| * * | PUBLIC | DISCLOSURE | COPY | * * |
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|-----|--------|------------|------|-----|

OMB No. 1545-0047

b

Open to Public

Inspection

| Form 990 | Return of Organiza |
|-----------------|---|
| Form JJU | Under section 501(c), 527, or 4947(a)(1 |

Return of Organization Exempt From Income Tax r section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

I

Information about Form 990 and its instructions is at www.irs.gov/form990.

| AF | or th | e 2016 calendar year, or tax year beginning JUL 1, 2016 and e | ending J | UN 30, 2017 | |
|--|---|--|----------|------------------------------------|-------------------------------|
| B C a | heck if pplicab | e: C Name of organization | | D Employer identif | cation number |
| | Addre | ge HUMBOLD'I HEAL'I'H FOUNDA'I ION | | | |
| X Change Doing business as 94-0 | | | | | 2427 |
| Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone r | | | | E Telephone numbe | er |
| | | | | | 42-2993 |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,481,784. |
| | Amen | BAISIDE, CA 95524 | | H(a) Is this a group r | eturn |
| | Applica- tion pending F Name and address of principal officer: PAT FARMER for subord | | | | s? Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all subordinates i | ncluded? Yes No |
| | | empt status: 🔽 501(c)(3) └ 501(c) ()◀ (insert no.) └ 4947(a)(1) c | or 🛄 527 | If "No," attach a | l list. (see instructions) |
| | | te: WWW.ULHF.ORG | | H(c) Group exemption | on number 🕨 |
| | | f organization: 🗶 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 | L Year | of formation: 1997 | V State of legal domicile: CA |
| Pa | rt I | Summary | | | |
| é | 1 | Briefly describe the organization's mission or most significant activities: | | HEALTH AND | |
| anc | | WELL-BEING OF THE RESIDENTS AND COMMUNITIES OF HUMBOLDT COUNT | | | |
| Activities & Governance | 2 | Check this box 🕨 🛄 if the organization discontinued its operations or dispos | | | 1 |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 10 |
| <u>ه</u> | 4 | Number of independent voting members of the governing body (Part VI, line 1b) $\ _{\cdot}$ | | | 10 |
| ies | 5 | | | | 0 |
| tivit | | Total number of volunteers (estimate if necessary) | | | 10 |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | <u></u> | | 0. |
| | | | | Prior Year | Current Year |
| ue | 8 | Contributions and grants (Part VIII, line 1h) | | 10,956. | 20,790. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| Be | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 166,284. | 164,241. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 177,240. 186,350. | 185,031. 197,971. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 100,350. | 0. |
| <i>(</i> ^ | 14 15 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| Expenses | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ben | | | 0. | •. | |
| ň | | Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 11,427. | 18,824. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 197,777. | 216,795. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -20,537 | -31,764. |
| or | | | | eginning of Current Year | End of Year |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | 4,988,302. | 5,488,253. |
| Ass J Ba | | Total liabilities (Part X, line 26) | | 69,571. | 97,775. |
| -Unc | | Net assets or fund balances. Subtract line 21 from line 20 | | 4,918,731. | 5,390,478. |
| | rt 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 | Signature of officer | | | Date |
|------------|--|------------------------------------|------|-------------------------|
| Here | PAT FARMER, CHAIR | | | |
| | Type or print name and title | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN |
| Paid | BRIAN YACKER | | | self-employed P00401346 |
| Preparer | Firm's name 🕨 YH ADVISORS, INC. | | | Firm's EIN 45-3269313 |
| Use Only | Firm's address 🖕 7755 CENTER AVENUE, SUIT | E 1225 | | |
| | HUNTINGTON BEACH, CA 926 | Phone no.310-982-2803 | | |
| May the I | RS discuss this return with the preparer shown abo | ove? (see instructions) | | X Yes No |
| 632001 11- | 1-16 LHA For Paperwork Reduction Act Notic | ce, see the separate instructions. | | Form 990 (2016) |

| | 990 (2016) HUMBOLDT HEALTH FOUNDATION 94-0942427 till Statement of Program Service Accomplishments 94-0942427 | Page |
|-------|--|-----------------------|
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: | |
| | TO IMPROVE THE HEALTH AND WELL-BEING OF THE RESIDENTS AND COMMUNITIES | |
| | OF HUMBOLDT COUNTY. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | Yes X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experimentation of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experimentation of the section of the sectio | penses, and |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ including grants of \$ 197,971.) (Revenue \$ TO SUPPORT PROJECTS OR INSTITUTIONS WHICH ENHANCE THE PHYSICAL, MENTAL | |
| | AND MORAL WELL-BEING OF EACH INDIVIDUAL WITHIN THE COUNTY OF HUMBODLT. | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) | |
| | | |
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| | | |
| | | |
| 4c | | |
| 40 | (Code:) (Expenses \$ including grants of \$) (Revenue \$) | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe in Schedule O.) | |
| 4u | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses 197,971. | |
| 3000 | 2 11.11.16 | Form 990 (2016 |
| JJ200 | 2 11-11-16 2 | |
| 20 | 125 144414 3122 2016.05040 HUMBOLDT HEALTH FOUNDATION | 3122 1 |

| Form | 990 | (2016) | |
|------|-----|--------|--|

HUMBOLDT HEALTH FOUNDATION

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|-----|-----|
| Dan | - 7 |
| гач | ~ |

| Pa | t IV Checklist of Required Schedules | | | uge e |
|-----|--|-------|-----|--------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X X |
| | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | | A |
| т | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | x | |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | ^ | |
| 128 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | x |
| h | · · · · · · · · · · · · · · · · · · · | 120 | | - 21 |
| u | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | x | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | x |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 144 | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | - 115 | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| _ | complete Schedule G, Part III | 19 | | x |
| | | - | 000 | |

Form **990** (2016)

632003 11-11-16

11120125 144414 3122

| Form | 990 (2016) HUMBOLDT HEALTH FOUNDATION 94-094242 | 7 | P | age 4 |
|----------|--|-----|-----|----------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| с | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 00- | | |
| 00 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | | X X |
| 29 20 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 20 | | x |
| 24 | contributions? If "Yes," complete Schedule M | 30 | | ~ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 31 | | x |
| 32 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete | 31 | | <u> </u> |
| 52 | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 02 | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| ••• | Part V, line 1 | 34 | x | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | x |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| ~ | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | x | |
| | | | 990 | (2016) |

HUMBOLDT HEALTH FOUNDATION

632004 11-11-16

94-0942427

| Form | 990 (2016) HUMBOLDT HEALTH FOUNDATION | 94-0942427 | | Р | age 5 |
|---------|---|---------------------------------------|------|------|--------------|
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | |
| | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 4 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b (| | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eportable gaming | | | |
| | (gambling) winnings to prize winners? | | 1c | х | |
| 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions |) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | Зb | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | • | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | 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 A | | _ | | |
| - | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | 5b | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | <u> </u> |
| 08 | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th any contributions that were not tax deductible as charitable contributions? | | 6a | | x |
| h | If "Yes," did the organization include with every solicitation an express statement that such contribut | | Ua | | |
| 5 | were not tax deductible? | - | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | 0.5 | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices 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 | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | |
| | to file Form 8282? | · · · · · · · · · · · · · · · · · · · | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | ontract? | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | act? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | | | 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: | 100 | | | |
| a b | Initiation fees and capital contributions included on Part VIII, line 12 | 10a 10b | | | |
| ь 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 | | 12a | | |
| | 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. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | I | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| | Enter the amount of reserves on hand | 13c | | | |
| | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | 0 | 14b | | (00.10) |
| | | | Form | 1990 | (2016) |

