Form **990-PF**Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.



For calendar year 2022 or tax year beginning and ending Name of foundation A Employer identification number PATRICIA D. AND WILLIAM B. SMULLIN FDTN 93-1055546 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number P.O. BOX 88 (707) 599-1147City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 95525 BLUE LAKE, CA G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Cash X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ... 13, 198, 558. (Part I, column (d), must be on cash basis.) Part I Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements for charitable purposes (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income (cash basis only) Contributions, gifts, grants, etc., received N/A2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 41,118. 41,118. STATEMENT 243,682. 243,682. STATEMENT Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 288,855. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 2,624,364. 288,855. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns 10a and allowances b Less: Cost of goods sold c Gross profit or (loss) 11 Other income 573,655. 573,655. 12 Total. Add lines 1 through 11 150,000. 15,000. 135,000. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 31,615. 3,162. 28,453. 15 Pension plans, employee benefits 16a Legal fees Administrative Expenses **b** Accounting fees c Other professional fees 17 Interest $28,1\overline{30}$. Taxes STMT 3 1,355. 0. 68. Depreciation and depletion 0. 19 1,950. 195. 1,755. 20 Occupancy 21 Travel, conferences, and meetings 2,902. 290. 2,612. 22 Printing and publications 23 Other expenses STMT 4 90,538. 85,007. 3,686. 24 Total operating and administrative <u>171,5</u>06. 305,203 105,009. expenses. Add lines 13 through 23 495,653. 495,653. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 105,009. 667,159. Add lines 24 and 25 800,856. 27 Subtract line 26 from line 12: -227,201**a** Excess of revenue over expenses and disbursements 468,646. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

23501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

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Page 2

P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
•	uit	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	850,312.	747,058.	747,058.
		Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	ľ	Less: allowance for doubtful accounts			
"	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ass		Investments - U.S. and state government obligations STMT 7	0.	99,879.	99,516.
		Investments - corporate stock STMT 8	760,667.	554,806.	1,041,976.
		Investments - corporate bonds STMT 9	1,203,151.	1,652,100.	1,616,493.
	44	Investments land buildings and equipment basis	1,205,151.	1,032,100.	1,010,455.
	"	Investments - land, buildings, and equipment: basis			
	40	Less: accumulated depreciation			
		Investments - mortgage loans	8,339,784.	7,873,944.	9,693,481.
	13	Investments - other STMT 10	0,339,704.	7,073,344.	9,093,401.
	14	Land, buildings, and equipment: basis 3,289. Less: accumulated depreciation STMT 6 3,255.	102.	34.	34.
	4-		102.	34.	<u> </u>
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	11 154 016	10 027 021	12 100 550
	47	instructions. Also, see page 1, item I)	11,154,016.	10,927,821.	13,198,558.
		Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
ij		Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	20	Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here	•	•	
		and complete lines 24, 25, 29, and 30.			
ces	24	Net assets without donor restrictions			
an	25	Net assets with donor restrictions			
Ва	20	Foundations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balanc		and complete lines 26 through 30.			
Ę	26	Capital stock, trust principal, or current funds	0.	0.	
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
set	28	Retained earnings, accumulated income, endowment, or other funds	11,154,016.	10,927,821.	
As	29	Total net assets or fund balances	11,154,016.	10,927,821.	
Š	20	Total not assets of fund bulanous	11/101/0101	20/32//0220	
	30	Total liabilities and net assets/fund balances	11,154,016.	10,927,821.	
	art	_	•	, ,	
	arı	Analysis of changes in Net Assets of Fana Ba			
1		net assets or fund balances at beginning of year - Part II, column (a), line 2			
		t agree with end-of-year figure reported on prior year's return)			11,154,016.
		amount from Part I, line 27a		_ _	-227,201.
		r increases not included in line 2 (itemize)	SEE ST	ATEMENT 5 3	1,006.
		ines 1, 2, and 3			10,927,821.
		eases not included in line 2 (itemize)		5	0.
6	Fotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 29	6	10,927,821. Form 990-PF (2022)
					Form 330-FF (2022)

