

Form 9	90
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EXTENDED TO MAY 15, 2025 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

6 Open to Public Inspection

Α	For the	2023 calendar year, or tax year beginning JUL 1, 2023 and	ending Ju	JN 30, 2024											
B	Check if applicabl	e: C Name of organization		D Employer identific	ation number										
	Addre	e HUMBOLDT HEALTH FOUNDATION													
	Name chang			94-0942427											
	Initial	eturn Number and street (or P.U. box if mail is not delivered to street address) Room/suite E Telephone number													
	Final return	n/ 303 INDIANOLA ROAD (707)442 2555													
	termir ated	City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 162,													
	Amended BAYSIDE, CA 95524 H(a) Is this a group return														
	Applic tion	F Name and address of principal officer. DKINK HITTER		for subordinates?	? Yes 🗴 No										
	pendi	SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No										
1	Tax-ex	empt status: 🕱 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a I	ist. See instructions										
	Websi			H(c) Group exemption											
		organization: X Corporation Trust Association Other	L Year	of formation: 1997 M	State of legal domicile: CA										
Pa	art I	Summary													
Ð	1	Briefly describe the organization's mission or most significant activities: TO IMPR		HEALTH AND											
anc		WELL-BEING OF THE RESIDENTS AND COMMUNITIES OF HUMBOLDT COUN													
Governance	2	Check this box if the organization discontinued its operations or dispos			ets.										
Ň	3	Number of voting members of the governing body (Part VI, line 1a)													
ບ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			7										
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			(
Viti	6	Total number of volunteers (estimate if necessary)			5										
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.										
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.										
				Prior Year	Current Year										
e	8	Contributions and grants (Part VIII, line 1h)		8,370.	2,220.										
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.										
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		125,239.	139,374.										
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	20,487.										
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		133,609.	162,081.										
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		320,634.	319,497.										
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.										
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_$		0.	0.										
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.										
ad x	. b	Total fundraising expenses (Part IX, column (D), line 25)	50.												
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		24,506.	16,191.										
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		345,140.	335,688.										
		Revenue less expenses. Subtract line 18 from line 12		-211,531.	-173,607.										
s or			Be	ginning of Current Year	End of Year										
Net Assets or	20	Total assets (Part X, line 16)		5,548,040.	5,964,657.										
tAs	21	Total liabilities (Part X, line 26)		21,467.	11,636.										
		Net assets or fund balances. Subtract line 21 from line 20		5,526,573.	5,953,021.										
	art II	Signature Block													
Unc	ler pena	Ities of periury. I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of my	knowledge and belief, it is										

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date			
Here	VALETTA MOLOFSKY, CHAIR							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	Ch	eck	PTIN	
Paid	BRIAN YACKER	BRIAN YACKER		02/12/25	sel	f-employed	P00401346	
Preparer	Firm's name BAKER TILLY ADVISORY GR	OUP, LP			Firm's El	N 39-	0859910	
Use Only	Firm's address 18500 VON KARMAN AVE, 1	0TH FLOOR						
	IRVINE, CA 92612			Phone no	.949.22	2.2999		
May the I	RS discuss this return with the preparer shown a	bove? See instructions					X Yes	No
LHA For	Paperwork Reduction Act Notice, see the se	parate instructions.	332001 12-21-23				Form 99	0 (2023)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2023) HUMBOLDT HEALTH FOUNDATION	94-0942427	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO SUPPORT THE HUMBOLDT AREA FOUNDATION, A COMMUNITY FOUNDATION, BY		
	IMPROVING THE HEALTH AND WELL-BEING OF THE RESIDENTS AND COMMUNITIES		
	OF HUMBOLDT COUNTY, AND OF OTHER COMMUNITIES IN NORTHERN CALIFORNIA		
	WHILE ALSO IMPROVING SERVICES TO THE PEOPLE OF HUMBOLDT COUNTY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?Yes	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 331, 113. including grants of \$ 319, 497.) (Rev	enue \$)
	TO SUPPORT PROJECTS OR INSTITUTIONS WHICH ENHANCE THE PHYSICAL, MENTAL		
	AND MORAL WELL-BEING OF EACH INDIVIDUAL WITHIN THE COUNTY OF HUMBOLDT.		
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
			/
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 331,113.		000
		Form	990 (2023)
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Part IV Checklist of Required Schedules

HUMBOLDT HEALTH FOUNDATION

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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			
	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			<u>.</u> _
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			•
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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 approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic approximation of	21	х	
220000	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>			(2023)
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HUMBOLDT HEALTH FOUNDATION

Checklist of Required Schedules (continued) Part IV 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х Schedule I Part I 25b 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% х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 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 Х 27 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 х "Yes." complete Schedule L, Part IV 28a х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // Х 28c "Yes," complete Schedule L, Part IV х 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation x contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 х 34 Part V line 1 x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable b 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С Х (gambling) winnings to prize winners? **1**c Form 990 (2023) 332004 12-21-23

