY, DEL NORTE, AND CURRY COUNTIES BY PROMOTING AND ENCOURAGING GENEROSITY, LEADERSHIP AND INCLUSION TO STRENGTHEN OUR COMMUNITIES. THROUGH THE GENEROSITY OF LOCAL DONORS, HAF HAS AWARDED MORE THAN \$86 MILLION IN GRANTS AND SCHOLARSHIPS SINCE 1972. HAF, ALONG WITH OUR AFFILIATE WILD RIVERS COMMUNITY FOUNDATION, FOCUSES ITS GRANTMAKING AND PROGRAM EFFORTS ON STRENGTHENING COMMUNITY CAPACITY AND TRANSFORMING OUR COMMUNITIES' ABILITY TO SOLVE PROBLEMS AND ADDRESS THE ROOT CAUSES OF THOSE PROBLEMS.

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

FOUNDED BY CALIFORNIA INDIAN LEADERS AND NATIVE LED, THE NATIVE CULTURES FUND HAS PRACTICED COMMUNITY GRANTMAKING AND PROGRAM DEVELOPMENT AT HUMBOLDT AREA FOUNDATION SINCE 2002. NCF GRANTMAKING COMMITTEES CONTINUE TO BE MADE UP OF NATIVE CALIFORNIA CULTURE BEARERS, LANGUAGE REVIVALISTS, ARTISTS, AND EDUCATORS FORMER GRANTEES MAKE THE GRANTS. THE NATIVE CULTURES FUND HAS MADE \$2.3 MILLION IN GRANTS TO 315 COMMUNITY-BASED PROJECT IN MORE THAN 100 CALIFORNIA NATIVE COMMUNITIES. SINCE 2016 THE NATIVE CULTURES FUND HAS ALSO DISTRIBUTED THE JACK MONTOYA SCHOLARSHIP FOR NATIVE STUDENTS IN CALIFORNIA WHO ARE ACTIVELY STRENGTHENING THEIR CULTURES TO ATTEND A FOUR YEAR UNIVERSITY OR GRADUATE PROGRAM. IN ADDITION TO GRANTMAKING, THE NATIVE CULTURES FUND SUPPORTS PROGRAMS LIKE THE LIVE YOUR LANGUAGE ALLIANCE CONFERENCE FOR KNOWLEDGE SHARING AMONG INDIGENOUS LANGUAGE TEACHERS. NCF CURATED THE RIVER AS HOME EXHIBITION, HELPED TO ADVOCATE FOR YUOK LANGUAGE TO BE ADOPTED FOR LANGUAGE CREDITS INTO THE EUREKA PUBLIC SCHOOLS, AND CO-FOUNDED THE HUMBOLDT STATE UNIVERSITY BIG TIME WITH NATIVE STUDENTS AT HSU. WE CONTINUE TO ADVOCATE, CONNECT, AND SUPPORT NATIVE PEOPLES IN THE MOVEMENTS THAT ARISE FROM WITHIN CALIFORNIA INDIGENOUS COMMUNITIES.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUMBOLDT AREA FOUNDATION

Employer identification number
23-7310660

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

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

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

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

Part II

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

Section A. Public Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,930,415	4,671,645	8,813,871	7,563,427	9,645,081	35,624,439
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	4,930,415	4,671,645	8,813,871	7,563,427	9,645,081	35,624,439
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) . . .						7,189,484
6	Public support. Subtract line 5 from line 4.						28,434,955
Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	4,930,415	4,671,645	8,813,871	7,563,427	9,645,081	35,624,439
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	2,430,671	2,097,004	2,799,347	2,625,799	1,833,600	11,786,421
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.). . .	11,051	18,163	14,439	25,150	2,955	71,758
11	Total support. Add lines 7 through 10						47,482,618
12	Gross receipts from related activities, etc. (see instructions)					12	1,711,615
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>							
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14				59.880 %	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15				61.710 %	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>							
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>							
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>							
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>							

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

14 First five 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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		<input type="checkbox"/> 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):	1	
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 1-1/2% 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 .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 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 23-7310660
Name: HUMBOLDT AREA FOUNDATION

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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	187	
2 Aggregate value of contributions to (during year)	2,211,423	
3 Aggregate value of grants from (during year)	2,647,506	
4 Aggregate value at end of year	11,408,823	

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?

☒ 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?

☒ 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 (e.g., recreation or education)

☐ Preservation of an 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 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	5,702,798	5,696,125	5,695,125	5,863,800	6,706,041
b Contributions		6,673	1,000		
c Net investment earnings, gains, and losses	10,346			11,980	-163,548
d Grants or scholarships					205,906
e Other expenditures for facilities and programs				180,655	5,033
f Administrative expenses					104,686
g End of year balance	5,713,144	5,702,798	5,696,125	5,695,125	6,226,868

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100.000 %

c

Temporarily restricted endowment ▶ 0 %

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:

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,251,456		2,251,456
b Buildings		3,485,557	1,214,250	2,271,307
c Leasehold improvements				
d Equipment		155,283	98,987	56,296
e Other		26,610	26,610	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,579,059

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) OTHER SECURITIES	11,303,096	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	11,303,096	

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. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUND LIABILITY	27,613,394
(3) OBLIGATIONS UNDER SPLIT INTEREST AGREEMENTS	971,163
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	28,584,557

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,478,451
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-754,318
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	327,649
e	Add lines 2a through 2d	2e	-426,669
3	Subtract line 2e from line 1	3	12,905,120
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	-5,399
c	Add lines 4a and 4b	4c	-5,399
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,899,721

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	10,258,442
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	239,474
e	Add lines 2a through 2d	2e	239,474
3	Subtract line 2e from line 1	3	10,018,968
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	34,738
c	Add lines 4a and 4b	4c	34,738
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,053,706

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7310660
Name: HUMBOLDT AREA FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	GIVES GRANTS TO SUPPORT THE PROGRAMMATIC WORK OF HUMBOLDT AREA FOUNDATION.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>THE FOUNDATION AND ITS SUPPORTING ORGANIZATION HAVE RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX BOARD UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND UNDER REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY. LEAVEY RANCH, LLC IS A SINGLE-MEMBER LIMITED LIABILITY COMPANY, WHOLLY OWNED BY THE FOUNDATION. ACCORDINGLY, ALL ACTIVITY IS REPORTED UNDER THE FOUNDATION'S NAME AND LEAVEY RANCH, LLC ASSUMES THE SAME TAX STATUS AS THE FOUNDATION. SINCE THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAXES. THE FOUNDATION USES THE SAME ACCOUNTING METHODS FOR TAX AND FINANCIAL REPORTING. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT FOUNDATION RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE FOUNDATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.</p>

