PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

Under 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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning JUL 1 2022 and ending JUN 30 C Name of organization Check if applicable: D Employer identification number Address change HUMBOLDT HEALTH FOUNDATION Name change 94-0942427 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 363 INDIANOLA ROAD (707)442 - 2993133,609. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return BAYSIDE, CA 95524 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BRYNA LIPPER Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.HUMHEALTH.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 1997 M State of legal domicile; CA Part I Summary Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH AND Governance WELL-BEING OF THE RESIDENTS AND COMMUNITIES OF HUMBOLDT COUNTY 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 10,169 8,370. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0 Program service revenue (Part VIII, line 2g) 225,109 125,239. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 11 235,278 133 609. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 351,392 320,634. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 25,866. 24,506. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 377,258, 345,140. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -141,980. -211,531. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 5,345,457 5,548,040. Total assets (Part X, line 16) 35,796. 21,467. 21 Total liabilities (Part X, line 26) 三年 5,309,661. 5,526,573. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign CALLA PELTIER-OLSON Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature BRIAN YACKER BRIAN YACKER 02/06/24 P00401346 Paid Firm's name BAKER TILLY US, LLP 39-0859910 Preparer Firm's EIN Firm's address 18500 VON KARMAN AVE, 10TH FLOOR Use Only Phone no.949.222.2999 IRVINE, CA 92612

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Pa	<u>rt III</u> Statement of Program Service Accom	nplishments		
	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 T	HE RESIDENTS AND COM	MUNITIES	
	OF HUMBOLDT COUNTY.			
2	Did the organization undertake any significant program	services during the year whi	ch were not listed on the	
				Yes X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make signific	ant changes in how it condu	ucts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplish			
	Section 501(c)(3) and 501(c)(4) organizations are require	ed to report the amount of gr	rants and allocations to others, the total e	expenses, and
	revenue, if any, for each program service reported.			
4a			320,634. ) (Revenue \$	)
	TO SUPPORT PROJECTS OR INSTITUTIONS WHICH		•	
	AND MORAL WELL-BEING OF EACH INDIVIDUAL W	ITHIN THE COUNTY OF B	HUMBOLDT.	
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of		) (Revenue \$	)
4e	Total program service expenses	332,289.		
				Form <b>990</b> (2022)

# Form 990 (2022) HUMBOLDT HEALTH FOR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	, ,	8		x
9	Schedule D, Part III			
·	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		x
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 1a		
D		11b		x
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<u> </u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	· · ·	12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 14		
~	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	- 1.0		
	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. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <u></u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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
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	

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# Form 990 (2022) | Part IV | Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	<del></del>
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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_	
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
гаі	TV Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Sofficialis of Contains a response of flote to any line in this Part V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Part V	Statements Regarding Other IRS Filings and Tax Compliance (cor	ntinued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		Х
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 Advanced in the Financi	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		Х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					v
	to file Form 8282?	1	1	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo		200 as required?	7g		- 21
g h	If the organization received a contribution of qualified intellectual property, did the organization file ro			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/!!		
Ü		-		8		
9	Sponsoring organizations maintaining donor advised funds.			Ť		
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> 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	١	I			
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c		44		v
14a				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedula the expenient to the explanation on these \$1,000,000 in remune			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		х
	excess parachute payment(s) during the year?  If "Ves " see the instructions and file Form 4720. Schedule N.			15		4
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		х
10	If "Yes," complete Form 4720, Schedule O.			10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
	,			_	000	(0000)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SARAH MILLSAP - (707)442-2993

Form **990** (2022)

95524

363 INDIANOLA ROAD, BAYSIDE, CA

Check if Schedule O contains a response or note to any line in this Part VII
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#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)		(C)					(D)	rector, or trustee. (E)	(F)
Name and title	Average	(da	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	person is both an a director/trustee)			compensation	compensation	amount of
	week		cer ar	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	99			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		99	n be us		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	rtio na		uploy	st cor	-	1033 (VEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYNA LIPPER	1.25									
CEO	40.00			х				0.	222,300.	29,755.
(2) SARAH MILLSAP	1.25									
VP OF FINANCE AND ADMINISTRATION	40.00			х				0.	124,080.	10,721.
(3) CALLA PELTIER-OLSON	1.25									
CHAIR		х		х				0.	0.	0.
(4) DONNA ELIZABETH MCQUEEN	1.25									
VICE CHAIR		Х		Х				0.	0.	0.
(5) CHRISTINA HUFF	1.25									
TREASURER		Х		Х				0.	0.	0.
(6) BETH WELLS	1.25									
DIRECTOR		Х						0.	0.	0.
(7) VALETTA MOLOFSKY	1.25									
DIRECTOR		Х						0.	0.	0.
(8) DR. CATERINA KEIN	1.25									
DIRECTOR		Х						0.	0.	0.
			_							
			-		-	-				
		-								
			-			-				
		ł								
				<u> </u>		$\vdash$				
		]	1	l	1	1	1	l		