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
					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 retu	rns?		2b								
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b								
4a												
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x						
b	If "Yes," enter the name of the foreign country		,									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	its (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		x						
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					<u> </u>						
u	any contributions that were not tax deductible as charitable contributions?			6a		x						
h	If "Yes," did the organization include with every solicitation an express statement that such contribu			Ua								
D			0	Ch								
-	were not tax deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).			_		v						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so			7a		X						
b				7b		<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w											
	to file Form 8282?	1		7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		:t?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		<u> </u>						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation fi	le a Form 1098-C?	7h		 						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e									
	sponsoring organization have excess business holdings at any time during the year?			8								
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b								
10	Section 501(c)(7) organizations. Enter:											
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	n 1041	?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?			13a								
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans	13b										
с	Enter the amount of reserves on hand											
14a				14a		x						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched			14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					<u> </u>						
.5				15		x						
	excess parachute payment(s) during the year?			15								
16	If "Yes," see the instructions and file Form 4720, Schedule N.	at inco	mo?	16		x						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in the section 4968 excise tax on net investment is a second to be a second seco	IL ILICO	110 f	16								
47	If "Yes," complete Form 4720, Schedule O.		_									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a that would require the imposition of an excise tax under section 4051, 4052 or 40522					1						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17								
	If "Yes," complete Form 6069.			L L L	900	(2023)						
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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	or a "No" /	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	7		
	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 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	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		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	. 8a	х	
b	Each committee with authority to act on behalf of the governing body?		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	9 11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	. 12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	1	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15 a	Х	
b	Other officers or key employees of the organization	15 b	Х	
	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			
	taxable entity during the year?	. 16 a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SARAH MILLSAP - (707)442-2993			
	363 INDIANOLA ROAD, BAYSIDE, CA 95524			
332006	5 12-21-23	Form	n 990	(2023)
	6		_	
802	12 144198 206640 2023.05050 HUMBOLDT HEALTH FOUN	DATIC) 20	664

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Form 990 (202	3) HUMBOLDT HEALTH FOUNDATION	94-0942427	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Ei	nployees, and Independent Contractors									
Ch	eck if Schedule O contains a response or note to any line in this Part VII									
Section A. O	fficers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
•	his table for all persons required to be listed. Report compensation for the calendar year ending the organization's current officers, directors, trustees (whether individuals or organizations), re									

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.

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

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	(do		Pos		۱ than d		Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation compensation			
	week		cer and a director/trustee)			or/trus	tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the		
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations		
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee Highest compensated employee Former		Former			organizations		
(1) BRYNA LIPPER	1.25	_		0	×	Ξæ	ш.					
CEO	40.00			x				0.	276,809.	35,641.		
(2) SARAH MILLSAP	1.25											
VP OF FINANCE AND ADMINISTRATION	40.00			х				0.	131,036.	25,566.		
(3) CALLA PELTIER-OLSON	1.25											
CHAIR		Х		х				0.	0.	0.		
(4) DONNA ELIZABETH MCQUEEN	1.25											
VICE CHAIR		х		x				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.		
(9) ROSE FRANCIA	1.25											
DIRECTOR		Х						0.	0.	0.		
							<u> </u>					
		1										
		1										
	•		•		•	•		•				

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Form 990 (2023)

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	990 (2023) HUMBOLDT HEAI	JTH FOUNDAT	ION							94-09	42427	7	F	Page 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	<i>.</i> .			itior			Reportable	Reportable		Es	timat	ed
		hours per	hours per (do not check more than one box, unless person is both an						compensation	compensation		amount of		
		week	offi	cer an	d a d	irecto	or/trus	tee)	from	from related			other	
		(list any	ector						the	organizations	s	com	pensa	ation
		hours for	or dire				ted		organization	(W-2/1099-MIS	C/	fr	om th	ıe
		related	stee c	ruster			ensa		(W-2/1099-MISC/	1099-NEC)		•	aniza	
		organizations	al tru	onal t		loyee	com l		1099-NEC)				d rela	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizat	ions
		iiiie)	Inc	lns	0Ħ	Key	e Hig	요						
1h	Subtotal								0.	407,8	345		61	,207.
	Subtotal Total from continuation sheets to Part VI								0.	107,0	0.		01	0.
									0.	407,8			61	,207.
	Total (add lines 1b and 1c)									,			01	,207.
2	Total number of individuals (including but no	or infined to th	ose	liste	u ac	Jove) wri	ore	ceived more than \$100,	ooo of reportable				0
	compensation from the organization												Yes	1
•	Did the eventiation list on the former officer										Г		103	
3	Did the organization list any former officer,	-			•			Ŭ	• • •			•		x
	line 1a? If "Yes," complete Schedule J for su										···· -	3		
4	For any individual listed on line 1a, is the su												v	
_	and related organizations greater than \$150										····· -	4	X	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich i	oers	on .		<u></u>	<u></u>		5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest cor										ensat	ion fro	om	
	the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	rith c	or wi	thin T		ear.				
	(A) Name and business	addraaa							(B) Description of s	onviooo	C)) ompe		~ ~
	Name and Dusiness	audress	NO	NE				_	Description of s	ervices	0	ompe	Isauc	лт —
								_						
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nitec	to to		se lis 0	ted	above) who received mo	ore than				

Form **990** (2023)