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SUPPORTING ORGANIZATION'S REVENUE -47,889. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 41 0,276. INVESTMENT FEES -115,498. LEAVEY REIMBURSEMENT 80,760.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSE -5,399.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SUPPORTING ORGANIZATION'S EXPENSE 197,965. FISCAL SPONSORSHIP 36,110. RENTAL EXPENSE 5,399.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT FEES 115,498. LEAVEY REIMBURSEMENT -80,760.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 183

3 Enter total number of other organizations listed in the line 1 table 5

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ART, CULTURE & HUMANITIES	15	62,749			
(2) HEALTH AND WELL-BEING	1	5,306			
(3) SCHOLARSHIPS	341	667,782			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	ORGANIZATIONAL GRANTEEES 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.

Additional Data

Software ID:
Software Version:
EIN: 23-7310660
Name: HUMBOLDT AREA FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS HUMBOLDT PO BOX 157 1915 J ST EUREKA, CA 95502	20-4881299	501(C)(3)	25,000				FOR COMMUNITY VOICES COALITION
ADULT DAY HEALTH CARE OF MAD RIVER PO BOX 1115 3800 JANES RD ARCATA, CA 95518	94-3005997	501(C)(3)	5,010				PROVIDING VITAL SERVICES, INCLUDING LIFELINE, TO ELDERS NEEDING FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFFORDABLE HOMELESS HOUSING ALTERNATIVES PO BOX 3794 EUREKA, CA 95502	81-0713410	501(C)(3)	20,000				AHHA COMMUNITY LIASONS - BUILDING BRIDGES AND CULTIVATING COMMUNITY
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN PO BOX 5116 EUREKA, CA 95502	68-0196036	501(C)(3)	6,454				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 2942 F ST EUREKA, CA 95501	13-1788491	501(C)(3)	63,530				AMERICAN CANCER SOCIETY SUPPORT AND RELAY FOR LIFE
AMERICAN INDIAN COUNCIL OF MARIPOSA COUNTY INC PO BOX 186 5008 CA-140 MARIPOSA, CA 95338	77-0161686	501(C)(3)	9,000				SSMN CEREMONIAL CYCLE 2020

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RIVER NATURAL HISTORY ASSOCIATION 2850 SAN LORENZO WAY CARMICHAEL, CA 95608	94-2766075	501(C)(3)	20,031				PROGRAM SUPPORT
ARCATA ECONOMIC DEVELOPMENT CORP 707 K ST EUREKA, CA 95501	94-2674882	501(C)(3)	135,000				SUPPORTING THE ENTREPRENEURIAL DEL NORTE SMALL BUSINESS INITIATIVE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCATA HOUSE PARTNERSHIP 1005 11TH ST ARCATA, CA 95521	94-3163269	501(C)(3)	29,500				PROGRAM SUPPORT
ARCATA PLAYHOUSE 1251 9TH ST ARCATA, CA 95521	26-0383637	501(C)(3)	20,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCATA VOLUNTEER FIREFIGHTER'S ASSOCIATION 2149 CENTRAL AVE MCKINLEYVILLE, CA 95519	32-0225711	501(C)(3)	22,101				ARCATA FIRE MEDICAL, SAFETY AND TRAINING EQUIPMENT
AUTHOR FESTIVAL - FRIENDS OF THE REDWOOD LIBRARIES PO BOX 6089 EUREKA, CA 95502	23-7087971	501(C)(3)	5,000				SUPPORT OF THE AUTHOR FESTIVAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYSIDE PRIDE INC PO BOX 342 BAYSIDE, CA 95524	74-3116092	501(C)(3)	20,000				SUPPORT OF THE BAYSIDE COMMUNITY HALL
BEAR RIVER BAND OF ROHNERVILLE RANCHERIA 266 KEISNER RD LOLETA, CA 95551	68-0085465	501(C)(3)	21,600				CRITICAL MOLD ABATEMENT FOR 12 HOUSES, PRIORITIZED FOR LOW INCOME, ELDER, PREGNANT AND THOSE WITH HEALTH RISKS TO KEEP TRIBAL MEMBERS FROM HOSPITALIZATION FOR COVID CO-HEALTH FACTORS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTY KWAN CHINN HOMELESS FOUNDATION 133 7TH ST EUREKA, CA 95501	46-1413135	501(C)(3)	10,000				SUPPORTING HOMELESS WORK OF THE FOUNDATION
BLESS THE BEASTS OF HUMBOLDT COUNTY 378 WILDWOOD AVENUE RIO DELL, CA 95562	68-0417175	501(C)(3)	31,680				BLESS THE BEATS SPAY/NEUTER PROGRAM 2020

