

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTH VALLEY COMMUNITY FOUNDATION		D Employer identification number 68-0161455
	Doing business as		E Telephone number 530-891-1150
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 39,142,074.
	1811 CONCORD AVE	220	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHICO, CA 95928		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: ALEXA BENSON-VALAVANIS SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.NVCF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1989
			M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FUEL HEALING AND COMPASSION FOR A BETTER WORLD.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	55
	6 Total number of volunteers (estimate if necessary)	6	9
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-5,844.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,377,456.	8,703,787.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	581,226.	769,663.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,621,991.	856,285.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	447,668.	213,923.
		16,028,341.	10,543,658.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,764,612.	11,395,291.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,005,686.	2,156,486.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	162,466.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,924,696.	4,424,068.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,694,994.	17,975,845.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,666,653.	-7,432,187.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	60,759,000.	53,960,483.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,763,728.	4,216,490.
		55,995,272.	49,743,993.

Part II Signature Block

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

Sign Here	PUBLIC DISCLOSURE COPY		Signature of officer		Date
			DAVID LITTLE, EXECUTIVE VICE PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	TRACY S. PAGLIA	TRACY S. PAGLIA	05/14/24		P00366884
Preparer Use Only	Firm's name	Firm's EIN			
	MOSS ADAMS LLP	91-0189318			
Preparer Use Only	Firm's address				Phone no.
	2882 PROSPECT PARK DR, STE 300 RANCHO CORDOVA, CA 95670				916-503-8100

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO FUEL HEALING AND COMPASSION FOR A BETTER WORLD. THROUGH GRANTMAKING, PARTNERSHIPS, FINANCIAL AND PHILANTHROPIC SERVICES WE HELP INDIVIDUALS, FAMILIES, BUSINESSES AND NONPROFITS MAXIMIZE THEIR IMPACT ON THE LOCAL AND GLOBAL COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code:) (Expenses \$ 12,002,374. including grants of \$ 8,619,723.) (Revenue \$ 0.) DISASTER RELIEF AND RECOVERY HAS BECOME A MAJOR PART OF OUR FOUNDATION OPERATIONS AS A RESULT OF THE 2019 CAMP FIRE, OTHER LOCAL WILDFIRES, THE COVID-19 PANDEMIC, AND DROUGHTS IN THE AREA. ASSISTANCE THROUGH GRANTS TO MULTIPLE NONPROFIT AND GOVERNMENT ORGANIZATIONS AS WELL AS PROGRAMS RELATED TO DISASTER RECOVERY HAVE BEEN PROVIDED AS A RESULT OF MILLIONS OF DOLLARS OF DONATIONS TO THE FOUNDATION.

4b (Code:) (Expenses \$ 3,724,815. including grants of \$ 2,775,568.) (Revenue \$ 769,663.) AS A COMMUNITY FOUNDATION, OUR CHARITABLE PROGRAM CONSISTS OF FOSTERING DONATIONS AND ADMINISTERING GRANTS FOR PUBLIC GOOD THROUGH VARIOUS CLIENT FUNDS THAT ALSO PROVIDE A VARIETY OF COMMUNITY SERVICES WITH THE HELP OF NUMEROUS VOLUNTEERS.

4c (Code:) (Expenses \$ 880,267. including grants of \$ 0.) (Revenue \$ 0.) THRIVE IS AN INITIATIVE LED BY NVCF AND FOCUSED ON EMOTIONAL HEALING FOR CHILDREN, FAMILIES AND INDIVIDUALS AFTER THE CAMP FIRE AND OTHER LOCAL CRISES. THRIVE BRINGS TOGETHER A COLLABORATION OF PEOPLE, ORGANIZATIONS, AND AGENCIES COMMITTED TO ENGAGING IN WORK SURROUNDING THE IMPACT OF CHILDHOOD TRAUMA ACROSS ALL GENERATIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,607,456.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 70	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
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?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section 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?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
ALEXA BENSON-VALAVANIS - 530-891-1150
1811 CONCORD AVE, 220, CHICO, CA 95928

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXA BENSON-VALAVANIS PRESIDENT & CEO	40.00	X		X				183,148.	0.	11,366.
(2) KARSEN BRADLEY CHIEF FINANCIAL OFFICER	40.00			X				90,769.	0.	15,523.
(3) DAVID LITTLE EXECUTIVE VP, COMMUNICATIONS	40.00			X				103,070.	0.	3,092.
(4) JOVANNI TRICERRI VP OF REG. RECOVERY & PARTNERSHIPS	40.00			X				89,929.	0.	8,111.
(5) BILL HUBBARD - GENERAL COUNSEL & DIRECTOR OF PLANNED GIVING	40.00			X				90,492.	0.	3,315.
(6) LOGAN TODD VP OF OPERATIONS	40.00			X				83,674.	0.	7,862.
(7) EARL JESSEE - VICE CHAIR THRU 09/22/CHAIR AS OF 09/22	1.00	X		X				0.	0.	0.
(8) ELIZABETH GOLDBLATT - SECRETARY THRU 09/22/VICE CHAIR AS OF 09/22	1.00	X		X				0.	0.	0.
(9) ANGELA QUAIL - DIRECTOR THRU 09/22/SECRETARY AS OF 09/22	1.00	X		X				0.	0.	0.
(10) TODD LEWIS - DIRECTOR THRU 09/22/TREASURER AS OF 09/22	1.00	X		X				0.	0.	0.
(11) FARSHAD AZAD - CHAIR THRU 09/22/DIRECTOR AS OF 09/22	2.00	X		X				0.	0.	0.
(12) MONOAH MOHANRAJ DIRECTOR	1.00	X						0.	0.	0.
(13) SHERRY HOLBROOK DIRECTOR THRU 09/22	1.00	X						0.	0.	0.
(14) DEBBIE ROSSI TREASURER THRU 09/22	2.00	X						0.	0.	0.
(15) JANET WIETBROCK DIRECTOR THRU 09/22	1.00	X						0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows for 1b, 1c, and 1d.

