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

OMB No. 1545-0047

b

**Open to Public** 

Inspection

Form <b>990</b>	Return of Organiza
Form <b>JJU</b>	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		<b>H(b)</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> <b>^</b>	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 <b>990</b> (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.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c		
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
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 <b>990</b> (2016
JJ200	2 11-11-16 2	
20	125 144414 3122 2016.05040 HUMBOLDT HEALTH FOUNDATION	3122 1

Form	990	(2016)	

HUMBOLDT HEALTH FOUNDATION

-	2
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 <b>5</b>
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	<b>2a</b>			
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	<b>1a</b> 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.				
officer, director, trustee, or key employee?     2       3     01th enganzation degate 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     bid the organization have any significant changes to its governing documents since the prior Form 990 was filed?     4       5     bid the organization have members, or stockholders?     6       6     bid the organization have members, stockholders?     7       7     bid the organization have members, stockholders?     7       7     bid the organization have members, stockholders?     7       9     bid the organization have members, stockholders?     7       9     bid the organization contemporaneously document the meetings held or witten actions underlaten during the year by the following:     8       9     bid the organization mainting address?     7     6       9     is there any ordinger, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have witten policies and procedures governing body?     9       9     is there any ordinger, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have witten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations and addresses in Schedule O     9       9     bid the organization have witten policies and procedures goverm	b	-		0		
<ul> <li>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or the cohoning body?</li> <li>6 Array governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or persons other than the governing body?</li> <li>8 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body.</li> <li>9 Each committee with authority to act on behalf of the governing body.</li> <li>9 Each committee with authority to act on behalf of the governing the activities of such chapters, affiliates, and branches, or affiliates?</li> <li>10 Event B. Policies (This Section B requests information about policies not required by the information activities, and procedures governing the activities of such chapters, affiliates, and branches, and ky emptypouse sitemit with the section to rever with section 0.</li> <li>11 A the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches, and ky emptypouse sequests and branches amaly purpose indexes and branches (P).</li> <li>12 B act in differences, affiliates</li></ul>	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
of officers, directors, or trustes, or key employees to a management company or other person?     3       4     bit the organization have members or stockholders?     6       5     bit the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?     6       6     bit and the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?     7a       7     b Are any governing body?     7b       7     b Car bit organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?     7b       8     bit organization onempoareously document the meelings held or written actions undertaken during the year by the following:     7a       8     bit organization becomes of the organization reserved to (or subject to approval by) members, stockholders, or governing body?     8b       9     is there any officer, director, trustee, or key group/opee listed In Part VII, Secton A, who cannot be reached at the organization main godres? If "res," provide the names and addresses in Schedule O     9       9     bit models (This Secton B requests information about policies not required by the Internal Revenue Code.     10b       9     bit "res," of the organization new written policies not required by the internal Revenue Code.     10b       9     bit "res," of the organization new of the organization review this Form 190.     12a				2		
<ul> <li>4 bid the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 bid the organization have members or stockholders?</li> <li>7a bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing bod?</li> <li>b Each committee with authority to act on behalf of the governing bod?</li> <li>b Each committee with authority to act on behalf of the governing bod?</li> <li>b Each committee with authority to act on behalf of the governing bod?</li> <li>b Each committee with authority to act on behalf of the governing bod?</li> <li>b Each committee with authority to act on behalf of the governing bod?</li> <li>b Each committee with authority to act on behalf of the governing bod?</li> <li>b Each committee with authority to act on behalf of the governing bod?</li> <li>b Each committee with authority to act on behalf of the governing bod?</li> <li>b Each committee with authority to act on behalf of the governing bod?</li> <li>c Edition of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branchoses and adverses in Schedule O</li> <li>b Each committee writtee and process if any usess required to th</li></ul>	3					
5 bit the organization bacome avere during the year of a significant diversion of the organization's assets?   5 bit the organization have members os tochholders?   6 D dut the organization have members, stochholders, 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, stochholders, or persons other than the governing body?   8 D dut the organization nave members, stochholders?   9 Did the organization nave members, stochholders?   9 Did the organization outerproprine body?   9 Did the organization outerproprine body?   9 Did the organization outerproprine body?   9 List becauser officer, director, trustee, or key imply by list bit Part VIII, Section A, who cannot be reached at the organization's maling address? If "Yes," provide the names and addresses in Schedule O   9 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   10 B Hor erganization provide a complete corp)?   11 Has the organization provide of the organization to review this Form 990.   22 Did the organization nave a written onclice of interest policy? If "No," go to line 13   23 Did the organization nave a written organization of the following persons include a review and approval by independent persons. Comparability data, and contemporaneous onclustentiation policy?   3 Did the organization nave a written organization or destruction policy?   4 Did the organization nave a written written document releation and decision?   2 Did the organization have a written organization to the following persons include a review and a						