632005 11-11-16

| 1a Enter the number of voltage members of the governing body at the end of the tax year 1a 1a <th>_</th> <th>990 (2016) HUMBOLDT HEALTH FOUNDATION</th> <th>94-0942427</th> <th></th> <th></th> <th>ag</th> | _ | 990 (2016) HUMBOLDT HEALTH FOUNDATION | 94-0942427 | | | ag |
|---|------------|--|-------------------------------|----------|-------|----|
| Check II Schedule 0 contains a response or note to any line in this Part V ection A. Coverning Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a 1a </th <th>rai</th> <th></th> <th>•</th> <th>a no r</th> <th>espon</th> <th>se</th> | rai | | • | a no r | espon | se |
| ection A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 11 11 11 10 10 b Did any officiant officiant ong members of the governing body of the governing body depated tored autority to an executive committer or similar committer, septian in Schedule 0. 11 11 10 | | | | | | |
| 1a Enter the number of voting members of the governing body at the end of the tax year 1a 10 1b 10 10 10 1c 1c 10 10 1c 1c 10 10 10 1c 1c 10< | Sec | | | <u></u> | | |
| If there are material differences in volting inflate among members of the governing body, or if the governing indication are excluted committee or similar committee, explain in Schedele 0. Image: Committee Com | | | | | Yes | |
| be brite the number of voling members included in line 1a. above, who are independent | 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 1 | 0 | | |
| b Enter the number of voting members included in line 1a, above, who are independent | | If there are material differences in voting rights among members of the governing body, or if the governing | | | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization baceme avera churing the year of a significant diversion of the organization's assets? 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 7 Did the organization ontemportness dy document the meetings held or written actions undertaken during the year by the following: 8 8 8 Did the organization other persons dy document the meetings held or written actions undertaken during the year by the following: 8 8 7 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization is wortten policies and procedures governing body? 8 8 7 9 Is there any officer, director, trustee, or hey employee listed in Part VII. Section A, who cannot be reached at the organization is accertable of the proparization have local chapters, branches, or affiliates? | | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | | | |
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| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 122 x c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 x 3 Did the organization have a written whistleblower policy? 13 x 4 Did the organization have a written document retention and destruction policy? 14 x 5 Did the organization have a written document retention and destruction policy? 14 x a The organization is CEO, Executive Director, or top management official 15a x b Other officers or key employees of the organization 15b x if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a 16a 6 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization is exempt status with respect to such arrangements? 16b 16a c If wes," did the organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) s only) available for public inspection. Indicate how you made these available. Check all that apply. 3 3 | | | | 12a | x | |
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| in Schedule O how this was done 12c x 3 Did the organization have a written whistleblower policy? 13 x 4 Did the organization have a written document retention and destruction policy? 14 x 5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a x a The organization's CEO, Executive Director, or top management official 15b x 15b x b Other officers or key employees of the organization 15b x 15b x if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 6a 16a 16a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 16a Evetion C. Disclosure Other officers on wy our made these available. Check all that apply. & Own website Another's website X Upon request Other (explain in Schedule O) 9 | | | | 12.0 | | |
| 3 Did the organization have a written whistleblower policy? 13 X 14 X 14 X 14 X 14 X 15 Did the organization have a written document retention and destruction policy? 16 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15b X 15b X 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? cetton C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed ▶CA 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3) s only) available for public inspection. Indicate how you made these available. Check all that apply. X Who website Another's website X Upon request Other (explain in Schedule O) 9 Describe in Schedule 0 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. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ DEBORAH DOWNS - (707) 442-2993 363 INDIANOLA ROAD, BAYSIDE, CA 95524 | Ŭ | | | 120 | x | |
| 4 Did the organization have a written document retention and destruction policy? 14 X 5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X 16" Yes," to line 15a or 15b, describe the process in Schedule O (see instructions). 16a 16a b Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 16a exempt status with respect to such arrangements? 16b 16b 16b 16b exempt status with which a copy of this Form 990 is required to be filed CA 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how | 3 | | | | | |
| 5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a 16b Election C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed CA 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Chec | .e 14 | | | | | |
| a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a 16a 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a 16b 16b Evection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed CA 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that | 15 | | | | | |
| a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 6a 16a 16a b Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 16b eection C. Disclosure 16b 16b 16b 16b 7 List the states with which a copy of this Form 990 is required to be filed ▶CA 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Che | | | | | | |
| b Other officers or key employees of the organization | а | | | 15a | х | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? etection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed ▶CA 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | | | х | |
| 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a exection C. Disclosure 16b 7 List the states with which a copy of this Form 990 is required to be filed ▶CA 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O) 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Describe 104 requires, and telephone number of the person who possesses the organization's books and records: ▶ | ~ | | | | | t |
| taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16a exempt status with respect to such arrangements? 16b rection C. Disclosure 16b 7 List the states with which a copy of this Form 990 is required to be filed ▶CA 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Yupon request Other (explain in Schedule O) 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | 6a | | nent with a | | | |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? fection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed ▶CA 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ DEBORAH DOWNS - (707)442-2993 363 INDIANOLA ROAD, BAYSIDE, CA 95524 | | | | 16a | | |
| exempt status with respect to such arrangements? 16b ection C. Disclosure 7 7 List the states with which a copy of this Form 990 is required to be filed ▶CA 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 9 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | b | | | | | |
| exempt status with respect to such arrangements? 16b ection C. Disclosure 7 7 List the states with which a copy of this Form 990 is required to be filed ▶CA 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 9 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | | | • • | | | |
| Fection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed ►CA 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ► DEBORAH DOWNS - (707)442-2993 363 INDIANOLA ROAD, BAYSIDE, CA 95524 | | | | 16b | | |
| 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. I Own website Another's website I Upon request Other (explain in Schedule O) 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ► DEBORAH DOWNS - (707)442-2993 363 INDIANOLA ROAD, BAYSIDE, CA 95524 | Sec | | | | | |
| for public inspection. Indicate how you made these available. Check all that apply. Image: Second state of the public inspection. Indicate how you made these available. Check all that apply. Image: Second state of the public inspection. Indicate how you made these available. Check all that apply. Image: Second state of the public inspection. Indicate how you made these available. Check all that apply. Image: Second state of the public inspection. Indicate how you made these available. Check all that apply. Image: Second state of the public inspection. Indicate how you made these available. Check all that apply. Image: Second state of the public inspection. Indicate how you made these available. Check all that apply. Image: Second state of the public inspection. Indicate how you made the public during the tax year. Image: Second state of the public during the tax year. Image: Second state of the public during the tax year. Image: Second state of the public during the tax year. Image: Second state of the public during the tax year. Image: Second state of the public during the tax year. Image: Second state of the public during the tax year. Image: Second state of the public during the tax year. Image: Second state of the public during the tax year. Image: Second state of the public during the tax year. Image: Second state of the public during the tax year. Image: Second state of the | 7 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA | | | | |
| X Own website Another's website X Upon request Other (explain in Schedule O) 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ DEBORAH DOWNS - (707)442-2993 363 INDIANOLA ROAD, BAYSIDE, CA 95524 Form 990 (records) | 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (Section 501(c)(3)s only) | availab | le | |
| 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ► DEBORAH DOWNS - (707)442-2993 | | for public inspection. Indicate how you made these available. Check all that apply. | | | | |
| statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: DEBORAH DOWNS - (707)442-2993 363 INDIANOLA ROAD, BAYSIDE, CA 95524 Form 990 (2006 11-11-16 | | X Own website Another's website X Upon request Other (explain | in Schedule O) | | | |
| 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ► DEBORAH DOWNS - (707)442-2993 363 INDIANOLA ROAD, BAYSIDE, CA 95524 12006 11-11-16 Form 990 (5 | 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, con | nflict of interest policy, ar | nd finan | cial | |
| DEBORAH DOWNS - (707)442-2993 363 INDIANOLA ROAD, BAYSIDE, CA 95524 22006 11-11-16 Form 990 (2006) | | | | | | |
| 363 INDIANOLA ROAD, BAYSIDE, CA 95524 22006 11-11-16 6 | 20 | State the name, address, and telephone number of the person who possesses the organization's bo | oks and records: | | | |
| Form 990 (1) | | | | | | |
| 6 | | 363 INDIANOLA ROAD, BAYSIDE, CA 95524 | | | | |
| - | 3200 | - | | Form | 990 | (2 |
| | ~ - | - | | | | |

| Form 990 (| | 94-0942427 | Page 7 |
|------------|---|------------|--------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Co | mpensated | |
| | 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 (Ď), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

| Name and Title | | (B) (C) | | | | | | | (E) | (F) |
|--|--|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|--|--|--|
| | Average hours per week | box offic | not c , unle | ss pe | more rson | than is bot pr/trus | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) PAT FARMER | 1.50 | | | | | | | | | |
| CHAIR | | X | | х | | | | 0. | 0. | 0. |
| (2) LOU MOERNER | 1.50 | | | | | | | | | _ |
| VICE CHAIR | | х | | х | | | | 0. | 0. | 0. |
| (3) SUZANNE DOCKAL | 1.50 | | | | | | | | | |
| TREASURER | | х | | х | | | | 0. | 0. | 0. |
| (4) MIKE GOLDSBY | 1.50 | | | | | | | | | |
| SECRETARY | 1.50 | х | | х | | | | 0. | 0. | 0. |
| (5) GEORGE INGRAHAM, OD | 1.50 | | | | | | | | | 0 |
| DIRECTOR | 1.50 | X | | | | | | 0. | 0. | 0. |
| <pre>(6) ROBERT BERG, DDS DIRECTOR</pre> | 1.50 | x | | | | | | 0. | 0. | 0 |
| (7) MARINA CORTEZ HASH | 1.50 | ^ | | | | | | 0. | υ. | 0. |
| DIRECTOR | 1.50 | x | | | | | | 0. | 0. | 0. |
| (8) KATE JAMISON-ALWARD | 1.50 | ^ | | | | | | · · | 0. | 0. |
| DIRECTOR | 1.50 | x | | | | | | 0. | 0. | 0. |
| (9) ROSEMARY DEN OUDEN | 1.50 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (10) CHRISTINA HUFF | 1.50 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (11) DEBORAH DOWNS | 2.00 | | | | | | | | | |
| CFO | | 1 | | x | | | | 0. | 90,411. | 13,332. |
| (12) SARAH MILLSAP | 2.00 | | | | | | | | | |
| CONTROLLER | | 1 | | x | | | | ٥. | 73,238. | 0. |
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Form 990 (2016)

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3122___1 2016.05040 HUMBOLDT HEALTH FOUNDATION

