

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2017 calendar year, or tax year beginning** JUL 1, 2017 **and ending** JUN 30, 2018

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization HUMBOLDT AREA FOUNDATION		<b>D</b> Employer identification number 23-7310660
	Doing business as		<b>E</b> Telephone number (707) 442-2993
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code BAYSIDE, CA 95524		<b>G</b> Gross receipts \$ 17,394,968.
<b>F</b> Name and address of principal officer: PATRICK CLEARY SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: WWW.HAFOUNDATION.ORG		If "No," attach a list. (see instructions)	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	
<b>L</b> Year of formation: 1972		<b>M</b> State of legal domicile: CA	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: PROMOTES & ENCOURAGES GENEROSITY, LEADERSHIP & INCLUSION TO STRENGTHEN OUR COMMUNITIES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	51
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	150
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,671,645.	8,813,371.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	314,909.	334,747.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,532,541.	3,437,768.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,231.	69,457.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,552,326.	12,655,343.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,124,433.	4,223,914.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,412,347.	2,635,940.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	271,963.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,605,373.	1,652,166.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,142,153.	8,512,020.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	410,173.	4,143,323.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	110,168,986.	120,451,126.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	20,116,521.	21,825,352.
		90,052,465.	98,625,774.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date
	PATRICK CLEARY, EXECUTIVE DIRECTOR Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name BRIAN YACKER	Preparer's signature	Date
	Firm's name YH ADVISORS, INC.	Firm's EIN 45-3269313	Check if self-employed <input type="checkbox"/> PTIN P00401346
	Firm's address 7755 CENTER AVENUE, SUITE 1225 HUNTINGTON BEACH, CA 92647	Phone no. 310-982-2803	

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

Part III Statement of Program Service Accomplishments

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

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

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

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 \$ 6,606,090. including grants of \$ 4,223,914. ) (Revenue \$ 208,925. ) PROVIDES GRANTS/SCHOLARSHIPS TO ELIGIBLE ORGANIZATIONS AND INDIVIDUALS WITHIN NORTHERN CALIFORNIA AND CURRY COUNTY, OREGON TO CARRY OUT PROGRAMS IN HUMAN SERVICES, CIVIC/COMMUNITY PROJECTS, HEALTH AND SAFETY, EDUCATION, RECREATION, CULTURAL ACTIVITIES, AND TO BENEFIT YOUTH, SENIORS, AND THE HANDICAPPED.

4b (Code: ) (Expenses \$ 391,765. including grants of \$ ) (Revenue \$ 129,420. ) PARTNERS WITH NORTHERN CALIFORNIA ASSOCIATION OF NONPROFITS (NORCAN) TO OFFER PROFESSIONAL DEVELOPMENT OPPORTUNITIES, BOARD SUPPORT, AND NETWORKING CONNECTIONS FOR LOCAL NONPROFITS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,997,855.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-19 detailing various organizational requirements and their completion status.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (e.g., 76, 0, 51, 7d). Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, OR
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain 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: DEBORAH DOWNS - (707) 442-2993 363 INDIANOLA ROAD, BAYSIDE, CA 95524

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE FULKERSON CHAIR	5.00	X		X				0.	0.	0.
(2) KATHRYN LOBATO VICE CHAIR	5.00	X		X				0.	0.	0.
(3) ZURETTI GOOSBY SECRETARY	5.00	X		X				0.	0.	0.
(4) PAULA ALLEN DIRECTOR	5.00	X						0.	0.	0.
(5) KEVIN CALDWELL DIRECTOR	5.00	X						0.	0.	0.
(6) GREG NESBITT DIRECTOR	5.00	X						0.	0.	0.
(7) STEPHEN O'MEARA DIRECTOR	5.00	X						0.	0.	0.
(8) MARY KEEHN DIRECTOR	5.00	X						0.	0.	0.
(9) CHARLEEN JORDAN DIRECTOR	5.00	X						0.	0.	0.
(10) JOHN MCBETH DIRECTOR	5.00	X						0.	0.	0.
(11) RAQUEL ORTEGA DIRECTOR	5.00	X						0.	0.	0.
(12) CAROL RISCHE DIRECTOR	5.00	X						0.	0.	0.
(13) PATRICK CLEARY EXECUTIVE DIRECTOR	40.00			X				129,069.	0.	20,425.
(14) DEBORAH DOWNS DIRECTOR OF FINANCE	40.00			X				92,813.	0.	12,264.





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	9,710.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,803,661.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,235,963.				
	<b>h Total.</b> Add lines 1a-1f		8,813,371.				
<b>Program Service Revenue</b>	<b>2 a</b> FISCAL SPONSORSHIP	<b>Business Code</b>	900099	205,327.	205,327.		
	<b>b</b> WORKSHOP / CONFERENCE	<b>Business Code</b>	900099	129,420.	129,420.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		334,747.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,717,357.			2,717,357.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	81,990.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	26,972.				
		<b>c</b> Rental income or (loss)	55,018.				
	<b>d</b> Net rental income or (loss)		55,018.	3,598.		51,420.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	5,433,064.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	4,712,653.				
		<b>c</b> Gain or (loss)	720,411.				
	<b>d</b> Net gain or (loss)		720,411.			720,411.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER	<b>Business Code</b>	900099	14,439.			14,439.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		14,439.				
<b>12 Total revenue.</b> See instructions.		12,655,343.	338,345.	0.	3,503,627.		