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF THE REDWOODS 939 HARRIS ST EUREKA, CA 95503	94-2184464	501(C)(3)	20,773				SUPPORT OF THE BOYS & GIRLS CLUB
BREAST & GYN HEALTH PROJECT 987 8TH STREET ARCATA, CA 95521	65-1205183	501(C)(3)	8,194				BREAST HEALTH PROJECT SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKINGS HARBOR COMMUNITY HELPERS INC PO BOX 1415 BROOKINGS, OR 97415	93-1146935	501(C)(3)	17,490				SUPPORT OF THE SNACK PACK PROGRAM
BUDDY AND ANGEL'S ANIMAL RESCUE 1505 HARPER AVE MCKINLEYVILLE, CA 95519	46-3430213	501(C)(3)	8,900				MEDICAL NEEDS FOR SICK OR INJURED PETS OF HOMELESS OR LOW INCOME PET OWNERS OF SOUTHERN HUMBOLDT COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA TRIBAL TANF PARTNERSHIP 636 H STREET EUREKA, CA 95501	48-1301542	501(C)(3)	15,500				FOR NATIVE TANF FAMILIES IN HUMBOLDT AND DEL NORTE TO RECEIVE GIFT CARDS FOR FOOD, HYGIENE SUPPLIES AND SANITATION SUPPLIES
CHANGING TIDES FAMILY SERVICES 2259 MYRTLE AVE EUREKA, CA 95501	94-2297737	501(C)(3)	6,520				CHROMEBOOKS FOR THE VIRTUAL MENTAL HEALTH SERVICES FOR YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN HELP OF GOLD BEACH INC PO BOX 377 GOLD BEACH, OR 97444	93-0834498	501(C)(3)	11,000				FOOD SUPPORT IN RESPONSE TO COVID AND HOLIDAY FOOD BASKETS
CITY OF ARCATA 736 F STREET ARCATA, CA 95521	94-2186507	GOV	39,597				VARIOS PROGRAM SUPPORT INCLUDING HUMBOLDT BAY TRAILS AND FUTSAL COURT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CRESCENT CITY-FINANCE DEPT 377 J STREET CRESCENT CITY, CA 95531	94-6000552	GOV	25,300				VARIOUS PROGRAM SUPPORT FOR YOUTH
CITY OF EUREKA 531 K STREET EUREKA, CA 95501		GOV	80,122				CONSTRUCTING THE GRACE MARTON MEMORIAL GARDEN AND PLAYGROUND AT HALVORSEN PARK IN EUREKA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF EUREKA COMMUNITY SERVICES 1011 WATERFRONT DRIVE EUREKA, CA 95501		GOV	5,000				COMMUNITY ACCESS PROJECT FOR EUREKA - OPERATIONAL SUPPORT FOR UPLIFT EUREKA
CITY OF TRINIDAD PO BOX 390 TRINIDAD, CA 95570		GOV	5,000				SUPPORT FOR THE TRINIDAD VOLUNTEER FIRE DEPARTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARKE HISTORICAL MUSEUM 240 E STREET EUREKA, CA 95501	94-1651124	501(C)(3)	7,326				MUSEUM SUPPORT
CLEAR LAKE POMO CULTURAL PRESERVATION PO BOX 1506 CLEARLAKE, CA 95423	81-4706671	501(C)(3)	5,000				ROUNDHOUSE MAINTENANCE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTLINE NEIGHBORS PO BOX 4322 BROOKINGS, OR 97415	81-2671997	501(C)(3)	7,000				A DELIVERY SYSTEM FOR FOOD AND MEDICINE FOR SHUT IN FOLKS WHO NEED IT.
COLLEGE OF THE REDWOODS FOUNDATION 7351 TOMPKINS HILL RD EUREKA, CA 95501	94-1603509	501(C)(3)	20,000				FOR SUPPORTING DACA STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF THE REDWOODS SCHOLARSHIP OFFICE 7351 TOMPKINS HILL RD EUREKA, CA 95501	94-2022980	501(C)(3)	11,000				SCHOLARSHIPS
COMPANION ANIMAL FOUNDATION 88 SUNNYBRAE CENTER ARCATA, CA 95521	94-3244839	501(C)(3)	31,580				COMPANION ANIMAL CENTER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOPERATION HUMBOLDT 840 E STREET SUITE 16 EUREKA, CA 95501	95-4126989	501(C)(3)	111,000				PROGRAM SUPPORT AND LOCAL RESPONSE TO THE CORONAVIRUS
COUNTY OF DEL NORTE ADMINISTRATION DEPARTMENT 981 H STREET SUITE 210 CRESCENT CITY, CA 95531		GOV	6,000				PROGAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COURT APPOINTED SPECIAL ADVOCATES OF HUMBOLDT 2356 MYRTLE AVE EUREKA, CA 95501	68-0243040	501(C)(3)	6,750				CASA SUPPORT
CRESCENT CITY - DEL NORTE CHAMBER OF COMMERCE 1001 FRONT ST CRESCENT CITY, CA 95531	94-0410600	501(C)(6)	5,000				COMMUNITY RESPONSE AND SUPPORT AROUND COVID-19

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTURAL FIRE MANAGEMENT COUNCIL PO BOX 357 HOOPA, CA 95546	47-5001679	501(C)(3)	41,960				PROGRAM SUPPORT
CUMBRE HUMBOLDT 1215 GUINTOLI LANE ARCATA, CA 95521	84-1788919	501(C)(3)	20,000				SUPPORT TUTORING FOR LATINX YOUTH IN RESPONSE TO COVID-19