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| | 990 (2016) HUMBOLDT HEAI | | | | | | | | | 94-094 | 2427 | | Р | age 8 |
|-----|--|---|--------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|--|--|---------|-----------|---|--------------|
| Par | t VII Section A. Officers, Directors, Trus | | ploy | vees | | | ighe | st C | | es (continued) | | | | |
| | (A) Name and title | (B) Average hours per week (list any | box offi | not c , unle | Pos heck | more rson | than is bot pr/trus | h an | (D) Reportable compensation from the | (E) Reportable compensatio from related organization | on d | an | (F) stimate nount other pensa | of |
| | | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MI | SC) | org an | om th anizat d relat anizati | tion ted |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | Sub-total | | | | | | | | 0. | 163, | | | 13 | ,332. |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | <u></u> | | | | | | | 0. | 163, | | | 13 | 0. ,332. |
| 2 | Total number of individuals (including but n compensation from the organization | ot limited to th | iose | liste | ed al | bov | e) wł | no r | eceived more than \$100 |),000 of reportab | le | | | 0 |
| 3 | Did the organization list any former officer, | director. or tru | uste | e. ke | ev er | olan | ovee | . or | highest compensated e | mplovee on | ſ | | Yes | No |
| 4 | line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su | uch individual | | | | | | | | | | 3 | | X |
| | and related organizations greater than \$150 | 0,000? If "Yes, | " co | mpl | ete S | Sche | edule | e J f | for such individual | | 1 | 4 | | x |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> | - | | | | - | | | - | | | 5 | | X |
| 1 | tion B. Independent Contractors Complete this table for your five highest co | | | | | | | | | | npens | ation 1 | from | |
| | the organization. Report compensation for (A) | the calendar y | ear | endi | ing v | vith | or w | rithir | n the organization's tax (B) | year. | | (0 |) | |
| | Name and business | address | NO | NE | | | | _ | Description of s | ervices | С | ompe | nsatio | n |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i | • | ot li | mite | d to | | | stec | d above) who received m | nore than | | | | |
| | \$100,000 of compensation from the organiz | zation 🕨 | | | | | 0 | | | | | Form | 990 (| 2016) |

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| | n 990 (| | T HEALTH FOUN | IDATION | | | 94-0942427 | Page 9 |
|--|------------------------|---|--|---------------------------|--|---|--|--|
| Pa | rt VII | | | | | | | |
| | | Check if Schedule O cont | tains a response o | or note to any line | <u>e in this Part VIII …</u> (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 | b c d e | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran | 1b 1c 1d tions) 1e ts, and 1 | 20.700 | | | | |
| ontrib nd Ot | g | | a-1f: \$ | 20,790. | 00 500 | | | |
| a C | h | Total. Add lines 1a-1f | | | 20,790. | | | |
| Program Service Revenue | 2a b c d e | | | Business Code | | | | |
| Pro | f | All other program service reve | enue | | | | | |
| | | Total. Add lines 2a-2f | - | > | | | | |
| | 3 4 5 | Investment income (including other similar amounts) Income from investment of ta Royalties | dividends, intere x-exempt bond p | st, and ► roceeds ► | 137,968. | | | 137,968. |
| | | , | (i) Real | (ii) Personal | | | | |
| | b c | Gross rents Less: rental expenses Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | ► | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) | | | | | | |
| | | Net asia au (less) | | > | 26,273. | | | 26,273 |
| Other Revenue | | Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 | of e 1c). See | | | | | |
| ther | b | Less: direct expenses | | | | | | |
| Ó | | Net income or (loss) from fund | • | | | | | |
| | 9 a | Gross income from gaming ac Part IV, line 19 | ctivities. See a | | | | | |
| | | Less: direct expenses | | | | | | |
| | 10 a | Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold | returns a | ····· ► | | | | |
| | | Net income or (loss) from sale | | | | | | |
| | | Miscellaneous Revenu | ie | Business Code | | | | |
| | 11 a | | | | | | | |
| | b | | | | | | | |
| | c d | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue. See instructions. | | | 185,031. | 0. | 0. | 164,241. |
| 63200 | 9 11-11 | | | | | | | Form 990 (2016 |

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Form 990 (2016) HUMBOLDT HEALTH FOUN
Part IX Statement of Functional Expenses HUMBOLDT HEALTH FOUNDATION

94 - 0942427

Page 10

| | on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon | | - | | |
|--------------|---|----------------|-----------------------------|---------------------------------|-------------------------|
| D • • | | (A) | (B) | (C) | L |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 64,795. | 64,795. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 133,176. | 133,176. | | |
| 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 | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| 0 | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| - | F | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 2,500. | | 2,500. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 11,157. | | 11,157. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| - | column (A) amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | 3,892. | | 3,892. | |
| 13 | Office expenses | 90. | | 90. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | | | | | |
| 17 | Occupancy Travel | | | | |
| 18 | F | | | | |
| 10 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 260. | | 260. | |
| 19 | Conferences, conventions, and meetings | 200. | | 200. | |
| 20 | | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 900. | | 900. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | BANK FEES | 25. | | 25. | |
| b | | | | | |
| | | | | | |
| C L | | | | | |
| d | | | | | |
| | All other expenses | 016 805 | 100 001 | 10 004 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 216,795. | 197,971. | 18,824. | |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | | | | | |

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_____ if following SOP 98-2 (ASC 958-720)

Check here

10 2016.05040 HUMBOLDT HEALTH FOUNDATION Form **990** (2016)

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34

Total liabilities and net assets/fund balances

4,988,302.

34

5,488,253. Form 990 (2016)

HUMBOLDT HEALTH FOUNDATION Part X | Balance Sheet

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

| | | Check if Schedule O contains a response or note to any line in this Part X | (A) | | (B) |
|-----------------------------|-----|---|-------------------|-----|-------------|
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | 1 | 7,681. |
| | 2 | Savings and temporary cash investments | 9,957. | 2 | 50. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| ets | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| ٩ | 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 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | 4,978,345. | 11 | 5,480,522. |
| | 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 34) | 4,988,302. | 16 | 5,488,253. |
| | 17 | Accounts payable and accrued expenses | 52. | 17 | 23. |
| | 18 | Grants payable | 69,519. | 18 | 97,752. |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| iliti | | key employees, highest compensated employees, and disqualified persons. | | | |
| Liabilities | | Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | | Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 69,571. | 26 | 97,775. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ⊥ and | | | |
| ses | | complete lines 27 through 29, and lines 33 and 34. | | | |
| anc | 27 | Unrestricted net assets | 4,918,731. | 27 | 5,390,478. |
| Bal | 28 | Temporarily restricted net assets | | 28 | |
| pu | 29 | Permanently restricted net assets | | 29 | |
| Fu | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| , C | | and complete lines 30 through 34. | | | |
| sets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 2 | 33 | Total net assets or fund balances | 4,918,731. | 33 | 5,390,478. |

Form 990 (2016)

| Form | 990 (2016) HUMBOLDT HEALTH FOUNDATION | 94-0942427 | | Pa | ge 12 | | |
|------|--|-------------|----|------|--------------|--|--|
| Par | t XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 185 | ,031. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 216 | ,795. | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -31 | ,764. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4 | ,918 | ,731. | | |
| 5 | 5 Net unrealized gains (losses) on investments 5 | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | -94 | ,305. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | |
| | column (B)) | 10 | 5 | ,390 | ,478. | | |
| Par | t 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: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | e O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | х | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | te basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | | | |
| | Act and OMB Circular A-133? | | 3a | | х | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | iired audit | | | 1 | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | L | | |

Form **990** (2016)