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,365,344.	3,365,344.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	858,570.	858,570.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	259,154.	168,450.	49,558.	41,146.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,784,035.	1,343,802.	331,402.	108,831.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	114,462.	89,865.	11,398.	13,199.
<b>9</b> Other employee benefits	320,031.	70,787.	211,842.	37,402.
<b>10</b> Payroll taxes	158,258.	61,034.	97,224.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	12,928.		12,928.	
<b>c</b> Accounting	31,050.		31,050.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	232,560.		232,560.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	71,911.	45,379.	26,532.	
<b>12</b> Advertising and promotion	126,241.	103,862.	2,418.	19,961.
<b>13</b> Office expenses	200,309.	183,942.	7,975.	8,392.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	135,478.	67,748.	24,698.	43,032.
<b>17</b> Travel	23,616.	15,812.	7,804.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	109,017.	107,987.	1,030.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	92,728.	24,854.	67,874.	
<b>23</b> Insurance	30,145.	2,002.	28,143.	
<b>24</b> 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.)				
<b>a</b> GRANT EXPENSE	356,618.	340,437.	16,181.	
<b>b</b> EQUIPMENT	133,563.	56,350.	77,213.	
<b>c</b> YEARBOOK	62,739.	62,739.		
<b>d</b> WORKSHOP	25,141.	25,141.		
<b>e</b> All other expenses	8,122.	3,750.	4,372.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,512,020.	6,997,855.	1,242,202.	271,963.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,121,120.	<b>1</b>	1,451,915.
	<b>2</b> Savings and temporary cash investments .....	182,789.	<b>2</b>	828,767.
	<b>3</b> Pledges and grants receivable, net .....	616,574.	<b>3</b>	3,496,223.
	<b>4</b> Accounts receivable, net .....	4,496.	<b>4</b>	2,256.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	58,934.	<b>9</b>	65,618.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,924,387.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,211,252.		
		4,358,587.	<b>10c</b>	4,713,135.
	<b>11</b> Investments - publicly traded securities .....	100,684,381.	<b>11</b>	105,980,660.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	441,208.	<b>12</b>	919,762.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,700,897.	<b>13</b>	1,942,790.
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	1,050,000.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	110,168,986.	<b>16</b>	120,451,126.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	271,582.	<b>17</b>	403,263.
	<b>18</b> Grants payable .....	1,075,837.	<b>18</b>	713,386.
	<b>19</b> Deferred revenue .....	2,569.	<b>19</b>	1,598.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	18,766,533.	<b>25</b>	20,707,105.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	20,116,521.	<b>26</b>	21,825,352.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	79,612,133.	<b>27</b>	84,879,272.
	<b>28</b> Temporarily restricted net assets .....	4,401,687.	<b>28</b>	7,715,497.
	<b>29</b> Permanently restricted net assets .....	6,038,645.	<b>29</b>	6,031,005.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	90,052,465.	<b>33</b>	98,625,774.	
<b>34</b> Total liabilities and net assets/fund balances .....	110,168,986.	<b>34</b>	120,451,126.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,655,343.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,512,020.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,143,323.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	90,052,465.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,237,609.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	192,377.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	98,625,774.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2017)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9,025,034.	5,958,284.	4,930,415.	4,671,645.	8,813,871.	33,399,249.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	9,025,034.	5,958,284.	4,930,415.	4,671,645.	8,813,871.	33,399,249.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2,359,631.
<b>6 Public support.</b> Subtract line 5 from line 4.						31,039,618.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	9,025,034.	5,958,284.	4,930,415.	4,671,645.	8,813,871.	33,399,249.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,679,923.	2,356,452.	2,430,671.	2,097,004.	2,799,347.	11,363,397.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	149,152.	11,127.	11,051.	18,163.	14,439.	203,932.
<b>11 Total support.</b> Add lines 7 through 10						44,966,578.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,287,615.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	69.03 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	72.03 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
<b>1</b>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
<b>b</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? 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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2017**

Name of the organization

HUMBOLDT AREA FOUNDATION

Employer identification number

23-7310660

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 878,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 634,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2017**

**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 .....	192	
2 Aggregate value of contributions to (during year) .....	1,738,769.	
3 Aggregate value of grants from (during year) .....	1,030,902.	
4 Aggregate value at end of year .....	10,999,485.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included 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 .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2017

**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:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,695,125.	5,863,800.	6,706,041.	6,900,148.	6,365,608.
b Contributions	1,000.			9,000.	
c Net investment earnings, gains, and losses		11,980.	-163,548.	240,601.	1,058,726.
d Grants or scholarships			205,906.	230,900.	172,825.
e Other expenditures for facilities and programs		180,655.	5,033.	7,280.	237,783.
f Administrative expenses			104,686.	114,539.	113,578.
g End of year balance	5,696,125.	5,695,125.	6,226,868.	6,797,030.	6,900,148.

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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		3,445,405.	1,021,749.	2,423,656.
c Leasehold improvements				
d Equipment		227,526.	189,503.	38,023.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,713,135.