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like BAMBAUER TOWING SERVICE and BRIAN CALLAHAN.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	78,917.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,120,827.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,504,043.			
	g Noncash contributions included in lines 1a-1f	1g	\$ 47,415.			
	h Total. Add lines 1a-1f		8,703,787.			
Program Service Revenue	2 a PROGRAM/ADMINISTRATIVE FEES	Business Code				
		900099	769,663.	769,663.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		769,663.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		935,234.		935,234.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real	347,944.		
			(ii) Personal			
	b Less: rental expenses	6b	516,444.			
	c Rental income or (loss)	6c	-168,500.			
	d Net rental income or (loss)		-168,500.		-168,500.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	27,967,754.		
			(ii) Other			
	b Less: cost or other basis and sales expenses	7b	28,046,703.			
	c Gain or (loss)	7c	-78,949.			
	d Net gain or (loss)		-78,949.		-78,949.	
8 a Gross income from fundraising events (not including \$ 78,917. of contributions reported on line 1c). See Part IV, line 18	8a		13,400.			
b Less: direct expenses	8b	35,019.				
c Net income or (loss) from fundraising events		-21,619.		-21,619.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		1,025.			
b Less: direct expenses	9b	250.				
c Net income or (loss) from gaming activities		775.		775.		
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a INCOME FROM PARTNERSHIP	Business Code	900099	245,598.	-5,844.	251,442.
	b OTHER INCOME		900099	157,669.		157,669.
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			403,267.		
12 Total revenue. See instructions			10,543,658.	769,663.	-5,844.	1076052.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,277,900.	11,277,900.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	72,391.	72,391.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	45,000.	45,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	785,225.	447,578.	282,681.	54,966.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,142,379.	696,677.	355,682.	90,020.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	83,096.	50,447.	26,152.	6,497.
10 Payroll taxes	145,786.	86,622.	48,181.	10,983.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	81,395.		81,395.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	58,505.		58,505.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	301,899.	231,094.	70,805.	
12 Advertising and promotion	6,484.	2,943.	3,541.	
13 Office expenses	46,533.	12,359.	34,174.	
14 Information technology	50,010.	14,779.	35,231.	
15 Royalties				
16 Occupancy	145,380.	17,252.	128,128.	
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	13,352.		13,352.	
23 Insurance	43,049.		43,049.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROJECT EXPENSES	3,157,836.	3,157,836.		
b ADMINISTRATIVE FEES	237,954.	237,954.		
c EXPENSES RELATED TO SMA	137,021.	137,021.		
d TAXES, INVESTMENT AND B	96,560.	88,630.	7,930.	
e All other expenses	48,090.	30,973.	17,117.	
25 Total functional expenses. Add lines 1 through 24e	17,975,845.	16,607,456.	1,205,923.	162,466.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	441,209.	1	221,532.
	2 Savings and temporary cash investments	4,785,515.	2	3,629,809.
	3 Pledges and grants receivable, net	3,492,834.	3	1,006,373.
	4 Accounts receivable, net	801.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	353,697.	7	286,520.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,521,050.		
	b Less: accumulated depreciation	10b 711,286.	10c	6,809,764.
	11 Investments - publicly traded securities	43,710,421.	11	41,064,628.
	12 Investments - other securities. See Part IV, line 11	1,045,889.	12	912,086.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	30,359.	15	29,771.
16 Total assets. Add lines 1 through 15 (must equal line 33)	60,759,000.	16	53,960,483.	
Liabilities	17 Accounts payable and accrued expenses	8,207.	17	178,862.
	18 Grants payable	3,357,194.	18	2,309,276.
	19 Deferred revenue	0.	19	1,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,017,244.	21	1,053,567.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	381,083.	24	673,285.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,763,728.	26	4,216,490.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	51,791,663.	27	45,314,175.
	28 Net assets with donor restrictions	4,203,609.	28	4,429,818.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	55,995,272.	32	49,743,993.
	33 Total liabilities and net assets/fund balances	60,759,000.	33	53,960,483.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,543,658.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,975,845.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,432,187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55,995,272.
5	Net unrealized gains (losses) on investments	5	868,705.
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	312,203.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	49,743,993.

Part XII Financial Statements and Reporting

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

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

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization NORTH VALLEY COMMUNITY FOUNDATION	Employer identification number 68-0161455
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	64778840.	21819235.	12654624.	13377456.	8703787.	121333942
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	64778840.	21819235.	12654624.	13377456.	8703787.	121333942
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)						4838899.
6 Public support. Subtract line 5 from line 4.						116495043

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	64778840.	21819235.	12654624.	13377456.	8703787.	121333942
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1567673.	2254676.	1047127.	1060289.	1283178.	7212943.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	21,103.	25,964.	13,702.	7,887.	0.	68,656.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1003264.	307,859.	232,107.	379,900.	409,111.	2332241.
11 Total support. Add lines 7 through 10						130947782
12 Gross receipts from related activities, etc. (see instructions)					12	2,889,926.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	88.96	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	86.10	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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			<input type="checkbox"/>

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

PARTNERSHIP INCOME

Multiple horizontal lines provided for entering supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

NORTH VALLEY COMMUNITY FOUNDATION

Employer identification number

68-0161455

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization NORTH VALLEY COMMUNITY FOUNDATION	Employer identification number 68-0161455
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,703,315.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,167,043.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>821,651.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>370,308.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTH VALLEY COMMUNITY FOUNDATION	Employer identification number 68-0161455
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>292,306.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>244,905.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>215,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTH VALLEY COMMUNITY FOUNDATION	Employer identification number 68-0161455
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization NORTH VALLEY COMMUNITY FOUNDATION	Employer identification number 68-0161455
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: NORTH VALLEY COMMUNITY FOUNDATION; Employer identification number: 68-0161455

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and reporting requirements (checkboxes for policy, expenses, and reporting).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Text reporting requirement for public exhibition. 1b: Reporting requirements for public exhibition with dollar amounts. 2: Reporting requirements for financial gain with dollar amounts.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,203,609.	4,756,967.	3,852,726.	2,349,803.	2,455,955.
b Contributions	119,850.	228,548.	67,859.	1,637,031.	
c Net investment earnings, gains, and losses	284,434.	-746,925.	1,133,009.	47,475.	121,387.
d Grants or scholarships	178,075.	34,981.	211,165.	181,583.	171,321.
e Other expenditures for facilities and programs					
f Administrative expenses			85,462.		56,218.
g End of year balance	4,429,818.	4,203,609.	4,756,967.	3,852,726.	2,349,803.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0500 %
 - b Permanent endowment 88.3100 %
 - c Term endowment 11.6400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,489,027.			3,489,027.
b Buildings	3,828,938.		587,342.	3,241,596.
c Leasehold improvements		18,277.	12,345.	5,932.
d Equipment		90,475.	88,912.	1,563.
e Other		94,333.	22,687.	71,646.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,809,764.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,217,774.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	868,705.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	863,916.
e	Add lines 2a through 2d	2e	1,732,621.
3	Subtract line 2e from line 1	3	10,485,153.
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	58,505.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	58,505.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,543,658.

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

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

1	Total expenses and losses per audited financial statements	1	18,469,053.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	551,713.
e	Add lines 2a through 2d	2e	551,713.
3	Subtract line 2e from line 1	3	17,917,340.
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	58,505.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	58,505.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,975,845.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE FOUNDATION ACCEPTS FUNDS FROM UNRELATED NOT-FOR-PROFIT ORGANIZATIONS WHO DESIRE TO HAVE THE FOUNDATION PROVIDE EFFICIENT INVESTMENT MANAGEMENT, PROGRAMMATIC EXPERTISE, AND TECHNICAL ASSISTANCE. A LIABILITY IS RECORDED AT THE ESTIMATED FAIR VALUE OF ASSETS DEPOSITED WITH THE FOUNDATION BY NOT-FOR-PROFIT ORGANIZATIONS AND IS REFLECTED UNDER AMOUNTS HELD ON BEHALF OF OTHERS ON THE ACCOMPANYING CONSOLIDATED STATEMENT OF FINANCIAL POSITION. ASSETS ARE INVESTED IN THE FOUNDATION'S INVESTMENT POOLS.