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURRY CHILD ABUSE INTERVENTION CENTER - WALLY'S HOUSE PO BOX 1845 GOLD BEACH, OR 97444	81-1259778	501(C)(3)	12,149				PURCHASE & INSTALLATION OF IRECORD SYSTEM AND VIDANYX
CURRY COUNTY 94235 MOORE STREET STE 122 GOLD BEACH, OR 97444	93-6002291	GOV	28,000				MOBILE COMMAND STATION FOR EMERGENCY RESPONSE IN CURRY COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURRY HEALTH NETWORK EQUIPMENT FUND 94220 FOURTH ST GOLD BEACH, OR 97444	93-0937095	501(C)(3)	8,000				TELEMEDICINE AND REMOTE WORK TECHNICAL EQUIPMENT (IPADS, LAPTOP, MIC)
DEL NORTE CHILD CARE COUNCIL 212 K STREET CRESCENT CITY, CA 95531	94-2820925	501(C)(3)	5,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEL NORTE COUNTY UNIFIED SCHOOL DISTRICT 301 W WASHINGTON BLVD CRESCENT CITY, CA 95531	94-6002153	501(C)(3)	66,311				PROGRAM SUPPORT INCLUDING SCHOLARSHIPS, FOOD PROGRAMS AND LITERACY
DEL NORTE COUNTY UNIFIED SCHOOL DISTRICT 301 W WASHINGTON BLVD CRESCENT CITY, CA 95531	94-6002153	GOV	72,995				PURCHASE OF INSTRUMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEL NORTE HIGH SCHOOL 1301 EL DORADO ST CRESCENT CITY, CA 95531	94-6002153	GOV	9,679				SCHOLARSHIPS, WOODSHOP AND SOUND EQUIPMENT
DEL NORTE MISSION POSSIBLE 1135 HARROLD STREET CRESCENT CITY, CA 95531	84-3538055	501(C)(3)	10,800				MISSION POSSIBLE: CAPACITY BUILDING AND ACCOUNTABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELL' ARTE INC PO BOX 816 BLUE LAKE, CA 95525	94-2207895	501(C)(3)	23,700				PROGRAM SUPPORT
DEPARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH BRANCH 529 I STREET EUREKA, CA 95501	94-6000513	GOV	9,657				CHILD PASSENGER SAFETY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN OREGON UNIVERSITY 1 UNIVERSITY BLVD LA GRANDE, OR 97805	93-6030669	501(C)(3)	18,170				SCHOLARSHIPS
EUREKA FOURSQUARE CHURCH 1032 BAY STREET EUREKA, CA 95501	94-2226704	501(C)(3)	8,569				EPI'S ANTI-HUMAN TRAFFICKING CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EUREKA HIGH SCHOOL 1915 J ST EUREKA, CA 95501		GOV	5,473				PROGRAM SUPPORT
EUREKA RESCUE MISSION PO BOX 76 EUREKA, CA 95502	94-6135983	501(C)(3)	25,257				SUPPORT FOR THE FOOD PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EUREKA VETERANS RESOURCE CENTER PO BOX 378 SANTA ROSA, CA 95402	94-2699571	501(C)(3)	17,275				SUPPORT DURING COVID-19 PANDEMIC
EUREKA WOMAN'S CLUB PO BOX 778 EUREKA, CA 95502	94-1497354	501(C)(3)	7,500				UTILITIES INFRASTRUCTURE REPAIR & PUBLIC SAFETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERGREEN LODGE 4615 LITTLE CALIFORNIA ST EUREKA, CA 95503	94-1156596	501(C)(3)	8,687				BUILDING REPAIRS
FAMILY RESOURCE CENTER OF THE REDWOODS 494 PACIFIC AVENUE CRESCENT CITY, CA 95531	81-2675618	501(C)(3)	23,376				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY WATER ALLIANCE PO BOX 365 MAXWELL, CA 95955	68-0262939	501(C)(3)	25,000				FACILITATION OF KLAMATH COMMUNITIES COALITION MEETINGS
FERN COTTAGE FOUNDATION PO BOX 1286 2121 CENTERVILLE ROAD FERNDALE, CA 95536	94-3060700	501(C)(3)	11,000				PAINTING OF FERN COTTAGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIELDBROOK COMMUNITY CHURCH 4103 FIELDBROOK RD MCKINLEYVILLE, CA 95519	68-0168521	501(C)(3)	12,000				FOR GOD-SNACKED FOR 175 MEALS PER WEEK FOR UNHOUSED
FIRE CHIEFS ASSOCIATION OF HUMBOLDT COUNTY PO BOX 7014 EUREKA, CA 95502	95-4610738	501(C)(3)	8,600				GOWNS AND FACE SHIELDS FOR 39 FIRE DEPARTMENTS ACROSS HUMBOLDT (AND SOUTHERN TRINITY)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FIRST 5 HUMBOLDT 325 - 2ND ST STE 201 EUREKA, CA 95501	68-0462363	501(C)(3)	63,100				PROGRAM SUPPORT FOR YOUTH
FOOD FOR PEOPLE PO BOX 4922 EUREKA, CA 95502	94-2772549	501(C)(3)	155,124				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FOR ALL TIME CAT HAVEN PO BOX 1751 CRESCENT CITY, CA 95531	68-0485301	501(C)(3)	5,700				CARE & FEEDING OF CATS
FORTUNA ELEMENTARY SCHOOL DISTRICT 500 - 9TH ST FORTUNA, CA 95540	30-0852344	501(C)(3)	6,000				TRAUMA-INFORMED PARENT AND TEACHER EDUCATION PROJECT AT SOUTH FORTUNA ELEMENTARY SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FORTUNA ELEMENTARY SCHOOL DISTRICT ARTS & MUSIC FUND 363 INDIANOLA RD BAYSIDE, CA 95524		GOV	10,250				PROGRAM SUPPORT
FORTUNA ROTARY FOUNDATION PO BOX 1002 FORTUNA, CA 95540	45-4156012	501(C)(3)	25,200				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FORTUNA UNION HIGH SCHOOL DISTRICT 379 - 12TH ST FORTUNA, CA 95540	94-6002186	GOV	11,940				PROGRAM SUPPORT
FRESHWATER COMMUNITY GUILD PO BOX 6153 EUREKA, CA 95502	23-7143394	501(C)(8)	10,325				FRESHWATER ROAD SPEED HUMPS

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FRIENDS OF CASTERLIN SCHOOL 375 RAILROAD AVE BLOCKSBURG, CA 95514	90-0980666	501(C)(3)	6,200				PROGRAM SUPPORT
FRIENDS OF THE DUNES PO BOX 186 ARCATA, CA 95518	68-0373871	501(C)(3)	11,967				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GARFIELD SCHOOL DISTRICT 2200 FRESHWATER ROAD EUREKA, CA 95503		501(C)(3)	7,200				PROGRAM SUPPORT
GLEN PAUL SCHOOL 2501 CYPRESS AVENUE EUREKA, CA 95503	94-6000513	501(C)(3)	30,850				SUPPORT OF THE SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GOLD BEACH SENIOR CENTER INC PO BOX 1277 GOLD BEACH, OR 97444	93-0861523	501(C)(3)	10,000				CURRY FOOD DISTRIBUTION IN GOLD BEACH AND PORT ORFORD
GREYHOUND ADOPTION LEAGUE OF TEXAS 3400 CARLISLE STREET 310 DALLAS, TX 75204	75-2930618	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HEALY SENIOR CENTER OF SOUTHERN HUMBOLDT INC PO BOX 1849 REDWAY, CA 95560	94-2762224	501(C)(3)	44,600				SENIOR NUTRITION PROGRAMS
HEART OF THE REDWOODS HOSPICE 464 MAPLE LANE GARBERVILLE, CA 95542	68-0397698	501(C)(3)	19,720				PROGRAM SUPPORT

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HMONG CULTURAL CENTER OF DEL NORTE COUNTY 1675 ARLINGTON DRIVE CRESCENT CITY, CA 95531	47-2989909	501(C)(3)	16,250				PROGRAM SUPPORT
HOLY TRINITY CHURCH HECTOR ST TRINIDAD, CA 95570		501(C)(3)	25,000				MAINTENANCE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOOPA VALLEY TRIBE PO BOX 1348 HOOPA, CA 95546	94-1477040	GOV	6,000				PROGRAM SUPPORT
HOSPICE OF HUMBOLDT 3327 TIMBER FALL COURT EUREKA, CA 95503	94-2499333	501(C)(3)	55,346				HOSPICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HSU SPONSORED PROGRAMS FOUNDATION 1 HARPST ST SBS 285 ARCATA, OR 95521	94-6050071	501(C)(3)	49,275				PROGRAM AND WRIGHT WILDLIFE REFUGE SUPPORT
HUMAN RESPONSE NETWORK PO BOX 2370 111 MOUNTAIN VIEW DR WEAVERVILLE, CA 96093	68-0032176	501(C)(3)	5,000				UPDATED STRATEGIC PLAN FOR HRN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HUMBOLDT ANIMAL RESCUE TEAM PO BOX 253 8 WEST 6TH STREET CUTTEN, CA 95534	46-5666951	501(C)(3)	9,000				HUMBOLDT ANIMAL RESCUE TEAM
HUMBOLDT AREA CENTER FOR HARM REDUCTION PO BOX 7365 EUREKA, CA 95502	47-2822261	501(C)(3)	14,115				PROGRAM SUPPORT