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUND LIABILITY	18,963,366.
(3) OBLIGATIONS UNDER SPLIT INTEREST AGREEMENTS	1,743,739.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	20,707,105.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	17,528,417.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	4,237,609.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	608,493.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	4,846,102.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	12,682,315.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	-26,972.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	-26,972.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	12,655,343.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	8,752,698.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	240,678.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	240,678.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	8,512,020.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	8,512,020.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

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

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFORE, HAS NO

PROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUNDATION QUALIFIES

FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION 170(B)(1)(A)

AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE

FOUNDATION UNDER SECTION 509(A)(2). THE SUPPORTING ORGANIZATION MEETS THE

REQUIREMENTS OF IRC SECTION 509(A)(3). HOWEVER, THE FOUNDATION IS SUBJECT

TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS

**Part XIII** Supplemental Information (continued)

AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION.

NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM

ANY UNRELATED BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO

THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

THE FOUNDATION EVALUATES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC

740-10-25-6, INCOME TAXES, WHEREBY THE EFFECT OF UNCERTAINTY WOULD BE

RECORDED IF THE TAX POSITIONS WILL MORE LIKELY THAN NOT BE SUSTAINED UPON

EXAMINATION. AS OF JUNE 30, 2018 AND 2017, THE FOUNDATION HAD NO UNCERTAIN

TAX POSITIONS REQUIRING ACCRUAL OR DISCLOSURE.

THE FEDERAL INCOME TAX RETURNS OF THE FOUNDATION FOR FISCAL YEARS ENDED

JUNE 30, 2017, 2016, AND 2015 ARE SUBJECT TO EXAMINATION BY THE INTERNAL

REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

SUPPORTING ORGANIZATION'S REVENUE	501,630.
ACTUARIAL GAIN ON ANNUITY OBLIGATION	106,863.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	608,493.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-26,972.
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## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUPPORTING ORGANIZATION'S EXPENSES	194,800.
RENTAL EXPENSES	26,972.
FISCAL SPONSORSHIP	18,906.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	240,678.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
211 HUMBOLDT 1707 E STREET, SUITE 4 EUREKA, CA 95501	46-5092911	501(C)(3)	5,263.	0.			GENERAL PROGRAM SUPPORT
AMERICAN CANCER SOCIETY 611 HARRIS STREET EUREKA, CA 95503	13-1788491	501(C)(3)	46,340.	0.			PROGRAM SUPPORT
AMERICAN RIVER NATURAL HISTORY ASSOCIATION - 2850 SAN LORENZO WAY - CARMICHAEL, CA 95608	94-2766075	501(C)(3)	18,315.	0.			PROGRAM SUPPORT
ARCATA COMMUNITY POOL 1150 16TH ST ARCATA, CA 95521	68-0303929	GOV	15,000.	0.			PROGRAM SUPPORT
ARCATA HIGH SCHOOL 1720 M STREET ARCATA, CA 95521	94-6002186	GOV	9,860.	0.			ASSORTED SCHOOL PROGRAMS
ARCATA HOUSE PARTNERSHIP 1005 11TH STREET ARCATA, CA 95521	94-3163269	501(C)(3)	47,132.	0.			HOUSING PEOPLE IN MARGINAL CIRCUMSTANCES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 123.

**3** Enter total number of other organizations listed in the line 1 table ▶ 2.

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

**Schedule I (Form 990) (2017)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTHOR FESTIVAL FRIENDS OF THE REDWOOD LIBRARIES - P.O. BOX 6089 - EUREKA, CA 95502	23-7087971	501(C)(3)	10,000.	0.			SUPPORT OF THE AUTHOR FESTIVAL
BIG BROTHERS BIG SISTERS OF THE NORTH COAST - P.O BOX 5510 - EUREKA, CA 95502	94-2279513	501(C)(3)	15,750.	0.			PROGRAM SUPPORT
BISHOP PAIUTE TRIBE 50 TU SU LANE BISHOP, CA 93514	95-1905064	501(C)(3)	7,000.	0.			TRANSMISSION OF NATIVE ARTS, CULTURE & TRADITIONAL PLANTS
BLESS THE BEASTS OF HUMBOLDT COUNTY - 378 WILDWOOD AVENUE - RIO DELL, CA 95562	68-0417175	501(C)(3)	27,645.	0.			BLESS THE BEASTS CAT AND DOG SPAY AND NEUTER PROGRAM
BOYS AND GIRLS CLUB 3117 PROSPECT AVENUE EUREKA, CA 95503	94-2184464	501(C)(3)	39,510.	0.			SUPPORT OF THE BOYS & GIRLS CLUB
BREAST & GYN HEALTH PROJECT 987 8TH ST ARCATA, CA 95521	65-1205183	501(C)(3)	5,930.	0.			BREAST HEALTH PROJECT SUPPORT
BRIDGEVILLE COMMUNITY CENTER P.O. BOX 3 BRIDGEVILLE, CA 95526	31-1763137	501(C)(3)	5,500.	0.			SUMMER FUN, FOOD BASKETS AND SPAY AND NEUTER PROGRAM
BROOKINGS CHURCH OF THE NAZARENE 1600 CHETCO AVENUE BROOKINGS, OR 97415	93-6094801	501(C)(3)	16,076.	0.			SUPPORTING PEOPLE AFFECTED BY THE FIRE
BROOKINGS HARBOR COMMUNITY HELPERS, INC. DBA: BROOKINGS HARBOR FOOD BANK - P.O. BOX 1415 - BROOKINGS, OR 97415	93-1146935	501(C)(3)	25,498.	0.			FOOD BANK SUPPORT

Schedule I (Form 990)