6       Did the organization have members or stockholders?       6       7         70       Did the organization have members, stockholders?       7       7         70       Did the organization have members, stockholders?       7       7         70       Did the organization have members, stockholders?       7       7         70       Did the organization nave members, stockholders?       7       7         70       Did the organization common decisions of the organization reserved to for subject to approval by) members, stockholders, or persons of the organization nonemporaneously document the meetings held or written actions undertaken during the year by the following:       8         8       Each committee with authority to act on behalf of the governing body?       8       8       8         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing the activities of such chapters, affiliates.       10       10         9       Did the organization have instem written policies and procedures governing body?       10       10         9       Is there any organization provided a complete copy of this form 900 to all members of its governing body before filing the form?       11a       X         10       Decribe in Schedule O the process, if any, used by the organization to review thits Form 990.       12a <t< td=""><td>4</td><td></td><td></td><td></td><td></td><td></td></t<>	4					
Table organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?     Table organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     Table organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     Table organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     Table organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     Table organization following:     Table organizati	5					
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7a         b Uth the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         b Each committee with authority to act on behalf of the governing body?       8a       X       8b       X         b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maling address? II' Yes, 'ravide the names and addresses in Schedule O       9         cettor B. PolicieS (This Section B requests information about policies not required by the Internal Revenue Code.)       10a       10a         conginization have local chapters, branches, or affiliates?       10a       10a       10a         and branches to ensure their operations are consistent with the organization is exempt purposes?       10a       11a       X         2a Did the organization have written policies and procedures governing body before filing the form?       12a       X         2b Schedule D hore their operasing and use organization to review this Form 390.       11a       X         2a Did the organization have a written of interest policy? If 'No,' go to fine 13       2a       X         2b Old the organization have a written document retention and destruction policy? If 'Yes,' describe in Schedule O hore this was done       12a       X	6			6		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? B Each commutiee with authority to act on behalf of the governing body? B Each commutiee with authority to act on behalf of the governing body? B Each commutiee with authority to act on behalf of the governing body? B Each commutiee with authority to act on behalf of the governing body? B Each commutiee with authority to act on behalf of the governing body? B Each commutiee with authority to act on behalf of the governing body before file. Cettion B. Policies ( <i>This Section J Requests information about policies not required by the Internal Revenue Code</i> ) Cettion B. Policies ( <i>This Section J Requests information about policies not required by the Internal Revenue Code</i> ) a Did the organization nave local chapters, branches, or affliates? b If "Yes," did the organization provided a complete copy of this Form 900 to all members of fis governing body before filing the form? b Besche in Schedule O the process, if any, used by the organization roview this Form 990. 2a Did the organization novided a complete copy of this Form 900 to all members of fis governing body before filing the form? b Were filters, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict? 12a X 12b Uthe organization novide a written onsilter of threest policy? If 'No," go to line 13 12c X 2 Did the organization novide a written onsilter of threest policy? 13 X 4 14 Ubt organization novide a written whistleblower policy? 3 Did the organization novide a written whistleblower policy? 14 X 15 Did the process for determi	7a					
a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     7b       B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a     x       B Each committee with authority to at on behalf of the governing body?     8b     X       9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O     9       eettion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)     Tota       Ob     Tys, "did the organization have local chapters, branches, or affiliates?     Tota       D If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?     Tota       1a Has the organization have a written conflict of interest policy? If "No," go to fine 13     Tota       2 Did the organization have a written ownitch or and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done     Tota       3 Did the organization have a written ownitch tertention and destruction policy?     Tota       4 Did the organization have a written ownitch tertention and destruction policy?     Tota       5 Did the organization have a written dwing the section of the following persons include a review and approval by independent persons, compa				7a		
8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: <ul> <li>a The governing body?</li> <li>Beach committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body before files (<i>b</i>)</li> <li>cection B. Policies (<i>n</i>): Section 1 requests information about policies not required by the Internal Revenue Code.</li> </ul> <li>cection B. Policies (<i>n</i>): Section 1 requests information about policies not required by the Internal Revenue Code.</li> <li>to be a stranding the organization provided a complete copy of this Form 990 to all members of fis governing body before filing the form?</li> <li>b Beache in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>Ca Did the organization provide a complete copy of this Form 990 to all members of fis governing body before filing the form?</li> <li>b Were offices, dicctors, or trustes, and key employees required to disclose annually interests that could give rise to conflict?</li> <li>Did the organization provide both with wise addie a complete required to disclose annually interests that could give rise to conflict?</li> <li>Did the organization need and the optice required to disclose annually interests that could give rise to conflict?</li> <li>Did the organization have a written whistreblower polic?</li> <li>Did the orga</li>	b		tockholders, or			
a The governing body?       Ba       X         b Each committee with authority to act on behalf of the governing body?       B       B         organizations's mailing address? If 'Yes,' provide the names and addresses in Schedule O       9         ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code).       9         Go Did the organization have local chapters, branches, or affiliates?       10a       10a         b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       11a         14 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a       X         2a Did the organization requiration to review this Form 990.       12a X       12a       X         2b Oid the organization regulary and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O the wits was done       12c       X         2 Did the process, far, and key employees required to disclose annually interesis that could give rise to conflicts?       12a       X         4 Did the organization regulary and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O the write was done       12c       X         3 Did the process in Schatell of the contemportanean equiretaton and	_			7b		