632012 11-11-16

| SCHEDULE A |
|------------|
|------------|

| SCHEDULE A | | | | | | | | OMB No. 1545-0047 |
|----------------------------|---------------------------|---------------------|--|------------------------|--------------------|-----------------|---------------|----------------------------|
| (Form 990 or 990-EZ) | | | rity Status an | | | | | 2016 |
| | Com | | ization is a section 50 ⁻ 47(a)(1) nonexempt cha | | | or a section | | 2010 |
| Department of the Treasury | | | Attach to Form 990 or F | | | | | Open to Public |
| Internal Revenue Service | Information | about Schedule A | (Form 990 or 990-EZ) and | its instructi | ions is at W | ww.irs.gov/fo | rm990. | Inspection |
| Name of the organizati | on | | | | | | Employer | identification number |
| | | HEALTH FOUND | | | | | | -0942427 |
| Part I Reason | for Public Ch | arity Status (A | All organizations must co | mplete th | is part.) Se | ee instruction | S. | |
| The organization is not a | a private foundation | on because it is: (| For lines 1 through 12, c | heck only | one box.) | | | |
| 1 A church, co | nvention of churc | ches, or associatio | on of churches described | d in sectio | n 170(b)(1 | 1)(A)(i). | | |
| 2 A school des | cribed in section | 170(b)(1)(A)(ii). | Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | |
| 3 A hospital or | a cooperative ho | spital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | ii). | | |
| 4 A medical res | search organizatio | on operated in co | njunction with a hospital | described | d in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| city, and stat | | | | | | | | |
| | | | llege or university owned | d or operat | ted by a g | overnmental | unit describ | ed in |
| | (b)(1)(A)(iv). (Com | | | | | | | |
| | | - | nental unit described in | | | | | |
| | | | ntial part of its support f | rom a gov | ernmental | unit or from 1 | he general | public described in |
| · · · · | b)(1)(A)(vi). (Com | . , | | | | | | |
| | | | (1)(A)(vi). (Complete Part | | | | | |
| • | • | | in section 170(b)(1)(A)(| <i>·</i> · | | | | • |
| | or a non-land-grai | nt college of agric | ulture (see instructions). | Enter the | name, city | , and state o | t the colleg | e or |
| university: | | (4) | | | 4 - 11 41 | | - l- l- f | |
| | | | than 33 1/3% of its sup | | | | | |
| | | | ct to certain exceptions, | | | | | |
| | | | (less section 511 tax) fro | om busine | sses acqu | lired by the o | rganization | after June 30, 1975. |
| | 509(a)(2). (Comp | - | | fati Caa | | O(-)(4) | | |
| | - | - | ively to test for public sa | • | | | | |
| 0 | - | - | ively for the benefit of, to | - | | | - | |
| | | | ed in section 509(a)(1) o | | | | | neck the box in |
| | - | • • | of supporting organizatio | | | | - | |
| 51 | | | upervised, or controlled | | | | | |
| | • | | gularly appoint or elect a | а пајопцу о | or the dire | clors or truste | es or the s | upporting |
| | | nplete Part IV, Se | | tion with it | | ad arganizati | n(a) hy ha | vina |
| | | - | l or controlled in connec | | | - | | - |
| | | | anization vested in the s | ame perso | ons that co | ontrol or mana | age the sup | ported |
| <u> </u> | ., | • | Sections A and C. | in connoc | tion with | and functions | lly intograt | |
| | | | g organization operated a). You must complete f | | | | iny integrate | ea with, |
| | • | , , | · · | | | | rtad argani | zation(a) |
| •• | - | • | oorting organization oper zation generally must sat | | | | • | |
| | , 0 | Ũ | nplete Part IV, Sections | , | | | u an alleni | veness |
| | · | , | • • | | | | | |
| | | | written determination fro | | | атурет, туре | in, rype in | |
| | | | nally integrated support | | | | | 1 |
| g Provide the follow | | | | | | | | |
| (i) Name of supp | | (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount o | fmonetary | (vi) Amount of other |
| organization | | | (described on lines 1-10 | in your governi Yes | ng document? No | support (see in | , | support (see instructions) |
| | | | above (see instructions)) | | | | | |
| HUMBOLDT AREA FOUN | DATION 23 | -7310660 | 7 | х | | | 81,700. | 0. |
| | | | , | | | | ,, | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Total

Schedule A (Form 990 or 990-EZ) 2016 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 13

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Schedule A (Form 990 or 990 EZ) 2016 HUMBOLDT HEALTH FOUNDATION

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.)

| Sec | ction A. Public Support | | | | | | |
|----------|--|---------------------|---------------------|-------------|----------|---------------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | | | | | | |
| 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. | | | | | | |
| _ | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| | First five years. If the Form 990 is for | , | , | | | | |
| | organization, check this box and stop | • | | | | | |
| Sec | ction C. Computation of Publ | | | | | | ······································ |
| 14 | Public support percentage for 2016 (I | ine 6, column (f) d | livided by line 11, | column (f)) | | 14 | % |
| | Public support percentage from 2015 | | | | | 15 | % |
| | 33 1/3% support test - 2016. If the c | | | | | more, check this be | ox and |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2015. If the c | | | | | | |
| | and stop here. The organization qual | ifies as a publicly | supported organiz | zation | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | = | - | - | |
| b | 10% -facts-and-circumstances test | | | | | | |
| ~ | more, and if the organization meets th | - | | | | | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organizatio | | | | | | |
| <u> </u> | | | , | . , ., | | adula A (Earm 000 | |

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

Page 2

Schedule A (Form 990 or 990-EZ) 2016 HUMBOLDT HEALTH FOUNDATION

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.)

| Sec | ction A. Public Support | | | | | | |
|-------------|--|----------------------------|----------------------|------------------------|----------------------|----------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | 1 | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | [| 1 | 1 | | 1 | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | - |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | L | | | | <u> </u> | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thi | rd, fourth, or fifth t | tax year as a sectio | on 501(c)(3) organiz | zation, |
| | | | | | | | ▶∟ |
| | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2016 (| | | column (f)) | | 15 | % |
| | Public support percentage from 2015 | | | | | 16 | % |
| | ction D. Computation of Investion | | | | | | |
| 17 | Investment income percentage for 20 |)16 (line 10c, colu | mn (f) divided by li | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 1 9a | 33 1/3% support tests - 2016. If the | | | | | | 17 is not |
| | more than 33 1/3%, check this box a | | | | | | ▶∟ |
| b | 33 1/3% support tests - 2015. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | | | |
| 63202 | 23 09-21-16 | | | 1 5 | Sch | edule A (Form 990 | 0 or 990-EZ) 2016 |
| 1 ~ ~ | | 0.0 | 16 05040 | 15 | | | 2122 1 |
| ∟∠∖ |)125 144414 3122 | ⊿0. | 10.UDU4U . | LOMROPD.I, | HEALTH FO | UNDAT TON | 31221 |

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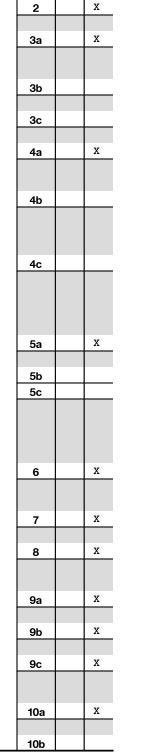
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c 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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1

