

2022 Exempt Return
prepared for:

Human Response Network, Inc.
111 Mountain View Street
Weaverville, CA 96093

Grant Bennett Associates
10850 Gold Center Dr Ste 260
Rancho Cordova, CA 95670-5143

Grant Bennett Associates

A PROFESSIONAL CORPORATION

May 6, 2024

CONFIDENTIAL

Human Response Network, Inc.
111 Mountain View Street
Weaverville, CA 96093

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Annual Registration Renewal Fee Report (Form RRF-1)
California Exempt Organization Annual Information Return (Form 199)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 6/30/23 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Grant Bennett Associates
10850 Gold Center Dr Ste 260
Rancho Cordova, CA 95670-5143

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

California Form 199 Filing Instructions

Your Form 199 for the tax year ended 6/30/23 shows no balance due.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 199 to the California Franchise Tax Board it will delay processing of your return. Initial and date the copy, and retain it for your records.

Your electronically filed return is not complete without your signature. Form 8453-EO, California e-file Return Authorization for Exempt Organizations, should be signed and dated by an authorized officer of the corporation and returned to Grant Bennett Associates before the electronic file is transmitted to the California Franchise Tax Board.

If you scheduled an electronic funds withdrawal and wish to cancel it, you must call the California Franchise Tax Board at (916) 845-0353 at least two working days prior to the date of withdrawal.

California Form RRF-1 Filing Instructions

Your Form RRF-1 for the tax year ended 6/30/23 shows a balance due of \$200. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Department of Justice in the amount of \$200. Write "E.I.N. 68-0032176, RRF-1 Balance Due for the year ended 6/30/23" on the check. Mail the return by May 15, 2024 to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

A copy of the federal return should be attached and sent with the registration renewal.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Grant Bennett Associates

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 20 23

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

HUMAN RESPONSE NETWORK, INC.

EIN or SSN

68-0032176

Name and title of officer or person subject to tax **SHERI WHITE**
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,830,170
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **GRANT BENNETT ASSOCIATES** to enter my PIN **08042** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **05/06/24**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68564450456

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MICHAEL R MARUCHEAU** Date **05/06/24**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

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

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: HUMAN RESPONSE NETWORK, INC. D Employer identification number: 68-0032176. E Telephone number: 530-623-2024. G Gross receipts \$: 3,830,170.

F Name and address of principal officer: SHERI WHITE, 111 MOUNTAIN VIEW STREET, WEAVERVILLE, CA 96093. H(a) Is this a group return for subordinates? Yes [X] No. H(b) Are all subordinates included? Yes [] No.

I Tax-exempt status: [X] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527. J Website: HUMANRESPONSENETWORK.ORG. H(c) Group exemption number.

K Form of organization: [X] Corporation [] Trust [] Association [] Other. L Year of formation: 1980. M State of legal domicile: CA.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... HRN PROVIDES ADVOCACY, EDUCATION, AND PROGRAMS THAT PROMOTE PERSONAL EMPOWERMENT... 2 Check this box [] if the organization discontinued its operations... 3-6 Governing body and employee statistics. 7a-b Revenue and expenses. 8-12 Revenue breakdown. 13-19 Expenses breakdown. 20-22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: SHERI WHITE, EXECUTIVE DIRECTOR. Date.

Paid Preparer Use Only: Print/Type preparer's name: MICHAEL R MARUCHEAU. Preparer's signature: MICHAEL R MARUCHEAU. Date: 05/06/24. Check self-employed []. PTIN: P01250456. Firm's name: GRANT BENNETT ASSOCIATES. Firm's EIN: 94-2692073. Firm's address: 10850 GOLD CENTER DR STE 260, RANCHO CORDOVA, CA 95670-5143. Phone no.: 916-922-5109.

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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:

HRN PROVIDES ADVOCACY, EDUCATION, AND PROGRAMS THAT PROMOTE PERSONAL EMPOWERMENT, SUPPORT VULNERABLE POPULATIONS, AND CREATE CONNECTIONS TO LOCAL RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **515,357** including grants of \$) (Revenue \$ **5,520**)

CALIFORNIA FAMILY CHILD CARE HOMES: PROVIDING FAMILIES IN TRINITY COUNTY WITH SUBSIDIZED CHILDCARE AT LICENSED, IN-HOME DAYCARES AND PROVIDING TRAININGS FOR LICENSED CHILDCARE PROVIDERS.

4b (Code:) (Expenses \$ **384,714** including grants of \$) (Revenue \$)

DOMESTIC VIOLENCE: ADVOCACY SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE, A 24-HOUR CRISIS LINE, EMERGENCY SHELTER, TRANSITIONAL HOUSING, COURT ACCOMPANIMENT, EMERGENCY TRANSPORTATION, EMERGENCY FOOD AND CLOTHING FOR VICTIMS, SUPPORT GROUP.