PART V, LINE 4:

ENDOWMENT FUNDS PROVIDE FOR ANNUAL OR MORE FREQUENT GRANTS TO NONPROFIT 501(C)(3) ORGANIZATIONS AND FOR SCHOLARSHIP AWARDS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

NVCF IS A NONPROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND FROM STATE OF CALIFORNIA INCOME TAXES, EXCEPT ON UNRELATED BUSINESS INCOME. THEREFORE, THESE CONSOLIDATED FINANCIAL STATEMENTS CONTAIN NO PROVISION FOR SUCH TAXES. INFORMATIONAL RETURNS ARE FILED ANNUALLY WITH FEDERAL AND STATE TAXING AUTHORITIES. NVCF IS NOT AWARE OF ANY TRANSACTIONS THAT WOULD AFFECT ITS TAX-EXEMPT STATUS. UNRELATED BUSINESS INCOME TAX IS GENERATED THROUGH THE FRED AND EILEEN HIGNELL LIMITED PARTNERSHIP.

SMALLFOOT, LLC, HIGNELL FAMILY PARADISE SHOPPING CENTER, LLC AND NVCF PROPERTIES, LLC ARE CONSIDERED DISREGARDED ENTITIES FOR IRS PURPOSES. AS A RESULT, ALL TRANSACTIONS ARE REPORTED ON THE FOUNDATION'S FORM 990. FOR THE CALIFORNIA FRANCHISE TAX BOARD PURPOSES, THESE ARE CONSIDERED A SEPARATE LEGAL ENTITY AND SUBJECT TO A FEE BASED ON GROSS INCOME. FOR THE YEARS ENDED JUNE 30, 2023 AND 2022, THE LLC TAXES FOR THESE AFFILIATES TOTALED \$8,300 AND \$9,060, RESPECTIVELY.

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION HAD NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2023 AND 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	516,444.
FUNDRAISING EVENT EXPENSES	35,269.
PRIOR PERIOD ADJUSTMENT - ERC CREDIT	312,203.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D 863,916.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 516,444.

FUNDRAISING EVENT EXPENSES 35,269.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 551,713.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NORTH VALLEY COMMUNITY FOUNDATION

Employer identification number

68-0161455

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		45,000.
3 a Subtotal	0	0			45,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			45,000.

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

Schedule F (Form 990) 2022

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	GENERAL SUPPORT	45,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **0**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

GRANTEES ARE REQUIRED TO SUBMIT REPORTS TO THE FOUNDATION IF FROM DISASTER RELIEF FUNDS. NO REPORT IS REQUIRED WHEN GRANT IS FROM A DONOR ADVISED FUND TO A NONPROFIT ORGANIZATION. AS WITH ALL GRANTS, WE HAVE CONTROLS IN PLACE TO ENSURE THAT GRANTS OUTSIDE OF THE US ARE NON PROFITS OR 501(C)(3) EQUIVALENT.

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: **NORTH VALLEY COMMUNITY FOUNDATION**
Employer identification number: **68-0161455**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CCDS AUCTION (event type)	BTGBC GOLF (event type)	19 (total number)		
Revenue	1	Gross receipts	26,334.	13,020.	52,963.	92,317.
	2	Less: Contributions	22,259.	9,888.	46,770.	78,917.
	3	Gross income (line 1 minus line 2)	4,075.	3,132.	6,193.	13,400.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		3,132.		3,132.
	6	Rent/facility costs			6,627.	6,627.
	7	Food and beverages			4,043.	4,043.
	8	Entertainment	4,075.		3,175.	7,250.
	9	Other direct expenses	3,616.	1,191.	9,160.	13,967.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				35,019.
11	Net income summary. Subtract line 10 from line 3, column (d)				-21,619.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility		13a	%
b	An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____
 Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____
 Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines provided for supplemental information entry.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **NORTH VALLEY COMMUNITY FOUNDATION** Employer identification number **68-0161455**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
ACHIEVE CHARTER SCHOOL OF PARADISE, INC. - 1494 EAST AVENUE - CHICO, CA 95926	20-2826797	501(C)(3)	20,000.	0.			DISASTER RELIEF
AGROS INTERNATIONAL 2225 4TH AVENUE, 2ND FLOOR SEATTLE, WA 98121	91-1276578	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ALL HANDS AND HEARTS SMART RESPONSE, INC. - 6 COUNTY ROAD, SUITE 6 - MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	200,000.	0.			DISASTER RELIEF
AMERICAN HEART ASSOCIATION P.O. BOX 22249 ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	5,834.	0.			GENERAL SUPPORT
AXIOM PROJECT, INC. P.O. BOX 626 OROVILLE, CA 95965	26-0484227	501(C)(3)	9,800.	0.			GENERAL SUPPORT
BANGOR UNION ELEMENTARY SCHOOL DISTRICT - 7549 ORO-BANGOR HIGHWAY - BANGOR, CA 95914	68-0150280	SCHOOL	21,500.	0.			DISASTER RELIEF