332008 12-21-23

		(2023) HUMBOLDT HEALTH FOUN	IDATION			94-094242	7 Page
Part	t VI	II Statement of Revenue					
		Check if Schedule O contains a response c	or note to any line	e in this Part VIII		(C)	
				(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 51
n n	1 a	Federated campaigns 1a					
contributions, office, or antis and Other Similar Amounts	b						
5 G	с						
ar A	d						
γ	е	Government grants (contributions)					
ŝ	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	2,220.				
0 0	g	Noncash contributions included in lines 1a-1f					
<u>s e</u>	h	Total. Add lines 1a-1f		2,220.			
			Business Code				
۲ د	2 a	·					
5 9	b)					
evenue	C	;					
e a	d	·					
Program Service Revenue	e						
-		All other program service revenue					
	<u> </u>	Total. Add lines 2a-2f Investment income (including dividends, interest					
	3			96,842.			96,842
	4	other similar amounts) Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	с						
	d						
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 4 2,532.					
	b	Less: cost or other basis					
ne		and sales expenses 7b 0.					
evenue		Gain or (loss)					
		Net gain or (loss)		42,532.			42,532
Other R	8 a	Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
	0						
	ฮ ส	Gross income from gaming activities. See Part IV, line 19 9a					
	h	D Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
.		Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
			Business Code				
, e u	11 a	REFUNDS	900099	20,487.			20,48
Bevenue	b						
eve	С	;					
miscellaneous Revenue	d	All other revenue					
		• Total. Add lines 11a-11d		20,487.			
-		Total revenue. See instructions		162,081.	0.	0.	159,861

HUMBOLDT HEALTH FOUNDATION

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

Page 10 94-0942427

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	257,508.	257,508.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	61,989.	61,989.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	3,575.		3,575.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	100.		50.	50
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	900.		900.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	HONOR TAXES	11,520.	11,520.		
b	COMMUNITY RELATIONSHIPS	96.	96.		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	335,688.	331,113.	4,525.	50
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20)

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Form 990 (2023)

Form 990 (2	2023)	1
Part X	Baland	ce Sheet

HUMBOLDT HEALTH FOUNDATION

Fait		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		8,524.	1	8,507.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
· ·	11	Investments - publicly traded securities		5,539,516.	11	5,956,150.
·	12	Investments - other securities. See Part IV, line 1	1		12	
· ·	13	Investments - program-related. See Part IV, line 1	1		13	
· ·	14	Intangible assets			14	
·	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		5,548,040.	16	5,964,657.
	17	Accounts payable and accrued expenses		17		
·	18	Grants payable		21,467.	18	11,636.
·	19	Deferred revenue			19	
:	20	Tax-exempt bond liabilities			20	
:	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
<u>ي</u> ا	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
labi		controlled entity or family member of any of thes	e persons		22	
_⊐ :	23	Secured mortgages and notes payable to unrela	ted third parties		23	
:	24	Unsecured notes and loans payable to unrelated	third parties		24	
1	25	Other liabilities (including federal income tax, page	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26			21,467.	26	11,636.
		Organizations that follow FASB ASC 958, che	ck here X			
čě		and complete lines 27, 28, 32, and 33.				
lan 🛛	27	Net assets without donor restrictions		5,526,573.	27	5,953,021.
Bala	28	Net assets with donor restrictions			28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 98	58, check here			
Ū.		and complete lines 29 through 33.				
ts	29	Capital stock or trust principal, or current funds			29	
; se	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
; ¥	31	Retained earnings, endowment, accumulated inc			31	
	32	Total net assets or fund balances		5,526,573.	32	5,953,021.
I	33	Total liabilities and net assets/fund balances		5,548,040.	33	5,964,657.

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Form	990 (2023) HUMBOLDT HEALTH FOUNDATION	94-09424	27	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		162,	081.
2	Total expenses (must equal Part IX, column (A), line 25)	2		335,	688.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-173,	607.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	,526,	573.
5	Net unrealized gains (losses) on investments	5		641,	255.
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		-41,	200.
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	,953,	021.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a			2a		X
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(0000)

Form **990** (2023)

332012 12-21-23

SCHEDULE	A
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Department of the Treasury Internal Revenue Service

(Form 990)

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.

Ν

Nam	e of t	the organization						Employer	identification number
							94-0942427		
Pa	art I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The o	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
7		An organization that normal	•	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9		An agricultural research org				-		-	-
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
10		university:		than 22 1/20/ of its our	art from a	optribution	o momborob	in face on	d areas ressints from
10		An organization that normal	• • • •					-	-
		activities related to its exem income and unrelated busin		-					-
		See section 509(a)(2). (Cor				ses acqui		jai lization e	
11		An organization organized a	• •	ively to test for public sa	fetv See	section 50)9(a)(4)		
	X	An organization organized a	-	•	•			rrv out the	purposes of one or
		more publicly supported or	-	•	-			•	
		lines 12a through 12d that of	-						
а	X	¬ -						-	giving
		the supported organizatio	on(s) the power to reg	gularly appoint or elect a	a majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	l or controlled in connec	tion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	porting organization oper	rated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally inte			-		-	l an attentiv	/eness
		requirement (see instructi							
е		Check this box if the orga					Туре I, Туре	II, Type III	
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.			1
		er the number of supported on vide the following information	•	d argonization(a)					
<u> </u>		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization	.,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	nstructions)	support (see instructions)
				above (see instructions))	165				
HUME	OLD	T AREA FOUNDATION	23-7310660	7	x			100,802.	٥.
								,	
Tota								100,802.	0.