4c (Code:) (Expenses \$ **316,759** including grants of \$) (Revenue \$)

ALTERNATIVE PAYMENT: PROVIDING FAMILIES IN TRINITY COUNTY WITH SUBSIDIZED CHILDCARE WITH FRIENDS OR FAMILY MEMBERS, LICENSED IN-HOME DAYCARES, OR CENTERS NO OPERATED BY HUMAN RESPONSE NETWORK. PROVIDE TRAININGS TO ALL PROVIDERS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ **2,316,522** including grants of \$) (Revenue \$)

4e Total program service expenses **3,533,352**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Column 1 (1a/1b), Column 2 (7), Yes, No. Rows include questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include questions 10a through 16b regarding local chapters, policies, conflict of interest, whistleblower, document retention, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

SHERI WHITE
WEAVERVILLE

111 MOUNTAIN VIEW STREET

CA 96093

530-623-2024

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHERI WHITE EXECUTIVE DIRECTOR	50.00 0.00			X				87,244	0	10,384
(2) KAYLA KLINGER FISCAL OFFICER	45.00 0.00			X				23,621	0	5,688
(3) JACK CONTOS FISCAL OFFICER	45.00 0.00			X				19,503	0	1,797
(4) PEGGY CANALE DIRECTOR	1.00 0.00	X						0	0	0
(5) JEFFRY ENGLAND DIRECTOR	1.00 0.00	X						0	0	0
(6) NAOMI GOULETTE VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(7) JULIE LACITIGNOLA DIRECTOR	1.00 0.00	X						0	0	0
(8) SUE LEUTWYLER DIRECTOR	1.00 0.00	X						0	0	0
(9) LEIA ANNELIESE LINGEMANN PRESIDENT	1.00 0.00	X		X				0	0	0
(10) CHRISS WILLIAMS SECRETARY/TREASURER	1.00 0.00	X		X				0	0	0
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Subtotal, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 130,368 and 17,869.

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

Table with 3 columns: Question number, Yes, No. Rows 3, 4, 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e		3,636,837				
	f All other contributions, gifts, grants, and similar amounts not included above	1f		125,409				
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			3,762,246				
	Program Service Revenue	2a FOOD PROGRAM INCOME	Business Code					
			624100	5,352	5,352			
b PROGRAM SERVICE FEES		Business Code						
			624100	168	168			
c		Business Code						
d		Business Code						
e		Business Code						
f All other program service revenue	Business Code							
g Total. Add lines 2a-2f			5,520					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			30,352			30,352	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
				15,505				
	b Less: rental expenses	6b						
	c Rental inc. or (loss)	6c		15,505				
	d Net rental income or (loss)			15,505			15,505	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
				16,547				
	b Less: cost or other basis and sales exps.	7b						
	c Gain or (loss)	7c		16,547				
d Net gain or (loss)			16,547			16,547		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a							
		8b						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19	9a							
		9b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
		10b						
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11a	Business Code						
	b	Business Code						
	c	Business Code						
	d All other revenue	Business Code						
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			3,830,170	5,520	0	62,404		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	188,577	166,321	22,256	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,136,012	1,001,935	134,077	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,816	96,764	8,052	
9 Other employee benefits	222,106	205,032	17,074	
10 Payroll taxes	90,698	82,081	8,617	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,000	20,000		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	266,068	266,068		
12 Advertising and promotion				
13 Office expenses	38,235	38,235		
14 Information technology				
15 Royalties				
16 Occupancy	308,805	308,805		
17 Travel	45,840	45,840		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,684	6,684		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	30,937	30,937		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CHILD CARE PROVIDERS	729,855	729,855		
b SUPPLIES	269,603	258,079	11,524	
c VOUCHER ASSISTANCE	227,867	227,867		
d				
e All other expenses	51,149	48,849	2,300	
25 Total functional expenses. Add lines 1 through 24e	3,737,252	3,533,352	203,900	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	22,744	1	124,518
	2	Savings and temporary cash investments	963,815	2	601,503
	3	Pledges and grants receivable, net	430,546	3	269,208
	4	Accounts receivable, net	56,010	4	669,724
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,895,022		
	b	Less: accumulated depreciation	1,066,616	10c	1,828,406
	11	Investments—publicly traded securities	1,180,485	11	1,567,514
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,473,048	16	5,060,873	
Liabilities	17	Accounts payable and accrued expenses	233,305	17	346,507
	18	Grants payable		18	
	19	Deferred revenue	383,477	19	690,113
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	116,692	23	75,335
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	564,950	25	573,961
	26	Total liabilities. Add lines 17 through 25	1,298,424	26	1,685,916
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,872,381	27	3,071,560
	28	Net assets with donor restrictions	302,243	28	303,397
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	3,174,624	32	3,374,957
33	Total liabilities and net assets/fund balances	4,473,048	33	5,060,873	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,830,170
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,737,252
3	Revenue less expenses. Subtract line 2 from line 1	3	92,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,174,624
5	Net unrealized gains (losses) on investments	5	107,415
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,374,957

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		X

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

HUMAN RESPONSE NETWORK, INC.