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **162.**

3 Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
BIDWELL JUNIOR HIGH SCHOOL 2376 NORTH AVENUE CHICO, CA 95926	94-1591650	SCHOOL	19,731.	0.			DISASTER RELIEF
BIDWELL MEMORIAL PRESBYTERIAN CHURCH - 208 W 1ST STREET - CHICO, CA 95928	94-1212149	501(C)(3)	16,160.	0.			GENERAL SUPPORT
BLUE OAK COLLECTIVE, INC. 4791 ROUND VALLEY RANCH ROAD PARADISE, CA 95969	88-1136542	501(C)(3)	50,000.	0.			DISASTER RELIEF
BOYS AND GIRLS CLUBS OF THE NORTH VALLEY - 601 WALL STREET - CHICO, CA 95928	68-0294846	501(C)(3)	284,900.	0.			DISASTER RELIEF
BUTTE COLLEGE FOUNDATION 3536 BUTTE CAMPUS DRIVE OROVILLE, CA 95965	94-3153995	501(C)(3)	9,000.	0.			GENERAL SUPPORT
BUTTE COMMUNITY COLLEGE FOUNDATION 3536 BUTTE CAMPUS DRIVE OROVILLE, CA 95965	94-3153995	501(C)(3)	6,930.	0.			COMMUNITY DEVELOPMENT
BUTTE COUNTY COMMUNITY SCHOOL 601 WALL STREET CHICO, CA 95928	94-6002433	SCHOOL	7,500.	0.			DISASTER RELIEF
BUTTE COUNTY FIRE SAFE COUNCIL P.O. BOX 699 PARADISE, CA 95967	10-0004010	501(C)(3)	254,583.	0.			GENERAL SUPPORT
BUTTE COUNTY HISTORICAL SOCIETY P.O. BOX 2195 OROVILLE, CA 95965	23-7441239	501(C)(3)	5,722.	0.			ARTS AND CULTURE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
BUTTE COUNTY LOCAL FOOD NETWORK P.O. BOX 625 CHICO, CA 95927	84-3176353	501(C)(3)	47,380.	0.			GENERAL SUPPORT
BUTTE COUNTY SHERIFF'S SEARCH & RESCUE, INC. - P.O. BOX 542 - CHICO, CA 95927	68-0424791	501(C)(3)	47,100.	0.			DISASTER RELIEF
BUTTE HOME HEALTH, INC. 10 CONSTITUTION DRIVE CHICO, CA 95973	68-0041416	501(C)(3)	6,358.	0.			GENERAL SUPPORT
BUTTE-GLENN COMMUNITY COLLEGE DISTRICT - 3536 BUTTE CAMPUS DRIVE - OROVILLE, CA 95965	94-1637174	501(C)(3)	50,000.	0.			DISASTER RELIEF
CAMP FIRE COLLABORATIVE 5910 CLARK ROAD, SUITE H PARADISE, CA 95969	83-3793835	501(C)(3)	621,625.	0.			DISASTER RELIEF
CARING FOR WOMEN P.O. BOX 452 OROVILLE, CA 95965	94-3049472	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CEDARWOOD ELEMENTARY 6400 COLUMBINE ROAD MAGALIA, CA 95954	94-6003686	SCHOOL	10,000.	0.			DISASTER RELIEF
CHAPMAN ELEMENTARY SCHOOL 1071 EAST 16TH STREET CHICO, CA 95928	94-1591650	SCHOOL	8,000.	0.			DISASTER RELIEF
CHICO AREA RECREATION & PARK DISTRICT - 545 VALLOMBROSA AVENUE - CHICO, CA 95926	94-1156263	501(C)(3)	10,203.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
CHICO CHILDREN'S MUSEUM P.O. BOX 4851 CHICO, CA 95927	81-0837117	501(C)(3)	24,500.	0.			GENERAL SUPPORT
CHICO COMMUNITY SCHOLARSHIP ASSOCIATION - P.O. BOX 7299 - CHICO, CA 95927	23-7056599	501(C)(3)	28,781.	0.			HEALTH AND WELLNESS
CHICO COUNTRY DAY SCHOOL 102 W 11TH STREET CHICO, CA 95928	20-1224053	SCHOOL	45,100.	0.			GENERAL SUPPORT
CHICO HIGH SCHOOL 901 THE ESPLANADE CHICO, CA 95926	94-1591650	SCHOOL	12,000.	0.			DISASTER RELIEF
CHICO HIGH SPORTS BOOSTERS 901 ESPLANADE CHICO, CA 95926	20-4934498	SCHOOL	12,000.	0.			COMMUNITY DEVELOPMENT
CHICO HOUSING ACTION TEAM P.O. BOX 4868 CHICO, CA 95927	46-5487014	501(C)(3)	82,904.	0.			GENERAL SUPPORT
CHICO JUNIOR HIGH SCHOOL 280 MEMORIAL WAY CHICO, CA 95926	94-1591650	SCHOOL	9,996.	0.			DISASTER RELIEF
CHICO MEALS ON WHEELS P.O. BOX 1662 CHICO, CA 95927	94-1732875	501(C)(3)	21,195.	0.			GENERAL SUPPORT
CITRUS ELEMENTARY SCHOOL 1350 CITRUS AVENUE CHICO, CA 95926	94-1591650	SCHOOL	10,000.	0.			DISASTER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
COMMISSION MINISTERS NETWORK P.O. BOX 291002 KERRVILLE, TX 78029	33-1049177	501(C)(3)	6,000.	0.			GENERAL SUPPORT
COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC. - P.O. BOX 6369 - CHICO, CA 95927	94-1640546	501(C)(3)	37,950.	0.			GENERAL SUPPORT
CONNECTING POINT 208 SUTTON WAY GRASS VALLEY, CA 95945	81-4391775	501(C)(3)	36,900.	0.			GENERAL SUPPORT
CORE BUTTE CHARTER SCHOOL 2847 NOTRE DAME BOULEVARD CHICO, CA 95928	51-0632611	SCHOOL	11,350.	0.			DISASTER RELIEF
CSU, CHICO ECOLOGICAL RESERVES 25 MAIN STREET, SUITE 203 CHICO, CA 95928	68-0386518	SCHOOL	25,000.	0.			DISASTER RELIEF
CSU, CHICO UNIVERSITY FOUNDATION 25 MAIN STREET, SUITE 203 CHICO, CA 95928	95-1230865	SCHOOL	21,300.	0.			HEALTH AND WELLNESS
DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	20,000.	0.			GENERAL SUPPORT
DURHAM HIGH SCHOOL P.O. BOX 300 DURHAM, CA 95938	94-6003423	SCHOOL	10,000.	0.			DISASTER RELIEF
DURHAM INTERMEDIATE SCHOOL 9420 PUTNEY DRIVE DURHAM, CA 95938	94-6003423	SCHOOL	10,000.	0.			DISASTER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
EMDR HUMANITARIAN ASSISTANCE PROGRAMS, INC. - 2911 DIXWELL AVENUE, SUITE 201 - HAMDEN, CT 06518	33-0049051	501(C)(3)	20,000.	0.			GENERAL SUPPORT
EMMA WILSON ELEMENTARY SCHOOL 1530 WEST 8TH AVENUE CHICO, CA 95926	94-1591650	SCHOOL	8,000.	0.			DISASTER RELIEF
ENLOE CANCER CENTER 265 COHASSET ROAD CHICO, CA 95926	94-2985552	501(C)(3)	16,000.	0.			GENERAL SUPPORT