OMB No. 1545-0047

2023

Open to Public

Inspection

Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	l 170(b)(1)(A)(vi	
	(Complete only if you checked			-	on failed to qualify u	under Part III. If the	organization
	fails to qualify under the tests	ilisted below, plea	se complete Part I	II.)			
Sec	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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		1		1		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	<u>c Support Per</u>	centage				
14	Public support percentage for 2023 (I					14	%
15	Public support percentage from 2022					15	%
1 6a	33 1/3% support test - 2023. If the o	organization did no	ot check the box of	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-			•		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13 16	a. 16b. 17a. or 17	b check this box a	nd see instructions	.

HUMBOLDT HEALTH FOUNDATION

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

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	i (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
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 \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified 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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	6 (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 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 t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
Section C. Computation of Publ						
15 Public support percentage for 2023 (•	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	JIT UIU HOL CHECK A		a, UL IND, CHECK T	nis box and see In		 lule A (Form 990) 2023
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Yes No

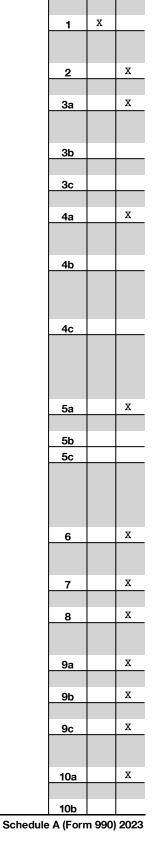
Part IV Supporting Organizations

(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.)

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Part IV Supporting Organ	nizations (continued)			
			Yes	No
11 Has the organization accepted	d a gift or contribution from any of the following persons?			
a A person who directly or indire	ectly controls, either alone or together with persons described on lines	s 11b and		
11c below, the governing bod	ly of a supported organization?	11a		X
b A family member of a person of	described on line 11a above?	11b		X
c A 35% controlled entity of a p	erson described on line 11a or 11b above? If "Yes" to line 11a, 11b, o	or 11c, provide		
detail in Part VI.		11c		Х
Section B. Type I Supportin	organizations			

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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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. Section C. Type II Supporting Organizations

 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

 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 managed

 1
 1

Section D.	All Type	e 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		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a 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 instructions).	
			_

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b 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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Yes

х

1

2

No

Х

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Sche	edule A (Form 990) 2023 HUMBOLDT HEALTH FOUNDATION			94-0942427	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain ir	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations mu		,	,	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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 (optiona	
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 Y	'ear
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-function	ally integrate	ed Type III supporting org	anization (see	

Schedule A (Form 990) 2023

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instructions).

Sche	dule A (Form 990) 2023 HUMBOLDT HEALTH FOU	NDATION			94-0942427	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)		9
Sect	ion 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	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
_	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
b	Excess from 2020					
с	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	HUMBOLDT HEALTH FOUND	ATION	94-0942427	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines line 1; Part IV, Section D,	1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b), lines 2 and 3; Part IV, Section I	tions required by Part II, line 10; Part II, lir , 9c, 11a, 11b, and 11c; Part IV, Section I E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 2, 5, and 6. Also complete this part for any	B, lines 1 and 2; Part IV, Sectior 1; Part V, Section B, line 1e; Pa	۱C,
332028 12-21-2	3		20	Schedule A (Form S	990) 202