Employer identification number

68-0032176

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,639,737	2,877,416	6,419,100	3,542,653	3,762,246	19,241,152
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,639,737	2,877,416	6,419,100	3,542,653	3,762,246	19,241,152
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						19,241,152

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2,639,737	2,877,416	6,419,100	3,542,653	3,762,246	19,241,152
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,314	23,136	379,576	28,578	30,352	462,956
9 Net income from unrelated business activities, whether or not the business is regularly carried on		18,844	137,195	9,918	14,505	180,462
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						19,884,570

12 Gross receipts from related activities, etc. (see instructions) 12 216,730

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	96.76 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	96.81 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2022. 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—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
2 Activities Test. <i>Answer lines 2a and 2b below.</i>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
2b			
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
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 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2022

Name of the organization

Employer identification number

HUMAN RESPONSE NETWORK, INC.

68-0032176

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

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

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

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

Name of organization

HUMAN RESPONSE NETWORK, INC.

Employer identification number

68-0032176

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	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PO BOX 997377, MS 0500 SACRAMENTO CA 95899	\$ 119,024	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA DEPARTMENT OF EDUCATION 1430 N STREET SACRAMENTO CA 95814	\$ 249,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CALIFORNIA OFFICE OF EMERGENCY SERVICES 3650 SCHRIEVER AVENUE MATHER CA 95655	\$ 885,765	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COUNTY OF GLENN 516 W. SYCAMORE WILLOWS CA 95988	\$ 192,393	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES 1102 Q STREET, SUITE 4800 SACRAMENTO CA 95811	\$ 1,160,355	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TRINITY COUNTY OFFICE OF EDUCATION P.O. BOX 1256 WEAVERVILLE CA 96093	\$ 147,214	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HUMAN RESPONSE NETWORK, INC.

Employer identification number

68-0032176

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TRINITY COUNTY P.O. BOX 1613 WEAVERVILLE CA 96093	\$ 676,602	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

HUMAN RESPONSE NETWORK, INC.

68-0032176

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Sub-rows 2a, 2b, 2c, 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?, 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)?, 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.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	1,180,485	1,720,811	1,067,672	1,113,097	1,069,658
b Contributions	246,169				
c Net investment earnings, gains, and losses	151,625	-190,244	697,862	13,100	43,439
d Grants or scholarships					
e Other expenditures for facilities and programs	10,765	350,082	44,723	58,525	
f Administrative expenses					
g End of year balance	1,567,514	1,180,485	1,720,811	1,067,672	1,113,097

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **86.77** %
 - b** Permanent endowment %
 - c** Term endowment **13.23** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
- 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		241,234		241,234
b Buildings		1,894,778	894,514	1,000,264
c Leasehold improvements				
d Equipment		759,010	172,102	586,908
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,828,406

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GOVERNMENT OWNED PROPERTY & EQUIP.	561,890
(3) GOVERNMENT CONTRACT RESERVES	12,071
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	573,961

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ORGANIZATIONS ENDOWMENT WAS ESTABLISHED FOR THE LONG TERM SUPPORT OF THE ORGANIZATION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

HUMAN RESPONSE NETWORK, INC.

Employer identification number

68-0032176

FORM 990, PART III - ADDITIONAL INFORMATION

PART III, LINE 1:

**EMPOWERMENT, PEACEFUL CO-EXISTANCE, MUTUAL RESPECT, AND ACCESS TO NEEDED
SERVICES.**

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

30 VARIOUS OTHER PROGRAMS

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD OF DIRECTORS REVIEWS THE 990 PRIOR TO FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ONGOING REVIEW OF POTENTIAL CONFLICT. POLICY AVAILABLE TO PUBLIC UPON
REQUEST.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
AVAILABLE UPON REQUEST.**

**FORM 990, PART XII, LINE 3B - REASON FOR NOT UNDERGOING REQUIRED AUDIT
THE ORGANIZATION HAS ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO CONDUCT AN
AUDIT OF THE FINANCIAL STATEMENTS OF THE ORGANIZATION IN ACCORDANCE WITH
THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133. AS OF THE TIME OF FILING THIS
RETURN, THE AUDIT WAS NOT YET COMPLETED.**