Yes

х

No

Schedule A (Form 990 or 990-EZ) 2016

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94-0942427 Page **5**

| a A person who direct below, the governin b A family member of c A 35% controlled e Section B. Type I S 1 Did the directors, tr regularly appoint or tax year? If "No," du controlled the organ describe how the p organizations and w 2 Did the organization | n accepted a gift or contribution from any of the following persons? tly or indirectly controls, either alone or together with persons described in (b) and (c) g body of a supported organization? a person described in (a) above? ntity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI . upporting Organizations ustees, or membership of one or more supported organizations have the power to elect at least a majority of the organization's directors or trustees at all times during the escribe in Part VI how the supported organization(s) effectively operated, supervised, or nization's activities. If the organization had more than one supported organization, owers to appoint and/or remove directors or trustees were allocated among the supported that conditions or restrictions, if any, applied to such powers during the tax year. n operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in ing such benefit carried out the purposes of the supported organization(s) that operated, | 11a 11b 11c | Yes Yes | No X X X No |
|--|--|-------------------|---------|-------------------------|
| a A person who direct below, the governin b A family member of c A 35% controlled e Section B. Type I S 1 Did the directors, tr regularly appoint or tax year? If "No," du controlled the organ describe how the p organizations and w 2 Did the organization | tly or indirectly controls, either alone or together with persons described in (b) and (c) g body of a supported organization? a person described in (a) above? Intity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI . upporting Organizations ustees, or membership of one or more supported organizations have the power to elect at least a majority of the organization's directors or trustees at all times during the escribe in Part VI how the supported organization(s) effectively operated, supervised, or nization's activities. If the organization had more than one supported organization, owers to appoint and/or remove directors or trustees were allocated among the supported what conditions or restrictions, if any, applied to such powers during the tax year. In operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? If "Yes," explain in | 11b 11c | | X X |
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| b A family member of c A 35% controlled e Section B. Type I S 1 Did the directors, tr regularly appoint or tax year? If "No," di controlled the organi describe how the p organizations and w 2 Did the organization | a person described in (a) above? Initiy of a person described in (a) or (b) above? <i>If</i> "Yes" <i>to a, b, or c, provide detail in</i> Part VI . upporting Organizations ustees, or membership of one or more supported organizations have the power to elect at least a majority of the organization's directors or trustees at all times during the escribe in Part VI how the supported organization(s) effectively operated, supervised, or nization's activities. If the organization had more than one supported organization, owers to appoint and/or remove directors or trustees were allocated among the supported that conditions or restrictions, if any, applied to such powers during the tax year. In operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? If "Yes," explain in | 11b 11c | | X X |
| c A 35% controlled e Section B. Type I S 1 Did the directors, tr regularly appoint or tax year? If "No," di controlled the organi describe how the p organizations and w 2 Did the organization | ntity of a person described in (a) or (b) above? <i>If</i> "Yes" <i>to a, b, or c, provide detail in</i> Part VI . upporting Organizations ustees, or membership of one or more supported organizations have the power to elect at least a majority of the organization's directors or trustees at all times during the escribe in Part VI how the supported organization(s) effectively operated, supervised, or nization's activities. If the organization had more than one supported organization, owers to appoint and/or remove directors or trustees were allocated among the supported that conditions or restrictions, if any, applied to such powers during the tax year. In operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? If "Yes," explain in | 11c | | X |
| Section B. Type I S Did the directors, tr regularly appoint or tax year? If "No," du controlled the organ describe how the p organizations and w Did the organization | upporting Organizations ustees, or membership of one or more supported organizations have the power to elect at least a majority of the organization's directors or trustees at all times during the escribe in Part VI how the supported organization(s) effectively operated, supervised, or nization's activities. If the organization had more than one supported organization, owers to appoint and/or remove directors or trustees were allocated among the supported what conditions or restrictions, if any, applied to such powers during the tax year. In operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| Did the directors, tr regularly appoint or tax year? If "No," du controlled the organ describe how the p organizations and w Did the organization | ustees, or membership of one or more supported organizations have the power to elect at least a majority of the organization's directors or trustees at all times during the escribe in Part VI how the supported organization(s) effectively operated, supervised, or nization's activities. If the organization had more than one supported organization, owers to appoint and/or remove directors or trustees were allocated among the supported what conditions or restrictions, if any, applied to such powers during the tax year. In operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? If "Yes," explain in | 1 | | No |
| regularly appoint or tax year? If "No," d controlled the organ describe how the p organizations and w 2 Did the organization | elect at least a majority of the organization's directors or trustees at all times during the escribe in Part VI how the supported organization(s) effectively operated, supervised, or nization's activities. If the organization had more than one supported organization, owers to appoint and/or remove directors or trustees were allocated among the supported what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | NO |
| regularly appoint or tax year? If "No," d controlled the organ describe how the p organizations and w 2 Did the organization | elect at least a majority of the organization's directors or trustees at all times during the escribe in Part VI how the supported organization(s) effectively operated, supervised, or nization's activities. If the organization had more than one supported organization, owers to appoint and/or remove directors or trustees were allocated among the supported what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | x | |
| tax year? If "No," dicontrolled the organ describe how the p organizations and w 2 Did the organization | escribe in Part VI how the supported organization(s) effectively operated, supervised, or nization's activities. If the organization had more than one supported organization, owers to appoint and/or remove directors or trustees were allocated among the supported that conditions or restrictions, if any, applied to such powers during the tax year. In operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? If "Yes," explain in | 1 | X | |
| controlled the organ describe how the p organizations and w 2 Did the organization | nization's activities. If the organization had more than one supported organization, owers to appoint and/or remove directors or trustees were allocated among the supported that conditions or restrictions, if any, applied to such powers during the tax year. In operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> | 1 | x | |
| describe how the p organizations and w 2 Did the organization | owers to appoint and/or remove directors or trustees were allocated among the supported that conditions or restrictions, if any, applied to such powers during the tax year. In operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? If "Yes," explain in | 1 | x | |
| organizations and w 2 Did the organization | that conditions or restrictions, if any, applied to such powers during the tax year. In operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? If "Yes," explain in | 1 | x | |
| 2 Did the organization | operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? If "Yes," explain in | • | | |
| | operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| organizationist that | | | | |
| • | | | | |
| | olled the supporting organization. | 2 | | х |
| | Supporting Organizations | - | | |
| | | | Yes | No |
| 1 Were a majority of t | he organization's directors or trustees during the tax year also a majority of the directors | | | |
| | of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | he supporting organization was vested in the same persons that controlled or managed | | | |
| the supported orga | nization(s). | 1 | | |
| | 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 y | ear, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| year, (ii) a copy of t | ne Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| organization's gove | rning documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 Were any of the org | anization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| organization(s) or (i |) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| the organization ma | intained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 By reason of the re | ationship described in (2), did the organization's supported organizations have a | | | |
| significant voice in | he organization's investment policies and in directing the use of the organization's | | | |
| income or assets a | all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | tions played in this regard. | 3 | | |
| Section E. Type III | Functionally Integrated Supporting Organizations | | | |
| | to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). | | | |
| a The organizat | ion satisfied the Activities Test. Complete line 2 below. | | | |
| | ion is the parent of each of its supported organizations. Complete line 3 below. | | | |
| - | ion supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions | | |
| | ver (a) and (b) below. | | Yes | No |
| | of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | nization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | ganizations and explain how these activities directly furthered their exempt purposes, | | | |
| Ũ | n was responsive to those supported organizations, and how the organization determined | - | | |
| | constituted substantially all of its activities. | 2a | | |
| | scribed in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| • | nization's position that its supported organization(s) would have engaged in these | 01 | | |
| | organization's involvement. | 2b | | |
| | d Organizations. Answer (a) and (b) below. | | | |
| - | have the power to regularly appoint or elect a majority of the officers, directors, or | 0- | | |
| | the supported organizations? <i>Provide details in Part VI.</i> n exercise a substantial degree of direction over the policies, programs, and activities of each | 3a | | |
| | anizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| 632025 09-21-16 | Schedule A (Form 9 | |)0-F7) | 2016 |
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| Sect | ion C - Distributable Amount | | | Current Year | | |
|------|---|---|--|--------------|--|--|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | |
| 2 | Enter 85% of line 1 | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | emergency temporary reduction (see instructions) | | | | | |
| 7 | Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | | | | |

instructions).

Schedule A (Form 990 or 990-EZ) 2016

🔟 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.

| Sect | ion 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 | | |
| Sect | ion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |

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Schedule A (Form 990 or 990-EZ) 2016 HUMBOLDT HEALTH FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
|------------|---|-------------------------------|--------------------------------|----------------------------------|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | IS | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| _5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | e | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) Un develietrikustiene | (iii) Distributshis |
| Secti | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2016 | Distributable Amount for 2016 |
| | . , | | | |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| <u>a</u> | | | | |
| <u>b</u> | From 0010 | | | |
| - | From 2013 | | | |
| - | From 2014 | | | |
| | From 2015 | | | |
| - | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| - <u>-</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| • | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| - | Applied to 2016 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | Excess from 2013 | | | |
| c | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| e | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

| Sc | hedule A | (Form 990 or 990-EZ) 2016 HUMBOLDT HEALTH FOUNDATION |
|----|----------|--|
| Ρ | art VI | Supplemental information. Trovide the explanations required by Farth, in |
| | | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; F line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete |
| | | (See instructions.) |

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| 632028 09-21-16 | | 20 | | Schedule A (Form 9 | 90 or 990-EZ) 2016 |
|----------------------|------------|----------------|--------|--------------------|--------------------|
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| | | | | | |

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

94-0942427

| Schedule B (Form 990, 990-EZ, or 990-PF) |
|--|
| Department of the Treasury Internal Revenue Service |

Name of the organization

Organization type (check one):

HUMBOLDT HEALTH FOUNDATION

| 0 | |
|--------------------|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | X 501(c)(³) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |

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

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

General Rule

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

Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| zation | | Page 2 |
|--|--|---|
| | Em | ployer identification number |
| ALTH FOUNDATION | | 94-0942427 |
| Contributors (See instructions). Use duplicate copies of Part I if add | litional space is needed. | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$12,500 | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$5,000 | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll On Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) | (c) | (d) |
| | \$ | Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for |
| | Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) | (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) (b) (c) (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions |

2016.05040 HUMBOLDT HEALTH FOUNDATION 3122___1

Page 2

| Schedule B (Form 990, 990-EZ, or 990-PF) (2016) |
|---|
| Name of organization |

Employer identification number

HUMBOLDT HEALTH FOUNDATION

94-0942427

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------------|--|--|-------------------------|
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 23453 10-18-16 | | \$ | 990, 990-EZ, or 990-PF) |

11120125 144414 3122

| rt III | the year from any one contributor. Complete | columns (a) through (e) and the following | section 501(c)(7), (8), or (10) that total more than \$1,00 ng line entry. For organizations | | | |
|--------------------|--|---|--|--|--|--|
| | completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition | us, charitable, etc., contributions of \$1,000 or lea | ss for the year. (Enter this info. once.) * | | | |
| No. | Use duplicate copies of Part III if addition | | | | | |
| om rt I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| _ | | | | | | |
| - | | (e) Transfer of gift | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| No | | | 1 | | | |
| No. om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| _ | | | | | | |
| - | | (e) Transfer of gift | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| No. om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| - | | | | | | |
| | (e) Transfer of gift | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| No. | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| art I | | | | | | |
| | | (e) Transfer of gift | | | | |
| | | Polationship of transferor to transferor | | | | |
| - | Transferee's name, address, a | | Relationship of transferor to transferee | | | |
| | | | | | | |

2016.05040 HUMBOLDT HEALTH FOUNDATION 3122___1

| SCHEDULE D |) |
|------------|---|
|------------|---|

Department of the Treasury Internal Revenue Service

| (Form 990) |
|------------|
|------------|

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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