				OMB No. 1545-00	047
		al Financial Statements anization answered "Yes" on Form 990,		2023	<u>)4</u> /
•	Part IV, line 6, 7, 8, 9, 10		Open to Pub	lic	
	I Revenue Service Go to www.irs.gov/Form99		Inspection		
Nam	e of the organization HUMBOLDT HEALTH FOUNDATION		Emp	bloyer identification nur 94-0942427	mber
Pa		ed Funds or Other Similar Funds or Ac	coun		
	organization answered "Yes" on Form 990, Part IV, lir	• • • • • •			
			b) Fun	ds and other accounts	
1	Total number at end of year				
2 3	Aggregate value of contributions to (during year)Aggregate value of grants from (during year)				
4	Aggregate value of grants norm (during year)				
5	Did the organization inform all donors and donor advisors in		s		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor a	0 0			
	for charitable purposes and not for the benefit of the donor of		Ũ		٦
Pa	impermissible private benefit? t II Conservation Easements. Complete if the or	rappization answord "Vos" on Form 000, Part IV		Yes	_ No
1	Purpose(s) of conservation easements held by the organizati		line 7.		
•	Preservation of land for public use (for example, recrea		rically	important land area	
	Protection of natural habitat	Preservation of a certif	-	-	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a cor	iservat	tion easement on the las	st
	day of the tax year.			Held at the End of the Tax	(Year
а			2a		
b			2b		
c d	Number of conservation easements on a certified historic str Number of conservation easements included on line 2c acqu		2c		
d	on a historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re			during the tax	
	year			C C	
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe				-
	violations, and enforcement of the conservation easements i				_ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conservation	n ease	ments during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	ement	ts during the year	
•	Amount of expenses mounted in monitoring, inspecting, han		CITICIT	is during the year	
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense stateme	ent and	d	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements tha	t desc	ribes the	
Pa	organization's accounting for conservation easements. T III Organizations Maintaining Collections o	f Art Historical Treasures or Other Si	mila	r Assats	
I U	Complete if the organization answered "Yes" on Forn		ma	A35013.	
1 a	If the organization elected, as permitted under FASB ASC 95		nce sh	neet works	
	of art, historical treasures, or other similar assets held for pu				
	service, provide in Part XIII the text of the footnote to its fina		•		
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and balance	sheet	works of	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherance	of put	olic service,	
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
0		and the state of the similar assets for financial gain in		\$	
2	If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A		novide	;	
а	Revenue included on Form 990, Part VIII, line 1	-	1	\$	
	Assets included in Form 990, Part X				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
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Sche		EALTH FOUNDATION						94-094		Page	e 2
Par	t III Organizations Maintaining C	ollections of Art,	Hist	torical Tre	easures, o	r Other S	Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records,	chec	k any of the	following that	t make sigr	nificant u	use of its			
	collection items (check all that apply).										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co			•	-	-		se in Part	XIII.		
5	During the year, did the organization solicit of								-		
De	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		e if the	e organization	n answered "	Yes" on Fo	rm 990,	Part IV, li	ne 9, or		
_	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		-							— .	
	on Form 990, Part X?							∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the folio	wing	table:					Amount		
•	Paginning balance						10		Anoun		
с Ь	Additions during the year						1c 1d				
u	Additions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F						· · · ·		Yes	•	No
	If "Yes," explain the arrangement in Part XIII.					-	•			Ξ.	
Par											
	•	(a) Current year		Prior year	(c) Two yea		I) Three y	/ears back	(e) Four	years bad	ck
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	rent year end balance	(line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organizati	on tha	at are held ar	nd administer	red for the			r		
	organization by:									Yes N	lo
	(i) Unrelated organizations?								3a(i)		
									3a(ii)	-+	
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	t VI Land, Buildings, and Equipm		ment	tunas.							
	Complete if the organization answere		Part l'	V line 11a S	See Form 990	Part X lin	ie 10				
	Description of property	(a) Cost or oth		Ť.	t or other		umulate	a l	(d) Bool		
	Description of property	basis (investme		. ,	(other)		eciation		(u) B00	Value	
19	Land		/	22310	· ····/						
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		line 1	10c. column	<i>(</i> B))						Ο.
		<u> </u>						Schedule	D (Form	n 990) 2()23
									-		

Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (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, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

X

332053 09-28-23

Schedule D (Form 990) 2023 HUMBOLDT HEALTH FOUNDATION		94-0942427 Page
Part XI Reconciliation of Revenue per Audited Financial S	tatements With Revenu	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	
Part XII Reconciliation of Expenses per Audited Financial S	Statements With Expen	ises per Return
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	e 18.)	
Part XIII Supplemental Information		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		Part V, line 4; Part X, line 2; Part XI,
PART X, LINE 2:		
THE FOUNDATION AND ITS SUPPORTING ORGANIZATION HAVE RECEIVE	D TAX-EXEMPT	
STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRA	NCHISE TAX	
BOARD UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE	AND UNDER	
REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY.		
SINCE THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOM	IE TAX	

24

LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAXES. THE

FOUNDATION USES THE SAME ACCOUNTING METHODS FOR TAX AND FINANCIAL

REPORTING. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT

ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT FOUNDATION

RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE

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Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

FOUNDATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE

TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS,

RESPECTIVELY, AFTER THEY ARE FILED.

Schedule D (Form 990) 2023

332055 09-28-23

25 2023.05050 HUMBOLDT HEALTH FOUNDATIO 206640_1

SCHEDULE I (Form 990)		arants and Oth vernments, ar					OMB No. 1545-0047
		lete if the organizatio					2023
Department of the Treasury			Attach to Form	n 990.			Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest informa	ation.		Inspection
Name of the organization HUMBOLDT HEAL	TH FOUNDATION						Employer identification number 94-0942427
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than S	•				anization answered "Y	es" on Form 990, Part	IV, 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
2-1-1 HUMBOLDT INFORMATION AND RESOURCE CENTER - PO BOX 6683 - EUREKA, CA 95502	46-5092911	501(C)(3)	9,004.	0.			MEDICAL TRAVEL & DENTAL TRAVEL
AFFORDABLE HOMELESS HOUSING							
ALTERNATIVES INC - PO BOX 3794 -							MOBILE SHOWER CARE-A-VAN
EUREKA, CA 95502-3794	81-0713410	501(C)(3)	7,500.	0.			REGENERATION
ARCATA HOUSE PARTNERSHIP C/O DARLENE SPOOR - 1005-11TH ST - ARCATA, CA 95521	94-3163269	501(C)(3)	7,500.	0.			INCREASING HYGIENE FACILITY HOURS
							FOR HUMBOLDT NETWORK OF
BRIDGEVILLE COMMUNITY CENTER							FAMILY RESOURCE CENTERS,
PO BOX 3							A PROJECT OF BCC; DIAPER
BRIDGEVILLE, CA 95526	31-1763137	501(C)(3)	5,300.	0.			DISTRIBUTION PROGRAM;
EUREKA COMMUNITY HEALTH & WELLNESS CENTER - 2200 TYDD STREET - EUREKA, CA 95501	95-2671433	501(C)(3)	8,267.	0.			MEDICAL TRAVEL
FORTUNA FAMILY RESOURCE CENTER C/O	JJ-20/1433	501(0)(3)	0,20/.	0.			A FORTUNA ESD PROJECT;
FORTUNA FAMILY RESOURCE CENTER C/O FORTUNA ELEMENTARY SCHOOL DISTRICT							FOOD EMPOWERMENT FOR
- 2089 NEWBURG RD - FORTUNA, CA							MARGINALIZED IMMIGRANT
- 2009 NEWBORG RD - FORTONA, CA 95540	30-0852344	501(C)(3)	10,894.	0.			FAMILIES; MEDICAL TRAVEL
			,	υ.			FAMILIES; MEDICAL IRAVEL 14.
 2 Enter total number of section 501(c)(3) a 2 Enter total number of other organizations 							
3 Enter total number of other organizations	s listed in the line						0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