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
101		8/01/89	26,000				26,000	0	-- Land	0	0
102		2/03/95	15,000				15,000	0	-- Land	0	0
103		10/01/98	64,234				64,234	0	-- Land	0	0
104		4/01/01	52,000				52,000	0	-- Land	0	0
105		10/22/04	84,000				84,000	0	-- Land	0	0
201	Shelter Home	8/01/89	49,000				49,000	40	MO S/L	39,813	1,225
203	HYC	2/03/95	31,818				31,818	40	MO S/L	21,875	795
206	MTN View	12/01/00	683,163				683,163	40	MO S/L	384,279	17,079
211	YC 1/2	6/18/04	122,680				122,680	40	MO S/L	56,740	3,067
212	APS 1/2	6/18/04	122,680				122,680	40	MO S/L	6,134	3,067
213	Ransom Rd #2	10/22/04	272,040				272,040	40	MO S/L	119,018	6,801
215	Modular Home	6/27/06	55,000				55,000	5	MO S/L	55,000	0
1115	conference table	8/18/00	2,205				2,205	0	-- Memo	0	0
1125	overhead projector	6/24/98	524				524	0	-- Memo	0	0
1137	stove	11/01/00	600				600	0	-- Memo	0	0
1140	laminator	9/01/99	1,200				1,200	5	MO S/L	1,200	0
1141	conference table	1/01/97	500				500	0	-- Memo	0	0
1175	dishwasher	2/13/97	3,265				3,265	0	-- Memo	0	0
1181	freezer	2/24/97	1,400				1,400	0	-- Memo	0	0
1182	large rack	2/24/97	800				800	0	-- Memo	0	0
1183	large rack	2/24/97	800				800	0	-- Memo	0	0
1278	cpu	5/29/98	1,045				1,045	0	-- Memo	0	0
1340	table w/rack	3/15/89	1,500				1,500	5	MO S/L	1,500	0
1354	file cabinet	8/25/98	914				914	0	-- Memo	0	0
1358	main telephone panel	3/01/00	2,703				2,703	0	-- Memo	0	0
1359	patch panel	1/13/99	626				626	0	-- Memo	0	0
1385	computer desk w/hutch	5/31/00	680				680	0	-- Memo	0	0
1517	copy machine	3/30/98	547				547	0	-- Memo	0	0
1554	Chevy Van	8/23/00	25,000				25,000	5	MO S/L	25,000	0
1572	typewriter	3/28/02	600				600	0	-- Memo	0	0
1597	cpu	3/11/03	957				957	0	-- Memo	0	0
1601	cpu	3/11/03	957				957	0	-- Memo	0	0
1603	cpu	3/11/03	957				957	0	-- Memo	0	0
1626	Increase MTN Vlew Bldg Value	7/01/03	14,357				14,357	40	MO S/L	6,999	359
1639	printer	9/28/04	2,406				2,406	5	MO S/L	2,406	0
1658	binding machine	4/10/05	1,715				1,715	5	MO S/L	1,715	0
1664	printer	5/27/05	1,722				1,722	5	MO S/L	1,722	0
1671	cabinet	9/01/05	8,678				8,678	0	-- Memo	0	0
1698	I-desk w/file	7/12/06	1,200				1,200	5	MO S/L	1,200	0
1704	computer	2/20/07	741				741	0	-- Memo	0	0
1705	computer	2/20/07	741				741	0	-- Memo	0	0
1707	computer	2/20/07	741				741	0	-- Memo	0	0
1710	phone system - main	2/16/07	17,592				17,592	0	-- Memo	0	0
1714	kyocera printer	11/15/07	1,496				1,496	5	MO S/L	1,496	0
1719	Ransom Rd Duplex	10/21/08	666,720				666,720	40	MO S/L	208,350	16,668
1727	electric range	11/01/08	1,145				1,145	5	MO S/L	1,145	0
1728	electric range	11/01/08	1,145				1,145	5	MO S/L	1,145	0
1737	laptop	1/08/09	1,578				1,578	0	-- Memo	0	0
1768	paper folding machine	6/03/09	3,459				3,459	0	-- Memo	0	0
1772	laptop	3/07/11	1,529				1,529	0	-- Memo	0	0
1773	smart pen	6/13/11	285				285	0	-- Memo	0	0
1774	business card machine	11/09/10	1,946				1,946	0	-- Memo	0	0
1775	hd camcorder	2/16/12	749				749	5	MO S/L	749	0
1776	ipod - blue & accessories	5/23/12	1,114				1,114	0	-- Memo	0	0
1781	cannon power shot elph camera	6/17/13	3,743				3,743	0	-- Memo	0	0
1803	Subaru	1/01/11	14,512				14,512	5	MO S/L	14,512	0
1806	computer desk /right turn	5/06/14	1,313				1,313	5	MO S/L	1,313	0
1816	microsoft surface pro 3	8/27/15	1,249				1,249	5	MO S/L	1,249	0
1827	Kia	7/13/16	32,555				32,555	5	MO S/L	32,555	0
1829	Cabinets in Office #14	5/12/17	4,680				4,680	5	MO S/L	4,680	0
1830	Dell Inspiron	7/21/17	1,242				1,242	0	-- Memo	0	0
1834	Dell Inspiron	7/21/17	1,056				1,056	0	-- Memo	0	0
1835	Dell Inspiron 15 5000 series 2 in 1 laptop	8/04/17	1,550				1,550	5	MO S/L	1,525	25
1836	Dell Inspiron	7/21/17	1,056				1,056	0	-- Memo	0	0
1837	Desk in Office #10	6/28/17	1,211				1,211	5	MO S/L	1,211	0
1838	Cabinets	7/23/16	2,017				2,017	5	MO S/L	2,017	0
1858	Samsung Notebook	1/30/18	1,102				1,102	0	-- Memo	0	0
1864	Galaxy Notebook	6/20/18	1,394				1,394	0	-- Memo	0	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
1865	Galaxy Notebook	6/20/18	1,394			1,394	0 -- Memo	0	0
1867	Dell Optiplex	3/21/18	1,004			1,004	0 -- Memo	0	0
1868	Video Conference	3/21/18	1,303			1,303	0 -- Memo	0	0
1869	Optiplex 5250	11/20/18	1,182			1,182	0 -- Memo	0	0
1870	Optiplex 7450	11/20/17	2,311			2,311	0 -- Memo	0	0
1871	Maple desk	3/12/18	2,349			2,349	0 -- Memo	0	0
1872	Walnut desk	11/28/17	1,466			1,466	0 -- Memo	0	0
1873	Honey corner	11/28/17	1,521			1,521	0 -- Memo	0	0
1874	Left U Desk with hutch	9/30/17	2,541			2,541	5 MO S/L	2,456	85
1893	Ipad Pro	9/29/17	1,476			1,476	5 MO S/L	1,427	49