	RICIA D. AND WIL.			TIN L	DIM		93-10	00040	Page 3
Part IV Capital Gains	and Losses for Tax on In	vestment In	come					_	
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) P D	How ac - Purch - Dona	quired lase tion	(c) Date acquired (mo., day, yr.)	(d) Date (mo., da	
1a PUBLICLY TRADE	PUBLICLY TRADED SECURITIES					(01/01/22	12/31	/22
b PUBLICLY TRADE	PUBLICLY TRADED SECURITIES					(01/01/21	06/30)/22
c CAPITAL GAIN D	ISTRIBUTION					(01/01/21	06/30)/22
d									
е									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basi ense of sale				(h) Gain or (los ((e) plus (f) minu		
a 840,128.			948,5					-108,	
b 1,424,954.		1	, 386, 9	926.					028.
<u>c</u> 359,282.								<u>359,</u>	282.
_ d									
_ e									
Complete only for assets showir	ng gain in column (h) and owned by t						Gains (Col. (h) ga		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) l. (j), if any			COI.	(k), but not less th Losses (from col	. (h)) ´	
a								-108,	
b									028.
_ C								359,	282.
_ d									
_ e									
2 Capital gain net income or (net ca	apital loss) $\left\{ egin{array}{l} ext{If gain, also enter} \ ext{If (loss), enter -0} \end{array} ight.$	r in Part I, line 7)- in Part I, line 7		}	2			288,	855.
3 Net short-term capital gain or (lo				`					
	column (c). See instructions. If (los	s), enter -0- in		\			3T /		
Part I, line 8	sed on Investment Incom	ne (Section /	1040(a)) 1010(3 b) or	<u> 1018 - (</u>	N/.	A Concl	
								ulisj	
	described in section 4940(d)(2), che							6	514.
	letter: (at			ary - see	Instruc	tions)) 1	0,	J14.
	enter 1.39% (0.0139) of line 27b. Ex								
	2, col. (b)tic section 4947(a)(1) trusts and taxa						2		0.
							3	6	514.
	stic section 4947(a)(1) trusts and tax							<u> </u>	0.
	me. Subtract line 4 from line 3. If ze			, 011101	o ,		5	6.	514.
6 Credits/Payments:	ine. Subtract line 4 from line 6. if 20	510 01 1033, 011101	•				Ü	<u> </u>	<u> </u>
	and 2021 overpayment credited to 20	122	6a		16	760			
	tax withheld at source		6b			0.			
	tension of time to file (Form 8868)		6c			0 .			
	ly withheld		6d			0 .	_		
7 Total credits and payments. Ad	d Barron Carllana and Cal		•				7	16.	760.
• •	ment of estimated tax. Check here			1					116.
	and 8 is more than 7, enter amount (9		
	than the total of lines 5 and 8, enter						10	10,	130.
	ha: Craditad to 2022 patimated tax			1 1 3		Dofunded	11		

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_	n 990-PF (2022) PATRICIA D. AND WILLIAM B. SMULLIN FDTN 93-1055	5546		Page 4
			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	4.	162	X
_	any political campaign?	1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.	4.		х
C	Did the foundation file Form 1120-POL for this year?	1c		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0 • (2) On foundation managers. \$ 0 •			
_	.,			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
•	managers. \$O .			х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
•	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	,		х
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		_
•	If "Yes," attach the statement required by General Instruction T.			
ь	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or Production that affectively accorded to a convenience instrument as that an around the conflict with the actor law.			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		v	
-	remain in the governing instrument?	7	X	\vdash
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	/	Λ	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	OR, CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12				
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address SMULLINFOUNDATION.ORG			
14		599	-11	4 7
	Located at PO BOX 88, BLUE LAKE, CA ZIP+4 95	5525		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
-	securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
		rm 99 0)-PF	(2022)

PATRICIA D. AND WILLIAM B. SMULLIN FDTN 93-1055546 Page 5 Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): Х 1a(1) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Х 1a(3) (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X 1a(4) (5) Transfer any income or assets to a disqualified person (or make any of either available X for the benefit or use of a disqualified person)? 1a(5) (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Х termination of government service, if terminating within 90 days.) 1a(6) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Х 1b c Organizations relying on a current notice regarding disaster assistance, check here d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected Х 1d before the first day of the tax year beginning in 2022? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5): a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? Х 2a If "Yes," list the years b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A2b c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time X during the year? 3a b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.) 3b

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2022?