Schedule I (Form 990)	HUMBOLDT HEALTH FOUNDATION
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(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 AREA FOUNDATION							
363 INDIANOLA ROAD							
BAYSIDE, CA 95524	23-7310660	501(C)(3)	100,802.	0.			GENERAL SUPPORT
							INK PEOPLE DREAMMAKER
INK PEOPLE CENTER FOR THE ARTS C/O							PROJECT; OPERATIONAL
LESLIE CASTELLANO - 627 3RD ST -							EXPENSES; IMPROVING LIVES
EUREKA, CA 95501	94-3056179	501(C)(3)	10,000.	0.			OF IMMIGRANT COMMUNITIES
MCKINLEYVILLE FAMILY RESOURCE							
CENTER - P.O. BOX 2668 -							MEDICAL TRAVEL & DENTAL
MCKINLEYVILLE, CA 95519	68-0445130	501(C)(3)	13,200.	0.			TRAVEL
,							
NORTHCOAST CHILDREN'S SERVICES							
1266 9TH ST PO BOX 1165							MEDICAL TRAVEL & DENTAL
ARCATA, CA 95521	94-1749823	501(C)(3)	6,189.	0.			TRAVEL
OPEN DOOR COMMUNITY HEALTH CENTERS							
1275 8TH ST	05 0651400	501 (3) (2)	15.000				MEDICAL TRAVEL & DENTAL
ARCATA, CA 95521	95-2671433	501(C)(3)	17,290.	0.			TRAVEL BUILDING HEALTH EQUITY IN
PLANNED PARENTHOOD NORTHERN							HUMBOLDT COUNTY BY
CALIFORNIA - 2185 PACHECO STREET -							INCREASING ACCESS TO
CONCORD, CA 94520	13-1644147	501(C)(3)	14,000.	0.			SEXUAL REPRODUCTIVE
concord, en 94520	15 1044147	501(0)(5)	14,000.				
QUEER HUMBOLDT							2S/LGBTQIA+ MENTAL HEALTH
- Р.О. ВОХ 45							CARE INSURANCE BILLING
ARCATA, CA 95518	01-0854933	501(C)(3)	15,000.	0.			PROJECT
RIOS TO RIVERS							
266 WILDWOOD LN							A RIOS TO RIVERS PROJECT;
ASPEN, CO 81611-2817	46-0720031	501(C)(3)	15,000.	0.			GENERAL SUPPORT
		1					

Schedule I (Form 990)

Schedule I (Form 990) 2023

HUMBOLDT HEALTH FOUNDATION

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EALTH & WELL-BEING	241	61,989.	0.		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

PART I, LINE 2:

ORGANIZATIONAL GRANTEES ARE EITHER REQUIRED TO SIGN 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 REPORT

DOCUMENTING HOW GRANT FUNDS WERE SPENT.

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

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

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

Part IV Supplemental Information

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

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

CLIENT DIRECTLY. THE PERSON REPRESENTING THE CLIENT IS RESPONSIBLE FOR

ENSURING THAT FUNDS ARE USED FOR THE INTENDED PURPOSE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGEVILLE COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HUMBOLDT NETWORK OF FAMILY

RESOURCE CENTERS, A PROJECT OF BCC; DIAPER DISTRIBUTION PROGRAM; MEDICAL

TRAVEL

NAME OF ORGANIZATION OR GOVERNMENT:

INK PEOPLE CENTER FOR THE ARTS C/O LESLIE CASTELLANO

(H) PURPOSE OF GRANT OR ASSISTANCE: INK PEOPLE DREAMMAKER PROJECT;

OPERATIONAL EXPENSES; IMPROVING LIVES OF IMMIGRANT COMMUNITIES THROUGH

ENGLISH LANGUAGE LEARNING

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING HEALTH EQUITY IN HUMBOLDT

COUNTY BY INCREASING ACCESS TO SEXUAL REPRODUCTIVE HEALTH CARE; SEXUAL

REPRODUCTIVE HEALTH EDUCATION TRAVEL COSTS

Schedule I (Form 990)