3122___1

| Nam | e of the organization | | En | nployer identification number |
|--------|--|--|--------------------|-----------------------------------|
| Par | HUMBOLDT HEALTH FOUNDATION t I Organizations Maintaining Donor Advised I | Funds or Othor Similar Fu | nds or Appo | 94-0942427 |
| Fai | | | ILLS OF ACCO | Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line 6 | , (a) Donor advised funds | (b) Fu | nds and other accounts |
| | Total number at and of year | | | |
| 1 | Total number at end of year | | | |
| 2 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value of grants non (during year) | | | |
| 5 | Did the organization inform all donors and donor advisors in writ | ting that the assets held in donor a | dvised funds | |
| 5 | are the organization's property, subject to the organization's exc | 0 | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advi | | | |
| • | for charitable purposes and not for the benefit of the donor or d | | | |
| | | | e e | Yes No |
| Par | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | | |
| | Preservation of land for public use (e.g., recreation or edu | | historically impo | ortant land area |
| | Protection of natural habitat | Preservation of a | • • | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | conservation contribution in the fo | orm of a conser | vation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | | |
| с | Number of conservation easements on a certified historic struct | ture included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after | er 8/17/06, and not on a historic sti | ructure | |
| | listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, release | sed, extinguished, or terminated by | y the organization | on during the tax |
| | year 🕨 | | | |
| 4 | Number of states where property subject to conservation easen | | | |
| 5 | Does the organization have a written policy regarding the period | |) of | |
| | violations, and enforcement of the conservation easements it ho | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | ndling of violations, and enforcing | conservation ea | asements during the year |
| _ | • | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | g of violations, and enforcing cons | ervation easeme | ents during the year |
| • | | | | |
| 8 | Does each conservation easement reported on line 2(d) above s | • | | |
| • | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| | include, if applicable, the text of the footnote to the organization conservation easements. | is mancial statements that descri | bes the organiz | ation's accounting for |
| Par | t III Organizations Maintaining Collections of A | Art. Historical Treasures. o | r Other Sim | ilar Assets. |
| | Complete if the organization answered "Yes" on Form 99 | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 9 | | atement and ba | alance sheet works of art. |
| | historical treasures, or other similar assets held for public exhibit | | | |
| | the text of the footnote to its financial statements that describes | | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 9 | | nent and baland | ce sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, educ | | | |
| | relating to these items: | | - | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ► | \$ |
| | ···· · · · · · · · · · · · · · · · · · | | • | \$ |
| 2 | If the organization received or held works of art, historical treasu | ures, or other similar assets for fina | ncial gain, provi | de |
| | the following amounts required to be reported under SFAS 116 | (ASC 958) relating to these items: | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | ► | \$ |
| b | Assets included in Form 990, Part X | | | \$ |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for | or Form 990. | | Schedule D (Form 990) 2016 |
| 63205 | 08-29-16 | 05 | | |
| | | 25 | | |

2016.05040 HUMBOLDT HEALTH FOUNDATION

| Sche | dule D (Form 990) 2016 HUMBOLDT HI | EALTH FOUNDATION | N | | | | | 94-09424 | 27 | P | age 2 |
|------|---|------------------------|----------------|-------------|----------------|-----------|---------------|-------------|-------------------|---------|--------------|
| Pa | t III Organizations Maintaining C | Collections of A | rt, Histo | rical Tr | easures, c | or Oth | er Simi | lar Asse | ts (contii | nued) | |
| 3 | Using the organization's acquisition, access | ion, and other record | ds, check a | ny of the | following that | t are a s | ignificant | use of its | collectio | n item | IS |
| | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | | | hange progra | | | | | | |
| b | Scholarly research | e | e 🗌 Otl | ner | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's c | | | | | | | ose in Par | t XIII. | | |
| 5 | During the year, did the organization solicit of | | | | | | | | ٦ | | ٦ |
| De | to be sold to raise funds rather than to be m | | | | | | | | Yes | | _ No |
| Pa | t IV Escrow and Custodial Arran reported an amount on Form 990, Pa | | ete if the or | ganizatio | n answered " | 'Yes" or | 1 Form 99 | 0, Part IV, | line 9, oi | ſ | |
| | • | | diam (for oo | ntribution | o or other co | aata nat | included | 1 | | | |
| Ia | Is the organization an agent, trustee, custod | | - | | | | | | Yes | | No |
| h | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII | and complete the fo | | | | | | L | 1162 | | |
| b | | and complete the it | nowing tac | ne. | | | | 1 | Amoun | + | |
| ~ | Beginning balance | | | | | | 1c | | Anoun | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| | Ending balance | | | | | | | | | | |
| | Did the organization include an amount on F | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | • • • • • • • | | | |] |
| | t V Endowment Funds. Complete | | | | | | | | | | |
| | | (a) Current year | (b) Prio | r year | (c) Two year | s back | (d) Three | years back | (e) Fou | r years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end baland | ce (line 1g, | column (a | a)) held as: | | | | | | |
| | Board designated or quasi-endowment | | _% | | | | | | | | |
| | Permanent endowment | % | | | | | | | | | |
| с | Temporarily restricted endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| За | Are there endowment funds not in the posse | ession of the organiz | ation that a | are held a | ind administe | red for t | he organ | ization | 1 | | |
| | by: | | | | | | | | 2-(1) | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| h | (ii) related organizations If "Yes" on line 3a(ii), are the related organization | ations listed as requi | rod on Sch | odulo P2 | | | | | 3a(ii) 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | 50 | | L |
| | t VI Land, Buildings, and Equipn | | Switterit für | 103. | | | | | | | |
| | Complete if the organization answere | | 0. Part IV. li | ine 11a. S | See Form 990 | . Part X | line 10. | | | | |
| | Description of property | (a) Cost or c | | | or other | | ccumulat | ed | (d) Boo | k valu | e |
| | | basis (investr | | . , | (other) | • • | preciation | | , 200 | | |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | | | | | | | |
| | Other | | | | | | | | | | |
| | Add lines 1a through 1e. (Column (d) must e | | X, column | (B), line 1 | 10c.) | | | . 🕨 | | | ٥. |
| | | | | | | | | <u> </u> | D /F | 0001 | |

Schedule D (Form 990) 2016

632052 08-29-16

| | UMBOLDT HEALTH FOU | NDATION | | 9 | 4-0942427 | Page |
|--|------------------------------|-------------------------|--|---------------------|-------------------|----------|
| Part VII Investments - Othe | er Securities. | | | | | |
| Complete if the organizat | | | | | | |
| (a) Description of security or category (in | | (b) Book value | (c) Method of v | aluation: Cost or e | end-of-year marke | et value |
|) Financial derivatives | | | | | | |
| Closely-held equity interests | | | | | | |
| B) Other | | | | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| otal. (Col. (b) must equal Form 990, Part | | | | | | |
| Part VIII Investments - Prog | - | | | | | |
| Complete if the organizat (a) Description of invest | tion answered "Yes" on | | 11c. See Form 990, | Part X, line 13. | | |
| ., . | tment | (b) Book value | (c) wethod of v | aluation: Cost or e | end-of-year marke | et value |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | V and (D) line 10) | | | | | |
| otal. (Col. (b) must equal Form 990, Part Part IX Other Assets. | ∧, col. (b) iiile 13.) ► | | | | | |
| Complete if the organizat | tion answard "Vas" on | Form 000 Part IV line | 11d Soo Form 000 | Part V line 15 | | |
| | | scription | 110. See 1 0111 990, | Fait A, line 15. | (b) Book | value |
| (1) | (4) 200 | 501121011 | | | | Value |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| | | | | | | |
| (6) | | | | | | |
| (6) (7) | | | | | | |
| (6) (7) (8) | | | | | | |
| (6) (7) (8) (9) |)0. Part Y col. (P) line 1 | 5) | | | | |
| (6) (7) (8) (9) fotal. (Column (b) must equal Form 99 | 90, Part X, col. (B) line 15 | 5.) | | | ► | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 99 Part X Other Liabilities. | | | 11e or 11f See Form | n 990 Part X line | 25 | |
| (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organizat | tion answered "Yes" on | Form 990, Part IV, line | | n 990, Part X, line | 25. | |
| (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organizat . (a) Descrip | | Form 990, Part IV, line | 11e or 11f. See Forn (b) Book value | n 990, Part X, line | 25. | |
| (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organizat . (a) Descrip (1) Federal income taxes | tion answered "Yes" on | Form 990, Part IV, line | | n 990, Part X, line | 25. | |
| (6) (7) (8) (9) otal. (Column (b) must equal Form 95 Part X Other Liabilities. Complete if the organizat . (a) Descrip (1) Federal income taxes (2) | tion answered "Yes" on | Form 990, Part IV, line | | n 990, Part X, line | 25. | |
| (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organizat (a) Descrip (1) Federal income taxes (2) (3) | tion answered "Yes" on | Form 990, Part IV, line | | n 990, Part X, line | 25. | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 98 Part X Other Liabilities. Complete if the organizat . (a) Descrip (1) Federal income taxes (2) (3) (4) | tion answered "Yes" on | Form 990, Part IV, line | | n 990, Part X, line | 25. | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organizat . (a) Descrip (1) Federal income taxes (2) (3) (4) (5) | tion answered "Yes" on | Form 990, Part IV, line | | n 990, Part X, line | 25. | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 98 Part X Other Liabilities. Complete if the organizat . (a) Descrip (1) Federal income taxes (2) (3) (4) | tion answered "Yes" on | Form 990, Part IV, line | | n 990, Part X, line | 25. | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🔀