b       Each committee with authority to act on behalf of the governing body?       B       B       X         9       Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes, 'provide the names and addresses in Schedule O       9         ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       10a         0       Did the organization have local chapters, branches, or affiliates?       10a         1       1 'Yes,' did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10b         1       1 at as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10a         2       Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a       x         2       Did the organization provided a complete only of this form 990 to all members of its governing body before filing the form?       12a       x         2       Did the organization provide a complete of disclose annually interests that could give rise to conflicts?       12a       x         2       Did the organization nave a written whistebiower policy?       14       x       12b       x         3       Did the organization nave a written document retenti	8					
9     Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes, '' <i>avoide the names and addresses in Schedule O</i> 9       0     Did the organization have local chapters, branches, or affiliates?     Ves       0     Did the organization have local chapters, branches, or affiliates?     Ves       1     It 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?     10       1     It as the organization have avoitten policies and procedures governing body before filing the form?     11       1     Describe in Schedule O the process, if any, used by the organization to review this Form 990.     12       2     Did the organization have a written conflict of interest policy? If 'No,' go to line 13     12a       2     Did the organization have a written visiteblower policy?     13       3     Did the organization have a written document retention and destruction policy?     14       4     Did the organization have a written process in Schedule O (see instructions).     15a       5     Did the organization have a written policy or procedure requiring the organization and existen?     16a       1     Tax     13     13       4     Did the organization have a written viscess in Schedule O (see instructions).     15b       5 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
organization's mailing address? If 'Yes," provide the names and addresses in Schedule O     g       ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)     Yes       Oa     Did the organization have local chapters, branches, or affiliates?     10a       b     If 'Yes,'' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?     10b       1a     Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt status of the governing body before filing the form?     11a     X       b     Describe in Schedule O the process, if any, used by the organization to review this Form 990.     12a     X       b     Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?     12b     X       c     Did the organization have a written oblicy?     13     X     14     X       b     Did the organization have a written oblicwer policy?     14     X       c     Did the organization have a written organization of the deliberation and decision?     14     X       c     Did the organization for govers in Schedule O (see instructions).     15b     X       d     Did the organization follow a writte				8b	Х	
ection B. Policies ( <i>This Section B requests information about policies not required by the Internal Revenue Code.</i> )       Ves         0a       Did the organization have local chapters, branches, or affiliates?       10a         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization 's exempt purposes?       10a         11       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         2       Did the organization rowided a complete copy of this Form 990.       12a       X         2       Did the organization requirely and consistently monitor and enforce compliance with the policy? If "Kes," describe in Schedule O how this was done       12c       X         3       Did the organization requirely and consistently monitor and enforce compliance with the policy? If "Kes," describe in Schedule O new this was done       12c       X         3       Did the organization have a written document retention and destruction policy?       14       X         4       Did the organization requirely and consistently moneneous substantiation of the deliberation and decision?       13a       X         4       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       15b       X	9					
0a       Did the organization have local chapters, branches, or affiliates?       10a         11 "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a         12 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a X         12 Did the organization consistent with the organization to review this Form 990.       11a X         2a       Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         2a       Did the organization graduation regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done in Schedule O how this was done.       12a       X         23       Did the organization sequent memory the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         3       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       14       X         4       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         5       Did the organization follow a written policy or pr	<u></u>			9		
0a       Did the organization have local chapters, branches, or affiliates?       10a         b       If 'Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         1a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.         2a       Did the organization nave a written conflict of interest policy? If 'No," go to line 13         b       Ware officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         c       Did the organization have a written whisteblower policy?         4       Did the organization have a written the coursent retention and destruction policy?       14         5       Did the organization have a written the policy or top management official       15a         6       Did the organization have a written policy or procedure requiring the erganization to evaluate its participation       15a         6       Did the organization is set on the degradization       15b       15b         7       Did the organization have a written policy or procedure requiring the erganization to evaluate its participation in joint venture arrangements?       15a       15b	ec	<b>LIOIT B. POLICIES</b> (This Section B requests information about policies not required by the internal Re	evenue Code.)		Vaa	Г
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 1b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 2b Old the organization regulates, and key employees required to disclose annually interests that could give rise to conflicts? 2b Ure officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts? 2b Old the organization regulately and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 2c Did the organization ave a written whistlebiower policy? 4 Did the organization have a written document retention and destruction policy? 4 Did the organization invest and untert document retention and destruction policy? 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? a The organization isceed 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? <b>ECtion C Disclosure</b> 7 List the states with which a copy of this Form 900 is required to be filed 6 Another's website 1 Do request 1 Do request	0-2	Did the organization have local chapters, branches, or affiliates?		102	165	
and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       x         2a Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       x         2b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       x         2 Did the organization have a written whistleblower policy?       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 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 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 to make its Form 900 is required to be filed ▶CA       16a       16a         6       Checkall that apply.       10b       16a       16a         1       1       1       10b       10b       10b <td></td> <td></td> <td></td> <td>104</td> <td></td> <td></td>				104		
1a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       x         b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a       x         2a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       x         b       Were officers, directors, or trustes, and key employees equirated disclose annually interests that could give rise to conflicts?       12b       x         c       Did the organization have a written whistleblower policy?       13       x       13       x         3       Did the organization have a written document retention and destruction policy?       13       x       13       x         4       Did the organization have a written whistleblower policy?       13       x       13       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       15a       x         6       Other organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a       16a       16a       16a       16b       16a       16b       16b<	D			106		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 2a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> 3 Did the organization have a written whistleblower policy? 4 Did the organization have a written document retention and destruction policy? 5 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official . b Other officers or key employees of the organization of the deliberation and decision? a 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? <b>ection C. Disclosure</b> 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.	1a	· · · · · · · · ·			x	
2a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       x         b       Were officers, directors, or trustess, and key employees required to disclose annually interests that could give rise to conflicts?       12b       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's CEO, Executive Director, or top management official       15a       x         b       Weres "floers or key employees of the organization       15b       x         16       Uher officers or key employees of the organization       15a       x         17       Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       16a       16a         18       1*Yes," did the organization onlow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements?       16a       16a         19       1*Yes," did the organization to make its Form 990 is required to be filed ▶CA       16a       16a       16a         2       Uh				114		
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	
c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe       12c       x         3       Did the organization have a written whistlebiower 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       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       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 organizations       16a       16a         cection 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						
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		
<ul> <li>3 Did the organization have a written whistleblower policy?</li> <li>13 X</li> <li>14 X</li> <li>14 X</li> <li>14 X</li> <li>14 X</li> <li>15 Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> <li>b Other officers or key employees of the organization</li> <li>15b X</li> <li>15b X</li> <li>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?</li> <li>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?</li> <li>cetton C. Disclosure</li> <li>7 List the states with which a copy of this Form 990 is required to be filed ▶CA</li> <li>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.</li> <li>X Who website Another's website X Upon request Other (explain in Schedule O)</li> <li>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.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶</li> <li>DEBORAH DOWNS - (707) 442-2993</li> <li>363 INDIANOLA ROAD, BAYSIDE, CA 95524</li> </ul>	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 <a href="https://www.com">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</a>	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						
<ul> <li>b Other officers or key employees of the organization</li></ul>	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			
<ul> <li>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?</li> <li>fection C. Disclosure</li> <li>7 List the states with which a copy of this Form 990 is required to be filed ▶CA</li> <li>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.</li> <li>X Own website Another's website X Upon request Other (explain in Schedule O)</li> <li>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.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶</li> <li>DEBORAH DOWNS - (707)442-2993</li> <li>363 INDIANOLA ROAD, BAYSIDE, CA 95524</li> </ul>				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: ▶			• •			
<ul> <li>Fection C. Disclosure</li> <li>7 List the states with which a copy of this Form 990 is required to be filed ►CA</li> <li>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.</li> <li>X Own website Another's website X Upon request Other (explain in Schedule O)</li> <li>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.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records: ►</li> <li>DEBORAH DOWNS - (707)442-2993</li> <li>363 INDIANOLA ROAD, BAYSIDE, CA 95524</li> </ul>				16b		
<ul> <li>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.</li> <li>I Own website Another's website I Upon request Other (explain in Schedule O)</li> <li>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.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records: ►</li> <li>DEBORAH DOWNS - (707)442-2993</li> <li>363 INDIANOLA ROAD, BAYSIDE, CA 95524</li> </ul>	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	
<ul> <li>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.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records: ►</li> <li>DEBORAH DOWNS - (707)442-2993</li></ul>		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 <b>990</b> (1)						
6		363 INDIANOLA ROAD, BAYSIDE, CA 95524				
-	3200	-		Form	990	(2
	<b>~</b> -	-				

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.
		1								
		l								
										Eorm <b>990</b> (2016)

632007 11-11-16

Form 990 (2016)

## 11120125 144414 3122

3122\_\_\_1 2016.05040 HUMBOLDT HEALTH FOUNDATION

7

	990 (2016) HUMBOLDT HEAI									94-094	2427		Р	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	vees			ighe	st C		es (continued)				
	(A) Name and title	<b>(B)</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
	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 <b>former</b> 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>B)</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	<b>990</b> (	2016)

632008 11-11-16

	n 990 (		T HEALTH FOUN	IDATION			94-0942427	Page <b>9</b>
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	<b>(C)</b> 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	-	<b>&gt;</b>				
	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)		<b>&gt;</b>	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 <b>990</b> (2016

11120125 144414 3122

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		-		
<b>D</b> • •		(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.				

632010 11-11-16

11120125 144414 3122

\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

Check here

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

3122\_\_\_1

632011 11-11-16

11120125 144414 3122

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 <b>12</b>		
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 <sup>-</sup> 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 <b>sectio</b>	n 170(b)(1	1)(A)(i).		
2 A school des	cribed in <b>section</b>	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 <b>se</b>	ection 170	(b)(1)(A)(ii	ii).		
4 A medical res	search organizatio	on operated in co	njunction with a hospital	described	d in <b>sectio</b>	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>b)(1)(A)(vi).</b> (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 <b>section 509(a)(1)</b> 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). <b>You must complete f</b>				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

2016.05040 HUMBOLDT HEALTH FOUNDATION 3122\_\_\_1

81,700.

0.

# 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) 🕨	<b>(a)</b> 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 <b>stop</b>	•					
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 <b>stop here.</b> 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>(b)</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>(b)</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					<del></del>	
	Public support percentage for 2016 (			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Investion					<del></del>	
17	Investment income percentage for 20	<b>)16</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
<b>1</b> 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

94-0942427

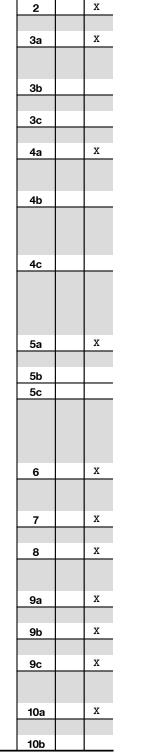
# Part IV Supporting Organizations

(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.)

632024 09-21-16



94-0942427 Page **4** 

1

Yes

х

No

Schedule A (Form 990 or 990-EZ) 2016

3122 1

16 2016.05040 HUMBOLDT HEALTH FOUNDATION

11120125 144414 3122

94-0942427 Page **5** 

<ul> <li>a A person who direct below, the governin</li> <li>b A family member of c A 35% controlled e</li> <li>Section B. Type I S</li> <li>1 Did the directors, tr regularly appoint or tax year? If "No," du controlled the organ describe how the p organizations and w</li> <li>2 Did the organization</li> </ul>	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 <b>Part VI</b> . <b>upporting Organizations</b> 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 <b>Part VI</b> 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
<ul> <li>a A person who direct below, the governin</li> <li>b A family member of c A 35% controlled e</li> <li>Section B. Type I S</li> <li>1 Did the directors, tr regularly appoint or tax year? If "No," du controlled the organ describe how the p organizations and w</li> <li>2 Did the organization</li> </ul>	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 <b>Part VI</b> . <b>upporting Organizations</b> 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 <b>Part VI</b> 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
<ul> <li>below, the governin</li> <li>b A family member of</li> <li>c A 35% controlled e</li> <li>Section B. Type I S</li> <li>1 Did the directors, tr regularly appoint or tax year? If "No," do controlled the organ describe how the p organizations and w</li> <li>2 Did the organization</li> </ul>	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" <i>to a, b, or c, provide detail in</i> <b>Part VI.</b> <b>upporting Organizations</b> 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 <b>Part VI</b> 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
<ul> <li>b A family member of c A 35% controlled e</li> <li>Section B. Type I S</li> <li>1 Did the directors, tr regularly appoint or tax year? If "No," di controlled the organi describe how the p organizations and w</li> <li>2 Did the organization</li> </ul>	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> <b>Part VI</b> . <b>upporting Organizations</b> 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 <b>Part VI</b> 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
<ul> <li>c A 35% controlled e</li> <li>Section B. Type I S</li> <li>1 Did the directors, tr regularly appoint or tax year? If "No," di controlled the organi describe how the p organizations and w</li> <li>2 Did the organization</li> </ul>	ntity of a person described in (a) or (b) above? <i>If</i> "Yes" <i>to a, b, or c, provide detail in</i> <b>Part VI</b> . <b>upporting Organizations</b> 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 <b>Part VI</b> 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
<ol> <li>Section B. Type I S</li> <li>Did the directors, tr regularly appoint or tax year? If "No," du controlled the organ describe how the p organizations and w</li> <li>Did the organization</li> </ol>	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			
<ol> <li>Did the directors, tr regularly appoint or tax year? If "No," du controlled the organ describe how the p organizations and w</li> <li>Did the organization</li> </ol>	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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	
<ul> <li>tax year? If "No," dicontrolled the organ</li> <li>describe how the p</li> <li>organizations and w</li> <li>2 Did the organization</li> </ul>	escribe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI.</b></i> n exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	anizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
632025 09-21-16	Schedule A (Form 9		)0-F7)	2016
552020 05 2 I <sup>-</sup> IU	17			2010

11120125 144414 3122

2016.05040 HUMBOLDT HEALTH FOUNDATION 3122\_\_\_1

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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	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		

632026 09-21-16

11120125 144414 3122

94-0942427

# 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 <b>Part VI</b> ). 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.)

94-0942427

632028 09-21-16		20		Schedule A (Form 9	90 or 990-EZ) 2016
11120125 144414 3122	2016.05040	20 HUMBOLDT	HEALTH	FOUNDATION	31221

\*\* 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

<b>0</b>	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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.) <b>*</b>			
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			

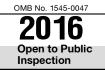
2016.05040 HUMBOLDT HEALTH FOUNDATION 3122\_\_\_1

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 <b>2</b>
Pa	t III Organizations Maintaining C	Collections of A	rt, Histo	rical Tr	easures, c	or Oth	er Simi	lar Asse	<b>ts</b> (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>b)</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>b</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
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information.</li> <li>rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a</li> </ul>	4b ne 18.)and 4; Part IV, lines 1b and 2b;	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information.</li> <li>rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a</li> </ul>	4b ne 18.)and 4; Part IV, lines 1b and 2b;	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i></li> <li>Part XIII Supplemental Information.</li> <li>rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a</li> <li>nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi</li> </ul>	4b ne 18.)and 4; Part IV, lines 1b and 2b;	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information.</li> <li>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</li> </ul>	4b me 18.) and 4; Part IV, lines 1b and 2b; de any additional information.	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i></li> <li>Part XIII Supplemental Information.</li> <li>rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a</li> <li>nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi</li> </ul>	4b       me 18.)       and 4; Part IV, lines 1b and 2b;       de any additional information.       R SECTION	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information.</li> <li>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</li> <li>ART X, LINE 2:</li> <li>HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDE</li> <li>01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR</li> </ul>	4b       ne 18.)       and 4; Part IV, lines 1b and 2b;       de any additional information.       R SECTION       E, HAS NO	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information.</li> <li>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</li> <li>ART X, LINE 2:</li> <li>HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDE</li> <li>01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR</li> <li>ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND</li> </ul>	4b       me 18.)       and 4; Part IV, lines 1b and 2b;       de any additional information.       R SECTION       E, HAS NO       ATION QUALIFIES	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information.</li> <li>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</li> <li>01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR</li> <li>ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND</li> <li>OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIO</li> </ul>	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)	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information.</li> <li>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.</li> <li>ART X, LINE 2:</li> <li>HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER</li> <li>01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR</li> <li>ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUNDADITION OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION</li> <li>ND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A P</li> </ul>	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	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li</li> <li>Part XIII Supplemental Information.</li> <li>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</li> <li>01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR</li> <li>ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND</li> <li>OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION</li> <li>ND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A P</li> <li>OUNDATION UNDER SECTION 509(A)(2). THE SUPPORTING ORGANIZATION</li> </ul>	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	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li</li> <li>Part XIII Supplemental Information.</li> <li>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</li> <li>ART X, LINE 2:</li> <li>HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDE</li> <li>01(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR</li> <li>ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND</li> <li>OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION</li> <li>ND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A P</li> <li>OUNDATION UNDER SECTION 509(A)(2). THE SUPPORTING ORGANIZ</li> <li>EQUIREMENTS OF IRC SECTION 509(A)(3). HOWEVER, THE FOUNDA</li> </ul>	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	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII] Supplemental Information.</li> <li>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:</li> <li>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</li></ul>	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	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liper 100, Part XIII] Supplemental Information.</li> <li>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</li> <li>ART X, LINE 2:</li> <li>HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER</li> <li>01(c)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR</li> <li>ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND</li> <li>OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION</li> <li>ND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A P</li> <li>OUNDATION UNDER SECTION 509(A)(2). THE SUPPORTING ORGANIZ</li> <li>EQUIREMENTS OF IRC SECTION 509(A)(3). HOWEVER, THE FOUNDA</li> <li>O INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A T</li> <li>ND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GR</li> </ul>	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.	
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> Part XIII Supplemental Information.</li> <li>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:</li> <li>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</li> </ul>	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,
<ul> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liper 100, Part XIII] Supplemental Information.</li> <li>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</li> <li>ART X, LINE 2:</li> <li>HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER</li> <li>01(c)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFOR</li> <li>ROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE FOUND</li> <li>OR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION</li> <li>ND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A P</li> <li>OUNDATION UNDER SECTION 509(A)(2). THE SUPPORTING ORGANIZ</li> <li>EQUIREMENTS OF IRC SECTION 509(A)(3). HOWEVER, THE FOUNDA</li> <li>O INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A T</li> <li>ND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GR</li> </ul>	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									
<b>1</b> 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		
<b>1 (a)</b> Name and address of organization or government	<b>(b)</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				<b>)</b>		
3 Enter total number of other organization							►		

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> 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

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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HEALTH & WELL-BEING	515	133,176.	0.		

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

PART I, LINE 2:

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.		
			•		
632212 08-25-16		35		Schedule O (Form 99	
20125 144414 3122	2016.05040	HUMBOLDT	HEALTH	FOUNDATION	3122

SCHEDULE R	1	<b>Related Organizations</b>	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	-
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)	(	<b>g)</b> 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	<sup>l or</sup> Percentage <sup>ing</sup> ownership
		country)		sections 512-514)		235013	Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	-										
	1										
	-										
	-										
	4										

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512( cont ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		233013		Yes	No
									┼──
									<del>                                     </del>
									$\square$

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			
<b>q</b> 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>(b)</b> Transaction type (a-s)	<b>(c)</b> 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	
	1						<u> </u>					
	-											

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