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HUMBOLDT COUNTY - DEPT HEALTH & HUMAN SERVICES 529 I STREET EUREKA, CA 95501	94-6036494	501(C)(3)	25,000				4TH STREET HOUSING PROJECT
HUMBOLDT COUNTY LIBRARY 1313 - 3RD ST EUREKA, CA 95501	94-6000513	501(C)(3)	32,518				LIBRARY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HUMBOLDT COUNTY OFFICE OF EDUCATION 901 MYRTLE AVE EUREKA, CA 95501	94-6002186	501(C)(3)	10,000				TO SUPPORT INTERNET CONNECTIVITY FOR YOUTH TO ACCESS THEIR DISTANCE LEARNING
HUMBOLDT DOG OBEDIENCE 2030 HOLLY STREET EUREKA, HI 95503	68-0024232	501(C)(3)	13,000				TERRI LOCKETT MEMORIAL SPAY/NEUTER FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HUMBOLDT FAMILY SERVICE CENTER PO BOX 2005 EUREKA, CA 95502	94-1511575	501(C)(3)	44,000				PROGRAM SUPPORT
HUMBOLDT LAGOONS STATE PARK 15336 HIGHWAY 101 TRINIDAD, CA 95570		GOV	5,500				REMOVING IDENTIFIED TREE HAZARDS FROM LAGOONS ENVIRONMENTAL CAMPS

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HUMBOLDT LIBRARY FOUNDATION PO BOX 440 EUREKA, CA 95502	91-1879359	501(C)(3)	5,716				PROGRAM SUPPORT
HUMBOLDT LITERACY PROJECT 537 G ST STE 203 EUREKA, CA 95501	68-0062774	501(C)(3)	10,089				HEALTH INSURANCE OF THE HUMBOLDT LITERACY PROJECT EMPLOYEES AND GENERAL OPERATIONAL SUPPORT

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HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA, CA 95501	94-2261434	501(C)(3)	95,581				SENIOR RESOURCE CENTER SUPPORT
HUMBOLDT SENIOR RESOURCE CENTER-ALZHEIMER CARE CENTER 1901 CALIFORNIA STREET EUREKA, CA 95501	94-2261434	501(C)(3)	46,166				ALZHEIMER CARE CENTER SUPPORT

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HUMBOLDT SKATEPARK COLLECTIVE 2437 E COCHRAN RD MCKINLEYVILLE, CA 95519	68-0462298	501(C)(3)	5,000				PURCHASING CONCRETE & EQUIPMENT RENTALS TO BE USED FOR MCKINLEYVILLE SKATE PARK
HUMBOLDT SPAYNEUTER NETWORK PO BOX 7236 EUREKA, CA 95502	20-0729293	501(C)(3)	72,290				SPAY/NEUTER ASSISTANCE PROGRAM

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HUMBOLDT STATE UNIVERSITY FOUNDATION 1 HARPST ST SBS 285 ARCATA, CA 95521	94-6077724	501(C)(3)	22,000				SCHOLARSHIPS AND PROGRAM SUPPORT
HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION 1 HARPST STREET ARCATA, CA 95521	94-6050071	501(C)(3)	24,975				PROGRAM SUPPORT

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HUPA FAMILY RESOURCE CENTER PO BOX 728 HOOPA, CA 95546	94-1477040	GOV	5,000				FOOD BASKETS AND COVID SUPPORT
INK PEOPLE CENTER FOR THE ARTS 525 - 7TH ST EUREKA, CA 95501	94-3056179	501(C)(3)	102,220				PROGRAM SUPPORT

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KARUK TRIBE OF CALIFORNIA PO BOX 1016 HAPPY CAMP, CA 96039	94-2576572	501(C)(4)	58,814				PROGRAM SUPPORT AND COVID RESPONSE
KEE CHA-E-NAR CORPORATION 230 KLAMATH BLVD KLAMATH, CA 95548	47-4098140	501(C)(3)	17,000				PROGRAM SUPPORT AND COVID RESPONSE

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KFUG COMMUNITY RADIO INC 573 ELK VALLEY ROAD CRESCENT CITY, CA 95531	46-3769318	501(C)(3)	50,750				SUPPORTING REDWOOD VOICE AT KFUG
K'IMAW MEDICAL CENTER PO BOX 1288 HOOPA, CA 95546	23-7428302	501(C)(3)	35,000				PROGRAM SUPPORT

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KLAMATH TRINITY CONSERVATION DISTRICT PO BOX 279 HOOPA, CA 95546	26-1992669	501(C)(3)	15,000				CONSTRUCTION, STOCKING COMMUNITY FOOD PANTRIES, PLANTING FRONT YARD GARDENS AND STOCKING PANTRIES.
LOCALLY DELICIOUS PO BOX 309 ARCATA, CA 95518	27-3186261	501(C)(3)	10,100				PROGRAM SUPPORT

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MATTOLE VALLEY RESOURCE CENTER PO BOX 191 PETROLIA, CA 95558	68-0010786	501(C)(3)	29,200				MVRC PERMANENT LOCATION REDESIGN AND FOOD BASKETS
MCKINLEYVILLE FAMILY RESOURCE CENTER PO BOX 2668 MCKINLEYVILLE, CA 95519	68-0445130	501(C)(3)	10,568				SUPPORT DURING COVID-19 PANDEMIC

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MCKINLEYVILLE LAND TRUST PO BOX 2723 MCKINLEYVILLE, CA 95519	68-0338201	501(C)(3)	5,000				SUSTAINING THE CHAH GAH CHO TRAIL WITH CLEAN-UP, PATROLS, AND MOWING
MENDOCINO SPAY NEUTER ASSISTANCE PROGRAM PO BOX 4 TALMAGE, CA 95481	68-0237631	501(C)(3)	24,000				ANNUAL OPERATING SUPPORT FOR SPAY & NEUTER ASSISTANCE PROGRAM