Schedule D (Form 990) 2016

632053 08-29-16

(9)

| 1 Total revenue, gains, and other support per audited financial statements | s | |
|---|--|--|
| 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 | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | | 2e |
| 3 Subtract line 2e from line 1 | | |
| 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.) | | |
| c Add lines 4a and 4b | | 4c |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | |
| Part XII Reconciliation of Expenses per Audited Financia | I Statements With Expe | nses per Return. |
| Complete if the organization answered "Yes" on Form 990, Part I | | • |
| 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 | | |
| c Other losses | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | - | 2e |
| 3 Subtract line 2e from line 1 | | |
| 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 | 40 |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | 4b ne 18.)and 4; Part IV, lines 1b and 2b; | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | 4b ne 18.)and 4; Part IV, lines 1b and 2b; | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi | 4b ne 18.)and 4; Part IV, lines 1b and 2b; | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi | 4b me 18.) and 4; Part IV, lines 1b and 2b; de any additional information. | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi | 4b me 18.) and 4; Part IV, lines 1b and 2b; de any additional information. R SECTION | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi ART X, LINE 2: HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDE 01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR | 4b ne 18.) and 4; Part IV, lines 1b and 2b; de any additional information. R SECTION E, HAS NO | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X, LINE 2: HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDE 01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND | 4b me 18.) and 4; Part IV, lines 1b and 2b; de any additional information. R SECTION E, HAS NO ATION QUALIFIES | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the Foundation QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDE 01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIO | 4b me 18.) and 4; Part IV, lines 1b and 2b; de any additional information. R SECTION E, HAS NO ATION QUALIFIES N 170(B)(1)(A) | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide. ART X, LINE 2: HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER 01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUNDADITION OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION ND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A P | 4b me 18.) and 4; Part IV, lines 1b and 2b; de any additional information. R SECTION E, HAS NO ATION QUALIFIES N 170(B)(1)(A) RIVATE | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the foundation QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER 01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION ND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A P OUNDATION UNDER SECTION 509(A)(2). THE SUPPORTING ORGANIZATION | 4b me 18.) and 4; Part IV, lines 1b and 2b; de any additional information. R SECTION E, HAS NO ATION QUALIFIES N 170(B)(1)(A) RIVATE ATION MEETS THE | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a hes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X, LINE 2: HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDE 01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION ND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A P OUNDATION UNDER SECTION 509(A)(2). THE SUPPORTING ORGANIZ EQUIREMENTS OF IRC SECTION 509(A)(3). HOWEVER, THE FOUNDA | 4b me 18.) and 4; Part IV, lines 1b and 2b; de any additional information. R SECTION E, HAS NO ATION QUALIFIES N 170(B)(1)(A) RIVATE ATION MEETS THE TION IS SUBJECT | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII] Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X, LINE 2: HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER 01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION ND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A POUNDATION UNDER SECTION 509(A)(2). THE SUPPORTING ORGANIZ EQUIREMENTS OF IRC SECTION 509(A)(3). HOWEVER, THE FOUNDATION ANY NET INCOME THAT IS DERIVED FROM A TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TO IN | 4b me 18.) and 4; Part IV, lines 1b and 2b; de any additional information. R SECTION E, HAS NO ATION QUALIFIES N 170(B)(1)(A) RIVATE ATION MEETS THE TION IS SUBJECT RADE OR BUSINESS | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liper 100, Part XIII] Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the foundation QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER ART X, LINE 2: HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER 01(c)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION ND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A P OUNDATION UNDER SECTION 509(A)(2). THE SUPPORTING ORGANIZ EQUIREMENTS OF IRC SECTION 509(A)(3). HOWEVER, THE FOUNDA O INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A T ND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GR | 4b me 18.) and 4; Part IV, lines 1b and 2b; de any additional information. R SECTION E, HAS NO ATION QUALIFIES N 170(B)(1)(A) RIVATE ATION MEETS THE TION IS SUBJECT RADE OR BUSINESS ANTED EXEMPTION. | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the foundation qualifies as a tax-exempt organization under art x, LINE 2: HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER 01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION ND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A P OUNDATION UNDER SECTION 509(A)(2). THE SUPPORTING ORGANIZ EQUIREMENTS OF IRC SECTION 509(A)(3). HOWEVER, THE FOUNDA O INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A T ND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GROUNDATION HAS BEEN RECORDED AS THE NET INCOME | 4b me 18.) and 4; Part IV, lines 1b and 2b; de any additional information. R SECTION E, HAS NO ATION QUALIFIES N 170(B)(1)(A) RIVATE ATION MEETS THE TION IS SUBJECT RADE OR BUSINESS ANTED EXEMPTION. E, IF ANY, FROM | Part V, line 4; Part X, line 2; Part XI, |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liper 100, Part XIII] Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the foundation QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER ART X, LINE 2: HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER 01(c)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION ND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A P OUNDATION UNDER SECTION 509(A)(2). THE SUPPORTING ORGANIZ EQUIREMENTS OF IRC SECTION 509(A)(3). HOWEVER, THE FOUNDA O INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A T ND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GR | 4b me 18.) and 4; Part IV, lines 1b and 2b; de any additional information. R SECTION E, HAS NO ATION QUALIFIES N 170(B)(1)(A) RIVATE ATION MEETS THE TION IS SUBJECT RADE OR BUSINESS ANTED EXEMPTION. E, IF ANY, FROM | Part V, line 4; Part X, line 2; Part XI, |

94-0942427

Page 4

HUMBOLDT HEALTH FOUNDATION

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)

THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

THE FOUNDATION EVALUATES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC

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

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

EXAMINATION. AS OF JUNE 30, 2017 AND 2016, THE FOUNDATION HAD NO UNCERTAIN

TAX POSITIONS REQUIRING ACCRUAL OR DISCLOSURE.

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

JUNE 30, 2016, 2015, AND 2014 ARE SUBJECT TO EXAMINATION BY THE INTERNAL

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

Schedule D (Form 990) 2016

632055 08-29-16

| SCHEDULE I (Form 990) | | | | | | | | | |
|--|-----------------|------------------------------------|--------------------------------------|---|---|---------------------------------------|---------------------------------------|--|--|
| | Comp | lete if the organizatio | | | rt IV, line 21 or 22. | | 2016 | | |
| Department of the Treasury Internal Revenue Service | ► Informat | ion about Schedule I | Attach to Form (Form 990) and its | | t www.irs.gov/form9 | 90. | Open to Public Inspection | | |
| Name of the organization | | | | | <u></u> | | Employer identification number | | |
| HUMBOLDT HEALT | | | | | | | 94-0942427 | | |
| Part I General Information on Grants a | | | | | | | | | |
| 1 Does the organization maintain records t | | e amount of the grants | s or assistance, the | grantees' eligibilit | y for the grants or as | sistance, and the sele | | | |
| criteria used to award the grants or assis | | | | | | | X Yes N | | |
| 2 Describe in Part IV the organization's pro | | | | | | | t N/ Bas Of fair and | | |
| | - | | | | anization answered " | Yes" on Form 990, Pai | t IV, line 21, for any | | |
| recipient that received more than s | | · · | | | (f) Method of | (a) Description of | (b) Durpage of grapt | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| IOSPICE OF HUMBOLDT | | | | | | | | | |
| 327 TIMBER FALL COURT | | | | | | | TEEN AND CHILDREN'S GRI | | |
| UREKA, CA 95503 | 94-2499333 | 501(C)(3) | 10,000. | 0. | | | SUPPORT | | |
| | 54 2455555 | 501(0)(3) | 10,000. | | | | borrokr | | |
| MCLEAN FOUNDATION | | | | | | | | | |
| L336 MAIN STREET | | | | | | | FORTUNA COMMUNITY HEALT | | |
| FORTUNA, CA 95540 | 68-0400603 | 501(C)(3) | 10,000. | 0. | | | CENTER | | |
| NORTH COAST SUBSTANCE ABUSE | | | | | | | | | |
| COUNCIL - P.O. BOX 1332 - EUREKA, | | | | | | | | | |
| CA 95502 | 94-2281020 | 501(C)(3) | 10,000. | 0. | | | CROSSROADS | | |
| LITY OF ARCATA | | | | | | | | | |
| 736 F STREET | | | | | | | | | |
| ARCATA, CA 95521 | 94-2186507 | GOV | 7,500. | 0. | | | GREENVIEW PLAYGROUND | | |
| | | | ., | | | | SUPPORTING CARE | | |
| ORTH COAST HEALTH IMPROVEMENT AND | | | | | | | COORDINATION THROUGH | | |
| NFORMATION NETWORK - 2662 HARRIS | | | | | | | CROSS SECTOR DATA | | |
| STREET - EUREKA, CA 95501 | 27-4520226 | 501(C)(3) | 7,500. | 0. | | | EXCHANGE | | |
| , | | | , , | | | | IMPROVING COMMUNITY | | |
| UMBOLDT AREA CENTER FOR HARM | | | | | | | HEALTH THROUGH PROPER | | |
| EDUCTION - P.O. BOX 7365 - | | | | | | | ACCESS TO CARE AND | | |
| UREKA, CA 95502 | 47-2822261 | 501(C)(3) | 7,000. | 0. | | | DISPOSAL | | |
| 2 Enter total number of section 501(c)(3) a | nd government o | rganizations listed in th | ne line 1 table | | | |) | | |
| 3 Enter total number of other organization | | | | | | | ► | | |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|----------------------------------|--------------------------|--|---|--|---|
| REAST & GYN HEALTH PROJECT 87 8TH STREET RCATA, CA 95521 | 65-1205183 | 501(C)(3) | 6,500. | 0. | | | PATIENT NAVIGATION FOR YOUNGER WOMEN WITH WOMEN'S CANCERS |
| ACAIR, CA 95521 | | 501(0)(3) | 0,500. | | | | NOMEN 5 CANCERS |
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Schedule I (Form 990)

Schedule I (Form 990) (2016) HUMBOLDT HEALTH FOUNDATION

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| HEALTH & WELL-BEING | 515 | 133,176. | 0. | | |
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ORGANIZATIONAL GRANTEES ARE REQUIRED TO SIGN A CONTRACT THAT DESCRIBES THE

USE OF THE FUNDS. THE CONTRACT ALSO REQUIRES GRANTEES TO SUBMIT BOTH A

NARRATIVE AND A FINANCIAL REPORT DOCUMENTING THE ORGANIZATION'S ACTIVITIES

WITH THE GRANT FUNDS AND THE SPECIFIC USES OF GRANT FUNDS IF THE GRANT

AMOUNT IS OVER \$2,000.