ENLOE FOUNDATION 249 W SIXTH AVENUE CHICO, CA 95926	94-2985552	501(C)(3)	69,500.	0.			GENERAL SUPPORT
EVERYBODY HEALTHY BODY P.O. BOX 6956 CHICO, CA 95927	81-2128927	501(C)(3)	50,000.	0.			DISASTER RELIEF
FAIR VIEW HIGH SCHOOL 290 EAST AVENUE CHICO, CA 95926	95-1591650	SCHOOL	10,000.	0.			DISASTER RELIEF
FEATHER RIVER HEALTH FOUNDATION 5974 PENTZ ROAD PARADISE, CA 95969	68-0002188	501(C)(3)	10,203.	0.			GENERAL SUPPORT
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - 100 CROSBY PARKWAY - COVINGTON, KY 41015	11-0303001	501(C)(3)	737,000.	0.			COMMUNITY DEVELOPMENT
FOREST RANCH CHARTER SCHOOL P.O. BOX 5 FOREST RANCH, CA 95942	26-2908742	SCHOOL	9,614.	0.			DISASTER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
FRIENDS OF ONE LIFE TO LOVE IN BAJA - 4592 WESTRIDGE DRIVE - OCEANSIDE, CA 92056	88-2111519	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FROM THE GROUND UP FARMS, INC. 1692 MANGROVE AVENUE, SUITE 105 CHICO, CA 95926	46-4950188	501(C)(3)	217,910.	0.			DISASTER RELIEF
GEORGIA AQUARIUM 225 BAKER STREET, NW ATLANTA, GA 30313	58-2574918	501(C)(3)	6,930.	0.			COMMUNITY DEVELOPMENT
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, SUITE 100 ALAMEDA, CA 94502	94-1551410	501(C)(3)	8,290.	0.			GENERAL SUPPORT
GIRLS ON THE RUN OF THE NORTH STATE - P.O. BOX 284 - CHICO, CA 95927	27-3189083	501(C)(3)	25,525.	0.			DISASTER RELIEF
GOLDEN FEATHER UNION ELEMENTARY SCHOOL DISTRICT - 2771 PENTZ ROAD - OROVILLE, CA 95965	68-0150335	SCHOOL	27,020.	0.			DISASTER RELIEF
GOLDEN FEATHER VOLUNTEER FIRE COMPANY - 13211 CONCOW ROAD - OROVILLE, CA 95965	94-2582493	501(C)(3)	49,183.	0.			DISASTER RELIEF
GREENVILLE RANCHERIA 1425 MONTGOMERY ROAD RED BLUFF, CA 96080	68-0052490	501(C)(3)	105,100.	0.			GENERAL SUPPORT
GRIDLEY HIGH SCHOOL 300 E SPRUCE STREET GRIDLEY, CA 95948	94-6002223	SCHOOL	10,000.	0.			DISASTER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
HABITAT FOR HUMANITY OF BUTTE COUNTY - P.O. BOX 3073 - CHICO, CA 95927	68-0262142	501(C)(3)	154,708.	0.			GENERAL SUPPORT
HAWAII AUDUBON SOCIETY 850 RICHARDS STREET, SUITE 505 HONOLULU, HI 96813	99-6006829	501(C)(3)	18,000.	0.			ENVIRONMENT
HEALTHY RURAL CALIFORNIA, INC. 1905 NOTRE DAME BOULEVARD, SUITE 20 CHICO, CA 95928	84-3230424	501(C)(3)	64,000.	0.			HEALTH AND WELLNESS
HEARTHSTONE SCHOOL 2280 6TH STREET OROVILLE, CA 95965	94-6002433	SCHOOL	10,000.	0.			DISASTER RELIEF
HELP CENTRAL, INC. 326 HUSS DRIVE, SUITE 100 CHICO, CA 95928	45-3081764	501(C)(3)	6,946.	0.			GENERAL SUPPORT
HIDDEN HARBOR MARINE ENVIRONMENTAL PROJECT, INC. - 2396 OVERSEAS HIGHWAY - MARATHON, FL 33050	65-0306516	501(C)(3)	6,930.	0.			COMMUNITY DEVELOPMENT
HOMETECH CHARTER SCHOOL 6249 SKYWAY PARADISE, CA 95969	46-5726832	SCHOOL	10,000.	0.			DISASTER RELIEF
HOOKER OAK ELEMENTARY SCHOOL 1238 ARBUTUS AVENUE CHICO, CA 95926	94-1591650	SCHOOL	5,100.	0.			DISASTER RELIEF
HOPE CRISIS RESPONSE NETWORK, INC. P.O. BOX 1407 PARADISE, CA 95967	35-2147808	501(C)(3)	619,650.	0.			DISASTER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
ILLUMINAID 645 MANGROVE AVENUE CHICO, CA 95926	26-1616943	501(C)(3)	10,196.	0.			GENERAL SUPPORT
INNOVATIVE HEALTH CARE SERVICES, INC. - 124 PARMAC ROAD - CHICO, CA 95926	68-0015216	501(C)(3)	69,813.	0.			GENERAL SUPPORT
INSPIRE SCHOOL OF ARTS & SCIENCES 335 W SACRAMENTO AVENUE CHICO, CA 95926	82-0643502	501(C)(3)	15,000.	0.			DISASTER RELIEF
INTEGRATIVE MEDICAL CLINIC FOUNDATION - 2777 YULUPA AVENUE, SUITE 289 - SANTA ROSA, CA 95405	68-0445149	501(C)(3)	12,000.	0.			DISASTER RELIEF
IRLEN INSTITUTE 5380 VILLAGE ROAD LONG BEACH, CA 90808	33-0409023	501(C)(3)	9,293.	0.			GENERAL SUPPORT
JANS RAILS TO TRAILS RESCUE SANCTUARY - 9 HAGENRIDGE ROAD - CHICO, CA 95973	81-3573809	501(C)(3)	145,000.	0.			COMMUNITY DEVELOPMENT
JESUS CENTER 2255 FAIR STREET CHICO, CA 95928	68-0290819	501(C)(3)	245,466.	0.			HOUSING
JOHN MCMANUS ELEMENTARY SCHOOL 988 EAST AVENUE CHICO, CA 95926	94-1591650	SCHOOL	10,000.	0.			DISASTER RELIEF
LASSEN COUNTY HUMANE SOCIETY P.O. BOX 1575 SUSANVILLE, CA 96130	68-0039583	501(C)(3)	5,834.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
LASSEN COUNTY SEARCH AND RESCUE P.O. BOX 171 SUSANVILLE, CA 96130	94-2703145	501(C)(3)	5,834.	0.			GENERAL SUPPORT
LIFEWATER INTERNATIONAL P.O. BOX 2868 BENTONVILLE, AK 72712	95-3987142	501(C)(3)	12,000.	0.			GENERAL SUPPORT
LITTLE CHICO CREEK ELEMENTARY SCHOOL - 2090 AMANDA WAY - CHICO, CA 95928	94-1591650	SCHOOL	10,000.	0.			DISASTER RELIEF
LUTHERAN CHURCH OF THE GOOD SHEPHERD - 1615 MORSE AVENUE - SACRAMENTO, CA 95864	94-6024526	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MAGALIA COMMUNITY CHURCH P.O. BOX 165 MAGALIA, CA 95954	68-0016199	501(C)(3)	65,000.	0.			GENERAL SUPPORT
MAGALIA COMMUNITY PARK P.O. BOX 203 MAGALIA, CA 95954	84-3751138	501(C)(3)	37,390.	0.			DISASTER RELIEF
MARIGOLD SCHOOL 2446 MARIGOLD AVENUE CHICO, CA 95926	94-1591650	SCHOOL	9,967.	0.			DISASTER RELIEF
MARSH JUNIOR HIGH SCHOOL 2253 HUMBOLDT ROAD CHICO, CA 95928	94-1591650	SCHOOL	10,000.	0.			DISASTER RELIEF
MECHOOPDA CULTURAL RESOURCE PRESERVATION ENTERPRISE - 1920 ALCOTT AVENUE - CHICO, CA 95928	61-1914621	501(C)(3)	26,525.	0.			DISASTER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
MEDIC ALERT FOUNDATION OF TURLOCK P.O. BOX 21009 LANSING, MI 48909	94-1494446	501(C)(3)	5,834.	0.			GENERAL SUPPORT
MINDFUL LITTLES 21C ORINDA WAY ORINDA, CA 94563	82-1012917	501(C)(3)	15,000.	0.			DISASTER RELIEF
NATIONAL NETWORK OF ABORTION FUNDS 450 SW GEMINI DRIVE, PMB 16009 BEAVERTON, OR 97008	04-3236982	501(C)(3)	150,000.	0.			GENERAL SUPPORT
NEIGHBORHOOD CHURCH OF CHICO 2801 NOTRE DAME BOULEVARD CHICO, CA 95928	94-1697956	501(C)(3)	30,000.	0.			DIRECT ASSISTANCE
NORD COUNTRY SCHOOL 5554 CALIFORNIA STREET CHICO, CA 95973	06-1747069	SCHOOL	10,000.	0.			DISASTER RELIEF
NORTH AMERICAN MISSION BOARD 4200 NORTH POINT PARKWAY ALPHARETTA, GA 30022	58-2379481	501(C)(3)	9,000.	0.			GENERAL SUPPORT
NORTH STATE PUBLIC RADIO 35 MAIN STREET, SUITE 101 CHICO, CA 95928	68-0223271	501(C)(3)	49,906.	0.			GENERAL SUPPORT
NORTHERN CALIFORNIA REGIONAL LAND TRUST - P.O. BOX 9289 - CHICO, CA 95927	68-0216430	501(C)(3)	13,820.	0.			GENERAL SUPPORT
NORTHERN VALLEY CATHOLIC SOCIAL SERVICES - 10 INDEPENDENCE CIRCLE - CHICO, CA 95973	20-0984601	501(C)(3)	38,500.	0.			DISASTER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
OAK BRIDGE ACADEMY 1350 E LASSEN AVENUE CHICO, CA 95973	94-1591650	SCHOOL	9,200.	0.			DISASTER RELIEF
OPHIR SCHOOL 210 OAKVALE AVENUE OROVILLE, CA 95966	94-6002430	SCHOOL	10,000.	0.			DISASTER RELIEF
ORCHARD CHURCH COMMUNITY MINISTRY P.O. BOX 1608 CHICO, CA 95927	32-0026231	501(C)(3)	14,400.	0.			GENERAL SUPPORT
ORCHARD HOSPITAL 240 SPRUCE STREET GRIDLEY, CA 95948	94-1049467	501(C)(3)	51,675.	0.			HEALTH AND WELLNESS
OROVILLE HOPE CENTER 1437 MYERS STREET OROVILLE, CA 95966	47-5315046	501(C)(3)	41,500.	0.			DISASTER RELIEF
OROVILLE RESCUE MISSION 2150 BIRD STREET OROVILLE, CA 95966	94-2207457	501(C)(3)	16,300.	0.			GENERAL SUPPORT
PALERMO MIDDLE SCHOOL 7350 BULLDOG WAY PALERMO, CA 95968	94-6003805	SCHOOL	11,550.	0.			DISASTER RELIEF
PALERMO UNION SCHOOL DISTRICT 7390 BULLDOG WAY PALERMO, CA 95968	94-6003805	SCHOOL	9,500.	0.			DISASTER RELIEF
PARADISE ADVENTIST CHURCH P.O. BOX 1266 PARADISE, CA 95967	94-1702441	501(C)(3)	145,000.	0.			DISASTER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
PARADISE ALLIANCE CHURCH 6491 CLARK ROAD PARADISE, CA 95969	94-2350721	501(C)(3)	225,174.	0.			DISASTER RELIEF
PARADISE ANIMAL SHELTER HELPERS 925 AMERICAN WAY PARADISE, CA 95969	68-0185353	501(C)(3)	62,403.	0.			DISASTER RELIEF
PARADISE CHARTER MIDDLE SCHOOL 2847 NOTRE DAME BOULEVARD CHICO, CA 95928	68-0361666	SCHOOL	15,000.	0.			DISASTER RELIEF
PARADISE HIGH SCHOOL 5911 MAXWELL DRIVE PARADISE, CA 95969	94-6003686	SCHOOL	9,980.	0.			GENERAL SUPPORT
PARADISE JUNIOR HIGH SCHOOL 5657 RECREATION DRIVE PARADISE, CA 95969	94-6803686	SCHOOL	7,354.	0.			YOUTH SERVICES
PARADISE RIDGE CHAMBER OF COMMERCE 6161 CLARK ROAD, SUITE 1 PARADISE, CA 95969		501(C)(6)	100,000.	0.			DISASTER RELIEF
PARADISE RIDGE ELEMENTARY SCHOOL 6593 PENTZ ROAD PARADISE, CA 95969	94-6803686	SCHOOL	9,750.	0.			DISASTER RELIEF
PARADISE STRONGER, INC. P.O. BOX 1000 PARADISE, CA 95967	84-4195690	501(C)(3)	150,000.	0.			DISASTER RELIEF
PARADISE UNIFIED SCHOOL DISTRICT 6696 CLARK ROAD PARADISE, CA 95969	94-6003686	SCHOOL	433,000.	0.			DISASTER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
PINE RIDGE SCHOOL 13878 COMPTON DRIVE MAGALIA, CA 95954	94-6003686	SCHOOL	10,000.	0.			DISASTER RELIEF
PIONEER UNION ELEMENTARY SCHOOL DISTRICT - P.O. BOX 487 - BANGOR, CA 95914	68-0150331	SCHOOL	25,417.	0.			DISASTER RELIEF
PLANNED PARENTHOOD FEDERATION OF AMERICA - P.O. BOX 97166 - WASHINGTON, DC 20090	13-1644147	501(C)(3)	150,000.	0.			GENERAL SUPPORT
PLEASANT VALLEY HIGH SCHOOL 1475 EAST AVENUE CHICO, CA 95926	94-1591650	SCHOOL	12,933.	0.			DISASTER RELIEF
PLEASANT VALLEY HIGH SCHOOL FOUNDATION - 1475 EAST AVENUE - CHICO, CA 95926	87-3298828	501(C)(3)	206,938.	0.			GENERAL SUPPORT
PLUMAS RURAL SERVICES 711 E MAIN STREET QUINCY, CA 95971	94-2722880	501(C)(3)	478,075.	0.			DISASTER RELIEF
PLUMAS STRONG P.O. BOX 1052 GREENVILLE, CA 95947	94-3230114	501(C)(3)	639,950.	0.			DISASTER RELIEF
PROSPECT HIGH SCHOOL 2060 2ND STREET OROVILLE, CA 95965	94-6002431	SCHOOL	10,000.	0.			DISASTER RELIEF
READING PALS 1692 MANGROVE AVENUE, SUITE 358 CHICO, CA 95926	87-0938852	501(C)(3)	14,287.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
REBUILD PARADISE FOUNDATION 6067 SKYWAY, SUITE B PARADISE, CA 95969	83-4200562	501(C)(3)	409,796.	0.			GENERAL SUPPORT
RIDGE QUILTERS' GUILD P.O. BOX 1668 PARADISE, CA 95967	68-0281130	501(C)(3)	20,000.	0.			DISASTER RELIEF
RIVER OF LIFE ASSEMBLY OF GOD CHURCH - P.O. BOX 2345 - OROVILLE, CA 95965	91-2862477	501(C)(3)	9,000.	0.			GENERAL SUPPORT
ROSEDALE ELEMENTARY 100 OAK STREET CHICO, CA 95928	94-1591650	SCHOOL	10,000.	0.			DISASTER RELIEF
ROTARY CLUB OF CHICO SUNRISE FOUNDATION - P.O. BOX 32 - CHICO, CA 95927	85-0548749	501(C)(3)	8,500.	0.			GENERAL SUPPORT
SAE INTERNATIONAL 935 BARTLETT STREET CHICO, CA 95928	25-1494402	501(C)(3)	30,000.	0.			COMMUNITY DEVELOPMENT
SAFE SPACE WINTER SHELTER, INC. 236 W EAST AVENUE, SUITE A CHICO, CA 95926	83-1150421	501(C)(3)	42,543.	0.			COMMUNITY DEVELOPMENT
SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	31-1640316	501(C)(3)	142,100.	0.			GENERAL SUPPORT
SCIENCE FOR THE CHURCH 280 CHICO CANYON ROAD CHICO, CA 95928	88-1178951	501(C)(3)	9,500.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
SEMPER FI & AMERICA'S FUND 825 COLLEGE BOULEVARD, SUITE 102 OCEANSIDE, CA 92057	26-0086305	501(C)(3)	135,000.	0.			GENERAL SUPPORT
SHASTA ELEMENTARY SCHOOL 169 LEORA COURT CHICO, CA 95973	94-1591650	SCHOOL	10,000.	0.			DISASTER RELIEF
SHERWOOD MONTESSORI 746 MOSS AVENUE CHICO, CA 95926	80-0490627	SCHOOL	9,840.	0.			DISASTER RELIEF
SIERRA INSTITUTE FOR COMMUNITY AND ENVIRONMENT - P.O. BOX 11 - TAYLORSVILLE, CA 95983	91-1818166	501(C)(3)	161,827.	0.			GENERAL SUPPORT
SIERRA VIEW ELEMENTARY SCHOOL 1598 HOOKER OAK AVENUE CHICO, CA 95926	94-1591650	SCHOOL	10,000.	0.			DISASTER RELIEF
SILVER DOLLAR BMX P.O. BOX 7831 CHICO, CA 95927	94-3357752	501(C)(3)	32,930.	0.			COMMUNITY DEVELOPMENT
SMILE TRAIN, INC. 633 THIRD AVENUE NEW YORK, NY 10017	13-3661416	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SOL SANCTUARY 4791 ROUND VALLEY RANCH ROAD PARADISE, CA 95969	68-0541715	501(C)(3)	25,000.	0.			DISASTER RELIEF
ST. JOSEPH'S INDIAN SCHOOL P.O. BOX 326 CHAMBERLAIN, SD 57326	46-0235912	SCHOOL	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
STREAM CHARTER SCHOOL 455E ORO DAM BOULEVARD EAST OROVILLE, CA 95965	46-3910435	SCHOOL	7,500.	0.			DISASTER RELIEF
STUDENTREACH 5449 E LEVEE ROAD SACRAMENTO, CA 95835	80-0100930	501(C)(3)	25,000.	0.			COMMUNITY DEVELOPMENT
THE ALMANOR FOUNDATION P.O. BOX 949 CHESTER, CA 96020	86-2462099	501(C)(3)	357,701.	0.			DISASTER RELIEF
THE ARC OF BUTTE COUNTY, INC. 2030 PARK AVENUE CHICO, CA 95928	94-1746468	501(C)(3)	6,000.	0.			YOUTH SERVICES
THE GROWING PLACE 1074 EAST AVENUE CHICO, CA 95973	45-2572636	501(C)(3)	292,000.	0.			COMMUNITY DEVELOPMENT
THE MONTEREY BAY AQUARIUM 886 CANNERY ROW MONTEREY, CA 93940	94-2487469	501(C)(3)	6,930.	0.			COMMUNITY DEVELOPMENT
THE PEG TAYLOR CENTER FOR ADULT DAY HEALTH CARE - 124 PARMAC ROAD - CHICO, CA 95926	68-0015216	501(C)(3)	50,375.	0.			OLDER ADULTS
THE UNIVERSITY FOUNDATION, CSU CHICO - SAPP HALL, BOX 1055 - CHICO, CA 95929	95-1230865	501(C)(3)	37,965.	0.			DISASTER RELIEF
TINY PINE FOUNDATION P.O. BOX 1583 OROVILLE, CA 95965	84-3455731	501(C)(3)	49,613.	0.			DISASTER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
TRUE NORTH HOUSING ALLIANCE 101 SILVER DOLLAR WAY CHICO, CA 95928	68-0440819	501(C)(3)	88,054.	0.			OLDER ADULTS
TULA THERAPEUTIC COLLECTIVE 389 CONNORS COURT CHICO, CA 95926	88-4276326	501(C)(3)	7,500.	0.			YOUTH SERVICES
UNITED WAY OF NORTHERN CALIFORNIA 3300 CHURN CREEK ROAD REDDING, CA 96002	94-1251675	501(C)(3)	266,440.	0.			GENERAL SUPPORT
UNIVERSITY ADVANCEMENT - GATEWAY SCIENCE MUSEUM - 400 WEST FIRST STREET - CHICO, CA 95929	68-0386518	501(C)(3)	8,800.	0.			GENERAL SUPPORT
WATER AFRICA P.O. BOX 2012 LAKE OSWEGO, OR 97035	27-1122359	501(C)(3)	24,000.	0.			GENERAL SUPPORT
WESTSIDE CHURCH BENEVOLENT FUND 2051 NW SHEVLIN PARK ROAD BEND, OR 97703		501(C)(3)	35,000.	0.			GENERAL SUPPORT
WILDFLOWER OPEN CLASSROOM 2414 COHASSET ROAD CHICO, CA 95926	27-2867872	SCHOOL	9,460.	0.			DISASTER RELIEF
WOMEN'S RESOURCE CLINIC 115 W 2ND AVENUE CHICO, CA 95926	68-0382716	501(C)(3)	6,700.	0.			GENERAL SUPPORT
WORLD VISION P.O. BOX 9716 FEDERAL WAY, WA 98063	95-3202116	501(C)(3)	30,120.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
WORLD WATER PROJECT 107 WESTFIELD DRIVE KNOXVILLE, TN 37919	27-1314664	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WYANDOTTE ACADEMY SCHOOL 2800 WYANDOTTE AVENUE OROVILLE, CA 95966	94-6002430	SCHOOL	10,000.	0.			DISASTER RELIEF
YANKEE HILL FIRE SAFE COUNCIL P.O. BOX 4242 YANKEE HILL, CA 95965	68-0486052	501(C)(3)	250,000.	0.			DISASTER RELIEF
YOUTH FOR CHANGE 260 COHASSET ROAD, SUITE 120 CHICO, CA 95926	68-0238941	501(C)(3)	38,400.	0.			GENERAL SUPPORT

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
EDUCATION	32	62,391.	0.		
THANKSGIVING BASKET	200	0.	10,000.	COST	THANKSGIVING MEAL FIXINGS TO COMMUNITY FAMILIES IN NEED

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

PART I, LINE 2:

GRANTEES ARE REQUIRED TO SUBMIT REPORTS TO THE FOUNDATION IF FROM DISASTER RELIEF FUNDS. NO REPORT IS REQUIRED WHEN GRANT IS FROM A DONOR ADVISED FUND TO A NONPROFIT ORGANIZATION. INDIVIDUAL ASSISTANCE GRANTS MUST MEET ESTABLISHED CRITERIA FOR SELECTION OF RECIPIENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **NORTH VALLEY COMMUNITY FOUNDATION** Employer identification number **68-0161455**

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALEXA BENSON-VALAVANIS PRESIDENT & CEO	(i)	183,148.	0.	0.	5,895.	5,471.	194,514.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public
Inspection

Name of the organization **NORTH VALLEY COMMUNITY FOUNDATION** Employer identification number **68-0161455**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DEBBIE BLUE	FAMILY MEMBER OF TH	15,751.	COMPENSATIO		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DEBBIE BLUE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF THE PRESIDENT/CEO OF NVCF

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **NORTH VALLEY COMMUNITY FOUNDATION** Employer identification number **68-0161455**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	44,283.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FUNDRAISING DON)	X	39	3,132.	COST
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NORTH VALLEY COMMUNITY FOUNDATION

Employer identification number

68-0161455

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

AN INTERNAL STAFF REVIEW OF THE FORM 990 IS PERFORMED WITH THE CFO DOING THE VAST MAJORITY OF THE PREPARATION AND INTERFACE WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM THAT PREPARES THE FORM 990. AT THE POINT WHERE THERE ARE QUESTIONS ON THE PREPARED DATA, FOUNDATION TEAM MEMBERS, INCLUDING STAFF GENERAL COUNSEL, ARE CONSULTED. ONCE A DRAFT IS OBTAINED, THE CEO, CFO, STAFF GENERAL COUNSEL AND OTHER STAFF HAVE THE OPPORTUNITY TO REVIEW IT. ONCE IT IS IN ITS MOST COMPLETE STATE, IT IS PRESENTED TO THE FOUNDATION'S BOARD MEMBERS ELECTRONICALLY WITH AN ATTACHMENT FOR THEIR COMMENTS, QUESTIONS, AND ULTIMATE APPROVAL. FINALLY, ALL BOARD MEMBERS ARE PROVIDED ACCESS TO THE FINAL VERSION, AND IT IS POSTED FOR THE PUBLIC ON THE FOUNDATION'S WEBSITE.

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

THE FOUNDATION'S CONFLICT OF INTEREST POLICY COVERS BOTH STAFF AND BOARD MEMBERS. THE FOUNDATION GENERALLY RELIES ON INDIVIDUALS SUBJECT TO THE CONFLICT OF INTEREST POLICY TO DISCLOSE ANY CONFLICTS AND ABSTAIN FROM PARTICIPATING IN THE DISCUSSION EXCEPT TO PROVIDE MATERIAL DETAILS. INDIVIDUALS WITH A POTENTIAL CONFLICT ABSTAIN FROM VOTING ON MATTERS WHERE A CONFLICT EXISTS. REMAINING BOARD MEMBERS WILL DETERMINE IF A CONFLICT EXISTS. IF OTHER INDIVIDUALS ARE AWARE OF A CONFLICT, THEY ARE ASKED TO RAISE THE ISSUE WITH THE INDIVIDUAL HAVING A CONFLICT. THE MEETING MINUTES RECORD WHEN COVERED INDIVIDUALS ABSTAIN FROM DISCUSSIONS OR DECISIONS DUE TO A CONFLICT OF INTEREST.

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization NORTH VALLEY COMMUNITY FOUNDATION	Employer identification number 68-0161455
---	--

THE FOUNDATION REVIEWS COMPARABLE DATA FOR OUR PRESIDENT & CEO FROM COMMUNITY FOUNDATION INFORMATION GATHERED ON OCCASION. THE BOARD OF DIRECTORS IS PROVIDED WITH DATA AND RECOMMENDATIONS FOR COMPENSATION FOR THE PRESIDENT & CEO, AND MUST APPROVE ANY CHANGES. THE DELIBERATION AND DECISION ARE CONTEMPORANEOUSLY DOCUMENTED.

SALARIES AND WAGES FOR OTHER EMPLOYEES ARE REVIEWED ONCE A YEAR AT THE ANNIVERSARY DATE OF THEIR HIRE. AN OVERALL EVALUATION OF COMPENSATION LEVELS AND BENEFITS IS PERFORMED EVERY 2-3 YEARS BY COMPARING OUR PAY AND BENEFITS TO NATIONAL SURVEYS OF NONPROFITS AND FOUNDATIONS. THIS ASSESSMENT IS PERFORMED EVERY FEW YEARS, BUT AS A PART OF EACH INDIVIDUAL'S ANNUAL REVIEW, AN ASSESSMENT IS PERFORMED TO COMPARE THAT EMPLOYEE'S SALARY AND BENEFITS TO THE NATIONAL STANDARDS FOR NON-PROFITS AND FOUNDATIONS.

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

A STATEMENT IS PUBLISHED ON THE THE FOUNDATION'S WEBSITE THAT THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VII, SECTION B, LINE 1:

THE INDEPENDENT CONTRACTORS LISTED ON PART VII, SECTION B ARE RELATED TO THE DROUGHT RELIEF PROGRAM FOR GLENN & TEHAMA COUNTY. THE SERVICES INCLUDED WATER DELIVERY, INSTALLATIONS, REPAIRS, INSPECTIONS, AND PROJECT MANAGEMENT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EMPLOYEE RETENTION TAX CREDIT 312,203.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **NORTH VALLEY COMMUNITY FOUNDATION** Employer identification number **68-0161455**

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
SMALLFOOT, LLC - 68-0161455 1811 CONCORD AVE, SUITE 220 CHICO, CA 95928	HOLDING REAL ESTATE	CALIFORNIA	19,733.	3,638,466.	NORTH VALLEY COMMUNITY FOUNDATION
HIGNELL FAMILY PARADISE SHOPPING CENTER, LLC - 68-0161455, 1811 CONCORD AVE, SUITE 220, CHICO, CA 95928	HOLDING RENTAL REAL ESTATE	CALIFORNIA	348,399.	4,300,632.	NORTH VALLEY COMMUNITY FOUNDATION
NVCF PROPERTIES, LLC - 68-0161455 1811 CONCORD AVE, SUITE 220 CHICO, CA 95928	HOLDING REAL ESTATE	CALIFORNIA	0.	0.	NORTH VALLEY COMMUNITY FOUNDATION

Part II 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 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FRED AND EILEEN HIGNELL, LP - 46-2738204, 1750 HUMBOLDT ROAD, CHICO, CA 95928	REAL ESTATE RENTALS	CA	NORTH VALLEY COMMUNITY FOUNDATION	EXCLUDED	0.	87,357.		X	-5,844.		X	99.00%
GARNER PROPERTIES, LLC - 35-2684599, 13391 GARNER LANE, CHICO, CA 95973	REAL ESTATE	CA	SMALLFOOT, LLC	EXCLUDED	-300.	1,045,589.		X	N/A		X	33.33%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign 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) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FRED AND EILEEN HIGNELL, LP	S	246,794.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. NORTH VALLEY COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 68-0161455
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1811 CONCORD AVE, 220	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICO, CA 95928	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

ALEXA BENSON-VALAVANIS

- The books are in the care of ▶ **1811 CONCORD AVE, 220 - CHICO, CA 95928**

Telephone No. ▶ **530-891-1150** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.