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

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CASA OF DEL NORTE 579 HWY 101 S CRESCENT CITY, CA 95531	68-0484676	501(C)(3)	16,524.	0.			DEL NORTE COUNTY RESILIENT FAMILIES INITIATIVE
CITY OF ARCATA 736 F STREET ARCATA, CA 95521	94-2186507	GOV	106,312.	0.			PROGRAM SUPPORT FOR GREENVIEW PLAYGROUND
CLARKE HISTORICAL MUSEUM 240 E STREET EUREKA, CA 95501	94-1651124	501(C)(3)	5,315.	0.			MUSEUM SUPPORT
COLLEGE OF THE REDWOODS SCHOLARSHIP PROGRAM - 7351 TOMPKINS HILL ROAD - EUREKA, CA 95501	94-2022980	501(C)(3)	11,000.	0.			SCHOLARSHIPS
COMMUNITY ALLIANCE WITH FAMILY FARMERS HUMBOLDT CHAPTER - 1385 8TH ST. SUITE 107 - ARCATA, CA 95521	94-2914745	501(C)(3)	8,178.	0.			VARIOUS PROGRAM SUPPORT
COMPANION ANIMAL FOUNDATION 88 SUNNYBRAE CENTER ARCATA, CA 95521	94-3244839	501(C)(3)	39,295.	0.			COMPANION ANIMAL CENTER SUPPORT
COURT APPOINTED SPECIAL ADVOCATES OF HUMBOLDT - 2356 MYRTLE AVENUE - EUREKA, CA 95501	68-0243040	501(C)(3)	8,722.	0.			CASA SUPPORT
DEL NORTE CHILD CARE COUNCIL 212 K STREET CRESCENT CITY, CA 95531	94-2820925	501(C)(3)	37,500.	0.			PROGRAM SUPPORT
DEL NORTE COUNTY UNIFIED SCHOOL DISTRICT - 301 W. WASHINGTON BLVD. - CRESCENT CITY, CA 95531	94-6002153	501(C)(3)	51,705.	0.			YOUTH & FAMILY

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEL NORTE HIGH MUSIC BOOSTERS 1301 EL DORADO CRESCENT CITY, CA 95531	68-0210461	501(C)(3)	10,000.	0.			SUPPORT EDUCATIONAL PROGRAM EXPANDING MINDS THROUGH LITERACY
DEL NORTE HIGH SCHOOL 1301 EL DORADO CRESCENT CITY, CA 95531	94-6002153	GOV	9,468.	0.			ASSORTED SCHOOL PROGRAMS
DEL NORTE PUBLIC LIBRARY 190 PRICE MALL CRESCENT CITY, CA 95531	94-2597472	501(C)(3)	6,500.	0.			DEL NORTE READS PROGRAM
DEPARTMENT OF HEALTH & HUMAN SERVICES - 529 I STREET - EUREKA, CA 95501	94-6000513	GOV	9,539.	0.			CHILD PASSENGER SAFETY PROGRAM
EASTERN OREGON UNIVERSITY #1 UNIVERSITY BLVD. LA GRANDE, OR 97805	93-6030669	501(C)(3)	15,820.	0.			SCHOLARSHIPS
ENVIRONMENT CALIFORNIA RESEARCH AND POLICY CENTER - 3435 WILSHIRE BLVD STE 385 - LOS ANGELES, CA 90010	68-0531882	501(C)(3)	10,000.	0.			RENEWABLE ENERGY PROJECT SUPPORT
EUREKA RESCUE MISSION PO BOX 76 EUREKA, CA 95502	94-6135983	501(C)(3)	7,685.	0.			HELPING PEOPLE IN NEED
EVERGREEN LODGE 4615 LITTLE CALIFORNIA ST. EUREKA, CA 95503	94-1156596	501(C)(3)	19,072.	0.			PROGRAM SUPPORT
FAMILY RESOURCE CENTER OF THE REDWOODS - 494 PACIFIC AVENUE - CRESCENT CITY, CA 95531	81-2675618	501(C)(3)	15,000.	0.			SUPPORTING YOUTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERN COTTAGE FOUNDATION P.O. BOX 1286 FERNDALE, CA 95536	94-3060700	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
FIRST 5 HUMBOLDT 325 2ND ST, SUITE 201 EUREKA, CA 95501	68-0462363	501(C)(3)	18,452.	0.			PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH OF EUREKA - 819 15TH ST - EUREKA, CA 95501		501(C)(3)	19,958.	0.			PROGRAM SUPPORT
FOOD FOR PEOPLE 307 W. 14TH STREET EUREKA, CA 95501	94-2772549	501(C)(3)	91,638.	0.			FOOD FOR PEOPLE SUPPORT
FORTUNA UNION HIGH SCHOOL DISTRICT 379 12TH ST FORTUNA, CA 95540	94-6002186	GOV	9,634.	0.			ASSORTED SCHOOL PROGRAMS
FRIENDS FOR LIFE PO BOX 962 EUREKA, CA 95502	68-0479951	501(C)(3)	13,640.	0.			FRIENDS FOR LIFE SPAY AND NEUTER ASSISTANCE PROGRAM AND EMERGENCY MEDICAL
FRIENDS OF THE DUNES PO BOX 186 ARCATA, CA 95518	68-0373871	501(C)(3)	8,780.	0.			PROGRAM SUPPORT
GAME OVER 326 I STREET, SUITE 147 EUREKA, CA 95501	37-1831020	501(C)(3)	10,000.	0.			"JANE DOE IN WONDERLAND" HUMBOLDT RESIDENCY 2018
GARFIELD SCHOOL DISTRICT 2200 FRESHWATER ROAD EUREKA, CA 95503	94-6002186	GOV	5,700.	0.			SUPPORT FOR QUACK AND WABBIT AND B.A.R.K.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLEN PAUL SCHOOL 2501 CYPRESS AVENUE EUREKA, CA 95503	94-6000513	501(C)(3)	26,880.	0.			SUPPORT OF THE SCHOOL
GREYHOUND ADOPTION LEAGUE OF TEXAS 3400 CARLISLE STREET #310 DALLAS, TX 75204	75-2930618	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HARVEY HARPER ROTARY SCHOLARSHIP FUND - P.O. BOX 6054 - EUREKA, CA 95502	46-4130657	501(C)(3)	6,153.	0.			PROGRAM SUPPORT
HEALY SENIOR CENTER OF SOUTHERN HUMBOLDT INC. - PO BOX 1849 - REDWAY, CA 95560	94-2762224	501(C)(3)	11,690.	0.			SENIOR NUTRITION PROGRAM
HOSPICE OF HUMBOLDT 3327 TIMBER FALL SOURT EUREKA, CA 95503	94-2499333	501(C)(3)	83,008.	0.			HOSPICE SUPPORT
HSU SPONSORED PROGRAMS FOUNDATION/ 1 HARPST ST SBS #285 ARCATA, CA 95521	94-6050071	501(C)(3)	34,530.	0.			WRIGHT WILDLIFE REFUGE
HUMANE RESPONSE NETWORK P.O. BOX 2370 WEAVERVILLE, CA 96093	68-0032176	501(C)(3)	73,777.	0.			PROGRAM SUPPORT
HUMBOLDT ANIMAL RESCUE TEAM 8 WEST 6TH ST EUREKA, CA 95501	46-5666951	501(C)(3)	6,000.	0.			NEW HOPE FOR HOMELESS CATS
HUMBOLDT AREA CENTER FOR HARM REDUCTION - P.O. BOX 7365 - EUREKA, CA 95502	47-2822261	501(C)(3)	16,800.	0.			HARM REDUCTION