Form 990 (2022) HUMBOLDT HEAI	TH FOUNDAT	ION							94-09	4242	7	Page 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	and	l Hig	jhes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box, offic	not cl unles	ss per	ition more f	than o s both r/trust	an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related	n 	<b>(F</b> Estima amou oth	ated nt of er
	(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/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	- 1	compen from organiz and re organiz	the zation lated
1b Subtotal c Total from continuation sheets to Part VI	, Section A							0.	346,3	0.		0,476. 0. 0,476.
d Total (add lines 1b and 1c)  Total number of individuals (including but no compensation from the organization								- •				0
<ol> <li>Did the organization list any former officer,</li> </ol>	director, truste	ee, k	еу є	empl	oyee	e, or	hig	hest compensated empl	loyee on		Ye	s No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		3	X
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	dual for services		4 X	<b>.</b>
rendered to the organization?  f "Yes," com	plete Schedule	e J fo	or su	ıch r	oerso	on .					5	X
Complete this table for your five highest count the organization. Report compensation for the organization.										ensat	ion from	
(A) Name and business	address	NOI	NE					(B) Description of s	ervices	С	(C) ompensa	tion
Total number of independent contractors (in \$100,000 of compensation from the organize)	· ·	ot lim	nited	d to t	thos		ed:	above) who received mo	ore than			

Forn	990	) (2	2022) HUMBOLDT H	EALTH FOU	INDATION			94-094242	7 Page <b>9</b>
Pa	rt V	<u> </u>	Statement of Revenue						
			Check if Schedule O contains	a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
(0, (0	4	_	Federated campaigns	1a					000110110 0 12 0 1 1
anta	'			l l					
جَ ق			Membership dues Fundraising events						
r A			Related organizations						
E			Government grants (contributions)						
Sis			All other contributions, gifts, grants, ar						
e ti		•	similar amounts not included above		8,370.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f	· .	•				
a Co		h	Total. Add lines 1a-1f			8,370.			
					Business Code				
ø	2	а							
e Ki		b							
S Š		С							
am eve		d							
Program Service Revenue		е							
ď			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divident			105 021			105 021
	_					105,031.			105,031.
	4		Income from investment of tax-exe						
	5		Royalties	(i) Real	(ii) Personal				
	_	_		(i) Neai	(II) Fersonal				
	6		Gross rents 6a Less: rental expenses 6b		1				
			Rental income or (loss) 6c						
			Net rental income or (loss)						
				Securities	(ii) Other				
	•	<b>"</b>	assets other than inventory <b>7a</b>	20,208	· · · · · · · · · · · · · · · · · · ·				
		b	Less: cost or other basis	· · · · · · · · · · · · · · · · · · ·					
e			and sales expenses <b>7b</b>	0.	,				
evenue		С	Gain or (loss) 7c	20,208.					
œ			Net gain or (loss)	<u></u>		20,208.			20,208.
Other	8	а	Gross income from fundraising events	(not					
₹			including \$	of					
			contributions reported on line 1c).	I .					
			Part IV, line 18						
			Less: direct expenses		)				
			Net income or (loss) from fundrais	_					
	9	а	Gross income from gaming activiti	I .					
			Part IV, line 19						
			Less: direct expenses  Net income or (loss) from gaming						
			Gross sales of inventory, less retu		<u> </u>				
	10	a	and allowances	I .	a				
		h	Less: cost of goods sold						
			Net income or (loss) from sales of		•				
		_	() //	<b>.</b> .	Business Code				
Miscellaneous Revenue	11	а							
ane.		b							
eve eve		С							
Aisc B		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue See instructions			133 609.	0.	0.	125 239.

232009 12-13-22

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	ants and other assistance to domestic organizations domestic governments. See Part IV, line 21	251,425.	251,425.		
<b>2</b> Gr	ants and other assistance to domestic	69,209.	69,209.		
3 Gr	ants and other assistance to foreign ganizations, foreign governments, and foreign	05,200	55,255.		
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employeesmpensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	her salaries and wages				
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	her employee benefits				
	yroll taxes				
	es for services (nonemployees):				
a Ma	anagement				
	gal				
<b>c</b> Ac	counting	3,575.		3,575.	
<b>d</b> Lo	bbying				
<b>e</b> Pro	ofessional fundraising services. See Part IV, line 17				
<b>f</b> Inv	estment management fees	6,279.		6,279.	
<b>g</b> Ot	her. (If line 11g amount exceeds 10% of line 25,				
	lumn (A), amount, list line 11g expenses on Sch 0.)	1,200.		1,200.	
	Ivertising and promotion	847.		423.	424
	fice expenses	50.		50.	
	formation technology				
	pyalties				
	ccupancy				
	avel				
for	any federal, state, or local public officials				
<b>19</b> Co	onferences, conventions, and meetings				
	erest				
	lyments to affiliates				
	epreciation, depletion, and amortization	900.		900.	
	surance	900.		900.	
abo line	ner expenses. Itemize expenses not covered over (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A), lount, list line 24e expenses on Schedule 0.)				
а <u>НО</u>	NOR TAXES	11,655.	11,655.		
b					
c _					
	other expenses				
	tal functional expenses. Add lines 1 through 24e	345,140.	332,289.	12,427.	424
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
Ch	eck here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022

# Form 990 (2022) Part X Balance Sheet

Cash - non-interest-bearing			Check if Schedule O contains a response or no	ote to any line in this Part X			
2 Savings and temporary cash investments				,	(A)		(B)
2   Savings and temporary cash investments   2   3		1	Cash - non-interest-bearing		11,169.	1	8,524.
3   Pledges and grants receivable, net   3   4		2			2		
4   Accounts receivable, net   4   5   5   5   5   5   5   5   5   5		3			3		
S   Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   5		4			4		
trustee, key employes, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Losan and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventroles for sale or use 9 Prepald expenses and deferred charges 10a Land, bulldings, and equipment: cost or other basis, Complete Part V of Schedule D b Less: accumulated depreciation 10 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - propriagram-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 13,500, 17 18 Grants payable and accrued expenses 13,296, 18 21,467, 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% of Schedule D 21 Controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets with dour donor restrictions 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or		5					
controlled entity or family member of any of these persons 6			•	, , ,			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(r)(8)(8) 7 Notes and loans receivable, net				·		5	
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventionies for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 3 1,500. 17 17 Accounts payable and accrued expenses 3 3,500. 17 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Acid lines 17 through 25 27 Total liabilities. Acid lines 17 through 25 28 Not assets with dour or restrictions 29 Total liabilities. Acid lines 17 through 25 29 Total liabilities. Acid lines 17 through 25 20 Total restrictions 20 Total complete lines 27, 28, 32, and 33. 21 Acid assets with dour or restrictions 29 Capital stock or trust principal, or current funds 30 Pald-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Fetained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 5,309,661, 32 5,526,573.		6					
7   Notes and loans receivable, net   7   8   8   Inventories for sale or use   8   8   8   Inventories for sale or use   9   9   9   9   9   9   9   9   9		_		ad in acation 4050(a)(2)(D)		6	
8	10	7	*********				
10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   10b   10c   11   11   11   12   12   12   12   1	sets	_					
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	As						
Dasis. Complete Part VI of Schedule D   Do   Less: accumulated depreciation   10b     10c							
1		100		10a			
11   Investments - publicity traded securities   5,334,288.   11   5,539,516.     12   Investments - other securities. See Part IV, line 11   13   Investments - program-related. See Part IV, line 11   13   Intengible assets   14   15   15   15   15   15   15   15		b				10c	
12   Investments - other securities. See Part IV, line 11   13   13   14   Intangible assets   14   15   15   15   15   15   15   15					5,334,288.		5,539,516.
13   Investments - program-related. See Part IV, line 11   14   Intangible assets   14   14   Intangible assets   15   Other assets. See Part IV, line 11   15   15   16   Total assets. Add lines 1 through 15 (must equal line 33)   5,345,457. 16   5,548,040.     17				, , ,		, , -	
14							
15 Other assets. See Part IV, line 11   15   15   16   Total assets. Add lines 1 through 15 (must equal line 33)   5,345,457. 16   5,548,040.     17 Accounts payable and accrued expenses   3,500. 17   18   Grants payable   32,296. 18   21,467.     19 Deferred revenue   19   20   20   21   22   22   23   24   24   24   27   24   25   25   25   25   25   25   25							
16   Total assets. Add lines 1 through 15 (must equal line 33)   5,345,457, 16   5,548,040.     17   Accounts payable and accrued expenses   3,500. 17     18   Grants payable   32,296. 18   21,467.     19   Deferred revenue   19     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   22     23   Secured mortgages and notes payable to unrelated third parties   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   35,796. 26   21,467.     Organizations that follow FASB ASC 958, check here   X   and complete lines 27, 28, 32, and 33.     27   Net assets with donor restrictions   5,309,661. 27   5,526,573.     28   Organizations that do not follow FASB ASC 958, check here   and complete lines 29 through 33.     29   Capital stock or trust principal, or current funds   30     30   Paid-in or capital surplus, or land, building, or equipment fund   30     31   Retained earnings, endowment, accumulated income, or other funds   5,309,661. 32   5,526,573.     32   Total net assets or fund balances   5,309,661. 32   5,526,573.							
17				5 345 457.		5 548 040.	
18   Grants payable   32,296. 18   21,467.     19   Deferred revenue   19   20     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   22     23   Secured mortgages and notes payable to unrelated third parties   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   35,796. 26   21,467.     35,796. 26   21,467.     36   Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.     38   Net assets with donor restrictions   5,309,661. 27   5,526,573.     39   Paid-in or capital surplus, or land, building, or equipment fund   30     30   Retained earnings, endowment, accumulated income, or other funds   5,309,661. 32   5,526,573.     30   Total net assets or fund balances   5,309,661. 32   5,526,573.							, , -
Tax-exempt bond liabilities  Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  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  Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  199  Deficiency  Tax-exempt bond liabilities 20 by 199  Deficiency or substantial contributor, or 35% controlled on payable to unrelated third parties  22				·		21.467.	
20 Tax exempt bond liabilities 20   21 Escrow or custodial account liability. Complete Part IV of Schedule D 21   22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22   23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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    27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.    28 Net assets without donor restrictions 5, 309,661. 27 5,526,573.    29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30    29 Paid-in or capital surplus, or land, building, or equipment fund 30    31 Retained earnings, endowment, accumulated income, or other funds 5, 309,661. 32 5,526,573.					,		,
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances  5,309,661, 32 5,526,573.							
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trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  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  Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances							
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 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 26 Total liabilities. Add lines 17 through 25  Corganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 5,309,661, 32 5,526,573.	ties						
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 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 26 Total liabilities. Add lines 17 through 25  Corganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 5,309,661, 32 5,526,573.	≣			·		22	
24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25  27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  28 Net assets without donor restrictions 29 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances  5 ,309,661.  24  24  25  26  27  28  29  29  29  29  29  29  29  29  29	<u> </u>	23					
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  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  28 Net assets without donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  5,309,661.  29 5,526,573.  29 5,309,661.  30 5,309,661.  31 Total net assets or fund balances  5,309,661.  32 5,526,573.			. ,				
parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  5,309,661.  25  26  21,467.  27  5,526,573.  28  Capital stock or trust principal, or current funds 29  Paid-in or capital surplus, or land, building, or equipment fund 30  Total net assets or fund balances  5,309,661. 32  5,526,573.							
of Schedule D  25  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  28 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  29 Paid-in or capital surplus, or land, building, or equipment fund  30 Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  5,309,661.  25  21,467.  35,796.  26  21,467.  35,526,573.				*			
Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  35,796. 26  21,467.  35,796. 26  21,467.  24  25,526,573.			1 ,	′ '		25	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances  Organizations that follow FASB ASC 958, check here and complete lines 29 through 33.  29 Saturations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances  5,309,661. 32 5,526,573.		26			35,796.		21,467.
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 5,309,661. 27 5,526,573.				neck here X			
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	let A			r	5,309,661.		5,526,573.
	Z						5,548,040.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			133,	609.
2	Total expenses (must equal Part IX, column (A), line 25)	2			345,	140.
3	Revenue less expenses. Subtract line 2 from line 1	3		-	211,	531.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,	309,	661.
5	Net unrealized gains (losses) on investments	5			460,	443.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-32,	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		5,	526,	573.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					l
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	a 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 reviewed	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L;	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		;	3b		
			F	orm <sup>9</sup>	99 <del>0</del> (	(2022)

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

HUMBOLDT HEALTH FOUNDATION 94-0942427 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) HUMBOLDT AREA FOUNDATION 23-7310660 7 Х 101,982 101,982 0.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi					Г	
	Public support percentage for 2022 (I			column (f))		14	<u>%</u>
	Public support percentage from 2021	•				15	%
16a	33 1/3% support test - 2022. If the o	-			14 is 33 1/3% or m	ore, check this box	< and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the contract the state of						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	•		· ·	
	meets the facts-and-circumstances te	-			-	7	
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-	•	• • •		H
18	Private foundation. If the organization	in did not check a	box on line 13, 16a	a, 100, 17a, 0r 17b	o, check this box ai		
						ochedule A	(Form 990) 2022

# 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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	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						
7a	Amounts included on lines 1, 2, and						
	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	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	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. 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, 19a	a, or 19b, check th	ns box and see ins	tructions	

232023 12-09-22

Schedule A (Form 990) 2022

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

	Yes	No
1	х	
-		
2		х
3a		Х
3b		
3c		
42		Х
<u>4a</u>		
4b		
4c		
5a		Х
F1-		
5b 5c		
6		Х
7		Х
8		Х
0		
9a		х
9b		Х
9c		Х
30		
10a		х
10b le A (Forr	- 000	0000
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Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	 ).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
_7_	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 HUMBOLDT HEALTH FOUR			94-0942427	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)		
Secti	on D - Distributions			Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
_3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3		
4	Amounts paid to acquire exempt-use assets		4		
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5		
_6	Other distributions (describe in Part VI). See instructions.		6		
_7_	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2022 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

OMB No. 1545-0047

**2022** 

Employer identification number

F	HUMBOLDT HEALTH FOUNDATION		
Organization type (check	cone):		
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		
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.	
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	•	
Special Rules			
sections 509(a)( contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ar ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one	
contributor, duri	rion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (a) instead of the contributor name and address), II, and III.	cientific,	
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the exclusively for religious, charitable, etc., purposes, but no such contributions totaled method that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it table, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received nonexclusively	
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	•	
 LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)	

Schedule B (Form 990) (2022)

Page 2 Name of organization Employer identification number HUMBOLDT HEALTH FOUNDATION 94-0942427

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		 \$	Person Payroll Noncash (Complete Part II for			

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

HUMBOLDT HEALTH FOUNDATION

94-0942427

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(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

Schedule B (Form 990) (2022) Page **4** 

Name of of	rganization		Employer identification nu		
HUMBOLDT	HEALTH FOUNDATION	iono to overnimetione described in sect	94-0942427 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the		
raitiii	from any one contributor. Complete columns (a	through (e) and the following line entry	/. For organizations		
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or less space is needed.	sss for the year. (Enter this info. once.) \$		
(a) No. from Part 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	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part 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	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part 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	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(1) The control of the			
	Transferee's name address	(e) Transfer of gift			
-	Transferee's name, address, a	311U ZIF + 4	Relationship of transferor to transferee		

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization

HUMBOLDT HEALTH FOUNDATION 94 - 0942427

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		dilus of Accounts. Complete if the	
	organization answered Tes Off Offi 990, Factor, line	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in done	or advised funds	
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other p	urpose conferring	
	impermissible private benefit?		Yes	☐ No
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on For	n 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreation	<u> </u>	ation of a historically important land area	
	Protection of natural habitat	· —	ation of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in th	e form of a conservation easement on the la	st
	day of the tax year.		Held at the End of the Ta	
а	<del>-</del>		2a	
b				
c	Number of conservation easements on a certified historic structure.			
	Number of conservation easements included in (c) acquired aff			
_	historic structure listed in the National Register	• • •	2d	
3	Number of conservation easements modified, transferred, release			
•	year	acca, extinguionea, or terrimates	by the organization during the tax	
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period		ling of	
	violations, and enforcement of the conservation easements it h		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
		aag 0o.aoo, aa 0o.o.	ig concervation casements canning the year	
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing co	onservation easements during the year	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	on 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes	No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial	statements that describes the	
	organization's accounting for conservation easements.	-		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures,	or Other Similar Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue state	ement and balance sheet works	
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or resear	ch in furtherance of public	
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes the	se items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue stateme	nt and balance sheet works of	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research	in furtherance of public service,	
	provide the following amounts relating to these items:		•	
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	400 A		•	
2	If the organization received or held works of art, historical treas			
-	the following amounts required to be reported under FASB AS		3 - 71	
а	Revenue included on Form 990, Part VIII, line 1		\$	
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990	) 2022

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	· Assets	(contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make siç	nificant ι	use of its	,		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change prograi	m					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ey further th	ne organizatior	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical trea	sures, or other	r similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered "	Yes" on I	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodic	an or other intermed	iary for o	contribution	s or other asse	ets not ir	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:							
									Amoun	t	
С	c Beginning balance 1c										
d	d Additions during the year 1d										
е	e Distributions during the year										
f	Ending balance								_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or co	ustodial accou	ınt liabilit	y?	L	Yes	L	_ No
_	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i										
		(a) Current year	(b) P	rior year	(c) Two years	s back (	<b>d)</b> Three y	ears back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	j, column (a	ı)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	•									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held a	nd administere	ed for the	)		ı		Τ
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
_	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
Bar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment f	unds.							
Fai	Complete if the organization answered		Dort IV	lina 11a G	Coo Form 000	Dort V I	ino 10				
					Ť						
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulate reciation	ed	(d) Boo	k valu	ie
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
<u>e</u>	Other										
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	Oc.)						0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HUMBULDT HEALTH F	OUNDATION	94	1-0942427 Page S
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		d of year market value
(A) E:	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
-			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	Lof-year market value
	(b) Book value	(c) Method of Valuation. Cost of end	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
	n Farm 000 Dort IV line	11d Con Form 000 Dort V line 15	
Complete if the organization answered "Yes" o	Description	Tra. See Form 990, Part A, line 15.	(b) Book value
	Description		(b) BOOK value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" of	n Farm 000 Dort IV line	110 or 11f Coo Form 000 Dort V line 05	
(a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part A, line 25.	(b) Book value
			(b) book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide t	the text of the footnote to	the organization's financial statements the	nat reports the

Schedule D (Form 990) 2022

X

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part >	Reconciliation of Revenue per Audited Financial State		nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
			1
	nounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م	
	et unrealized gains (losses) on investments		
	onated services and use of facilities		
	ecoveries of prior year grants		
	her (Describe in Part XIII.)		
	dd lines 2a through 2d		
	ıbtract line <b>2e</b> from line <b>1</b>		3
	nounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	
	vestment expenses not included on Form 990, Part VIII, line 7b		
	her (Describe in Part XIII.)		
	dd lines 4a and 4b		
Part	tal revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  【II Reconciliation of Expenses per Audited Financial State	ements With Expe	enses per Return
1 6.1 6 7	Complete if the organization answered "Yes" on Form 990, Part IV, line		mose per metarin
<b>1</b> To	tal expenses and losses per audited financial statements		1
	nounts included on line 1 but not on Form 990, Part IX, line 25:		
	onated services and use of facilities	2a	
	ior year adjustments		
	her losses		
	her (Describe in Part XIII.)		
	Id lines 2a through 2d		2e
	ubtract line <b>2e</b> from line <b>1</b>		
	nounts included on Form 990, Part IX, line 25, but not on line 1:		
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	
	her (Describe in Part XIII.)		
	Id lines <b>4a</b> and <b>4b</b>		4c
	etal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)		
Part >	(III) Supplemental Information.		
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV. lines 1b and 2b	: Part V. line 4: Part X. line 2: Part XI.
	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		, , , , , , , , , , , , , , , , , , , ,
00 Zu	and 15, and 1 are xiii, into 24 and 15.7 its complete the part to provide any		
PART X	, LINE 2:		
	WANDARTON AND THE CURPORATIVE OPERATION WAVE PROFITED TO	AV DVDWDM	
THE FO	UNDATION AND ITS SUPPORTING ORGANIZATION HAVE RECEIVED TO	AX-EXEMLI.	
CMAMIIC	PDOM MUE INMEDNAL DEVENUE CEDVICE AND CALLEODNIA PDANCH.	rce may	
SIAIUS	FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCH	ISE IAX	
BOARD	UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND	IINDER	
Болив	DIVINE SECTION SOLICE, (S) OF THE INTERNAL REVENUE COSE THE	ONDER	
REVENU	E AND TAXATION CODE SECTION 23701D, RESPECTIVELY.		
-			
SINCE	THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TO	ΑX	
LIABIL	ITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME	TAXES. THE	
FOUNDA	TION USES THE SAME ACCOUNTING METHODS FOR TAX AND FINANCE	IAL	
DEDODE	THE MANAGEMENT HAS CONSTRUCTED THE HAY DOCUMEN AND DEED		
KEPORT	ING. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BEL	LEVES THAT	
ALL OF	THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT FOUR	NDATION	
RETURN	S ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINAT:	ION. THE	
			Schedule D (Form 990) 202

### SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization							Employer identification number
HUMBOLDT HEALT							94-0942427
Part I General Information on Grants ar							
1 Does the organization maintain records to							
criteria used to award the grants or assis							Yes No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I					anization anawarad "\	/oo" on Form 000 Dad	t IV line 21 for any
recipient that received more than \$					anization answered i	es on ronn 990, Pan	Try, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BUILDING LIVES BY BUILDING STRUCTURES - P.O BOX 1293 - HOOPA, CA 95546	85-1498224	E01/G)/3)	15,000.	0.			BUILDING LIVES THROUGH BUILDING STRUCTURES
FORTUNA FAMILY RESOURCE CENTER C/O	05-1490224	501(C)(3)	15,000.	0.			BUILDING SIRUCTURES
FORTUNA ELEMENTARY SCHOOL DISTRICT - 2089 NEWBURG RD - FORTUNA, CA							
95540	30-0852344	501(C)(3)	12,710.	0.			GENERAL SUPPORT
HC BLACK MUSIC AND ARTS ASSOCIATION - 627 16TH STREET - ARCATA, CA 95521	85-2101958	501(C)(3)	15,000.	0.			UBUNTU HEALING IN THE
HEALY SENIOR CENTER PO BOX 1849 REDWAY, CA 95560	94-2762224	501(C)(3)	6,000.	0.			RURAL MEALS ON WHEELS PROGRAM
HUMBOLDT AREA CENTER FOR HARM REDUCTION - P.O. BOX 7365 - EUREKA, CA 95502	47-2822261	501(C)(3)	6,000.	0.			GENERAL OPERATION FUNDING
HUMBOLDT AREA FOUNDATION 363 INDIANOLA ROAD BAYSIDE, CA 95524	23-7310660	501(C)(3)	101,982.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table				14.
3 Enter total number of other organizations	listed in the line	1 table					0.
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) 2022

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMBOLDT INFORMATION AND RESOURCE CENTER - PO BOX 6683 - EUREKA, CA							
95502	46-5092911	501(C)(3)	7,399.	0.			GENERAL SUPPORT
INK PEOPLE CENTER FOR THE ARTS C/O LESLIE CASTELLANO - 627 3RD ST - EUREKA, CA 95501	94-3056179	501(C)(3)	12,000.	0.			BRINGING ENGLISH & COMMUNITY TO THE PEOPLE WITH ENGLISH EXPRESS
NORTHCOAST CHILDREN'S SERVICES 1266 9TH ST PO BOX 1165 ARCATA, CA 95521	94-1749823	501(C)(3)	6,880.	0.			MEDICAL TRAVEL
OPEN DOOR COMMUNITY HEALTH CENTERS C/O TORY STARR - 1275 8TH ST 670 - 9TH STREET, SUITE 203 - ARCATA, CA 95521	95-2671433	501(C)(3)	11,300.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD NORTHERN CALIFORNIA - EUREKA - 3225 TIMBER FALL COURT, SUITE B - EUREKA, CA							SEXUAL/REPRODUCTIVE HEALTH EDUCATION IN
95503	94-1575233	501(C)(3)	15,000.	0.			HUMBOLDT COUNTY
QUEER HUMBOLDT P.O. BOX 45 ARCATA, CA 95518	01-0854933	501(C)(3)	12,000.	0.			AFFORDABLE MENTAL HEALT SERVICES FOR QTBIPOC & 2S/LGBTQIA PERSONS
REDWOOD PLAYHOUSE P.O. BOX 988 GARBERVILLE, CA 95542	45-5355909	501(C)(3)	8,000.	0.			RECYCLED YOUTH
SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES, INC P.O. BOX 5248 - EUREKA, CA 95502	68-0027247		12,000.	0.			SAFETY NETWORKING WITH

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HEALTH & WELL-BEING	271	69,209.	0.		
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	ı (b); and any other ac	ı dditional information.	l
PART I, LINE 2:					
ORGANIZATIONAL GRANTEES ARE EITHER REQUIRED TO SI	GN A CONTRACT	ASSOCIATED			
WITH THEIR PROPOSAL, OR AGREE THROUGH CASHING OF	A GRANT CHECK	THAT THEY			
WILL USE FUNDS AS DESCRIBED IN THEIR AWARD LETTER	. WHEN SIGNING	A CONTRACT			
		•			
THE GRANTEE AGREES TO SUBMIT BOTH A NARRATIVE AND	A FINANCIAL F	REPORT			
DOCUMENTING HOW GRANT FUNDS WERE SPENT.					
BEFORE A GRANT IS GIVEN ON BEHALF OF AN INDIVIDUA	L, ALL DOCUMEN	ITATION			
POSSIBLE IS RECEIVED, SUCH AS DOCTOR'S TREATMENT	PLAN, VERIFICA	TION OF			
MEDICAL APPOINTMENT FOR OUT OF THE AREA DOCTORS/C	LINICS, PRESCE	RIPTION FOR			

Schedule I (Form 990) 2022

Schedule I (Form 990)

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

HUMBOLDT HEALTH FOUNDATION

Employer identification number 94-0942427

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			l
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only 10 15 15 15 15 15 15 15 15 15 15 15 15 15			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of: The organization?	5a		х
	The organization? Any related organization?	5b		x
J	If "Yes" on line 5a or 5b, describe in Part III.	OD		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
·	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISo	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRYNA LIPPER	(i)	0.	0.	0.	0.	0.	0.	0.
CEO	(ii)	222,300.	0.	0.	17,784.	11,971.	252,055.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, SCHEDULE J, PART I, LINE 3:
HUMBOLDT HEALTH FOUNDATION DOES NOT DIRECTLY COMPENSATE ITS EMPLOYEES,
AND HUMBOLDT AREA FOUNDATION, THE SUPPORTED ORGANIZATION, COMPENSATES
HUMBOLDT HEALTH FOUNDATION'S EMPLOYEES AND MAKES SURE THEIR
COMPENSATIONS ARE APPROPRIATE.

## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HUMBOLDT HEALTH FOUNDATION

**Employer identification number** 94-0942427

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

Schedule O (Form 990) 2022

Name of the organization  HUMBOLDT HEALTH FOUNDATION	Employer identification number 94-0942427
THERE ARE NO COMPENSATED OTHER OFFICERS OR KEY EMPLOYEES.	74 0742421
THERE ARE NO COMPENSATED CIREN OFFICERS OR REI EMPHOTEES.	
TODY 000 DADE VIT GEGETON G. LINE 10	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON	
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
INTERFUND TRANSFERS -32,000.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.	

### **SCHEDULE R** (Form 990)

Name of the organization

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

HUMBOLDT HEALTH FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

94 - 0942427

	(a)	(b)	(c)	(d)	14	٠,		(f)	
	(a) ss, and EIN (if applicable) isregarded entity	Primary activity	Legal domicile (state of foreign country)	1	I .	(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification organizations	n of Related Tax-Exempt Organized turing the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990	), Part IV, line 34, t	pecause it had on	e or more	related tax-exer	npt	
	(a) , address, and EIN ated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	(g) Section 512(b)(13) controlled entity?	
	3		Torcigir country)		501(c)(3))		,	Yes	No
HUMBOLDT AREA FOUN	DATION - 23-7310660	PROVIDES GRANTS TO SUPPORT							
363 INDIANOLA ROAL		HEALTH RELATED ACTIVITIES							
BAYSIDE, CA 95524		IN NORTHERN CALIFORNIA	CALIFORNIA	501(C)(3)	LINE 7				Х
-			l .						
		_							

Schedule R (Form 990) 2022 HUMBOLDT HEALTH FOUNDATION 94-0942427 Page 2

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.

organizations desired as a particularly stating are tally year.											
(a)	(b)	(c) Legal domicile	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	ame, address, and EIN Primary activity f related organization		Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin partner	Percentage ownership
		foreign country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
											†
											+

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

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

HUMBOLDT HEALTH FOUNDATION 94-0942427 Schedule R (Form 990) 2022 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Yes No

Х

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

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?

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

<b>b</b> Giπ, grant, or capital contribution to related organization(s)				מר	_ ^				
c Gift, grant, or capital contribution from related organization(s)				1c		Х			
d Loans or loan guarantees to or for related organization(s)				1d		Х			
e Loans or loan guarantees by related organization(s)									
f Dividends from related organization(s)				1f		Х			
g Sale of assets to related organization(s)									
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		Х			
Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		Х			
<ul> <li>m Performance of services or membership or fundraising solicitations by related organization(s)</li> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>									
o Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses				1p		Х			
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)				1r		Х			
s Other transfer of cash or property from related organization(s)				1s		Х			
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.						
(a)	(b)	(c)	(d)						
(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved					
	type (a-s)								
(1) HUMBOLDT AREA FOUNDATION	В	101,982.	AMOUNT PAID						
(2)									
(3)									
(4)									
(5)									
(6)									
232163 09-14-22			Schedule	R (Forr	n 990)	2022			

Schedule R (Form 990) 2022 HUMBOLDT HEALTH FOUNDATION 94-0942427 Page 4

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner?  Yes No	(k) r Percentage ownership