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MIRANDA'S RESCUE 1603 SANDY PRAIRIE ROAD FORTUNA, CA 95540	68-0417389	501(C)(3)	13,741				SUPPORT OF MIRANDA'S RESCUE
MONO LAKE KUTZADIKA INDIAN CULTURAL PRESERVATION ASSOCIATION PO BOX 117 BIG PINE, CA 93513	91-1908363	501(C)(3)	10,000				PUGWIHUU GATHERING

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NAACP - EUREKA BRANCH PO BOX 1434 EUREKA, CA 95502	23-7028846	501(C)(4)	20,600				PROGRAM SUPPORT
NARCOTICS ANONYMOUS WORLD SERVICES INC 19737 NORDHOFF PL CHATSWORTH, CA 91311	95-3090596	501(C)(3)	5,500				SUPPLYING SAFETY EQUIPMENT TO ALLOW NATIVE ADDICTION RECOVERY GROUPS TO WORK WITH HOOPA TRIBAL OES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL LEAD FOR AMERICA INC KNAPP-SANDERS BUILDING CAMPUS BOX 3330 CHAPEL HILL, NC 27599	83-1839530	501(C)(3)	5,000				CIVIC LEADERSHIP INITIATIVE IN ARCATA, CA
NATURE RIGHTS COUNCIL 1076 KINGLET AVE MCKINLEYVILLE, CA 95519	81-0706277	501(C)(3)	10,000				ARRAHI PA'PAH: RETURNING THE DUGOUT CANOE TO THE UPRIVER PEOPLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORCAL LAO FOUNDATION 223 PRIMROSE AVE EUREKA, CA 95503	82-2601156	501(C)(3)	14,000				PROGRAM SUPPORT AND SUPPORT FOR THE HUMBOLDT LAO DANCERS DURING THE COVID-19 CRISIS
NORTH COAST EMERGENCY MEDICAL SERVICES 3340 GLENWOOD STREET EUREKA, CA 95501	94-2857787		15,000				TO HELP COVER THE OVERTIME ADMIN COSTS ASSOCIATED WITH COVID RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTH COAST GROWERS ASSOCIATION PO BOX 4232 ARCATA, CA 95518	77-0212408	501(C)(3)	18,315				SOURCE AND PREPARE FRESH FOOD BOXES FOR WEEKLY PURCHASE AND PICK-UP FROM JUNE TO OCTOBER
NORTH COAST RAPE CRISIS TEAM PO BOX 1011 EUREKA, CA 95502	94-2646740	501(C)(3)	5,000				FOR DEVELOPING A TRANSITION PLAN WITH CONSULTANT, STAFF AND BOARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTHCOAST REGIONAL LAND TRUST PO BOX 398 BAYSIDE, CA 95524	68-0456290	501(C)(3)	8,340				CO-OP ANNUAL PUMPKIN PATCH WITH WARREN CREEK FARMS
NORTHERN CA COMMUNITY BLOOD BANK 2524 HARRISON AVENUE EUREKA, CA 95501	94-1337639	501(C)(3)	10,000				NEW CARB COMPLIANT BLOODMOBILE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTHERN CALIFORNIA CULTURAL COMMUNICATIONS PO BOX 650 HOOPA, CA 95546	68-0354644	501(C)(3)	13,687				PROGRAM SUPPORT
NORTHERN CALIFORNIA INDIAN DEVELOPMENT COUNCIL 241 F ST EUREKA, CA 95501	51-0189400	501(C)(3)	60,000				SUPPORT AROUND COVID RESPONSE

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OASIS SHELTER HOME PO BOX 932 GOLD BEACH, CA 97444	93-1030730	501(C)(3)	6,800				PROGRAM SUPPORT IN RESPONSE TO COVID-19 AND OASIS HOLIDAY GIVING
OPEN DOOR CLINIC 1275 8TH STREET ARCATA, CA 95521	95-2671433	501(C)(3)	25,000				SUPPORT DURING COVID-19 FOR DEL NORTE LOCATION