1894	Ipad Pro	9/29/17	1,476			1,476	5 MO S/L	1,427	49
1900	HVAC Hfk YC	7/06/17	8,399			8,399	5 MO S/L	8,399	0
1904	Ipad Pro	9/29/17	1,476			1,476	5 MO S/L	1,427	49
1905	Dell smart board w/ wireless receiver	9/29/17	3,835			3,835	5 MO S/L	3,708	127
1906	Octagon Picnic Table	9/30/17	1,459			1,459	5 MO S/L	1,410	49
1907	2003 Holiday Rambler	11/15/17	8,000			8,000	5 MO S/L	7,467	533
1908	1996 SeaHawk Gulf	11/15/17	9,250			9,250	5 MO S/L	8,633	617
1909	1997 Alpenlite	11/15/17	5,000			5,000	5 MO S/L	4,667	333
1910	Ipad Pro	9/29/17	1,476			1,476	5 MO S/L	1,427	49
1913	Left U Desk with hutch	9/30/17	2,541			2,541	5 MO S/L	2,456	85
1916	Salesforce software	9/30/17	35,000			35,000	5 MO S/L	33,833	1,167
1917	Keyless entry for shelter	9/30/17	8,551			8,551	5 MO S/L	8,266	285
1918	Security cameras	9/30/17	6,344			6,344	0 -- Memo	0	0
1919	Security cameras for shelter	9/30/17	8,794			8,794	5 MO S/L	8,501	293
1920	2005 Keystone	1/08/17	10,000			10,000	5 MO S/L	9,000	1,000
1921	2010 Keystone	3/27/18	9,500			9,500	5 MO S/L	8,075	1,425
1923	Outdoor Playset	5/03/18	1,649			1,649	0 -- Memo	0	0
1925	Reception	6/29/18	1,349			1,349	0 -- Memo	0	0
7005	Outlast Cascade Play Center	3/28/17	3,475			3,475	0 -- Memo	0	0
7008	Outlast Junior set blocks	3/28/17	1,890			1,890	0 -- Memo	0	0
7031	Outlast wood water table	5/22/17	1,785			1,785	0 -- Memo	0	0
7086	Changing table w/step	3/04/16	1,666			1,666	0 -- Memo	0	0
7092	Changing table w/step	4/29/16	1,666			1,666	0 -- Memo	0	0
7113	Outlast Junior set blocks	4/29/16	1,935			1,935	0 -- Memo	0	0
7114	Outlast Cascade water table	4/29/16	1,828			1,828	0 -- Memo	0	0
7116	Outlast Project Table	4/26/16	1,226			1,226	0 -- Memo	0	0
7128	Outlast Project Table Toddler set	6/20/16	1,204			1,204	0 -- Memo	0	0
7132	Changing table w/step	6/20/16	1,666			1,666	0 -- Memo	0	0
7133	Kindred van/6 w/ canopy	6/20/16	2,360			2,360	0 -- Memo	0	0
7152	Outlast Project Table Preschool Set	3/24/16	1,226			1,226	0 -- Memo	0	0
7169	Kindred van/6	3/21/17	2,080			2,080	0 -- Memo	0	0
7249	Table	4/18/18	1,341			1,341	0 -- Memo	0	0
9010	Surface Pro 6 5	9/23/19	1,929			1,929	0 -- Memo	0	0
9011	46 Decibel Built	9/25/19	1,173			1,173	0 -- Memo	0	0
9012	HP EliteOne	9/25/19	1,936			1,936	0 -- Memo	0	0
9013	HP Envy	9/30/19	1,834			1,834	0 -- Memo	0	0
18091	Desktop	9/19/18	2,038			2,038	0 -- Memo	0	0
18092	Desktop	9/19/18	2,038			2,038	0 -- Memo	0	0
18093	23.8" FHD 1920	9/21/18	1,019			1,019	0 -- Memo	0	0
18094	Tablet, Surface	9/24/18	1,544			1,544	0 -- Memo	0	0
19021	Birch Walk-up	2/12/19	1,069			1,069	0 -- Memo	0	0
19031	Outlast Cascade	3/15/19	3,990			3,990	0 -- Memo	0	0
19041	Desktop	4/18/19	1,893			1,893	0 -- Memo	0	0
19042	Desktop	4/19/19	1,893			1,893	0 -- Memo	0	0
19051	L Desk Maple	5/01/19	1,562			1,562	0 -- Memo	0	0
19052	HP Envy Laptop	5/09/19	1,300			1,300	0 -- Memo	0	0
19061	Outlast Cascade	6/10/19	2,032			2,032	0 -- Memo	0	0
19071	HP EliteOne	7/01/19	1,447			1,447	0 -- Memo	0	0
19072	Lenovo Think	7/12/19	3,330			3,330	0 -- Memo	0	0
19073	Com-Rep	7/05/19	4,977			4,977	0 -- Memo	0	0
19081	Surface Studio	8/20/19	4,509			4,509	0 -- Memo	0	0
19082	Rectangle L	8/15/19	1,938			1,938	0 -- Memo	0	0
19083	HP Envy	8/13/19	1,375			1,375	0 -- Memo	0	0
19084	HP Envy	8/13/19	1,375			1,375	0 -- Memo	0	0
19085	HP Elite One	8/06/19	1,643			1,643	0 -- Memo	0	0
19086	Surface Studio	5/13/19	4,509			4,509	0 -- Memo	0	0
19091	HP Envy	9/12/19	2,331			2,331	0 -- Memo	0	0
19092	Maytag 6 cu ft	9/19/19	1,635			1,635	0 -- Memo	0	0
19093	Maytag 9.2 cu ft	9/19/19	1,560			1,560	0 -- Memo	0	0
19094	Surface Pro 6 5	9/12/19	1,929			1,929	0 -- Memo	0	0
19095	Surface Pro 6 5	9/12/19	1,929			1,929	0 -- Memo	0	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
19096	Kitchen Aid 25	9/20/19	2,535			2,535	0 -- Memo	0	0
19097	kitchenaid 5	9/23/19	2,389			2,389	0 -- Memo	0	0
19098	Surface Pro 6 5	9/23/19	1,929			1,929	0 -- Memo	0	0
19099	Surface Pro 6 5	9/23/19	1,929			1,929	0 -- Memo	0	0
19101	HP Eliteone	10/19/19	1,638			1,638	0 -- Memo	0	0
19102	HP Eliteone	10/19/19	1,638			1,638	0 -- Memo	0	0
19111	Walnut Corner	10/21/19	1,552			1,552	0 -- Memo	0	0
19121	2020 Kia Sorento	12/16/19	31,655			31,655	5 MO S/L	12,926	6,331
Total Other Depreciation			<u>2,698,130</u>			<u>2,698,130</u>		<u>1,122,053</u>	<u>61,612</u>
Total ACRS and Other Depreciation			<u>2,698,130</u>			<u>2,698,130</u>		<u>1,122,053</u>	<u>61,612</u>
Grand Totals			2,698,130			2,698,130		1,122,053	61,612
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>2,698,130</u>			<u>2,698,130</u>		<u>1,122,053</u>	<u>61,612</u>