BEFORE A GRANT IS GIVEN ON BEHALF OF AN INDIVIDUAL, ALL DOCUMENTATION

POSSIBLE IS RECEIVED, SUCH AS DOCTOR'S TREATMENT PLAN, VERIFICATION OF

MEDICAL APPOINTMENT FOR OUT OF THE AREA DOCTORS/CLINICS, PRESCRIPTION FOR

Part IV Supplemental Information

EYEGLASSES. THE BOARD MAKES ABSOLUTELY SURE THE EXPENSES ARE LEGITIMATE.

THEN THE FUNDS ARE GIVEN TO THE PERSON REPRESENTING THE CLIENT, THE SOCIAL

WORKER, THE DOCTOR, OR WHOEVER IS RESPONSIBLE AND HAS REQUESTED THE FUNDS.

THE RESPONSIBLE PERSON VERIFIES THE FUNDS ARE USED FOR THE INTENDED

PURPOSE.

Schedule I (Form 990)

632291 04-01-16 SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

Supplemental Information to Form 990 or 990-EZ



HUMBOLDT HEALTH FOUNDATION

Employer identification number 94 - 0942427

FORM 990, PART I, LINE 16B

CONTRIBUTIONS ARE UNSOLICITED. THEREFORE. NO FUNDRAISING EXPENSE.

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

THE FORM 990 IS DISTRIBUTED TO THE BOARD MEMBERS VIA E-MAIL AHEAD OF THE

BOARD MEETING AND ARE GIVEN A HARD COPY AT THE BOARD MEETING, IF REQUESTED

THE FORM IS REVIEWED BY THE FULL BOARD IN THE REGULARLY SCHEDULED MEETING.

THERE IS NO FORMAL BOARD MOTION TO APPROVE THE RETURN OR TO DELEGATE A

COMMITTEE OR INDIVIDUAL. THE SIGNING BOARD MEMBER IS INFORMALLY DELEGATED

TO APPROVE THE FILING OF THE RETURN.

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

CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL UNION LABOR

BOARD AND STAFF MEMBERS ANNUALLY. COMPLIANCE IS MONITORED BY ALL STAFF AND

BOARD MEMBERS IN THIS SMALL COMMUNITY. INDIVIDUALS WITH A CONFLICT OF

INTEREST REMOVE THEMSELVES PHYSICALLY FROM THE ROOM DURING DISCUSSION AND

ABSTAIN FROM VOTING ON RELATED ISSUES.

FORM 990, PART VI, SECTION B, LINE 15:

THERE ARE NO COMPENSATED OFFICERS OR TOP MANAGEMENT OFFICIALS

THERE ARE NO COMPENSATED OTHER OFFICERS OR KEY EMPLOYEES.

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

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON

REOUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

34

2016.05040 HUMBOLDT HEALTH FOUNDATION 3122 1

| Schedule O (Form 990 or 990-EZ) (2016) Name of the organization HUMBOLDT HEALTH | FOUNDATION | | | Employer ider 94-09424 | Page ntification numbe |
|---|-------------|----------|--------|---------------------------|---------------------------|
| NOMBOLDI NEALIN | FOUNDATION | | | 94-09424 | . 2 / |
| FORM 990, PART XI, LINE 9, CHANGES IN | NET ASSETS: | | | | |
| INTERFUND TRANSFERS | | -94 | ,305. | | |
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| 632212 08-25-16 | | 35 | | Schedule O (Form 99 | |
| 20125 144414 3122 | 2016.05040 | HUMBOLDT | HEALTH | FOUNDATION | 3122 |

| SCHEDULE R | 1 | Related Organizations | and Unrolated Da | rtnorchine | | L | OMB No. 154 | 5-0047 |
|--|---|--|---|-----------------------|---------------------|----------------------|-------------------------------------|-------------------------|
| (Form 990) Department of the Treasury Internal Revenue Service | | lete if the organization answered " | Yes" on Form 990, Part IV, ch to Form 990. | line 33, 34, 35b, 3 | | | 2016 Open to Publi Inspection | |
| Name of the organiza | tion | | | | | Employer iden | tification n | umber |
| | HUMBOLDT HEALTH FOUN | DATION | | | | 94-094242 | 7 | |
| Part I Identificat | tion of Disregarded Entities. Comple | te if the organization answered "Yes" | on Form 990, Part IV, line 3 | 3. | | | | |
| | (a) | (b) | (c) | (d) | (e) | | (f) | |
| Name, add | dress, and EIN (if applicable) | Primary activity | Legal domicile (state o | | | issets Direc | t controlling | 9 |
| | f disregarded entity | | foreign country) | | | | entity | - |
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| Part II Identificat organizatio | tion of Related Tax-Exempt Organizations during the tax year. | ations. Complete if the organization a | answered "Yes" on Form 990 |), Part IV, line 34 b | ecause it had one o | r more related tax-e | xempt | |
| | (a) | (b) | (c) | (d) | (e) | (f) | (| g) 512(b)(13) |
| Nar | me, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | | 512(b)(13) rolled |
| | related organization | | foreign country) | section | status (if section | entity | | tity? |
| | | | | | 501(c)(3)) | | Yes | No |
| HUMBOLDT AREA FO | UNDATION - 23-7310660 | PROVIDES GRANTS TO SUPPORT | | | | | | |
| 363 INDIANOLA RO | AD | HEALTH RELATED ACTIVITIES | | | | | | |
| BAYSIDE, CA 955 | 24 | IN NORTHERN CALIFORNIA | CALIFORNIA | 501(C)(3) | LINE 7 | | | x |
| | | | | | | | | |
| | |] | | | | | | |
| | | <u>]</u> | | | | | | |

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

Schedule R (Form 990) 2016

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | | (i) | (j) | (k) |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-----|---------------------|---|--------------------------|--|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | | ortionate tions? | Code V-UBI amount in box 20 of Schedule | Genera manag partn | ^{l or} Percentage ^{ing} ownership |
| | | country) | | sections 512-514) | | 235013 | Yes | No | K-1 (Form 1065) | Yes | lo |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(cont ent | (i) ction (b)(13) trolled tity? |
|---|--------------------------------|---|--|---|--|---|---------------------------------------|----------------------------|--|
| | | country) | | or trusty | | 233013 | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | N |
|---|----|-----|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х |
| b Gift, grant, or capital contribution to related organization(s) | | Х | |
| c Gift, grant, or capital contribution from related organization(s) | | | 2 |
| d Loans or loan guarantees to or for related organization(s) | | | 2 |
| e Loans or loan guarantees by related organization(s) | | | 1 |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | | | |
| i Exchange of assets with related organization(s) | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| Performance of services or membership or fundraising solicitations for related organization(s) | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | |
| o Sharing of paid employees with related organization(s) | | | |
| p Reimbursement paid to related organization(s) for expenses | | | |
| q Reimbursement paid by related organization(s) for expenses | | | |
| r Other transfer of cash or property to related organization(s) | 1r | | |
| s Other transfer of cash or property from related organization(s) | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| (1) HUMBOLDT AREA FOUNDATION | В | 81,700. | AMOUNT PAID |
| (2) | | | |
| <u>(3)</u> | | | |
| <u>(4)</u> | | | |
| (5) | | | |
| <u>(6)</u> | 38 | | Sabadula D (Farm 000) 2016 |

Schedule R (Form 990) 2016 HUMBOLDT HEALTH FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | (d) | | 2 | (f) | (g) | () | 1) | (i) | (j) | (k) |
|------------------------|-------------------|-------------------|--|---------------------------------------|-------|----------|-------------|------|-------------------------|------------------|--------------------|------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are Are partne 501 (i org | all | Share of | | | opor- | Code V-UBI | General | Percentage |
| of entity | i milary dotivity | (state or foreign | (related, unrelated, | 501(| c)(3) | total | end-of-year | tion | opor- nate tions? | amount in box 20 | managir partner | ownership |
| - | | country) | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Yes | No | income | | Yes | No | | Yes N | |
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Schedule R (Form 990) 2016

Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. Schedule R (Form 990) 2016 632165 09-06-16 40 2016.05040 HUMBOLDT HEALTH FOUNDATION 11120125 144414 3122 3122___1