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OPEN DOOR COMMUNITY HEALTH CENTERS 1275 8TH ST ARCATA, CA 95521	95-2671433	501(C)(3)	60,694				ARCATA COMMUNITY HEALTH CENTER
OREGON STATE UNIVERSITY OFFICE OF FINANCIAL AID & SCHOLARSHIPS 218 KERR ADMINISTRATION BLDG CORVALLIS, OR 97331	48-1278540	501(C)(3)	18,170				SCHOLARSHIPS AND PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENINSULA UNION SCHOOL DISTRICT PO BOX 175 SAMOA, CA 95564		GOV	68,000				PROGRAM SUPPORT
PLANNED PARENTHOOD NORTHERN CALIFORNIA 2185 PACHECO STREET CONCORD, CA 94520	13-1644147	501(C)(3)	56,126				SUPPORT OF THE HUMBOLDT CHAPTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC VET - NEUTER SCOOTER 2336 LINDEN HILL RD BLOOMINGTON, IN 47401	81-4581936	501(C)(3)	30,000				HUMBOLDT ONE HEALTH
REDWAY ELEMENTARY SCHOOL PO BOX 369 REDWAY, CA 95560	94-6002186	501(C)(3)	7,190				ANNUAL SUPPORT FOR DISCRETIONARY SPENDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDWOOD COAST REGIONAL CENTER - HUMBOLDT COUNTY 525 2ND ST STE 300 EUREKA, CA 95501	94-2897317	501(C)(3)	13,250				FOR 237 TABLETS FOR ALLIANCE OF SERVICE PROVIDERS
REDWOOD COAST REGIONAL CENTER - MENDOCINO COUNTY 1116 AIRPORT PARK BLVD UKIAH, CA 95482	94-2897317	501(C)(3)	9,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDWOOD COAST VILLAGE 434 7TH ST EUREKA, CA 95501	81-3712463	501(C)(3)	6,775				PROGRAM SUPPORT
REDWOOD COMMUNITY ACTION AGENCY 904 G STREET EUREKA, CA 95501	94-2646370	501(C)(3)	51,226				VARIOUS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDWOOD PALS RESCUE PO BOX 2913 MCKINLEYVILLE, CA 95519	61-1655383	501(C)(3)	13,030				PROGRAM SUPPORT
REDWOOD PLAYHOUSE PO BOX 988 GARBERVILLE, CA 95542	45-5355909	501(C)(3)	8,000				RECYCLED YOUTH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDWOOD SCHOOL 301 W WASHINGTON CRESCENT CITY, CA 95531		GOV	5,500				SUPPORTING STEM LEARNING AND HANDS ON EXPERIENCE FOR YOUNG MINDS
REDWOODS MONASTERY 18104 BRICELAND-THORN RD WHITETHORN, CA 95589	94-1640741	501(C)(3)	29,430				MONASTERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESIGHINI RANCHERIA PO BOX 529 KLAMATH, CA 95548	94-2482661	501(C)(3)	16,800				PROGRAM SUPPORT AND COVID RESPONSE
RIVER LIFE FOUNDATION PO BOX 384 FORTUNA, CA 95540	30-0521906	501(C)(3)	6,500				FOR OPERATIONAL AND OUTREACH COSTS IN RESPONSE TO COVID-19 AND HOLIDAY MEALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RODERICK HAYFORK SENIOR NUTRITION CENTER PO BOX 723 HAYFORK, CA 96041	68-0112469	501(C)(3)	6,000				FOOD TRANSPORT CARRIERS, PAPER PRODUCTS, STORAGE CONTAINERS, AND AN INDUSTRIAL FREEZER
ROTARY CLUB OF ARCATA SUNRISE FOUNDATION PO BOX 4197 ARCATA, CA 95518	20-8490867	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY CLUB OF EUREKA SIGN SMITH FUND PO BOX 65 EUREKA, CA 95502	46-4130657	501(C)(3)	27,350				SERVICE PROJECTS
ROTARY CLUB OF FORTUNA PO BOX 1002 FORTUNA, CA 95540	45-4156012	501(C)(3)	25,000				ROTARY CLUB OF FORTUNA SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY FOUNDATION OF ROTARY INTERNATIONAL 14280 COLLECTIONS CENTER DR CHICAGO, IL 60693	36-3245072	501(C)(3)	10,000				PROGRAM SUPPORT
SANCTUARY FOREST PO BOX 166 WHITETHORN, CA 95589	94-2676195	501(C)(3)	5,600				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE THE REDWOODS LEAGUE 111 SUTTER ST 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	25,000				SUPPORT OF THE BAY AREA EDUCATION PROGRAM
SEQUOIA FOOTBALL CLUB PO BOX 554 EUREKA, CA 95502	47-1502726	501(C)(3)	5,000				SCHOLARSHIPS FOR SOCCER FOR UNDERSERVED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEQUOIA HUMANE SOCIETY 6073 LOMA AVE EUREKA, CA 95503	23-7102713	501(C)(3)	92,367				HUMANE SOCIETY SUPPORT
SEQUOIA PARK ZOO FOUNDATION 3414 W ST EUREKA, CA 95503	56-2410108	501(C)(3)	128,910				PROGRAM SUPPORT AND GIANTS OF THE EARTH INTERPRETIVE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES PO BOX 4569 ARCATA, CA 95518	68-0027247	501(C)(3)	177,900				PROGRAM SUPPORT
SOHUM HOUSING OPPORTUNITIES PO BOX 323 REDWAY, CA 95560	83-2347520	501(C)(3)	12,420				SOUTHERN HUMBOLDT HOUSING OPPORTUNITIES COVID RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH COAST EDUCATION SCHOOL DISTRICT 1350 TEAKWOOD AVE COOS BAY, OR 97420		GOV	10,000				FOR TRAUMA INFORMED TRAINING & TRAIN THE TRAINER- GOLD BEACH /PORT ORFORD
ST BERNARD CATHOLIC SCHOOLS 222 DOLLISON ST EUREKA, CA 95501	68-0462363	501(C)(3)	20,259				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST BERNARD HIGH SCHOOL COUNSELING DEPARTMENT 222 DOLLISON RD EUREKA, CA 95501	68-0462363	501(C)(3)	10,440				SCHOLARSHIPS
ST FRANCIS EPISCOPAL CHURCH 568 16TH STREET FORTUNA, CA 95540		501(C)(3)	5,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH HOME CARE 2127 HARRISON AVE STE 3 EUREKA, CA 95501	94-1156596	501(C)(3)	6,421				HOME HEALTH SUPPORT
ST JOSEPH HOSPITAL FOUNDATION 2700 DOLBEER STREET EUREKA, CA 95501	94-1156596	501(C)(3)	144,738				PROGRAM SUPPORT, CAPITAL IMPROVEMENTS AND FAMILY RESIDENCY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARY'S CHURCH 1690 JANES RD ARCATA, CA 95521	94-2509590	501(C)(3)	21,633				SUPPORT THE WORK OF ST. MARY'S CHURCH
ST VINCENT DE PAUL PO BOX 1386 35 - 3RD ST EUREKA, CA 95502	94-1573587	501(C)(3)	29,337				SUPPORT FOR THE FOOD PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GREYHOUND ALLIANCE PO BOX 5803 RIVER FOREST, IL 60305	76-0811448	501(C)(3)	10,000				SUPPORT OF THE SUNBURST PROJECT
THE SANCTUARY ARCATA 1301 J ST ARCATA, CA 95521	47-4860438	501(C)(3)	17,850				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TIMBER HERITAGE ASSOCIATION PO BOX 6399 EUREKA, CA 95502	94-2388203	501(C)(3)	25,000				SUPPORTING INTERPRETIVE COMMUNITY EDUCATIONAL PROGRAMS ABOUT LOCAL LOGGING HISTORY
TOLOWA DEE-NI' NATION-COMMUNITY & FAMILY SERVICES 110 W FIRST STREET SMITH RIVER, CA 95567	68-0087275	501(C)(3)	27,085				FOOD DELIVERY, SANITARY SUPPLIES & PPE FOR 307 HOUSEHOLDS IN CURRY & DEL NORTE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLOWA NEE-DASH SOCIETY 180 CHINA CREEK COURT CRESCENT CITY, CA 95531	94-2837784	501(C)(3)	6,102				NEE-DASH
TOYS FOR TOTS 2383 MYRTLE AVE EUREKA, CA 95501	20-3021444	501(C)(3)	8,041				FORKLIFT & CONTAINER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRADITIONAL FARMERS FOUNDATION 434 CHURCH STREET GARBERVILLE, CA 95542	82-1178844	501(C)(3)	30,000				SUPPORT OF THE TRADITIONAL FARMERS FOUNDATION
TRANSITIONAL RESIDENTIAL TREATMENT FACILITIES PO BOX 6299 EUREKA, CA 95502	94-2663190	501(C)(3)	20,000				FUNDS TO PROCURE AN ADDITIONAL 5 HOMES TO HOUSE AN ADDITIONAL 25 CHRONICALLY MENTALLY ILL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINIDAD COASTAL LAND TRUST PO BOX 457 TRINIDAD, CA 95570	94-2552913	501(C)(3)	35,240				LAND TRUST SUPPORT
TRINIDAD SCHOOL EDUCATION FOUNDATION PO BOX 3030 TRINIDAD, CA 95570	68-0357357	501(C)(3)	5,150				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY COMMUNITY FOOD OUTREACH INC PO BOX 500 LEWISTON, CA 96052	47-3459942	501(C)(3)	45,400				PROGRAM SUPPORT
TRUE NORTH ORGANIZING NETWORK 517 - 3RD ST STE 16 EUREKA, CA 95501	47-2208314	501(C)(3)	25,000				SUPPORT RUN HOTLINE AND VOLUNTEER DELIVERY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWO FEATHERS NATIVE AMERICAN FAMILY SERVICES 1560 BETTY CT STE A MCKINLEYVILLE, CA 95519	68-0285726	501(C)(3)	9,740				PROGRAM SUPPORT
UCSF BENIOFF CHILDREN'S HOSPITAL 1975 4TH STREET BOX 4061 SAN FRANCISCO, CA 94158		GOV	8,450				SUPPORT FOR YOUTH MEDICAL EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED INDIAN HEALTH SERVICES 1600 WEEOT WAY ARCATA, CA 95521	23-7088205	501(C)(3)	21,350				FOOD BASKETS, MEALS, CLOTHES
UNITED STATES BOWLING CONGRESS - HUMBOLDT 2136 BROADWAY EUREKA, CA 95501	20-4416939	501(C)(3)	10,000				HUMBOLDT USBC YOUTH TROPHIES, TOURNAMENT, AND CONVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VECTOR REHABILITATION 2121 MYRTLE AVE EUREKA, CA 95501	94-2600144	501(C)(3)	10,336				PROGRAM SUPPORT
WATERSHED RESEARCH & TRAINING CENTER PO BOX 356 98 CLINIC AVE HAYFORK, CA 96041	94-3116339	501(C)(3)	7,680				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WESTSIDE COMMUNITY IMPROVEMENT ASSOCIATION PO BOX 5315 EUREKA, CA 95502	27-4553664	501(C)(3)	13,000				TO SUPPORT THE FAMILY RESOURCE CENTERS WITH FUNDING IN RESPONSE TO COVID-19
WILLOW CREEK CHRISTIAN SCHOOL P O BOX 1568 WILLOW CREEK, CA 95573	68-0005517	501(C)(3)	12,040				SCHOLARSHIPS FOR SCHOOL ENROLLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WIYOT TRIBE 1000 WIYOT DR LOLETA, CA 95551	94-2714533	GOV	20,000				PROGRM SUPPORT
YOUNG FAMILY RANCH INC PO BOX 3246 WEAVERVILLE, CA 96093	68-0483865	501(C)(3)	41,600				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTHABILITY INC PO BOX 6358 EUREKA, CA 95502	90-0289749	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT AND ANGEL OF HOPE TRAINING HOURS FOR VULNERABLE YOUTH
YUOK TRIBE 190 KLAMATH BLVD PO BOX 1027 KLAMATH, CA 95548	68-0178020	GOV	28,400				COVID RESPONSE AND YUOK BOYS AND GIRLS CLUB