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(Form 990) For catala Officers, Directors, Trustees, Key Employees, and Highest Composed if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 20203 Determined of the Next Match of Network PLOW Go to www.kr.g.gov/Form990 for instructions and the latest information. Employer identification number 94-032427 Part I Questions Regarding Compensation Employer identification number 94-032427 Part I Questions Regarding Compensation Yes Image: Complete Part III to provide any of the following to or for a parson listed on Form 990. Part VII. Section A, line 1a. Complete Part III to provide any of the following to or for a parson listed on Form 990. Part VII. Section A in 1a. Complete Part III to provide any of the following to or for a parson listed on Form 990. Part VII. Section A in 1a. Complete Part III to provide any of the following to or for a parson listed on Form 990. Part VII. Section A in 1a. Complete Part III to provide any of the following to or for a parson listed on Form 990. Yes No Image: Complete Part III to provide any of the following to or for a parson listed on Form 990. Yes No Image: Complete Part III to provide any of the following the organization folds Westign and the parson and parse set parson listed on Form 990. Yes Image: Complete Part III to provide any of the following the organization folds Westign and the parson and parse set parson listed on Form 990. Yes Image: Compensation on a supplement to the targe bacos for mthods such	SCI	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
Complete If the organization answered "Yes" on Form 990, Part IV, line 23. Department of the Theory Internal Reverse Bancks Depart VI, Backtin P CUNDATION Employer identification number 94 - 9342427 Part I Cutestion Regarding Compensation Internal Depart VI, Backtin P CUNDATION Part VI, Backtin A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Backtin A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Backtin A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Backtin A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Backtin A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Backtin A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Backtin A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Backtin A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Backtin A, line 1a. Complete Part III to provide any relevant information regarding payment or reinhumsement or provision of all of the expanization rollow a written policy: regarding payment or reinhumsement or provision of all of the expanization rollow a written policy: regarding payment or reinhumsement or provision of all of the expanization is embediating the tems checked on line 147 2 Did the organizations (CEO/Executive Director, Check any boxes for methods used by a related organization to establish compensation committee CEO/Executive Director, Check any backs for methods used by a related organization to establish or receive payment from a supplemental morpulation d reterment plan? 4 During the year, did any person listed on Form 900, Part V	(Fo	rm 990)			20	23	2
Department ret: Integry Cate oww.ic.gov/Form990 for instructions and the latest information. Open to Public Impercent Name of the organization Employeer identification number 94 - 942427 Part1 Questions Regarding Compensation 94 - 942427 ************************************					20	ζυ)
Name of the organization Employer identification number 94-0912421 Part I Questions Regarding Compensation Yes Image: Imag	Depar	tment of the Treasury	Attach to Form 990.				ic
Part I Questions Regarding Compensation Part II Councertions Regarding Compensation Otheck the appropriate box(e3) if the organization provided any of the following to or for a person listed on Form 990, Part II, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding payment or Tax indemnification and gross up payments Discretionary spending account Parton of the organization require substantiation prior to reimbursenese described aboxel IV: No. Complete Part III to explain Tax indemnification and gross up payments or treimbursenent or provision of all of the expense described aboxel IV: No. Complete Part III to explain Tubes, and officars, including the CEO/Executive Director, regarding the terms checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation committee Compensation committee Parton payment form a sequity based compensation arrangement? Indicate which, if any of the following the organization uses for methods used by a releated organization to establish methods used by a releated organization to establish dragoralization: CEO/Executive Director, but explain in Part III. Compensation committee Parton and prove payment from a supplemental nonqualified retirement plan? Approval by the board or compensation committee Parton and provide any antiput explained and and pay or accrue any compensation committee Parton and the expense and provide the applicable amounts for each item in Part III. Only section 501(c)(a), 501(c)(a), and 501(c)(2) organizations must complete lines 5-9. For persons and sond 601(c)(2) organizat	-			Employer id			
Part I Questions Regarding Compensation 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. Image: Complete Part III to provide any relevant information regarding these items. Image: First-task complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Travel for companions Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to explain Image: Travel for companization require substantiation price to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Complete Part III to explain 2 Image: Complete Part III to provide the applicable and the companization of the organization to establish to compensation of the CEO/Executive Director, to texplain In Part III. Image: Complete Part III to explain Part III. 3 Indicate which, if any, of the following the organization used to establish the companization organization to establish to consultant Image: Complete Part III to explain Part III. 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a entered paramet fr	nam	e of the organization				on nui	nper
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 1. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison of Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison of Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison of Complete Part III to provide any relevant information regarding these items. Image: Comparison of Complete Part III to provide any relevant information regarding the set items. 1 Tax indemnification and gross-up payments Personal services (such as maid, chaufferd, rehef) 1 If any of the boxes on line 1 are checked, did the organization foliow a written policy regarding payment or reimbursenent or provision of all of the expenses described above? If 'No,' complete Part III to provide any to complete Part III to provide any boxes for methods used by a related organization to establish compensation or a related organization. 1b 2 Indicate which, if any, of the following the organization used to establish the companisation committee With any person listed on Form 990, Part VII, Section A, line 1 a, with respect to the filing organization to establish compensation committee 2 3 Indicate which, if any, of the following the applicable amounts for each item in Part III. 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1 a, with respect to the filing organization to receive payment from an eq	Pa	rt I Question		94-09	42427		
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-Eliss or charter travel — First-Eliss or charter travel — Travel for companions — Travel for companions and pross-up payments — Travel for companions and pross-up payments — Discretionary spending account — Personal services (such as maid, chauffeur, cheft) 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 2 Did the organization require usbatantiation prior to reimburging or allowing exponses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or the CEO/Executive Director, but explain in Part III. Compansation service or study 2 1b 1b 1b Low establish compensation of the CEO/Executive Director, but explain in Part III. Compansation service organization to 2						Yes	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison	1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		103	
Image: Trave for comparings Payments for business use of personal residence Image:				,			
Tax indemnification and grossup payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b if any of the boxes on line 1 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 to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Independent compensation or the CEO/Executive Director, but explain in Part III. 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 organization or a related organization: 4a X Participate in or receive payment from an equity-based compensation arrangement? 4a X If "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. 5b X Only section		First-class or c	harter travel Housing allowance or residence for perso	nal use			
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation priot or 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 to establish compensation committee 2 Imdicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Indicate which, if any, of the following the organization Due theck any boxes for methods used by a related organization to establish compensation committee 2 Imdicate which, if any, of the following the organization: Decompensation committee 2 Imdicate which, if any, of the following the organization: Decompensation committee 2 Imdicate which, if any, of the following the organization: Decompensation committee 4 Indicate which, if any, of the following the organization: Compensation committee 4 Unring the year, did any person listed on Form 990, Part VII, Section A, line 1a		Travel for com	panions Payments for business use of personal re	sidence			
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 is CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Independent compensation orsultant Compensation survey or study Form 990 of other organization: B During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X B Participate in or receive payment from an equity-based compensation arrangement? 4a X If "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for seach item in Part III. 5a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reteamings of: 5a X<		Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
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 CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Compensation committee Written employment contract 4 Compensation or a related organization: Compensation survey or study 7 Form 990 of other organization: Approval by the board or compensation committee 4 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 X a Receive a severance payment from a supplemental nonqualified retirement plan? 4a X b Participate in or receive payment from an equity-based compensition pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X f "Yes" to any of lines 4ac, list the persons and provide the organization pay or accrue any compensation contingent on the revenues of: 5a X		Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
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94-0942427

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(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)	276,809.	0.	0.	22,145.	13,496.	312,450.	0.	
(2) SARAH MILLSAP	(i)	0.	0.	0.	0.	0.	0.	0.	
VP OF FINANCE AND ADMINISTRATION	(ii)	131,036.	0.	0.	10,483.	15,083.	156,602.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

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.

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 J (Form 990) 2023

Page 3

SCHE	DU	LE	0
(Form	990)	

Department of the Treasury

Internal Revenue Service Name of the organization

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.



Employer identification number 94-0942427

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

THE FORM 990 IS SENT TO THE BOARD OF DIRECTORS VIA E-MAIL. THE FORM IS

REVIEWED BY THE FULL BOARD IN THE REGULARLY SCHEDULED MEETING. THERE IS NO

HUMBOLDT HEALTH FOUNDATION

FORMAL BOARD MOTION TO APPROVE THE RETURN OR TO DELEGATE A COMMITTEE OR

INDIVIDUAL. THE SIGNING BOARD MEMBER IS INFORMALLY DELEGATED TO APPROVE THE

FILING OF THE RETURN.

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

CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL HUMBOLDT HEALTH

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

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

INTEREST REMOVE THEMSELVES PHYSICALLY FROM THE ROOM DURING DISCUSSION AND

ABSTAIN FROM VOTING ON RELATED ISSUES.

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

HUMBOLDT AREA FOUNDATION (HAF), A RELATED ORGANIZATION, PROVIDES

COMPENSATION FOR THE TOP MANAGEMENT AND FINANCIAL OFFICIALS OF THE

ORGANIZATION. THE PROCESS FOR DETERMINING COMPENSATION, REVIEW AND

APPROVAL, AND SUBSTANTIATION OF THE DELIBERATION AND DECISION IS HANDLED BY

HAF.

THERE ARE NO COMPENSATED OTHER OFFICERS OR KEY EMPLOYEES.

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

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON

REQUEST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Schedule O (Form 990) 2023

Name of the organization		Employer identification number
HUMBOLDT HEALTH FOUNDATION		94-0942427
ORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
NTERFUND TRANSFERS	-41,200.	
ORM 990, PART XII, LINE 2C:		
HE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECT	ION	
PROCESS DURING THE TAX YEAR.		
32212 11-14-23 34		Schedule O (Form 990) 20

332161 09-28-23 LHA

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.

Name of the organization

Department of the Treasury Internal Revenue Service

HUMBOLDT HEALTH FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HUMBOLDT AREA FOUNDATION - 23-7310660	PROVIDES GRANTS TO SUPPORT						
363 INDIANOLA ROAD	HEALTH RELATED ACTIVITIES						
BAYSIDE, CA 95524	IN NORTHERN CALIFORNIA	CALIFORNIA	501(C)(3)	LINE 7			х
	-						
	-						
	-						

Open to Public Inspection Employer identification number

94-0942427

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



(Form 990)



23

organizations treated as a partnership during the tax year.

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

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 Part IV organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign 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	(i) ction (b)(13) rolled tity? No

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUMBOLDT AREA FOUNDATION	В	100,802.	AMOUNT PAID
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2023 HUMBOLDT HEALTH FOUNDATION

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	or Perc	entage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	. 501(org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	_{r?} own	nership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10	
											\square		
											\square		

Schedule R (Form 990) 2023

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

332165 09-28-23