IB8042 Human Response Network, Inc.

68-0032176

FYE: 6/30/2023

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
TAXABLE INTEREST	\$ 3,788				14	
TOTAL	\$ <u>3,788</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 26,564				14	
TOTAL	\$ <u>26,564</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES EXPENSE	\$ 266,068	\$ 266,068	\$	\$
TOTAL	\$ 266,068	\$ 266,068	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 51,149	\$ 48,849	\$ 2,300	\$
TOTAL	\$ 51,149	\$ 48,849	\$ 2,300	\$ 0

IB8042 Human Response Network, Inc.

68-0032176

FYE: 6/30/2023

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 3,636,837
OTHER	4,065
OTHER	121,344
TOTAL	<u>\$ 3,762,246</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
TAXABLE INTEREST	\$ 3,788
DIVIDENDS	26,564
TOTAL	<u>\$ 30,352</u>

Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
LESS: DEDUCTIONS	\$ 15,505
TOTAL	<u>\$ -1,000</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
PROGRAM SERVICE FEES	\$ 168
FOOD PROGRAM INCOME	5,352
TOTAL	<u>\$ 5,520</u>

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

HUMAN RESPONSE NETWORK, INC. Name of Organization	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
List all DBAs and names the organization uses or has used 111 MOUNTAIN VIEW STREET Address (Number and Street)	State Charity Registration Number <u>56524</u> Corporation or Organization No. <u>1256209</u> Federal Employer ID No. <u>68-0032176</u>
WEAVERVILLE CA 96093 City or Town, State, and ZIP Code	
530-623-2024 Telephone Number	
KKLINGER@HRNTRINITY.ORG E-mail Address	

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/22 ending 06/30/23) list:

Total Revenue \$ 3,830,170 (including noncash contributions) Noncash Contributions \$ 0 Total Assets \$ 5,060,873
 Program Expenses \$ 3,533,352 Total Expenses \$ 3,737,252

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
STMT 1		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?	X	
STMT 2		
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

SHERI WHITE	EXECUTIVE DIRECTOR		
Signature of Authorized Agent	Printed Name	Title	Date

California Statements

Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding

Description

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
PO BOX 997377, MS 0500
SACRAMENTO, CA 95899