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4a

X

	00-PF (2022) PATRICIA D. AND WILLIA VI-B Statements Regarding Activities for Whi			93-1055	546	Page 6			
		CII FOITII 4/20 May be h	equirea (contin	ued)		es No			
	ıring the year, did the foundation pay or incur any amount to:) Carry on propaganda, or otherwise attempt to influence legislation (:	section 4945(e)\?			5a(1)	X			
) Influence the outcome of any specific public election (see section 49				σα(1)				
,-	any voter registration drive?	**			5a(2)	х			
(3) Provide a grant to an individual for travel, study, or other similar pur	poses?			5a(3)	Х			
) Provide a grant to an organization other than a charitable, etc., organ								
	4945(d)(4)(A)? See instructions				5a(4)	X			
(5	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for								
	the prevention of cruelty to children or animals?				5a(5)	X			
	any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qua			NT / 7A	5b				
	ction 53.4945 or in a current notice regarding disaster assistance? Sec ganizations relying on a current notice regarding disaster assistance, c				อม				
	the answer is "Yes" to question 5a(4), does the foundation claim exemp								
	penditure responsibility for the grant?			N/A	5d				
	"Yes," attach the statement required by Regulations section 53.4945-5(
6a Di	d the foundation, during the year, receive any funds, directly or indirec	tly, to pay premiums on							
	personal benefit contract?				6a	X			
	d the foundation, during the year, pay premiums, directly or indirectly,	on a personal benefit contract?			6b	X			
	"Yes" to 6b, file Form 8870.	d to control to the control of the c			7.	Х			
	any time during the tax year, was the foundation a party to a prohibite "Yes," did the foundation receive any proceeds or have any net income				7a 7b	^			
	the foundation subject to the section 4960 tax on payment(s) of more			¥\/.₳	70				
	cess parachute payment(s) during the year?	than \$1,000,000 in remaineration of			8	х			
Part	VII Information About Officers, Directors, T	rustees. Foundation Mai	nagers, Highly						
	Paid Employees, and Contractors								
l List	Paid Employees, and Contractors all officers, directors, trustees, and foundation managers	and their compensation.		(d) Contributions to) Evnanca			
l List		and their compensation. (b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plan and deferred	l acc) Expense ount, other			
l List	all officers, directors, trustees, and foundation managers	and their compensation. (b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plan and deferred compensation	l acc) Expense ount, other lowances			
l List	all officers, directors, trustees, and foundation managers	and their compensation. (b) Title, and average hours per week devoted	(c) Compensation (If not paid,	and deterred	l acc	ount, other			
	all officers, directors, trustees, and foundation managers	and their compensation. (b) Title, and average hours per week devoted	(c) Compensation (If not paid,	and deterred compensation	al	ount, other			
	all officers, directors, trustees, and foundation managers (a) Name and address	and their compensation. (b) Title, and average hours per week devoted	(c) Compensation (If not paid, enter -0-)	and deterred compensation	al	ount, other lowances			
	all officers, directors, trustees, and foundation managers (a) Name and address	and their compensation. (b) Title, and average hours per week devoted	(c) Compensation (If not paid, enter -0-)	and deterred compensation	al	ount, other lowances			
	all officers, directors, trustees, and foundation managers (a) Name and address	and their compensation. (b) Title, and average hours per week devoted	(c) Compensation (If not paid, enter -0-)	and deterred compensation	al	ount, other lowances			
	all officers, directors, trustees, and foundation managers (a) Name and address	and their compensation. (b) Title, and average hours per week devoted	(c) Compensation (If not paid, enter -0-)	and deterred compensation	al	ount, other lowances			
	all officers, directors, trustees, and foundation managers (a) Name and address	and their compensation. (b) Title, and average hours per week devoted	(c) Compensation (If not paid, enter -0-)	and deterred compensation	al	ount, other lowances			
	all officers, directors, trustees, and foundation managers (a) Name and address	and their compensation. (b) Title, and average hours per week devoted	(c) Compensation (If not paid, enter -0-)	and deterred compensation	al	ount, other lowances			
	all officers, directors, trustees, and foundation managers (a) Name and address	and their compensation. (b) Title, and average hours per week devoted	(c) Compensation (If not paid, enter -0-)	and deterred compensation	al	ount, other lowances			
	all officers, directors, trustees, and foundation managers (a) Name and address	and their compensation. (b) Title, and average hours per week devoted	(c) Compensation (If not paid, enter -0-)	and deterred compensation	al	ount, other lowances			
SEE	all officers, directors, trustees, and foundation managers (a) Name and address	and their compensation. (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	and deterred compensation 31,615	•	ount, other lowances			
SEE	(a) Name and address STATEMENT 11 mpensation of five highest-paid employees (other than those	hours per week devoted to position (b) Title, and average hours per week devoted to position be included on line 1). If none,	(c) Compensation (If not paid, enter -0-) 150,000.	and deterred compensation 31,615	al	Out, other lowances			
SEE	(a) Name and address STATEMENT 11 mpensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	and their compensation. (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	and deterred compensation 31,615	s (es	ount, other lowances			
SEE	(a) Name and address STATEMENT 11 mpensation of five highest-paid employees (other than those	and their compensation. (b) Title, and average hours per week devoted to position se included on line 1). If none, (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 150,000.	and deterred compensation 31,615	s (es	O . Description of the lowances O .			
SEE	(a) Name and address STATEMENT 11 mpensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	and their compensation. (b) Title, and average hours per week devoted to position se included on line 1). If none, (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 150,000.	and deterred compensation 31,615	s (es	O . Description of the lowances O .			
SEE	(a) Name and address STATEMENT 11 mpensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	and their compensation. (b) Title, and average hours per week devoted to position se included on line 1). If none, (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 150,000.	and deterred compensation 31,615	s (es	O . Description of the lowances O .			
SEE	(a) Name and address STATEMENT 11 mpensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	and their compensation. (b) Title, and average hours per week devoted to position se included on line 1). If none, (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 150,000.	and deterred compensation 31,615	s (es	O . Description of the lowances O .			
SEE	(a) Name and address STATEMENT 11 mpensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	and their compensation. (b) Title, and average hours per week devoted to position se included on line 1). If none, (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 150,000.	and deterred compensation 31,615	s (es	O . Description of the lowances O .			

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Total number of other employees paid over \$50,000

Part VII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ROBERT W BAIRD CO	INVESTMENT ACCOUNT	
777 EAST WISCONSIN AVE, MILWAUKEE, WI 53202	FEES	84,598.
Total number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant stationumber of organizations and other beneficiaries served, conferences convened, research papers pro-		Expenses
1 FOUNDATION DOES NOT SPONSOR ACTIVITIES.		
		0.
2		<u> </u>
3		
4		
Part VIII-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or 1	n lines 1 and 2.	Amount
·		
2		
All other program-related investments. See instructions.		
3 NONE		
		0.
Total Add lines 1 through 3		0.

For	m 990-PF (2022) PATRICIA D. AND WILLIAM B. SMULLIN FDTN	93-	1055546	Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fo	undations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
а	Average monthly fair market value of securities	1a	13,181,	508.
	Average of monthly cash balances	1b	805,	422.
	Fair market value of all other assets (see instructions)	1c		
d	Total (add lines 1a, b, and c)	1d	13,986,	930.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) <u>1e</u> 0 •			
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	13,986,	930.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4		804.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	13,777,	126.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	688,	856.
Р	Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certain	1	
	foreign organizations, check here and do not complete this part.)			
1	Minimum investment return from Part IX, line 6	1	688,	856.
2a	Tax on investment income for 2022 from Part V, line 5 2a 6,514.			
b	Income tax for 2022. (This does not include the tax from Part V.)			
C	Add lines 2a and 2b	2c		514.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	682,	342.
4	Recoveries of amounts treated as qualifying distributions	4		0.
5	Add lines 3 and 4	5	682,	342.
6	Deduction from distributable amount (see instructions)	6		0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	682,	342.
P	art XI Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	667,	159.
b	Program-related investments - total from Part VIII-B	1b		0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		

667,159. Form **990-PF** (2022)

3a 3b

Amounts set aside for specific charitable projects that satisfy the:

a Suitability test (prior IRS approval required)
b Cash distribution test (attach the required schedule)
Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X,	Corpus	rears prior to 2021	2021	2022
line 7				682,342.
2 Undistributed income, if any, as of the end of 2022:				002/0120
a Enter amount for 2021 only			401,311.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$ 667,159.				
a Applied to 2021, but not more than line 2a			401,311.	
b Applied to undistributed income of prior				
years (Election required - see instructions) \dots		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2022 distributable amount				265,848.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2021. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				446 404
be distributed in 2023				416,494.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	•			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2017	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023.	0.			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2018 b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				
223581 12-06-22				Form 990-PF (2022)

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Pa	art XIII	Private Operating Fo	undations (see ins	structions and Part VI-A	A, question 9)	N/A				
1 a		undation has received a ruling or								
	foundation, and the ruling is effective for 2022, enter the date of the ruling									
		ox to indicate whether the found	ation is a private operatin	ig foundation described in		4942(j)(3) or 49	42(j)(5)			
2 a	Enter th	e lesser of the adjusted net	Tax year		Prior 3 years					
	income	from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total			
	investm	ent return from Part IX for								
	each yea	ar listed								
b	85% (0.	85) of line 2a								
c	Qualifyii	ng distributions from Part XI,								
	line 4, fo	or each year listed								
c		s included in line 2c not								
	used dir	ectly for active conduct of								
		activities								
6		ng distributions made directly								
	•	re conduct of exempt activities.								
		t line 2d from line 2c								
3	Complet	te 3a, b, or c for the								
		ve test relied upon:								
a		alternative test - enter: ue of all assets								
	(2) Val	ue of assets qualifying der section 4942(j)(3)(B)(i)								
		ment" alternative test - enter								
٠		ninimum investment return								
		n Part IX, line 6, for each year								
_										
C		t" alternative test - enter:								
		al support other than gross estment income (interest,								
		idends, rents, payments on								
		urities loans (section								
		2(a)(5)), or royalties)								
		oport from general public I 5 or more exempt								
		anizations as provided in								
		tion 4942(j)(3)(B)(iii)								
	(3) Lar	gest amount of support from								
	an	exempt organization								
		ss investment income								
Pa	art XIV	Supplementary Infor			the foundation	had \$5,000 or mor	e in assets			
		at any time during th	ie year-see instri	uctions.)						
1		ation Regarding Foundatior	•							
a		managers of the foundation who			butions received by the	foundation before the close	e of any tax			
	• (it only if they have contributed m	ore man \$5,000). (See Se	ection 507(a)(2).)						
	NE									
b		managers of the foundation who			or an equally large portion	on of the ownership of a pa	rtnership or			
		itity) of which the foundation has	a 10% or greater interes	iī.						
NO	NE									
2	Inform	ation Regarding Contribution		• • • •	-					
	Check h		,		•	s not accept unsolicited rec	juests for funds. If			
	the foun	ndation makes gifts, grants, etc., t	o individuals or organiza	itions under other condition	ons, complete items 2a,	b, c, and d.				
a	The nan	ne, address, and telephone numb	er or email address of th	e person to whom applica	tions should be address	sed:				
t	The form	m in which applications should be	submitted and informat	ion and materials they sh	ould include:					
	Α	anianian dan Missas								
C	: Any sub	mission deadlines:								
- (Any rest	trictions or limitations on awards	, such as by geographica	ıl areas, charitable fields, l	kinds of institutions, or	other factors:				
					,					

Supplementary Information	,			
3 Grants and Contributions Paid During the Yo		Payment 		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
AMERICAN LEADERGUID HORIN OF ORIGON	AT / 2	DG.	AMEDICAN LEADEDOUTD	
AMERICAN LEADERSHIP FORUM OF OREGON 221 NW SECOND AVE. #306	N/A	PC	AMERICAN LEADERSHIP FELLOWS FORUM	
PORTLAND, OR 97209			FEDDOWS FOROM	2,500.
				,
BOYS AND GIRLS CLUB OF THE REDWOODS	N/A	₽C	EUREKA CLUBHOUSE	
939 HARRIS STREET			RENOVATION	
EUREKA, CA 95503				35,000.
BREAST AND GYN HEALTH PROJECT	N/A	PC	SUPPORT FOR GENERAL	
987 8TH STREET ARCATA, CA 95521			OPERATING COSTS	20,000.
<u> </u>				20,000.
BROOKINGS HARBOR COMMUNITY HELPERS	N/A	₽C	SNACK PACKS FOR KIDS	
INC			PROGRAM	
PO BOX 1415				2 500
BROOKINGS, OR 97415				2,500.
CAL POLY HUMBOLDT SPONSORED PROGRAMS	N/A	PC	BUSINESS INTERNSHIP	
FOUNDATION	N/A		PROGRAM 2022-2023	
1 HARPST STREET				
ARCATA, CA 95521				46,853.
Total SEE CON	TINUATION SHEE	Ţ(S)		495,653.
b Approved for future payment				
NONE				
			3h	0.

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Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
, and the second se	code		Code			
a						
b						
c						
d						
e						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	41,118. 243,682.		
4 Dividends and interest from securities			14	243,682.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	288,855.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b						
С						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		0	•	573,655.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	573,655.	
(See worksheet in line 13 instructions to verify calculations.)						

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form **990-PF** (2022)

93-1055546 Form 990-PF (2022) PATRICIA D. AND WILLIAM B. SMULLIN FDTN Page 13 Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable

		Exempt Organi	izations							
1 Did the organization directly or indirectly engage in any of the following with any other organization of						tion described in sect	tion 501(c)		Yes	No
		n section 501(c)(3) organi					. ,			
a Transfers from the reporting foundation to a noncharitable exempt organization of:										
								1a(1)		Х
(2) Other assets								······		Х
b Other transactions:										
(1) Sales of assets to a noncharitable exempt organization										Х
		nases of assets from a non								Х
		al of facilities, equipment, o								X
		bursement arrangements								X
		s or loan guarantees								X
	(6) Dorfo	rmance of services or mer	mharchin or fundraic	ing solicitatio						X
		f facilities, equipment, mai								X
		ver to any of the above is '							ente	
		s given by the reporting fo							,	
		i) the value of the goods, o			ou 1035 than fall market va	ide iii diiy ti dii3detioi	r or snaring arrangen	ioni, snow in		
(a) Lir		(b) Amount involved			e exempt organization	(d) Description	n of transfers, transaction	s. and sharing arr	angemen	ıts
(w) =	10 110.	(b) runount involved	(0) Namo or	N/A	oxompt organization	(u) Descriptio	ii oi tansicis, tansaction	is, and snaring an	angemen	-
				11 / A						
		ndation directly or indirect								_
	in section	501(c) (other than section	n 501(c)(3)) or in sec	ction 527?				Yes	X	No
b	If "Yes," co	omplete the following sche	edule.							
		(a) Name of orga	anization		(b) Type of organization		(c) Description of rel	lationship		
		N/A								
	Unde	r penalties of perjury, I declare	that I have examined this	s return, includin	g accompanying schedules and	d statements, and to the b	pest of my knowledge	May the IRS	discuss t	his
Sig	in and t	pelief, it is true, correct, and con	npiete. Declaration of pr	eparer (otner thai	n taxpayer) is based on all infor	EXECUTIVE EXECUT	$\sqrt{\mathbf{E}}$	return with th shown below	e prepare	er
He	re					DIRECTO	R	X Yes		No
	Sigr	nature of officer or trustee			Date	Title				
		Print/Type preparer's nai	me	Preparer's si	ignature	Date	Check if	PTIN		
							self- employed			
Pai	d	BRANDON LAGA	ARDE	BRANDO	N LAGARDE	11/13/23		P01428	217	
Pre	parer	Firm's name EAG (, , , , , , , , ,	Firm's EIN 92-	-332034		
Us	e Only			,					-	
	-	Firm's address 855	0 UNITED	PLAZA 1	BLVD, SUITE	1001				
			ON ROUGE,		-		Phone no. (22	25)922-	460	0
			<u></u>		1. 110110 110. (222	Form 99 (

Part XIV	Supplementary Information	

3 Grants and Contributions Paid During the	Year (Continuation)	_		
Recipient (harrow harrows)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
EUREKA RESCUE MISSION	N/A	PC	WOMEN AND CHILDRENS	
P.O. BOX 76 EUREKA, CA 95502			SHELTER RENOVATION	75,000
ECKERA, CA 93302				75,000
FOOD FOR PEOPLE INC	N/A	PC	SUMMER FAMILY FOOD BOX	
307 W. 14TH STREET			PROGRAM	
EUREKA, CA 95501				3,400
HEALY SENIOR CENTER OF SOUTHERN	N/A	PC	INDUSTRIAL DISHWASHER	
HUMBOLDT, INC				
PO BOX 1849				
REDWAY, CA 95560				4,750
HIV ALLIANCE	N/A	PC	BASIC NEEDS ASSISTANCE	
1195A CITY VIEW STREET EUGENE, OR 97402				2,200
,				,
HUMBOLDT AREA FOUNDATION	N/A	PC	SUMMER YOUTH	
363 INDIANOLA ROAD			PARTNERSHIP	
BAYSIDE, CA 95524				10,000
HUMBOLDT AREA FOUNDATION	N/A	PC	COMMUNICATION PLATFORM	
363 INDIANOLA ROAD BAYSIDE, CA 95524			IN BIPOC COMMUNIITIES	3,500
, ,				
HUMBOLDT AREA FOUNDATION	N/A	PC	NORCAN CONVENING	
363 INDIANOLA ROAD				
BAYSIDE, CA 95524				750
HUMBOLDT AREA FOUNDATION	N/A	PC	REDWOOD COMMUNITY	
363 INDIANOLA ROAD BAYSIDE, CA 95524			ACTION AGENCY TOOTH PROGRAM	5,000
HUMBOLDT AREA FOUNDATION	N/A	₽C	EUREKA RESCUE MISSION	
363 INDIANOLA ROAD			- REPLACE SHELTER BEDS	
BAYSIDE, CA 95524			+	10,000
HUMBOLDT AREA FOUNDATION	N/A	PC	DREAM QUEST CAPITAL	
363 INDIANOLA ROAD BAYSIDE, CA 95524			CAMPAIGN PLANNING	7,500
Total from continuation sheets		1		388,800

Part XIV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient HUMBOLDT AREA FOUNDATION N/A PC HOLIDAY PARTNERSHIP 363 INDIANOLA ROAD BAYSIDE, CA 95524 10,000. HUMBOLDT SENIOR RESOURCE CENTER INC N/A PC. GENERAL OPERATING 1910 CALIFORNIA ST COSTS EUREKA, CA 95501 55,000. ILLINOIS VALLEY FAMILY COALITION REPLACE FAMILY N/A PC 535 EAST RIVER STREET RESOURCE CENTER ROOF CAVE JUNCTION, OR 97523 5,000. JOSEPHINE COUNTY EDUCATIONAL FUND INC N/A PC AMERICAN LEADERSHIP FELLOWS FORUM PO BOX 908 2,500. GRANTS PASS, OR 97528 KARUK TRIBE OF CALIFORNIA N/A TRIBE TISHAWNIIK COMMUNITY PO BOX 1016 FARM HAPPY CAMP, CA 96039 10,000. KEE CHA-ENAR CORPORATION N/A ÞС MISSING/MURDERED PO BOX 1027 INDIGENOUS PEOPLE POLICY CONFERENCE KLAMATH , CA 95548 10,000. LIFE PLAN HUMBLDT DBA LIFE CARE N/A ÞС PRE-FINANCE COSTS FOR HUMBOLDT SENIOR LIVING 2475 NORTH BANK ROAD COMMUNITY DEVELOPMENT MCKINLEYVILLE, CA 95519 50,000. NORTH COAST HEALTH IMPROVEMENT & N/A PC COMMUNITY INFORMATION INFORMATION NETWORK EXCHANGE SETUP 2662 HARRIS STREET EUREKA, CA 95503 30,000. PLANNED PARENTHOOD SHASTA DIABLO INC N/A ÞС EDUCATION PROGRAMS IN 2185 PACHECO STREET HUMBOLDT COUNTY CONCORD, CA 94520 15,000. SACRAMENTO RIVER WATERSHED PROGRAM N/A ÞС OLIVIEW COMMUNITY PO BOX 9233 BUILDING FARM PROJECT CHICO, CA 95927 2,500.

Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient SALVATION ARMY N/A PC SALVATION ARMY REDDING 30840 HAWTHORNE BL. KITCHEN RENOVATION RANCHO PALOS VERDES, CA 90275 10,000. SHASTA REGIONAL COMMUNITY FOUNDATION N/A PC NONPROFIT FUNDRAISING 1335 ARBORETUM DR. #8 CAPACITY BUILDING REDDING, CA 96003 5,000. SHASTA REGIONAL COMMUNITY FOUNDATION COFFEE CREEK FIRE N/A PC 1335 ARBORETUM DR. #8 DEPARTMENT CELL BOOSTER 1,700. REDDING, CA 96003 SOUTHERN HUMBOLDT COMMUNITY N/A ÞС NEW HOSPITAL HEALTHCARE FOUNDATION CONSTRUCTION 733 CEDAR STREET GARBERVILLE, CA 95542 50,000. TRINITY FOOD OUTREACH, INC N/A PC WINTER POWER OUTAGE P.O. BOX 500 RESPONSE LEWISTON, CA 96052 5,000. TRINITY FOOD OUTREACH, INC N/A ÞС TRINITY COUNTY FIRE P.O. BOX 500 RESPONSE 5,000. LEWISTON, CA 96052 Total from continuation sheets

SOURCE GROSS AMOUNT DIVIDENDS PER BOOKS MENT INVEST- ADDRESS AMOUNT DIVIDENDS PER BOOKS MENT INCOME NET ROBERT W BAIRD CO 243,682. 0. 243,682. 243,682. TO PART I, LINE 4 243,682. 0. 243,682. 243,682. FORM 990-PF TAXES STATEM (A) (B) (C) EXPENSES NET INVEST- ADJUSTED CHAIN PER BOOKS MENT INCOME NET INCOME PUBLICATION STATE OF OREGON AND													
REVENUE NET INVESTMENT ADJUSTMENT NET INCOME NE	IENT 1	STATI	ESTMENTS	IN	CASH	ORARY	AND TEM	SAVINGS	ON	REST	INTERE	90-PF	FORM
TOTAL TO PART I, LINE 3 41,118. 41,118. 41,118. FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEM CAPITAL GROSS GAINS GAINS REVENUE NET INVEST- ADD NET ROBERT W BAIRD CO 243,682. TO PART I, LINE 4 243,682. CAPITAL O. 243,682. 243,682. TO PART I, LINE 4 243,682. CAPITAL O. 243,682. D. 243,682. 243,682. TO PART I, LINE 4 CAPITAL O. 243,682. 243,682. STATEM (A) EXPENSES NET INVEST- ADJUSTED CHAI PER BOOKS MENT INCOME PUT STATE OF OREGON AND	STED	ADJ	ESTMENT	IN	NET		REVE					E	SOURC
FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEM CAPITAL (A) (B) GROSS GAINS REVENUE NET INVEST- AD SOURCE AMOUNT DIVIDENDS PER BOOKS MENT INCOME NET ROBERT W BAIRD CO 243,682. 0. 243,682. 243,682. TO PART I, LINE 4 243,682. 0. 243,682. 243,682. FORM 990-PF TAXES STATEM (A) (B) (C) EXPENSES NET INVEST- ADJUSTED CHAIN PER BOOKS MENT INCOME NET INCOME PUT STATE OF OREGON AND			-			-	4				RD CO		
CAPITAL (A) (B) GROSS GAINS REVENUE NET INVEST- ADDITION ROBERT W BAIRD CO 243,682. 0. 243,682. 243,682. TO PART I, LINE 4 243,682. 0. 243,682. 243,682. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			41,118.			,118.	4		3	LINE	T I, LI	TO PAR	TOTAL
SOURCE GROSS AMOUNT DIVIDENDS PER BOOKS MENT INCOME NET ROBERT W BAIRD CO 243,682. 0. 243,682. 243,682. TO PART I, LINE 4 243,682. 0. 243,682. 243,682. FORM 990-PF TAXES STATEM (A) (B) (C) EXPENSES NET INVEST- ADJUSTED CHAIN PER BOOKS MENT INCOME NET INCOME PUR STATE OF OREGON AND	ient 2	STATI	TIES	CUR:	M SE	ST FRO	ND INTER	DENDS A	DIVI]		90-PF	FORM
TO PART I, LINE 4 243,682. 0. 243,682. 243,682. FORM 990-PF TAXES STATEM (A) (B) (C) EXPENSES NET INVEST- ADJUSTED CHAIN PER BOOKS MENT INCOME NET INCOME PUR STATE OF OREGON AND	(C) JUSTED		NET INVES		EVENU		GAINS					3	SOURC
FORM 990-PF TAXES (A) (B) (C) EXPENSES NET INVEST- ADJUSTED CHAIN DESCRIPTION PER BOOKS MENT INCOME NET INCOME PUB STATE OF OREGON AND		32.	243,682.		243,68	. 2		3,682.	243		RD CO	- W BAI	ROBER
(A) (B) (C) EXPENSES NET INVEST- ADJUSTED CHAR DESCRIPTION PER BOOKS MENT INCOME NET INCOME PUR STATE OF OREGON AND		32.	243,68	82.	243,68	. 2		,682.	243	_	INE 4	RT I, L	TO PA
DESCRIPTION PER BOOKS MENT INCOME NET INCOME PUR STATE OF OREGON AND	ient 3	STATI				S	TAX					90-PF	FORM
	(D) RITABLE RPOSES		ADJUSTED		WEST	NET IN	PENSES					PTION	DESCR
FOREIGN TAXES PAID 1,355. 1,355. FEDERAL TAX 26,450. 0.	0 . 0 . 0 .				1,35							RNIA SN TAXE:	CALIF FOREI
TO FORM 990-PF, PG 1, LN 18 28,130. 1,355.	0.			 5.	1,35		28,130.	18	LN	G 1,	PF, PG	RM 990-1	TO FO

FORM 990-PF	OTHER E	XPENSES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
DUES OFFICE SUPPLIES POSTAGE INVESTMENT ACCOUNT FEES COMPUTER COSTS LIABILITY INSURANCE PREMIUMS BANK FEES	1,845. 133. 132. 84,598. 1,852. 1,968.	13. 84,598. 185. 197.		0. 120. 119. 0. 1,667. 1,771.		
TO FORM 990-PF, PG 1, LN 23	90,538.	85,007.		3,686.		

SES IN NET AS	SETS OR FUND B	ALANCES	STATEMENT 5
			AMOUNT
UM/DISCOUNT A	MORTIZATION	_	1,006.
III, LINE 3		=	1,006.
OF ASSETS NO	T HELD FOR INV	ESTMENT	STATEMENT 6
COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
	_	•	
		•	
3,289.	3,255.	34.	34.
	UM/DISCOUNT A III, LINE 3 OF ASSETS NO COST OR OTHER BASIS 421. 165. 253. 326. 440. 337. 413. 120. 502. 312.	UM/DISCOUNT AMORTIZATION III, LINE 3 OF ASSETS NOT HELD FOR INV COST OR ACCUMULATED DEPRECIATION 421. 421. 165. 165. 253. 253. 326. 319. 440. 430. 337. 329. 440. 430. 337. 329. 413. 404. 120. 120. 502. 502. 312. 312.	TIII, LINE 3 OF ASSETS NOT HELD FOR INVESTMENT COST OR OTHER BASIS DEPRECIATION BOOK VALUE 421. 421. 0. 165. 165. 0. 253. 253. 0. 326. 319. 7. 440. 430. 10. 337. 329. 8. 413. 404. 9. 120. 120. 0. 502. 502. 0. 312. 312. 0.

FORM 990-PF U.S. AND STA	TE/CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT 7
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US TREASURY NOTE	X		99,879.	99,516.
TOTAL U.S. GOVERNMENT OBLIGATIO	NS	-	99,879.	99,516.
TOTAL STATE AND MUNICIPAL GOVER	NMENT OBLIG	ATIONS		
TOTAL TO FORM 990-PF, PART II,	LINE 10A	-	99,879.	99,516.

FORM 990-PF (CORPORATE STOCK	(STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
JOHNSON & JOHNSON		20,866.	62,357.
CISCO SYS		25,553.	64,314.
MICROSOFT		20,503.	191,856.
APPLE INC		14,766.	135,387.
ABBVIE INC		52,351.	113,127.
TARGET CORP		31,595.	63,342.
UNITED PARCEL SERVICE		20,551.	37,376.
PFIZER INC		49,016.	71,736.
JPMORGAN CHASE		46,050.	67,050.
GENERAL MOTORS CO		49,500.	33,640.
MERCADOLIBRE INC		59,635.	42,312.
APTIV PLC		35,022.	34,924.
APPLIED MATERIALS INC		44,441.	38,952.
BERKSHIRE HATHAWAY INC CL B NEW		49,950.	55,602.
PALO ALTO NETWORKS INC		35,007.	30,001.
TOTAL TO FORM 990-PF, PART II, LI	INE 10B	554,806.	1,041,976.

FORM 990-PF	CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY	•	50,652.	49,910.
SYSTEM ENERGY RES INC		100,000.	99,497.
WELLS FARGO CO MED TER SR NOTE		50,113.	49,648.
LINCOLN NATL CORP		50,148.	49,561.
FORTUNE BRANDS HOME		50,061.	49,528.
AVALONBAY CMNTYS		50,255.	49,540.
CARDINAL HLTH INC		50,662.	48,602.
WALGREEN BOOTS ALLIANCE		50,504.	48,881.
TRIMBLE NAVIGATION		51,546.	49,222.
ARROW ELECTRS INC		50,930.	48,288.
TIME WARNER INC		75,966.	70,592.
FULTON FINL CORP		51,513.	48,159.
CITIGROUP INC		51,777.	48,565.
BOEING INC		60,534.	59,870.
KILROY REALTY LP		49,696.	48,424.
CAP ONE FINL CORP		54,115.	53,150.
BAY STATE GAS CO		52,247.	51,476.
SUNTRUST BANKS INC		50,925.	51,043.
BANK OF AMERICA CORP		49,646.	49,046.
PACIFIC BELL		25,441.	25,123.
GENERAL MOTORS FINAL CO		49,725.	47,031.
HCA INC		50,089.	49,375.
EL PASO NATL GAS		25,954.	25,566.
ENERGY TRANSFER OPER LP		50,296.	49,652.
ATLANTA GAS LIGHT CO		53,180.	53,164.
EBAY		51,187.	51,536.
BOSTON PPTYS LP		35,392.	36,135.
PIONEER NAT CO		53,751.	52,805.
CIT GRP INC		51,604.	51,063.
DEVON ENERGY CORP		50,505.	49,583.
SOUTHERN CA EDISON		51,791.	51,583.
MICRON TECH INC		51,895.	50,875.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	1,652,100.	1,616,493.

FORM 990-PF OT	HER	INVESTMENTS		STATEMENT 10
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AMERICAN INCOME FUND		COST	1,359,354.	1,837,256.
AMERICAN CAPITAL INCOME BLDR		COST	1,073,564.	1,213,859.
VANGUARD WELLINGTON		COST	1,861,106.	2,303,994.
PRIMECAP ODYSSEY GROWTH FUND		COST	503,702.	916,201.
AMG YACKTMAN FUND CL1		COST	493,047.	549,053.
AMERICAN THE NEW ECONOMY		COST	432,200.	594,373.
COLUMBIA BALANCED		COST	684,409.	747,243.
VANGUARD SMALL CAP INDEX ADM		COST	286,108.	321,213.
PARNASSUS MID CAP		COST	227,789.	233,155.
INTERNATIONAL GROWTH & INCOME CL	F3	COST	301,421.	282,348.
NEW ECONOMY CL F3		COST	601,167.	646,988.
VANGUARD TOTAL STOCK MARKET ETF		COST	50,077.	47,798.
TOTAL TO FORM 990-PF, PART II, LI	NE 1	3	7,873,944.	9,693,481.

		OF OFFICERS, D FOUNDATION MAN		STAT	EMENT 11
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
KEVIN S. BROWN PO BOX 88 BLUE LAKE, CA 95525		BOARD CHAIR/D	IRECTOR 0.	0.	0.
MEREDITH A. BROWN PO BOX 88 BLUE LAKE, CA 95525		VICE PRESIDEN 1.00	T/DIRECTOR 0.	0.	0.
SUSAN C. DAWSON PO BOX 88 BLUE LAKE, CA 95525		SECRETARY/DIR 1.00	ECTOR 0.	0.	0.
AJAY KUNDARIA PO BOX 88 BLUE LAKE, CA 95525		INVESTMENT OV 1.00	ERSIGHT/DIREC	0.	0.
LAURA PICKARD PO BOX 88 BLUE LAKE, CA 95525		EXECUTIVE DIR 40.00	ECTOR 150,000.	31,615.	0.
TOTALS INCLUDED ON 990-E	F, PAGE 6,	PART VII	150,000.	31,615.	0.