Schedule I (Form 990)

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

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HUMBOLDT ASSOCIATION OF REALTORS "TOYS FOR KIDS" - 527 W. WABASH AVE. - EUREKA, CA 95501	94-1600047	501(C)(6)	16,680.	0.			2017 TOYS FOR KIDS DONATION
HUMBOLDT BAYKEEPER 600 F ST. SUITE 3 #810 ARCATA, CA 95510	68-0400522	501(C)(3)	6,500.	0.			EXPLORE THE BAY / EXPLORA LA BAHI'A
HUMBOLDT BOTANICAL GARDENS FOUNDATION - P.O. BOX 6117 - EUREKA, CA 95502	68-0243631	501(C)(3)	13,149.	0.			GENERAL SUPPORT
HUMBOLDT COUNTY FIRECHIEFS ASSOC. P.O. BOX 7017 EUREKA, CA 95502	94-4610738	501(C)(3)	22,000.	0.			DEVELOPMENT OF A STRATEGIC PLAN
HUMBOLDT COUNTY LIBRARY 1313 3RD STREET EUREKA, CA 95501	94-6000513	501(C)(3)	28,623.	0.			LIBRARY SUPPORT
HUMBOLDT COUNTY OFFICE OF EDUCATION - 901 MYRTLE AVE - EUREKA, CA 95501	94-6002186	501(C)(3)	15,000.	0.			TRADES ACADEMY VEHICLE
HUMBOLDT DOG OBEDIENCE 2030 HOLLY STREET EUREKA, CA 95503	68-0024232	501(C)(3)	10,740.	0.			FERRI LOCKETT MEMORIAL SPAY/NEUTER FUND
HUMBOLDT LITERACY PROJECT 537 G ST SUITE 203 EUREKA, CA 95501	68-0062774	501(C)(3)	7,870.	0.			ASSISTING WITH EMPLOYEE PORTION OF HEALTH INSURANCE BENEFIT THE ORGANIZATION PROVIDES
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA, CA 95501	94-2261434	501(C)(3)	85,456.	0.			SENIOR RESOURCE CENTER SUPPORT

Schedule I (Form 990)

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

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HUMBOLDT SENIOR RESOURCE CENTER-ALZHEIMER CARE CENTER - 1910 CALIFORNIA STREET - EUREKA, CA 95501	94-2261434	501(C)(3)	37,219.	0.			ALZHEIMER CARE CENTER SUPPORT
HUMBOLDT SKATEPARK COLLECTIVE 2437 E COCHRAN RD MCKINLEYVILLE, CA 95501	68-0462298	501(C)(3)	10,250.	0.			DEVELOPMENT OF MCKINLEYVILLE SKATEPARK
HUMBOLDT SPAY/NEUTER NETWORK PO BOX 7236 EUREKA, CA 95502	20-0729293	501(C)(3)	55,840.	0.			SPAY/NEUTER ASSISTANCE PROGRAM
HUMBOLDT SPONSORS PO BOX 444 EUREKA, CA 95502	23-7107944	501(C)(3)	5,350.	0.			DREAMQUEST, ZANE JUNIOR HIGH SUPPORT AND MUSIC EDUCATION
HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION - 1 HARPST ST - ARCATA, CA 95521	94-6077724	501(C)(3)	36,950.	0.			HSU LIBRARY HUMBOLDT ROOM RENOVATION PROJECT
HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION - 1 HARPST ST - ARCATA, CA 95521	94-1627074	501(C)(3)	22,871.	0.			BILINGUAL, CULTURALLY-RELEVANT CAPACITY BUILDING FOR LATINX ENTREPRENEURES AND
HUMBOLDT STATE UNIVERSITY CASHIERS OFFICE - 1 HARPST STREET - ARCATA, CA 95521	68-0282413	501(C)(3)	122,686.	0.			KBAE BILINGUE RADIO STATION & BALANCE MOBILITY AND FALL PREVENTION PROGRAM
INK PEOPLE CENTER FOR THE ARTS 525 7TH ST EUREKA, CA 95501	94-3056179	501(C)(3)	36,621.	0.			VARIOUS PROGRAM SUPPORT
KEE CHA-E-NAR CORPORATION 190 KLAMATH BLVD. KLAMATH, CA 95548	47-4098140	501(C)(3)	17,000.	0.			YUROK PROGRAMS

Schedule I (Form 990)

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KEEP EUREKA BEAUTIFUL 4401 CEDAR STREET EUREKA, CA 95503	23-7310660	501(C)(3)	6,088.	0.			PROGRAM SUPPORT
LEAVEY RANCH LLC 363 INDIANOLA ROAD BAYSIDE, CA 95524	46-3296780	501(C)(3)	100,770.	0.			OPERATING SUPPORT
LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED - 1155 MARKET ST 10TH FLOOR - SAN FRANCISCO, CA 94103	94-1415317	501(C)(3)	15,000.	0.			HUMBOLDT LIGHTHOUSE FOR THE BLIND PROGRAM
MARIN ROWING ASSOCIATION 50 DRAKES LANDING ROAD GREENBRAE, CA 94904	23-7448092	501(C)(3)	12,000.	0.			PURCHASE OF INDOOR ROWERS
MATEEL COMMUNITY CENTER 59 RUSK LANE REDWAY, CA 95560	94-2624598	501(C)(3)	6,834.	0.			VARIOUS PROGRAM AND CONSULTANT SUPPORT
MCKINLEYVILLE COMMUNITY SERVICES DISTRICT - 1656 SUTTER RD. - MCKINLEYVILLE, CA 95519	94-1729867	501(C)(3)	6,676.	0.			PURCHASING EQUIPMENT FOR LARISSA PARK
MCKINLEYVILLE FAMILY RESOURCE CENTER - PO BOX 2668 - MCKINLEYVILLE, CA 95519	68-0445130	501(C)(3)	13,849.	0.			FAMILY AND YOUTH PROGRAMS
MENDOCINO SPAY NEUTER ASSISTANCE PROGRAM - PO BOX 4 - TALMAGE, CA 95481	68-0237631	501(C)(3)	24,000.	0.			ANNUAL OPERATING SUPPORT FOR SPAY & NEUTER ASSISTANCE PROGRAM
MID KLAMATH WATERSHED COUNCIL PO BOX 409 ORLEANS, CA 95556	20-1501256	501(C)(3)	10,000.	0.			KLAMATH SENTINELS SCULPTURE PROJECT

Schedule I (Form 990)

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

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NORCAL LAO FOUNDATION 2966 PIGEON POINT RD EUREKA, CA 95503	82-2601156	501(C)(3)	9,140.	0.			PROGRAM SUPPORT
NORTH COAST HEALTH IMPROVEMENT AND INFORMATION NETWORK - 2662 HARRIS STREET - EUREKA, CA 95503	27-4520226	501(C)(3)	25,000.	0.			SUPPORT FOR NURSES IN THE SCHOOL PILOT PROGRAM
NORTH COAST REPERTORY THEATER 300 5TH STREET EUREKA, CA 95501	68-0380567	501(C)(3)	5,500.	0.			SUPPORT LATINX AND LA VOZ PROGRAMMING
NORTH COAST SMALL BUSINESS DEVELOPMENT CENTER - 520 E ST. - EUREKA, CA 95501	68-0070019	501(C)(3)	66,247.	0.			SUPPORTING NEW SERVICES TO LA INT'L AIRPORT
NORTHERN CALIFORNIA INDIAN DEVELOPMENT COUNCIL - 241 F ST - EUREKA, CA 95501	51-0189400	501(C)(3)	10,500.	0.			SUPPORTING INDIAN EDUCATION PROGRAM
OREGON STATE UNIVERSITY OFFICE OF FINANCIAL AID & SCHOLARSHIPS - 218 KERR ADMINISTRATION BLDG - CORVALLIS, OR 97331	48-1278540	501(C)(3)	15,820.	0.			SCHOLARSHIPS
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520	13-1644147	501(C)(3)	30,000.	0.			SUPPORTING PLANNED PARENTHOOD NORTHERN CALIFORNIA
PLAYHOUSE ARTS 1251 9TH STREET ARCATA, CA 95521	26-0383637	501(C)(3)	10,865.	0.			PROGRAM SUPPORT
PUBLIC VET - NEUTER SCOOTER 2336 LINDEN HILL RD BLOOMINGTON, IN 47401	81-4581936	501(C)(3)	10,000.	0.			PUBLIC VET'S HUMBOLDT COUNTY PROGRAM

Schedule I (Form 990)

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

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REDWAY ELEMENTARY SCHOOL P.O. BOX 369 REDWAY, CA 95560	94-6002186	501(C)(3)	5,390.	0.			TO PROVIDE ANNUAL SUPPORT FOR DISCRETIONARY SPENDING BY THE TEACHERS OF REDWAY ELEMENTARY
REDWOOD COAST MONTESSORI P.O. BOX 6103 EUREKA, CA 95503	45-4258908	501(C)(3)	13,500.	0.			MANILA COMMUNITY PLAYGROUND PROJECT
REDWOOD COAST VILLAGE P.O. BOX 2843 MCKINLEYVILLE, CA 95519	81-3712463	501(C)(3)	24,715.	0.			REDWOOD COAST VILLAGE EXPANSION
REDWOOD DISCOVERY MUSEUM 612 G ST #102 EUREKA, CA 95501	68-0360954	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
REDWOOD PALS RESCUE P.O. BOX 2913 MCKINLEYVILLE, CA 95519	61-1655383	501(C)(3)	8,740.	0.			SPAY/NEUTER, VACCINATIONS, AND FOOD FOR HOMELESS DOGS IN HUMBOLDT COUNTY
REDWOOD RURAL HEALTH CENTER P.O. BOX 769 REDWAY, CA 95560	94-2337367	501(C)(3)	8,000.	0.			ADDING MEDICAL SERVICES TO SCHOOL-BASED DENTAL VAN AND HIRING DENTAQUEST CONSULTANTS
REDWOODS MONASTERY 18104 BRICELAND - THORN ROAD WHITEHORN, CA 95589	94-1640741	501(C)(3)	25,650.	0.			MONASTERY SUPPORT
RESIGHINI RANCHERIA P.O. BOX 529 KLAMATH, CA 95548	94-2482661	501(C)(3)	10,000.	0.			MEN'S TRADITIONAL SWEATHOUSE
RESOLUTIONCARE INSTITUTE 2240 23RD ST, STE B EUREKA, CA 95501	81-2514741	501(C)(3)	9,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY CLUB OF EUREKA SIGN SMITH FUND - 445 HERRICK AVENUE - EUREKA, CA 95503	46-4130657	501(C)(3)	26,810.	0.			SERVICE PROJECTS
SANCUTARY FOREST P.O. BOX 166 WHITEHORN, CA 95589	94-2676195	501(C)(3)	15,500.	0.			COMMUNITY STEWARDSHIP EDUCATION PROJECT
SEQUOIA HUMANE SOCIETY 6073 LOMA AVENUE EUREKA, CA 95503	23-7102713	501(C)(3)	80,707.	0.			SUPPORT ANIMAL WELFARE
SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES INC. - PO BOX 4569 - ARCATA, CA 95518	68-0027247	501(C)(3)	28,000.	0.			THE WARRIOR INSTITUTE PROGRAM SUPPORT & IL (ITH) TUQ CENTER - HUPA LANGUAGE DICTIONARY
SMITH RIVER ALLIANCE P.O. BOX 2129 CRESCENT CITY, CA 95531	94-2650838	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
SOUTH BAY UNION SCHOOL DISTRICT 6077 LOMA AVENUE EUREKA, CA 95503	94-6002186	GOV	19,923.	0.			CAREER TECHNICAL EDUCATION PROGRAM
SOUTHERN HUMBOLDT COMMUNITY PARK P.O. BOX 185 GARBERVILLE, CA 95542	75-3073362	501(C)(3)	18,500.	0.			THE SOUTHERN HUMBOLDT COMMUNITY SPORTS COMPLEX
ST. ALBANS EPISCOPAL CHURCH 1675 CHESTER DR ARCATA, CA 95521		501(C)(3)	14,000.	0.			FAITH LEADER DISASTER PREPAREDNESS TRAINING
ST. BERNARD CATHOLIC SCHOOL 222 DOLLISON EUREKA, CA 95501	68-0462363	501(C)(3)	15,278.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. FRANCIS EPISCOPAL CHURCH 568 16TH STREET FORTUNA, CA 95540		501(C)(3)	14,250.	0.			MAINTENANCE AND REPAIRS
ST. JOSEPH HOME CARE 2127 HARRISON AVE STE #3 EUREKA, CA 95501	94-1156596	501(C)(3)	5,744.	0.			HOME HEALTH SUPPORT
ST. JOSEPH HOSPITAL FOUNDATION 2700 DOLBEER STREET EUREKA, CA 95501	94-1156596	501(C)(3)	59,482.	0.			REDWOOD COAST FAMILY MEDICINE RESIDENCY
ST. MARY'S CHURCH 1690 JANES ROAD ARCATA, CA 95521	94-2509590	501(C)(3)	18,668.	0.			SUPPORT THE WORK OF ST. MARY'S CHURCH
THE GREYHOUND ALLIANCE P.O. BOX 5803 RIVER FOREST, IL 60305	76-0811448	501(C)(3)	10,000.	0.			SUPPORTING THE SUNBURST PROJECT
TRINITY MUSEUM SOCIETY P.O. BOX 1126 TRINIDAD, CA 95570	68-0042645	501(C)(3)	16,000.	0.			MUSEUM SUPPORT
TRINITY COMMUNITY FOOD OUTREACH, INC. - P.O BOX 500 - LEWISTON, CA 96052	47-3459942	501(C)(3)	12,400.	0.			FOOD BANK WAREHOUSE
TRINITY COUNTY FRIENDS OF THE LIBRARY - P.O. BOX 2151 - WEAVERVILLE, CA 96093	94-3006653	501(C)(3)	7,553.	0.			PROGRAM SUPPORT
TRINITY COUNTY OFFICE OF EDUCATION P.O. BOX 1256 WEAVERVILLE, CA 96093	26-3967405	501(C)(3)	16,250.	0.			GIFT CARDS FOR STUDENTS IMPACTED BY HELENA FIRE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY HISTORICAL SOCIETY P.O. BOX 333 WEAVERVILLE, CA 96093	23-7052120	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
TRINITY SCHOLARSHIP FOUNDATION P.O. BOX 2000 WEAVERVILLE, CA 96093	23-7121577	501(C)(3)	14,700.	0.			SCHOLARSHIPS
UNITED STATES BOWLING CONGRESS - HUMBOLDT - 3567 OREGON ST - EUREKA, CA 95503	20-4416939	501(C)(3)	10,000.	0.			HUMBOLDT USBC YOUTH TROPHIES, TOURNAMENT AND CONVENTION
VECTOR REHABILITATION 2121 MYRTLE AVENUE EUREKA, CA 95501	94-2600144	501(C)(3)	6,216.	0.			THERAPEUTIC WARM POOL AND PEDIATRIC HEALTH CARE
VETERANS OF FOREIGN WARS 507 PACIFIC STREET BROOKINGS, OR 97415	93-6032408	501(C)(19)	12,500.	0.			PROGRAM SUPPORT
WILD SOULS RANCH P.O. BOX 396 EUREKA, CA 95502	47-1895953	501(C)(3)	13,900.	0.			EQUINE THERAPY SCHOLARSHIPS
WILLOW CREEK CHRISTIAN SCHOOL PO BOX 1568 WILLOW CREEK, CA 95573	68-0005517	501(C)(3)	10,491.	0.			SCHOLARSHIPS FOR SCHOOL ENROLLMENT
WILLOW CREEK YOUTH PARTNERSHIP - DREAM QUEST - PO BOX 609 - WILLOW CREEK, CA 95573	68-0477682	501(C)(3)	17,750.	0.			DREAM QUEST
WIYOT TRIBE 1000 WIYOT DR. LOLETA, CA 95551	94-2714533	GOV	6,000.	0.			WIYOT REGALIA CLASS AND TSEK HOUDAQH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG FAMILY RANCH INC. PO BOX 3246 WEAVERVILLE, CA 96093	68-0483865	501(C)(3)	46,000.	0.			PROGRAM SUPPORT
BETTY KWAN CHINN HOMELESS FOUNDATION - 133 7TH STREET - EUREKA, CA 95501	46-1413135	501(C)(3)	152,300.	0.			PROGRAM SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ART, CULTURE & HUMANITIES	24	84,544.	0.		
HEALTH AND WELLBEING	17	11,400.	0.		
SCHOLARSHIPS	457	762,626.	0.		

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

PART I, LINE 2:

GRANTEES ARE REQUIRED TO SIGN A CONTRACT THAT DESCRIBES THE USE OF THE FUNDS. THE CONTRACT ALSO REQUIRES GRANTEES TO SUBMIT BOTH A NARRATIVE AND A FINANCIAL REPORT DOCUMENTING THE ORGANIZATION'S ACTIVITIES WITH THE GRANT FUNDS AND THE SPECIFIC USES OF GRANT FUNDS IF THE GRANT AMOUNT IS OVER \$2,000.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV Supplemental Information**

HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BILINGUAL, CULTURALLY-RELEVANT

CAPACITY BUILDING FOR LATINX ENTREPRENEURES AND BUSINESS OWNERS AND THE  
ALONG THE RIVER PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: REDWAY ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ANNUAL SUPPORT FOR  
DISCRETIONARY SPENDING BY THE TEACHERS OF REDWAY ELEMENTARY SCHOOL FOR  
TEACHING AIDS, SUPPLIES AND PROGRAMS NOT ORDINARILY FUNDED

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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

<b>Part I</b>	<b>Types of Property</b>			
	(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				
2				
3				
4				
5				
6				
7				
8				
9	X	10	185,963.	FAIR MARKET VALUE
10				
11				
12				
13				
14				
15				
16	X	1	1,050,000.	FAIR MARKET VALUE
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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**

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** Schedule M (Form 990) 2017

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS ARE BEING LISTED.

Multiple horizontal lines for supplemental information.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

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

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED DURING THE TAX YEAR END 06/30/18 TO UPDATE THE  
COMPOSITION AND DUTIES OF ITS OFFICERS.

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

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

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

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

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.

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

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 REVIEWED BY THE

BOARD FINANCE COMMITTEE FOR POLICY REVIEW. COMMITTEE RECOMMENDATIONS ARE

PRESENTED FOR FULL BOARD REVIEW AND ULTIMATE APPROVAL.

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

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

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

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

ACTUARIAL GAIN ON ANNUITY OBLIGATION	106,863.
INTERFUND TRANSFERS	104,420.
FISCAL SPONSORSHIP	-18,906.
TOTAL TO FORM 990, PART XI, LINE 9	192,377.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LEAVEY RANCH, LLC - 46-3296780 363 INDIANOLA ROAD BAYSIDE, CA 95524	CHARITABLE ACTIVITIES	CALIFORNIA	149,100.	2,195,706.	HUMBOLDT AREA FOUNDATION

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

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

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

Schedule R (Form 990) 2017

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