CALIFORNIA DEPARTMENT OF EDUCATION
1430 N STREET
SACRAMENTO, CA 95814

CALIFORNIA OFFICE OF EMERGENCY SERVICES
3650 SCHRIEVER AVENUE
MATHER, CA 95655

COUNTY OF GLENN
516 W. SYCAMORE
WILLOWS, CA 95988

LOCAL INITIATIVES SUPPORT CORPORATION (LISC)
28 LIBERTY STREET, FLOOR 34
NEW YORK, NY 10005

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
744 P STREET, MAILBOX 9-13-04
SACRAMENTO, CA 95814

CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT
2020 WEST EL CAMINO AVENUE
SACRAMENTO, CA 95833

GOVERNOR'S OFFICE OF BUSINESS AND ECONOMIC DEVELOPMENT
1325 J STREET, 18TH FLOOR, SACRAMENTO, CA 95814

TRINITY COUNTY OFFICE OF EDUCATION
PO BOX 1256, WEAVERVILLE, CA 96093

FIRST 5 TRINITY COUNTY CHILDREN AND FAMILIES COMMISSION
PO BOX 1362, WEAVERVILLE, CA 96093

TRINITY COUNTY
PO BOX 1613, WEAVERVILLE, CA 96093

Statement 2 - Form RRF-1, Part B, Line 7 - Vehicle Donation Program

Description

CARS
CALIFORNIA OFFICE
4669 MURPHY CANYON ROAD, STE.200
SAN DIEGO, CA 92123

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2022

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

HUMAN RESPONSE NETWORK, INC.

Identifying number

68-0032176

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	3,830,170
2	Total gross income (Form 199, line 8)	2	3,830,170
3	Total expenses and disbursements (Form 199, line 9)	3	3,737,252

Part II Settle Your Account Electronically for Taxable Year 2022

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
 6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

Signature of officer: **MICHAEL R MARUCHEAU** Date: **05/06/24** Title: **EXECUTIVE DIRECTOR**

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	MICHAEL R MARUCHEAU	Date	05/06/24	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's PTIN	P01250456
	Firm's name (or yours if self-employed) and address	GRANT BENNETT ASSOCIATES 10850 GOLD CENTER DR STE 260 RANCHO CORDOVA CA							Firm's FEIN	94-2692073
								ZIP code	95670-5143	

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	_____	Date	_____	Check if self-employed	<input type="checkbox"/>	Paid preparer's PTIN	_____		
	Firm's name (or yours if self-employed) and address	_____							Firm's FEIN	_____
								ZIP code	_____	

TAXABLE YEAR **2022** California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022, and ending (mm/dd/yyyy) 06/30/2023

Corporation/Organization name: **HUMAN RESPONSE NETWORK, INC.** California corporation number: **1256209** FEIN: **68-0032176** Street address: **111 MOUNTAIN VIEW STREET** City: **WEAVERVILLE** State: **CA** Zip code: **96093**

A First return Yes No B Amended return Yes No C IRC Section 4947(a)(1) trust Yes No D Final information return? Dissolved Surrendered (Withdrawn) Merged/Reorganized E Check accounting method: (1) Cash (2) Accrual (3) Other F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series G Is this a group filing? Yes No H Is this organization in a group exemption? Yes No I Did the organization have any changes to its guidelines not reported to the FTB? Yes No J If exempt under R&TC Section 23701d, has the organization engaged in political activities? Yes No K Is the organization exempt under R&TC Section 23701g? Yes No L Is the organization a limited liability company? Yes No M Did the organization file Form 100 or Form 109 to report taxable income? Yes No N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No O Is federal Form 1023/1024 pending? Yes No

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues: 1 Gross sales or receipts from other sources: 67,924.00 2 Gross dues and assessments from members and affiliates: 00 3 Gross contributions, gifts, grants, and similar amounts received: 3,762,246.00 4 Total gross receipts for filing requirement test: 3,830,170.00 Expenses: 9 Total expenses and disbursements: 3,737,252.00 10 Excess of receipts over expenses and disbursements: 92,918.00 Filing Fee: 11 Total payments: 00 12 Use tax: 00 13 Payments balance: 00 14 Use tax balance: 00 15 Penalties and interest: 00 16 Balance due: 00 Sign Here: Signature of officer: MICHAEL R MARUCHEAU Title: EXECUTIVE DIRECTOR Date: 05/06/2024 Telephone: 530-623-2024 Paid Preparer's Use Only: Preparer's signature: MICHAEL R MARUCHEAU Date: 05/06/2024 Check if self-employed: [] PTIN: P01250456 Firm's name: GRANT BENNETT ASSOCIATES Firm's FEIN: 94-2692073 Address: 10850 GOLD CENTER DR STE 260 RANCHO CORDOVA, CA 95670-5143 Telephone: 916-922-5109 May the FTB discuss this return with the preparer shown above? Yes No

HUMAN RESPONSE NETWORK, INC.
68-0032176

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	5,520	00	
	2	Interest	•	2	3,788	00	
	3	Dividends	•	3	26,564	00	
	4	Gross rents	•	4	15,505	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) SEE STATEMENT 1	•	6	16,547	00	
	7	Other income. Attach schedule	•	7		00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	67,924	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	•	11	188,577	00	
	12	Other salaries and wages	•	12	1,136,012	00	
	Expenses and Disbursements	13	Interest	•	13	6,684	00
		14	Taxes	•	14		00
		15	Rents	•	15	308,805	00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements. Attach schedule SEE STATEMENT 3	•	17	2,097,174	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,737,252	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		986,559	•	726,021
2 Net accounts receivable		486,556	•	938,932
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations STMT 4		1,180,485	•	1,567,514
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments. Attach schedule			•	
10 a Depreciable assets	2,644,830		2,653,788	
b Less accumulated depreciation	1,066,616	1,578,214	1,066,616	1,587,172
11 Land		241,234	•	241,234
12 Other assets. Attach schedule			•	
13 Total assets		4,473,048		5,060,873
Liabilities and net worth				
14 Accounts payable		233,305	•	346,507
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable STMT 5		116,692	•	75,335
18 Other liabilities. Attach schedule STMT 6		948,427	•	1,264,074
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		3,174,624	•	3,374,957
22 Total liabilities and net worth		4,473,048		5,060,873

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	200,333
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	Total. Add line 1 through line 5	•	200,333
7	Income recorded on books this year not included in this return. Attach schedule SEE STMT 7	•	107,415
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	Total. Add line 7 and line 8	•	107,415
10	Net income per return. Subtract line 9 from line 6	•	92,918

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description	How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
SALE OF ASSETS								
PURCHASE					\$ 16,547	\$	\$	\$
TOTAL					\$ 16,547	\$ 0	\$ 0	\$ 0

California Statements

Statement 2 - Form 199, Part II, Line 11 - Officer Compensation

Name		Address			Avg Hrs	Compensation Amount
City	State	Zip	Title			
LEIA ANNELIESE	LINGEMANN	111 MOUNTAIN VIEW STREET				
	WEAVERVILLE	CA 96093	PRESIDENT	1.00		
NAOMI GOULETTE		111 MOUNTAIN VIEW STREET				
	WEAVERVILLE	CA 96093	VICE PRESIDENT	1.00		
CHRISS WILLIAMS		111 MOUNTAIN VIEW STREET				
	WEAVERVILLE	CA 96093	SECRETARY/TREASURER	1.00		
PEGGY CANALE		111 MOUNTAIN VIEW STREET				
	WEAVERVILLE	CA 96093	DIRECTOR	1.00		
JEFFRY ENGLAND		111 MOUNTAIN VIEW STREET				
	WEAVERVILLE	CA 96093	DIRECTOR	1.00		
JULIE LACITIGNOLA		111 MOUNTAIN VIEW STREET				
	WEAVERVILLE	CA 96093	DIRECTOR	1.00		
SUE LEUTWYLER		111 MOUNTAIN VIEW STREET				
	WEAVERVILLE	CA 96093	DIRECTOR	1.00		
KAYLA KLINGER		111 MOUNTAIN VIEW STREET				
	WEAVERVILLE	CA 96093	FISCAL OFFICER	45.00	85,790	
SHERI WHITE		111 MOUNTAIN VIEW STREET				
	WEAVERVILLE	CA 96093	EXECUTIVE DIRECTOR	50.00	102,787	
JACK CONTOS		111 MOUNTAIN VIEW STREET				
	WEAVERVILLE	CA 96093	FISCAL OFFICER	45.00		
TOTAL						<u>188,577</u>

Statement 3 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
OTHER EMPLOYEE BENEFITS EXP	\$ 222,106
PAYROLL TAXES EXP	90,698
ACCOUNTING FEES EXP	20,000
OTHER FEES EXPENSE	266,068
TRAVEL EXPENSE	45,840
SUPPLIES	269,603
CHILD CARE PROVIDERS	729,855
VOUCHER ASSISTANCE	227,867
MISCELLANEOUS	51,149
PENSION PLAN CONTRIBUTION EXP	104,816
OFFICE EXPENSE	38,235
INSURANCE EXPENSE	30,937
TOTAL	<u>\$ 2,097,174</u>

Statement 4 - Form 199, Schedule L, Line 5 - Federal and State Government

Description	Beginning of Year	End of Year
INVESTMENTS	\$ 1,180,485	\$ 1,567,514
TOTAL	<u>\$ 1,180,485</u>	<u>\$ 1,567,514</u>

Statement 5 - Form 199, Schedule L, Line 17 - Mortgages Payable

Description	Beginning of Year	End of Year
LOAN PAYABLE	\$ 116,692	\$ 75,335
TOTAL	<u>\$ 116,692</u>	<u>\$ 75,335</u>

Statement 6 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
GOVERNMENT CONTRACT RESERVES	\$ 12,017	\$ 12,071
GOVERNMENT OWNED PROPERTY & EQUIP.	552,933	561,890
DEFERRED REVENUE	383,477	690,113
TOTAL	<u>\$ 948,427</u>	<u>\$ 1,264,074</u>

California Statements

Statement 7 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

Description	Amount
NET UNREALIZED GAINS	\$ <u>107,415</u>
TOTAL	\$ <u><u>107,415</u></u>