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

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	14	5,078,181	FAIR MARKET VALUE
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

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

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

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.

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER OF CONTRIBUTIONS ARE BEING LISTED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
HUMBOLDT AREA FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

23-7310660

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL HUMBOLDT AREA FOUNDATION BOARD AND STAFF MEMBERS ANNUALLY. THE AUDIT COMMITTEE REVIEWS THE FORM ANNUALLY AND MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY. DOCUMENTS ARE REVIEWED BY THE BOARD LIAISON AND FINANCE DEPARTMENT. COMPLIANCE IS MONITORED BY ALL STAFF AND BOARD MEMBERS IN THIS SMALL COMMUNITY. INDIVIDUALS WITH A CONFLICT OF INTEREST REMOVE THEMSELVES PHYSICALLY FROM THE ROOM DURING DISCUSSION AND ABSTAIN FROM VOTING ON RELATED ISSUES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS FOR TOP OFFICIAL THE COMPENSATION COMMITTEE REVIEWS ISSUES SPECIFIC TO THE CEO UTILIZING COUNCIL ON FOUNDATIONS SURVEY INFORMATION SPECIFIC TO CEO COMPENSATION . COMPENSATION PROCESS FOR OFFICERS H.A.F. PERFORMS AN ANNUAL COMPREHENSIVE REVIEW ON ALL STAFF POSITIONS IN COMPLIANCE WITH COUNCIL ON FOUNDATIONS (COF) NATIONAL STANDARDS BEST PRACTICES. ANALYSIS INCLUDES COMPARISON OF CURRENT INDIVIDUAL STAFF GROSS SALARIES WITH SIMILAR ASSET SIZE ACROSS THE NATION. ALSO INCLUDED IS LOCAL EUREKA, CALIFORNIA DATA WHICH REFLECTS AVERAGE ENTRY LEVEL COMPENSATION FOR EACH POSITION. MANAGEMENT COMPENSATION RECOMMENDATIONS ARE ALSO DECIDED BASED ON THE COMPENSATION MANUAL APPROVED BY THE FINANCE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE TAX RETURN IS INCLUDED ON THE WEBSITE OF HUMBOLDT AREA FOUNDATION AND A HARD COPY IS PROVIDED TO ANY MEMBER OF THE PUBLIC BY REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 410,276. FISCAL SPONSORSHIP -36,110.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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
(1) LEAVEY RANCH LLC 363 INDIANOLA ROAD BAYSIDE, CA 95524 46-3296780	CHARITABLE ACTIVITIES	CA	162,960	2,075,328	HUMBOLDT AREA FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)HUMBOLDT HEALTH FOUNDATION 363 INDIANOLA ROAD BAYSIDE, CA 95524 94-0942427	SUPPORT	CA	501(C)(3)	LINE 12A, I	HUMBOLDT AREA FOUNDATION		No

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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	95,789	AMOUNT RECEIVED

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation