

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return 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 \$ 57,332,904.	
	1811 CONCORD AVE	220	H(a) Is this a group return for subordinates? 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? Yes No		
F Name and address of principal officer: ALEXA BENSON-VALAVANIS SAME AS C ABOVE		If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶		
J Website: ▶ WWW.NVCF.ORG		L Year of formation: 1989 M State of legal domicile: CA		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶				

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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	46
	6 Total number of volunteers (estimate if necessary)	6	7
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	25,614.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	12,702.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	21,819,235.	12,654,624.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	340,794.	354,729.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,838,054.	1,286,462.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-89,753.	305,624.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,908,330.	14,601,439.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	25,233,060.	16,528,961.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,421,496.	1,872,554.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 65,100.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,414,140.	2,683,277.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,068,696.	21,084,792.
19 Revenue less expenses. Subtract line 18 from line 12	-6,160,366.	-6,483,353.	
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)	73,552,900.	66,202,010.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,923,452.	4,900,051.
		65,629,448.	61,301,959.

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	Signature of officer		Date		
	DAVID LITTLE, EXECUTIVE VICE PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	TRACY S. PAGLIA	TRACY S. PAGLIA	05/10/22	<input type="checkbox"/>	P00366884
Firm's name ▶ MOSS ADAMS LLP			Firm's EIN ▶ 91-0189318		
Firm's address ▶ 2882 PROSPECT PARK DR, STE 300 RANCHO CORDOVA, CA 95670			Phone no. 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 \$ 10,878,700. including grants of \$ 10,167,070.) (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, AND THE COVID-19 PANDEMIC. 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 \$ 8,169,787. including grants of \$ 6,361,891.) (Revenue \$ 354,729.) AS A COMMUNITY FOUNDATION, OUR CHARITABLE PROGRAM CONSISTS OF FOSTERING DONATIONS AND ADMINISTERING GRANTS FOR PUBLIC GOOD THROUGH VARIOUS FUNDS THAT ALSO PROVIDE A VARIETY OF COMMUNITY SERVICES WITH THE HELP OF NUMEROUS VOLUNTEERS.

4c (Code:) (Expenses \$ 752,932. 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 19,801,419.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>	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>		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>		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>	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>	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>	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>		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>		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>		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>		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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>	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>	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>		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>		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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 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 lines 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 in 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 54	
b Enter the number of Forms W-2G included in 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 response boxes. Includes questions 2a through 16 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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 [X] 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, NO. 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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				164,415.	0.	23,520.
(2) CHRIS HAYASHIDA-KNIGHT VICE PRESIDENT, OPERATIONS	40.00			X				109,017.	0.	3,271.
(3) JOVANNI TRICERRI VP OF REGIONAL RECOVERY & PARTNERSHI	40.00			X				89,290.	0.	20,941.
(4) BILL HUBBARD GENERAL COUNSEL/DIRECTOR OF GIFT PLA	40.00					X		101,707.	0.	4,251.
(5) KARSEN BRADLEY CHIEF FINANCIAL OFFICER	40.00			X				81,462.	0.	20,530.
(6) DAVID LITTLE EXECUTIVE VP, COMMUNICATIONS	40.00			X				94,142.	0.	2,824.
(7) FARSHAD AZAD BOARD CHAIR	3.00	X		X				0.	0.	0.
(8) EARL JESSEE VICE CHAIR	3.00	X		X				0.	0.	0.
(9) ELIZABETH GOLDBLATT SECRETARY	3.00	X		X				0.	0.	0.
(10) DEBBIE ROSSI TREASURER	2.00	X		X				0.	0.	0.
(11) SHERRY HOLBROOK DIRECTOR	1.00	X						0.	0.	0.
(13) MONOAH MOHANRAJ DIRECTOR	1.00	X						0.	0.	0.
(14) JANET WIETBROCK DIRECTOR	1.00	X						0.	0.	0.

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					
	d Related organizations	1d					
	e Government grants (contributions)	1e	236,525.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,418,099.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 386,453.				
	h Total. Add lines 1a-1f			12,654,624.			
Program Service Revenue	2 a PROGRAM/ADMINISTRATIVE FEES	Business Code					
		900099	354,729.	354,729.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			354,729.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		721,838.			721,838.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	325,289.			
			(ii) Personal				
	b Less: rental expenses	6b	277,386.				
	c Rental income or (loss)	6c	47,903.				
	d Net rental income or (loss)			47,903.		47,903.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	43,018,703.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	42,454,079.				
c Gain or (loss)	7c	564,624.					
d Net gain or (loss)			564,624.		564,624.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
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	134,150.		25,614.	108,536.	
	b OTHER INCOME	900099	123,571.			123,571.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			257,721.				
12 Total revenue. See instructions			14,601,439.	354,729.	25,614.	1,566,472.	

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	16,288,294.	16,288,294.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	30,667.	30,667.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	210,000.	210,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	542,197.	103,160.	439,037.	
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	1,101,112.	906,608.	140,866.	53,638.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	110,852.	60,969.	44,341.	5,542.
10 Payroll taxes	118,393.	65,116.	47,357.	5,920.
11 Fees for services (nonemployees):				
a Management				
b Legal	526.	526.		
c Accounting	47,176.		47,176.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	56,443.	56,443.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	411,144.	336,558.	74,586.	
12 Advertising and promotion	59,209.	30,011.	29,198.	
13 Office expenses	60,034.		60,034.	
14 Information technology	60,409.		60,409.	
15 Royalties				
16 Occupancy	142,659.	15,990.	126,669.	
17 Travel	8,518.		8,518.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25.		25.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,648.		51,648.	
23 Insurance	25,944.		25,944.	
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	1,367,442.	1,367,442.		
b ADMINISTRATIVE FEES	265,747.	255,653.	10,094.	
c TAXES, LICENSES, PERMIT	19,943.		19,943.	
d				
e All other expenses	106,410.	73,982.	32,428.	
25 Total functional expenses. Add lines 1 through 24e	21,084,792.	19,801,419.	1,218,273.	65,100.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	11,661,756.	1	933,114.
	2 Savings and temporary cash investments	694,014.	2	24,920,188.
	3 Pledges and grants receivable, net	3,422,003.	3	0.
	4 Accounts receivable, net	140.	4	25,242.
	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	161,535.	7	361,535.
	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 7,697,933.		
	b Less: accumulated depreciation	10b 429,187.	7,240,374.	10c 7,268,746.
	11 Investments - publicly traded securities	50,098,637.	11	31,986,665.
	12 Investments - other securities. See Part IV, line 11	274,441.	12	659,315.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	47,205.
16 Total assets. Add lines 1 through 15 (must equal line 33)	73,552,900.	16	66,202,010.	
Liabilities	17 Accounts payable and accrued expenses	48,849.	17	30,071.
	18 Grants payable	5,430,998.	18	3,267,247.
	19 Deferred revenue	671,039.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,436,777.	21	1,461,876.
	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	335,789.	24	140,857.
	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	7,923,452.	26	4,900,051.
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	61,776,722.	27	56,544,992.
	28 Net assets with donor restrictions	3,852,726.	28	4,756,967.
	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	65,629,448.	32	61,301,959.
	33 Total liabilities and net assets/fund balances	73,552,900.	33	66,202,010.

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	14,601,439.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,084,792.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,483,353.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,629,448.
5	Net unrealized gains (losses) on investments	5	2,155,864.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	61,301,959.

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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ 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	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		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 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

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

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 or 990-EZ).)
- 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 in 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8017248.	10346207.	64778840.	21819235.	12654624.	117616154
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	8017248.	10346207.	64778840.	21819235.	12654624.	117616154
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)						12933087.
6 Public support. Subtract line 5 from line 4.						104683067

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	8017248.	10346207.	64778840.	21819235.	12654624.	117616154
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	351,003.	517,605.	1567673.	2254676.	1047127.	5738084.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	27,810.	25,508.	21,103.	25,964.	13,702.	114,087.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	57,036.	123,105.	1003264.	307,859.	232,107.	1723371.
11 Total support. Add lines 7 through 10						125191696
12 Gross receipts from related activities, etc. (see instructions)					12	2,317,767.
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						►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	83.62 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	82.65 %
16a 33 1/3% support test - 2020. 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 - 2019. 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		►
17a 10% -facts-and-circumstances test - 2020. 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		►
b 10% -facts-and-circumstances test - 2019. 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		►
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		►

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 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 in 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 in 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 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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 for providing explanations for other income.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

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

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>1,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1,338,249.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (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

2020

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	72	417
2 Aggregate value of contributions to (during year)	2,786,255.	9,868,368.
3 Aggregate value of grants from (during year)	5,698,509.	10,893,081.
4 Aggregate value at end of year	18,610,629.	42,691,330.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2020

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	3,852,726.	2,349,803.	2,455,955.	2,449,097.	1,910,996.
b Contributions	67,859.	1,637,031.		48,635.	450,657.
c Net investment earnings, gains, and losses	1,133,009.	47,475.	121,387.	118,652.	216,060.
d Grants or scholarships	211,165.	181,583.	171,321.	160,429.	128,616.
e Other expenditures for facilities and programs					
f Administrative expenses	85,462.		56,218.		
g End of year balance	4,756,967.	3,852,726.	2,349,803.	2,455,955.	2,449,097.

- 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 86.3200 %
 - c Term endowment 13.6300 %
- 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 type="checkbox"/> | 3b | |
- 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	3,679,027.			3,679,027.
b Buildings	3,828,938.		332,079.	3,496,859.
c Leasehold improvements		18,277.	4,569.	13,708.
d Equipment		131,639.	83,104.	48,535.
e Other		40,052.	9,435.	30,617.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,268,746.

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	17,034,689.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,155,864.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	277,386.
e	Add lines 2a through 2d	2e	2,433,250.
3	Subtract line 2e from line 1	3	14,601,439.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,601,439.

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	21,362,178.
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	277,386.
e	Add lines 2a through 2d	2e	277,386.
3	Subtract line 2e from line 1	3	21,084,792.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	21,084,792.

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 TAXEXEMPT 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, 2021 AND 2020, THE LLC TAXES FOR THESE AFFILIATES TOTALED \$6,969.

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, 2021 AND 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 277,386.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

RENTAL EXPENSES 277,386.

Multiple horizontal lines for supplemental information.

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)	GENERAL SUPPORT	200,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	GENERAL SUPPORT	10,000.	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 **2**

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

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. INDIVIDUAL ASSISTANCE GRANTS
MUST MEET ESTABLISHED CRITERIA FOR SELECTION OF RECIPIENTS.

**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

2020

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3- DOWNTOWN BARS, INC. 191 E 2ND ST CHICO, CA 95928	83-0967770		54,000.	0.			GENERAL SUPPORT
3 SEAS 334 BROADWAY CHICO, CA 95928			8,000.	0.			GENERAL SUPPORT
3CORE, INC. 2515 CEANOTHUS AVE, STE 105 CHICO, CA 95973	68-0065873	501(C)(3)	123,824.	0.			GENERAL SUPPORT
6 BELS, LLC DBA PITA PIT 240 W BROADWAY ST CHICO, CA 95928	83-0893452		10,000.	0.			GENERAL SUPPORT
ACATACO #1 1000 W SACRAMENTO AVE, STE D CHICO, CA 95926	68-0391885		70,375.	0.			GENERAL SUPPORT
ACHIEVE CHARTER SCHOOL OF PARADISE, INC. - 1494 EAST AVE - CHICO, CA 95926	20-2826797	501(C)(3)	61,475.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **148.**
- 3** Enter total number of other organizations listed in the line 1 table **91.**

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

Schedule I (Form 990) 2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL HANDS AND HEARTS SMART RESPONSE, INC. - 6 COUNTY RD STE 6 - MATTAPOISETT, MA 02739	20-3414952		50,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION P.O. BOX 22249 ST. PETERSBURG, FL 33743	13-5613797	501(C)(3)	6,104.	0.			GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS 420 MONTGOMERY SAN FRANCISCO, CA 95928	53-0196606	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ANIKA BURKE 211 MAIN ST CHICO, CA 95928	20-4792881		10,000.	0.			GENERAL SUPPORT
AONAMI SUSTAINABLE SUSHI 128 W 2ND ST CHICO, CA 95928	45-4682649		10,000.	0.			GENERAL SUPPORT
APOLLO MUSIC AND ARTS 936 MANGROVE AVE CHICO, CA 95926	82-1685927		8,000.	0.			GENERAL SUPPORT
AQUALLIANCE PO BOX 4024 CHICO, CA 95928	27-1375304	501(C)(3)	5,500.	0.			GENERAL SUPPORT
ATK LIGHTING & ELECTRIC 2470 ORO DAM BLVD E, STE A OROVILLE, CA 95966	84-4698481		6,000.	0.			GENERAL SUPPORT
BACIO CHICO 1903 PARK AVE CHICO, CA 95928	84-1770720		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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANGOR UNION ELEMENTARY SCHOOL DISTRICT - 7549 ORO BANGOR HIGHWAY - BANGOR, CA 95914		GOVERNMENT	10,000.	0.			GENERAL SUPPORT
BASIS HEALTH & PERFORMANCE 177 E 20TH ST CHICO, CA 95928	82-2652947		10,000.	0.			GENERAL SUPPORT
BAT COMICS & GAMES 218 BROADWAY ST CHICO, CA 95928	20-1753224		5,500.	0.			GENERAL SUPPORT
BIDWELL JUNIOR HIGH SCHOOL 2376 NORTH AVE CHICO, CA 95926	94-1591650	GOVERNMENT	5,211.	0.			GENERAL SUPPORT
BIDWELL MEMORIAL PRESBYTERIAN CHURCH - 208 W 1ST ST - CHICO, CA 95928	94-1212149	501(C)(3)	13,000.	0.			GENERAL SUPPORT
BIDWELL PERK 1424 MANCHESTER RD CHICO, CA 95926	20-5742109		10,000.	0.			GENERAL SUPPORT
BIDWELL PRESBYTERIAN CHURCH 208 W 1ST ST CHICO, CA 95928	94-1212149	501(C)(3)	8,625.	0.			GENERAL SUPPORT
BIG CHICO BURGER 1550 EAST AVE CHICO, CA 95926	68-0583008		10,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF THE NORTH VALLEY - 601 WALL ST - CHICO, CA 95928	68-0294846	501(C)(3)	164,924.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAK THE BARRIERS 8555 N CEDAR AVE FRESNO, CA 93720	77-0106437	501(C)(3)	24,000.	0.			GENERAL SUPPORT
BREW U CHICO, LLC DBA NOR CAL BREWING COMPANY - 2231 CHRISTOPHER LN - CHICO, CA 95926	46-1302554		10,500.	0.			GENERAL SUPPORT
BRIDGING THE GAP 1811 CONCORD AVE, STE 220 CHICO, CA 95928	68-0161455	501(C)(3)	9,775.	0.			GENERAL SUPPORT
BRITISH BULLDOG BREWERY AKA THE ALLIES PUB - 14540 CAMAREN PARK DR - CHICO, CA 95973	81-1369673		10,000.	0.			GENERAL SUPPORT
BROCK ENTERPRISES 1785 DURHAM DAYTON HWY DURHAM, CA 95938	80-0429620		10,000.	0.			GENERAL SUPPORT
BUDDHIST TZU CHI FOUNDATION 2355 OAKLAND ROAD SAN JOSE, CA 95131	94-2952782	501(C)(3)	10,500.	0.			GENERAL SUPPORT
BUTTE COLLEGE 3536 BUTTE CAMPUS DR, SAS 160, RM. OROVILLE, CA 95965		GOVERNMENT	11,353.	0.			GENERAL SUPPORT
BUTTE COUNTY BEHAVIORAL HEALTH PREVENTION SERVICES - 560 COHASSET RD, STE 185 - CHICO, CA 95926	94-6000506	GOVERNMENT	100,000.	0.			GENERAL SUPPORT
BUTTE COUNTY CERT (COMMUNITY EMERGENCY RESPONSE TEAM) - 5 GILICK WAY - OROVILLE, CA 95969	84-5096917	GOVERNMENT	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - 3217 COHASSET RD - CHICO, CA 95973	94-6000506	GOVERNMENT	25,000.	0.			GENERAL SUPPORT
BUTTE COUNTY DEPT. OF EMPLOYMENT & SOCIAL SERVICES - 765 EAST AVE, STE 200 - CHICO, CA 95926	94-6000506	GOVERNMENT	25,000.	0.			GENERAL SUPPORT
BUTTE COUNTY DEPT. OF EMPLOYMENT AND SOCIAL SERVICES - 202 MIRA LOMA - OROVILLE, CA 95965	94-6000506	GOVERNMENT	50,000.	0.			GENERAL SUPPORT
BUTTE COUNTY FIRE SAFE COUNCIL 5619 BLACK OLIVE DR PARADISE, CA 95969	10-0004010	501(C)(3)	50,000.	0.			GENERAL SUPPORT
BUTTE COUNTY LIBRARY 25 COUNTY CENTER DR OROVILLE, CA 95965	94-6000506	GOVERNMENT	64,801.	0.			GENERAL SUPPORT
BUTTE COUNTY LOCAL FOOD NETWORK PO BOX 625 CHICO, CA 95927	84-3176353	501(C)(3)	153,870.	0.			GENERAL SUPPORT
BUTTE COUNTY MOUNTED SHERIFF POSSE PO BOX 903 CHICO, CA 95927	94-2510748	501(C)(3)	16,247.	0.			GENERAL SUPPORT
BUTTE COUNTY OFFICE OF EDUCATION 1859 BIRD ST OROVILLE, CA 95965	94-6002433	GOVERNMENT	250,000.	0.			GENERAL SUPPORT
BUTTE COUNTY SHERIFF'S OFFICE 5 GILLICK WAY OROVILLE, CA 95965	94-6000506	GOVERNMENT	26,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTTE HOME HEALTH AND HOSPICE 10 CONSTITUTION DR CHICO, CA 95973	68-0041416	501(C)(3)	7,104.	0.			GENERAL SUPPORT
BUTTE HUMANE SOCIETY 2580 FAIR ST CHICO, CA 95928	94-1580621	501(C)(3)	10,137.	0.			GENERAL SUPPORT
BUTTE MEADOWS MERCANTILE & RESORT 7473 HUMBOLDT RD BUTTE MEADOWS, CA 95942			6,000.	0.			GENERAL SUPPORT
BUTTE REGIONAL TRANSIT 326 HUSS DR, STE 150 CHICO, CA 95928		GOVERNMENT	6,355.	0.			GENERAL SUPPORT
BUTTE-GLENN COMMUNITY COLLEGE DISTRICT - 3536 BUTTE CAMPUS DR - OROVILLE, CA 95965	94-1637174	GOVERNMENT	151,531.	0.			GENERAL SUPPORT
CAFE CODA 265 HUMBOLDT AVE CHICO, CA 95928	45-0540673		14,100.	0.			GENERAL SUPPORT
CAL JAVA COFFEE 1601 ESPLANADE, STE 1B CHICO, CA 95927	83-3729034		17,600.	0.			GENERAL SUPPORT
CALAVERAS COMMUNITY FOUNDATION PO BOX 1436 ANGELS CAMP, CA 95222	68-0472056	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CALIFORNIA GIFT OF MUSIC 207 MAIN ST, P.O. BOX 433 GREENVILLE, CA 95947	84-3571890		11,867.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA REGIONAL THEATRE 3851 MORROW LN, STE 7 CHICO, CA 95928	46-2772405		13,000.	0.			GENERAL SUPPORT
CALIFORNIA VOCATIONS 564 RIO LINDO AVE, STE 204 CHICO, CA 95926	68-0062031	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CALVARY CHAPEL 1888 SPRINGFIELD DR CHICO, CA 95928		501(C)(3)	100,000.	0.			GENERAL SUPPORT
CAMP FIRE COLLABORATIVE 1095 NELSON ST, STE 110 CHICO, CA 95928	83-3793835	501(C)(3)	28,930.	0.			GENERAL SUPPORT
CAMP FIRE LONG TERM RECOVERY GROUP - UNMET NEEDS - 1095 NELSON ST, STE 110 - CHICO, CA 95928	83-3793835	501(C)(3)	229,300.	0.			GENERAL SUPPORT
CAMPUS BICYCLES 247 MAIN ST CHICO, CA 95928	68-0055442		10,500.	0.			GENERAL SUPPORT
CARING CHOICES 580 MANZANITA AVE. STE 5 CHICO, CA 95928	68-0337307	501(C)(3)	52,250.	0.			GENERAL SUPPORT
CARING FOR WOMEN PO BOX 452 OROVILLE, CA 95965	94-3049472	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CAST HOPE PO BOX 3740 CHICO, CA 95927	26-4042588	501(C)(3)	6,497.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATALYST DOMESTIC VIOLENCE SERVICES - PO BOX 4184 - CHICO, CA 95927	94-2587378	501(C)(3)	10,401.	0.			GENERAL SUPPORT
CHANPHENG'S MANDARIN CUISINE 1140 MANGROVE AVE CHICO, CA 95928	68-0244538		10,000.	0.			GENERAL SUPPORT
CHAT - CHICO HOUSING ACTION TEAM 1811 CONCORD AVE, STE 220 CHICO, CA 95928	68-0161455	501(C)(3)	39,000.	0.			GENERAL SUPPORT
CHICO AREA RECREATION & PARK DISTRICT - 545 VALLOMBROSA AVE - CHICO, CA 95926		501(C)(3)	13,215.	0.			GENERAL SUPPORT
CHICO ART CENTER 450 ORANGE ST, STE 6 CHICO, CA 95928	94-6039790	501(C)(3)	11,109.	0.			GENERAL SUPPORT
CHICO BOOT CAMP 2485 NOTRE DAME BLVD, STE 210 CHICO, CA 95928	83-1431899		12,000.	0.			GENERAL SUPPORT
CHICO CHILDREN'S MUSEUM 325 MAIN ST CHICO, CA 95928	81-0837117	501(C)(3)	22,405.	0.			GENERAL SUPPORT
CHICO HIGH SCHOOL FOUNDATION - GENERAL - 9583 SUNSUP LN - DURHAM, CA 95938	82-5386885	501(C)(3)	28,684.	0.			GENERAL SUPPORT
CHICO HOUSING ACTION TEAM P.O. BOX 4868 CHICO, CA 95927	46-5487014	501(C)(3)	610,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICO MEALS ON WHEELS TOTAL PO BOX 1662 CHICO, CA 95927	94-1732875	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHICO STATE CONSTRUCTION MANAGEMENT EDUCATION FOUNDATION - PO BOX 6961 - CHICO, CA 95927	46-3995884	GOVERNMENT	10,000.	0.			GENERAL SUPPORT
CHICO STATE ENTERPRISES 25 MAIN ST, STE 203 CHICO, CA 95928	68-0386518	GOVERNMENT	5,750.	0.			GENERAL SUPPORT
CHICO SUPPER CLUB, LLC DBA MOMONA 230 W 3RD ST CHICO, CA 95928	47-3673682		10,000.	0.			GENERAL SUPPORT
CHICO THEATER COMPANY 166 EATON RD, STE F CHICO, CA 95973	32-0087023	501(C)(3)	20,765.	0.			GENERAL SUPPORT
CHILDREN'S CHOIR OF CHICO 1962 MANGROVE AVE, STE 381 CHICO, CA 95926	68-0459548	501(C)(3)	12,000.	0.			GENERAL SUPPORT
CHILDREN'S HOPE FOSTER FAMILY AGENCY - 567A VIRGINIA ST - GRIDLEY, CA 95948	94-3089825	501(C)(3)	6,147.	0.			GENERAL SUPPORT
CITY OF CHICO - PARKS DIVISION P.O. BOX 3420 CHICO, CA 95927	94-6000308	CHICO CITY	15,417.	0.			GENERAL SUPPORT
COHASSET COMMUNITY ASSOCIATION, INC. - 11 MAPLE CREEK RANCH RD - CHICO, CA 95973	23-7074359	501(C)(3)	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC. - PO BOX 6369 - CHICO, CA 95927	94-1640546	501(C)(3)	41,073.	0.			GENERAL SUPPORT
CONNECTING POINT 208 SUTTON WAY GRASS VALLEY, CA 95945	81-4391775	501(C)(3)	90,000.	0.			GENERAL SUPPORT
COVID-19 LOCAL RESTAURANTS, LOCAL NEEDS FUND - 1811 CONCORD AVE, STE 220 - CHICO, CA 95928	68-0161455	501(C)(3)	23,000.	0.			GENERAL SUPPORT
CRAZY HORSE SALOON 303 MAIN ST CHICO, CA 95928	68-0360419		25,000.	0.			GENERAL SUPPORT
CRUSH RESTAURANT 201 BROADWAY ST, STE 200 CHICO, CA 95926	26-1087464		46,500.	0.			GENERAL SUPPORT
CSU, CHICO UNIVERSITY FOUNDATION CALIFORNIA STATE UNIVERSITY CHICO, CA 95929	95-1230865	GOVERNMENT	8,400.	0.			GENERAL SUPPORT
CUPERTINO VETERANS MEMORIAL PO BOX 535 CUPERTINO, CA 95015	57-1233570	501(C)(3)	54,120.	0.			GENERAL SUPPORT
DAYCAMP COFFEE 1925 MARKET PL, STE 150 CHICO, CA 95928	83-1987567		15,060.	0.			GENERAL SUPPORT
DIAMOND HORSES, INC., DBA DIAMOND W. WESTERN WEAR - 181 E 2ND ST - CHICO, CA 95928	68-0351485		12,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELITE RESTAURANT MANAGEMENT GROUP, INC. DBA: GRIDLEY GRILL & CRAB SHACK - 1045 HAZEL ST - GRIDLEY, CA 95948	84-2245584		10,500.	0.			GENERAL SUPPORT
EMPOWER TEHAMA 151 SALE LN RED BLUFF, CA 96080	68-0330191	501(C)(3)	20,300.	0.			GENERAL SUPPORT
ENCHANTED PLAY INFANT & PRESCHOOL CENTER, LLC - 5 AUBURN CREST CT - CHICO, CA 95973	46-3670327		11,000.	0.			GENERAL SUPPORT
ENLOE FOUNDATION 249 W SIXTH AVE CHICO, CA 95926	94-2985552	501(C)(3)	811,000.	0.			GENERAL SUPPORT
ENVEE HAIR STUDIO 260 E 1ST ST CHICO, CA 95928	56-8794911		6,500.	0.			GENERAL SUPPORT
EVERYBODY HEALTHY BODY PO BOX 6956 CHICO, CA 95927	81-2128927	501(C)(3)	125,000.	0.			GENERAL SUPPORT
FARMERS SKILLET 690 RIO LINDO CHICO, CA 95926	47-4394982		18,000.	0.			GENERAL SUPPORT
FEATHER RIVER CENTER 2485 NOTRE DAME BL, STE 370 CHICO, CA 95928	82-3383740	501(C)(3)	25,000.	0.			GENERAL SUPPORT
FEATHER RIVER HEALTH CENTER 5125 SKYWAY PARADISE, CA 95969		501(C)(3)	13,215.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEATHER RIVER LAND TRUST PO BOX 1826 QUINCY, CA 95971	68-0449687	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FEEDING AMERICA 161 N CLARK ST, STE 700 CHICAGO, IL 60601	36-3673599	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF PARADISE 6500 CLARK RD PARADISE, CA 95969	94-6069488	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FLEET FEET CHICO 241 MAIN ST CHICO, CA 95928	47-1727283		6,500.	0.			GENERAL SUPPORT
FOR ELYSE, INC. 228 BROADWAY ST CHICO, CA 95928	26-0407356		10,000.	0.			GENERAL SUPPORT
FOUR WINDS OF INDIAN EDUCATION 2345 FAIR ST CHICO, CA 95926	94-3152368	501(C)(3)	10,700.	0.			GENERAL SUPPORT
FRESH TWISTED CAFE, INC. 156 EATON RD, STE E CHICO, CA 95973	81-4824655		5,500.	0.			GENERAL SUPPORT
FROM THE GROUND UP FARMS, INC. 1692 MANGROVE AVE, STE 105 CHICO, CA 95926	46-4950188	501(C)(3)	136,689.	0.			GENERAL SUPPORT
FUNLAND / CAL SKATE CHICO 2465 CARMICHAEL DR CHICO, CA 95928	46-0498027		35,000.	0.			GENERAL SUPPORT

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GAUTAM AND SCOTT, INC. DBA ARGUS BAR AND PATIO - 3451 SHADOWTREE LN - CHICO, CA 95928	61-1689874		10,000.	0.			GENERAL SUPPORT
GLENN COUNTY OFFICE OF EMERGENCY SERVICES - 543 W OAK ST - WILLOWS, CA 95988		GOVERNMENT	10,000.	0.			GENERAL SUPPORT
GREAT HARVEST BREAD CO. 1223 MANGROVE AVE CHICO, CA 95926	46-4632566		120,000.	0.			GENERAL SUPPORT
GRID ALTERNATIVES 3860 MORROW LN, STE A CHICO, CA 95928	47-2700073	501(C)(3)	100,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF BUTTE COUNTY - PO BOX 3073 - CHICO, CA 95927	68-0262142	501(C)(3)	282,484.	0.			GENERAL SUPPORT
HAPPY DAY RESTAURANT 14455 SKYWAY MAGALIA, CA 95954	83-1215515		15,000.	0.			GENERAL SUPPORT
HAWAII AUDUBON SOCIETY 850 RICHARDS ST, STE 505 HONOLULU, HI 96813		501(C)(3)	18,000.	0.			GENERAL SUPPORT
HEARTSTRINGS COUNSELING 6135 KING RD, STE D LOOMIS, CA 95650	46-3525843	501(C)(3)	63,486.	0.			GENERAL SUPPORT
HEEL AND SOLE, INC. 708 MANGROVE AVE CHICO, CA 95926	86-1337273		16,000.	0.			GENERAL SUPPORT

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HELP CENTRAL, INC. (BUTTE 211) 326 HUSS DR, STE 100 CHICO, CA 95928	45-3081764	501(C)(3)	19,717.	0.			GENERAL SUPPORT
HELP CENTRAL, INC. (BUTTE-GLENN 211) - 326 HUSS DR, STE 100 - CHICO, CA 95928	45-3081764	501(C)(3)	50,860.	0.			GENERAL SUPPORT
HMONG CULTURAL CENTER OF BUTTE COUNTY - P.O. BOX 2134 - OROVILLE, CA 95965	68-0463738	501(C)(3)	11,500.	0.			GENERAL SUPPORT
HOMETECH CHARTER SCHOOL 6249 SKYWAY PARADISE, CA 95969	46-5726832	501(C)(3)	8,400.	0.			GENERAL SUPPORT
HONEY RUN COVERED BRIDGE ASSOCIATION - 5357 NIMSHEW RUN LN - CHICO, CA 95928	23-7052465	501(C)(3)	250,000.	0.			GENERAL SUPPORT
HOPE CRISIS RESPONSE NETWORK, INC. P.O. BOX 1407 PARADISE, CA 95967	35-2147808	501(C)(3)	250,000.	0.			GENERAL SUPPORT
HUGHES HARDWOODS 13586 CA-99 CHICO, CA 95973			5,004.	0.			GENERAL SUPPORT
HYPE DANCE STUDIO 1033 MANGROVE AVE CHICO, CA 95926	20-0079028		10,000.	0.			GENERAL SUPPORT
IDEA FAB LAB 603 ORANGE ST CHICO, CA 95926			9,862.	0.			GENERAL SUPPORT

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INSPIRE SCHOOL OF ARTS & SCIENCES 335 W SACRAMENTO AVE CHICO, CA 95926	82-0643502	501(C)(3)	38,712.	0.			GENERAL SUPPORT
INTEGRATIVE MEDICAL CLINIC FOUNDATION - 175 CONCOURSE BLVD - SANTA ROSA, CA 95403	68-0445149	501(C)(3)	13,000.	0.			GENERAL SUPPORT
IRLEN INSTITUTE 5380 VILLAGE RD LONG BEACH, CA 90808	68-0161455	501(C)(3)	8,023.	0.			GENERAL SUPPORT
JAPANESE BLOSSOMS 2995 ESPLANADE CHICO, CA 95973	61-1770702		12,000.	0.			GENERAL SUPPORT
JESUS CENTER - JESUS PROVIDES OUR DAILY BREAD - 2255 FAIR ST - CHICO, CA 92958	68-0290819	501(C)(3)	3,915,284.	0.			GENERAL SUPPORT
JOES BAR PO BOX 9316 CHICO, CA 95927	94-2678871		10,000.	0.			GENERAL SUPPORT
KALICO KITCHEN, INC. 6 WILLIAMSBURG LN CHICO, CA 95926	68-0235080		13,500.	0.			GENERAL SUPPORT
KINDERS MEAT DELI BBQ 1369 EAST AVE CHICO, CA 95926	85-0487336		10,000.	0.			GENERAL SUPPORT
KIRK'S JEWELRY 246 W 3RD ST CHICO, CA 95928	94-2672769		6,600.	0.			GENERAL SUPPORT

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KONA 'S 138 MAIN ST CHICO, CA 95928	51-0642943		41,500.	0.			GENERAL SUPPORT
LA COCINA ECONOMICA 905 WALL ST CHICO, CA 95928	27-0312113		10,000.	0.			GENERAL SUPPORT
LAKE MADRONE WATER DISTRICT 12 STAR RD, PO BOX 703 BERRY CREEK, CA 95916	94-2495918	GOVERNMENT	125,000.	0.			GENERAL SUPPORT
LASSEN COUNTY HUMANE SOCIETY PO BOX 1575 SUSANVILLE, CA 96130	68-0039583	501(C)(3)	6,104.	0.			GENERAL SUPPORT
LASSEN COUNTY SEARCH AND RESCUE PO BOX 171 SUSANVILLE, CA 96130	94-2703145	501(C)(3)	6,104.	0.			GENERAL SUPPORT
LEAGUE OF WOMEN VOTERS OF BUTTE COUNTY EDUCATION FUND - 1811 CONCORD AVE, STE 220 - CHICO, CA 95928	68-0161455	501(C)(3)	5,555.	0.			GENERAL SUPPORT
LIFEWATER INTERNATIONAL PO BOX 3131 SAN LUIS OBISPO, CA 93403	95-3987142	501(C)(3)	24,000.	0.			GENERAL SUPPORT
LUTHERAN CHURCH OF THE GOOD SHEPHERD - 1615 MORSE AVE - SACRAMENTO, CA 95864		501(C)(3)	14,000.	0.			GENERAL SUPPORT
LYDIA SCHULERUD PASS THROUGH 1811 CONCORD AVE, STE 220 CHICO, CA 95928	68-0161455	501(C)(3)	31,003.	0.			GENERAL SUPPORT

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MAGALIA COMMUNITY CHURCH PO BOX 165 MAGALIA, CA 95954	68-0016199	501(C)(3)	53,000.	0.			GENERAL SUPPORT
MAGALIA COMMUNITY PARK P.O. BOX 203 MAGALIA, CA 95954	84-3751138	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MEDIC ALERT FOUNDATION OF TURLOCK 101 LANDER AVE TURLOCK, CA 95380	94-1494446	501(C)(3)	6,104.	0.			GENERAL SUPPORT
MERCY HEALTH NORTH 2625 EDITH AVE. STE E REDDING, CA 96001	94-3136799	501(C)(3)	30,000.	0.			GENERAL SUPPORT
MIKE'S GRANDE BURGER 2896 OLIVE HIGHWAY OROVILLE, CA 95966	94-2548305		12,000.	0.			GENERAL SUPPORT
MONDOS, INC. DBA MONDOS COFFEEHOUSE - 2582 E 20TH ST - CHICO, CA 95928	46-5286446		10,000.	0.			GENERAL SUPPORT
NAKED LOUNGE 118 W 2ND ST CHICO, CA 95928	85-2002149		31,017.	0.			GENERAL SUPPORT
NAZARENE COMPASSIONATE MINISTRIES, INC. - 17001 PRAIRIE STAR PKWY - LENEXA, KS 66220	42-1550318	501(C)(3)	12,493.	0.			GENERAL SUPPORT
NEW BEGINNINGS HOUSING FOUNDATION 4258 GREEN MEADOW LN CHICO, CA 95973	83-3985088	501(C)(3)	131,000.	0.			GENERAL SUPPORT

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NICAS RESTAURANT 6256 SKYWAY PARADISE, CA 95969	36-4934295		45,000.	0.			GENERAL SUPPORT
NOODLE HOUSE 605 MANGROVE AVE, STE 130 CHICO, CA 95926	27-2164715		7,500.	0.			GENERAL SUPPORT
NORTH VALLEY ANIMAL DISASTER GROUP PO BOX 441 CHICO, CA 95927	06-1672191	501(C)(3)	8,648.	0.			GENERAL SUPPORT
NORTHERN CALIFORNIA COMMUNITY DEVELOPMENT CORPORATION - 3439 LA CADENA WAY - BANGOR, CA 95914	46-3005966	501(C)(3)	27,200.	0.			GENERAL SUPPORT
NORTHERN CALIFORNIA REGIONAL LAND TRUST - 30 INDEPENDENCE CIR, STE 100 - CHICO, CA 95973	68-0216430	501(C)(3)	18,684.	0.			GENERAL SUPPORT
NORTHERN VALLEY CATHOLIC SOCIAL SERVICE - 10 INDEPENDENCE CIR - CHICO, CA 95973	20-0984601	501(C)(3)	89,180.	0.			GENERAL SUPPORT
NORTON BUFFALO HALL FOUNDATION 14124 ROLLINS CT MAGALIA, CA 95954	83-2048961	501(C)(3)	17,789.	0.			GENERAL SUPPORT
NVCF - CAMP FIRE HEALING INITIATIVE FUND - 1811 CONCORD AVE, STE 220 - CHICO, CA 95928	68-0161455	501(C)(3)	50,000.	0.			GENERAL SUPPORT
OM FOODS 142 BROADWAY ST CHICO, CA 95928	90-1188752		10,120.	0.			GENERAL SUPPORT

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OROVILLE HOPE CENTER 1437 MYERS ST OROVILLE, CA 95966	47-5315046	501(C)(3)	26,212.	0.			GENERAL SUPPORT
OROVILLE RESCUE MISSION 2150 BIRD ST OROVILLE, CA 95966	94-2207457	501(C)(3)	12,300.	0.			GENERAL SUPPORT
OROVILLE SOUTHSIDE COMMUNITY IMPROVEMENT ASSOCIATION - 2959 LOWER WYANDOTTE RD - OROVILLE, CA 95966	27-0170361	501(C)(3)	12,693.	0.			GENERAL SUPPORT
PAPACITO'S MEXICAN GRILL 1751 ORO DAM BLVD E, STE 14 OROVILLE, CA 95966	82-3615774		16,020.	0.			GENERAL SUPPORT
PARADISE ALLIANCE CHURCH 6491 CLARK RD PARADISE, CA 95969	94-2350721	501(C)(3)	334,000.	0.			GENERAL SUPPORT
PARADISE ANIMAL SHELTER HELPERS PO BOX 1021 PARADISE, CA 95967	68-0185353	501(C)(3)	15,415.	0.			GENERAL SUPPORT
PARADISE GLEANERS / BUTTE COUNTY GLEANERS - 1245 ORODAM BLVD E, STE 10 - OROVILLE, CA 95966	75-3017886	501(C)(3)	55,000.	0.			GENERAL SUPPORT
PARADISE HIGH SCHOOL 1000 FORTRESS ST CHICO, CA 95928	94-6003686	GOVERNMENT	7,178.	0.			GENERAL SUPPORT
PARADISE POLICE DEPARTMENT 5595 BLACK OLIVE DR PARADISE, CA 95969	94-2621899	GOVERNMENT	50,527.	0.			GENERAL SUPPORT

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PARADISE RIDGE CHAMBER OF COMMERCE 6161 CLARK RD, STE 1 PARADISE, CA 95969		501(C)(6)	16,867.	0.			GENERAL SUPPORT
PARADISE RIDGE ELEMENTARY SCHOOL 6696 CLARK RD PARADISE, CA 95969	94-6803686	GOVERNMENT	50,000.	0.			GENERAL SUPPORT
PARADISE UNIFIED SCHOOL DISTRICT 6696 CLARK RD PARADISE, CA 95969		GOVERNMENT	40,929.	0.			GENERAL SUPPORT
PARK AVENUE PUB 2010 PARK AVE CHICO, CA 95928	27-2052698		10,000.	0.			GENERAL SUPPORT
PEE WEE PRESCHOOL 7196 SKYWAY PARADISE, CA 95969	68-0023837		33,441.	0.			GENERAL SUPPORT
PIONEER UNION ELEMENTARY SCHOOL DISTRICT - 286 ROCKEFELLER RD - BERRY CREEK, CA 95916	68-0150331	GOVERNMENT	10,000.	0.			GENERAL SUPPORT
PUEBLITO 2 2365 ESPLANADE CHICO, CA 95926	84-3015488		41,400.	0.			GENERAL SUPPORT
PVHS FOUNDATION VIKING ANNUAL FUND 1811 CONCORD AVE, STE 220 CHICO, CA 95928	68-0161455	501(C)(3)	5,929.	0.			GENERAL SUPPORT
R. RANDALL ENTERPRISES, INC. DBA A&J PARTY CENTER - 1801 ESPLANADE - CHICO, CA 95926	68-0161361		8,000.	0.			GENERAL SUPPORT

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READING PALS 1811 CONCORD AVE, STE 220 CHICO, CA 95928	68-0161455	501(C)(3)	31,077.	0.			GENERAL SUPPORT
REBUILD PARADISE FOUNDATION 6067 SKYWAY, STE B PARADISE, CA 95969	83-4200562	501(C)(3)	1,044,367.	0.			GENERAL SUPPORT
RECOGNITION PRODUCTS 591 E 10TH AVE CHICO, CA 95926	47-2760212		6,000.	0.			GENERAL SUPPORT
RINGVOLD, INC. DBA PB&J BOUTIQUE 250 VALLOMBROSA AVE, STE 100 CHICO, CA 95926	26-4837536		10,000.	0.			GENERAL SUPPORT
ROSEDALE ELEMENTARY SCHOOL PTA 100 OAK ST CHICO, CA 95928	94-6173876	GOVERNMENT	6,000.	0.			GENERAL SUPPORT
ROTARY CLUB OF CHICO SUNRISE FOUNDATION - P.O. BOX 32 - CHICO, CA 95927	85-0548749	501(C)(3)	66,271.	0.			GENERAL SUPPORT
SACRAMENTO REGIONAL BUILDERS EXCHANGE - 5370 ELVAS AVE - SACRAMENTO, CA 95819			6,000.	0.			GENERAL SUPPORT
SAFE SPACE WINTER SHELTER 236 W EAST AVE, STE A, PMB 115 CHICO, CA 95926	83-1150421	501(C)(3)	18,057.	0.			GENERAL SUPPORT
SEWA INTERNATIONAL 3163 ASHBROOK LN SAN RAMON, CA 94582	20-0638718	501(C)(3)	5,252.	0.			GENERAL SUPPORT

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SHASTA COLLEGE FOUNDATION PO BOX 496006 REDDING, CA 96049	68-0363349	501(C)(3)	15,400.	0.			GENERAL SUPPORT
SICILIAN CAFE 1020 MAIN ST CHICO, CA 95928	68-0120697		10,000.	0.			GENERAL SUPPORT
SIN OF CORTEZ 2290 ESPLANADE CHICO, CA 95926	01-0918309		15,000.	0.			GENERAL SUPPORT
SIPHOS JAMAICAN RESTAURANT 1228 DAYTON RD CHICO, CA 95928	36-4690157		7,500.	0.			GENERAL SUPPORT
SKS ENTERPRISES 8858 TROXEL RD CHICO, CA 95928	94-3296432		18,300.	0.			GENERAL SUPPORT
SMOKIN MOS BBQ 131 BROADWAY ST CHICO, CA 95928	77-0584316		61,125.	0.			GENERAL SUPPORT
SOL SANCTUARY 4791 ROUND VALLEY RANCH RD PARADISE, CA 95969	68-0541715	501(C)(3)	75,000.	0.			GENERAL SUPPORT
SOUNDS BY DAVE, INC. 1256 ESPLANADE CHICO, CA 95926	94-2362203		9,150.	0.			GENERAL SUPPORT
STELLAR RESTAURANTS, LLC, DBA UNWINED - 980 MANGROVE AVE - CHICO, CA 95926	46-5020167		19,000.	0.			GENERAL SUPPORT

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STUDIO INN LOUNGE 2985 GRAPE WAY A CHICO, CA 95973	84-4825737		15,000.	0.			GENERAL SUPPORT
SWEET CHICO CONFECTIONS 121 W 3RD ST CHICO, CA 95928			7,500.	0.			GENERAL SUPPORT
TEAM TOGETHER FOUNDATION 31878 DEL OBISPO ST, STE 118-368 SAN JUAN CAPISTRANO, CA 92675	84-2247474	501(C)(3)	40,000.	0.			GENERAL SUPPORT
TENDER LOVING COFFEE 810 EL MONTE AVE CHICO, CA 95928	82-4329652		6,000.	0.			GENERAL SUPPORT
TERRAIN PARK CLIMBING CENTER 931 W 5TH ST, STE 100 CHICO, CA 95928	82-2441081		15,000.	0.			GENERAL SUPPORT
THAI BASIL 121 BROADWAY ST CHICO, CA 95928	75-3251859		9,000.	0.			GENERAL SUPPORT
THE AXIOM PROJECT PO BOX 626 OROVILLE, CA 95965	26-0484227	501(C)(3)	43,086.	0.			GENERAL SUPPORT
THE BOOKSTORE 22 LAZY S LN CHICO, CA 95928	80-0878190		16,500.	0.			GENERAL SUPPORT
THE COMMONS 2412 PARK AVE CHICO, CA 95928	82-1285219		10,000.	0.			GENERAL SUPPORT

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THE FATHER'S HOUSE CHURCH OF OROVILLE, INC. - 2656 FT. WAYNE ST - OROVILLE, CA 95966	68-0420711	501(C)(3)	8,200.	0.			GENERAL SUPPORT
THE GROWING PLACE 1074 EAST AVE, STE A4 CHICO, CA 95973	42-2572636	501(C)(3)	7,500.	0.			GENERAL SUPPORT
THE LYME CENTER PO BOX 5274 CHICO, CA 95927	26-2256055	501(C)(3)	6,000.	0.			GENERAL SUPPORT
THE MALTESE 1600 PARK AVE CHICO, CA 95928	27-1855938		7,500.	0.			GENERAL SUPPORT
THE PEG TAYLOR CENTER FOR ADULT DAY HEALTH CARE - 124 PARMAC RD - CHICO, CA 95926	68-0015216	501(C)(3)	7,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY, CHICO 3755 N FREEWAY BLVD CHICO, CA 95928	94-1156347	501(C)(3)	12,250.	0.			GENERAL SUPPORT
THE UNIVERSITY FOUNDATION, CSU CHICO - DEPARTMENT OF KINESIOLOGY, CSU CHICO - CHICO, CA 95929	95-1230865	501(C)(3)	50,000.	0.			GENERAL SUPPORT
THE WATCHMAN THE ORIGINAL LLC 130 W 3RD ST CHICO, CA 95928	26-4654022		7,500.	0.			GENERAL SUPPORT
THERMALITO UNION ELEMENTARY SCHOOL DISTRICT - 400 GRAND AVE - OROVILLE, CA 95965		GOVERNMENT	5,200.	0.			GENERAL SUPPORT

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TINY PINE FOUNDATION PO BOX 1583 OROVILLE, CA 95965	84-3455731	501(C)(3)	14,288.	0.			GENERAL SUPPORT
TOMFOOLERY 126 W 3RD ST CHICO, CA 95928	82-2772779		10,000.	0.			GENERAL SUPPORT
TONI'S CAFE 11975 CA 70 OROVILLE, CA 95965			10,000.	0.			GENERAL SUPPORT
TONY'S RESTAURANT 1000 W SACRAMENTO AVE, SUITE G CHICO, CA 95926	82-3098842		10,000.	0.			GENERAL SUPPORT
TOWN AND COUNTRY LIQUOR AND VIDEO 2546 OLIVE HWY OROVILLE, CA 95966	01-0940932		5,100.	0.			GENERAL SUPPORT
TOWN OF PARADISE 5555 SKYWAY PARADISE, CA 95969	94-2621899	PARADISE CITY	69,017.	0.			GENERAL SUPPORT
TRINITY PRESBYTERIAN CHURCH, OROVILLE, CA - 2350 FOOTHILL BLVD - OROVILLE, CA 95966	94-2666756	501(C)(3)	7,600.	0.			GENERAL SUPPORT
TRINITY UNITED METHODIST CHURCH 285 E FIFTH ST CHICO, CA 95928	94-1386595	501(C)(3)	9,300.	0.			GENERAL SUPPORT
TRUE NORTH HOUSING ALLIANCE, INC. 101 SILVER DOLLAR WY CHICO, CA 95928	68-0440819		6,741.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULANE UNIVERSITY 6823 ST. CHARLES AVE NEW ORLEANS, LA 70118		GOVERNMENT	5,500.	0.			GENERAL SUPPORT
UNITED POLICYHOLDERS 917 IRVING ST, STE 4 SAN FRANCISCO, CA 94122	94-3162024	501(C)(3)	75,000.	0.			GENERAL SUPPORT
UNITED WAY OF NORTHERN CALIFORNIA 2280 BENTON DR, BLDG B, BOX 14 REDDING, CA 96003	94-1251675	501(C)(3)	75,000.	0.			GENERAL SUPPORT
UNIVERSITY FOUNDATION - CHICO STATE - 25 MAIN ST, STE 203 - CHICO, CA 95929	95-1230865	501(C)(3)	11,000.	0.			GENERAL SUPPORT
UPSTATE COMMUNITY ENHANCEMENT FOUNDATION - 500 MAIN ST, STE 150 - CHICO, CA 95928	68-0483892	501(C)(3)	21,000.	0.			GENERAL SUPPORT
URBAN COUTURE 245 BROADWAY CHICO, CA 95928	47-2738865		7,000.	0.			GENERAL SUPPORT
VIETNAM VETERANS OF AMERICA CHAPTER 582 - 1811 CONCORD AVE, STE 220 - CHICO, CA 95928	68-0161455	501(C)(3)	50,000.	0.			GENERAL SUPPORT
WACKY WAGS DOGGIE DAYCARE CENTER, INC. - 2145 PARK AVE, STE 12 - CHICO, CA 95928	47-2625645		5,500.	0.			GENERAL SUPPORT
WESTSIDE DOMESTIC VIOLENCE SHELTER 311 S VILLA AVE WILLOWS, CA 95963	26-4736411	501(C)(3)	16,428.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELER RANCH AND FEED 3247 SMITH AVE BIGGS, CA 95917	84-5118374		7,500.	0.			GENERAL SUPPORT
WILDFIRE RELIEF AND RECOVERY FUND 1811 CONCORD AVE, STE 220 CHICO, CA 95928	68-0161455	501(C)(3)	10,050.	0.			GENERAL SUPPORT
WILDFLOWER OPEN CLASSROOM 2414 COHASSET RD, STE 3 CHICO, CA 95926	27-2867872	501(C)(3)	8,955.	0.			GENERAL SUPPORT
WOMEN'S RESOURCE CLINIC 115 W 2ND AVE CHICO, CA 95926	68-0382716	501(C)(3)	6,750.	0.			GENERAL SUPPORT
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063	95-3202116	501(C)(3)	24,120.	0.			GENERAL SUPPORT
YANKEE HILL FIRE SAFE COUNCIL PO BOX 4242 YANKEE HILL, CA 95965	68-0486052	501(C)(3)	97,000.	0.			GENERAL SUPPORT
YOUTH FOR CHANGE 260 COHASSET RD, STE 120 CHICO, CA 95926	68-0238941	501(C)(3)	1,065,532.	0.			GENERAL SUPPORT
YOUTH ON THE RIDGE COMMUNITY FOUNDATION, INC. - 611 PARKWOOD DR - CHICO, CA 95928	27-0772654	501(C)(3)	50,000.	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
DISASTER/EMERGENCY ASSISTANCE	35	30,667.	0.		

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

PART I, LINE 2:

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

2020

Open to Public Inspection

Name of the organization

NORTH VALLEY COMMUNITY FOUNDATION

Employer identification number

68-0161455

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

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 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)	164,415.	0.	0.	4,932.	18,588.	187,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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	196,453.	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	X	1	190,000.	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
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** **1**

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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a**

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? **31**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**

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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

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):

THE FOUNDATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN COLUMN (B).

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

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:

SEVERAL STAFF MEMBERS PARTICIPATE IN THE PREPARATION OF INFORMATION
CONTAINED IN THE FORM 990. THE CEO, CFO AND GENERAL COUNSEL REVIEW THE
RETURN AFTER PREPARATION BY THE CPA FIRM. THE RETURNS ARE PROVIDED TO THE
BOARD ELECTRONICALLY AND ASKED FOR ANY COMMENTS OR QUESTIONS.

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:

THE VICE PRESIDENT, OPERATIONS IS RESPONSIBLE FOR REVIEWING COMPARABLE DATA
FOR OUR PRESIDENT & CEO FROM COMMUNITY FOUNDATION INFORMATION GATHERED
ANNUALLY. 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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization NORTH VALLEY COMMUNITY FOUNDATION	Employer identification number 68-0161455
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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 WAS PERFORMED IN 2018 AND WILL BE PERFORMED AGAIN DURING FY2021 & INTO FY2022. THE PRESIDENT & CEO IS RESPONSIBLE FOR DETERMINING COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES.

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.

**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

2020

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	659,315.	3,267,198.	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	326,115.	4,932,786.	NORTH VALLEY COMMUNITY FOUNDATION
NVCF PROPERTIES, LLC 1811 CONCORD AVE, SUITE 220 CHICO, CA 95928	HOLDING REAL ESTATE	CALIFORNIA	190,000.	190,000.	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) 2020

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	143,023.	454,304.		X	25,614.		X	99.00%

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	286,057.	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, NO. 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 990-T (corporation)	07
Form 990-BL	02	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

ALEXA BENSON-VALAVANIS

- The books are in the care of ▶ **1811 CONCORD AVE, NO. 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 16, 2022**, 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, 2020**, and ending **JUN 30, 2021**.

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-BL, 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-EO and Form 8879-EO for payment instructions.

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section	Print or Type	NORTH VALLEY COMMUNITY FOUNDATION	68-0161455
<input checked="" type="checkbox"/> 501(c)(3)		Number, street, and room or suite no. If a P.O. box, see instructions.	E Group exemption number (see instructions)
408(e) 220(e) 408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code	F Check box if an amended return.
		C Book value of all assets at end of year	66,202,010.

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **ALEXA BENSON-VALAVANIS** Telephone number ▶ **530-891-1150**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	15,113.
2 Reserved	2	
3 Add lines 1 and 2	3	15,113.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	1,411.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	13,702.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	13,702.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	12,702.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	2,667.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	2,667.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		2,667.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		2,667.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8868	6c	4,705.	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	6g		
7	Total payments. Add lines 6a through 6g	7		4,705.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		62.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		1,976.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax 1,976. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	PUBLIC DISCLOSURE COPY			EXECUTIVE VICE PRESIDENT
	Signature of officer	Date		Title
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	05/10/22	P00366884
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶		91-0189318
	Firm's address ▶ 2882 PROSPECT PARK DR, STE 300 RANCHO CORDOVA, CA 95670		Phone no. 916-503-8100	

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

VARIOUS CHARITABLE
CONTRIBUTION

N/A

13,784,417.

TOTAL TO FORM 990-T, PART I, LINE 4

13,784,417.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2015
 FOR TAX YEAR 2016
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018
 FOR TAX YEAR 2019

TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	13,784,417	
TOTAL CONTRIBUTIONS AVAILABLE	13,784,417	
TAXABLE INCOME LIMITATION AS ADJUSTED	1,411	
EXCESS CONTRIBUTIONS	13,783,006	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	13,783,006	
ALLOWABLE CONTRIBUTIONS DEDUCTION		1,411
TOTAL CONTRIBUTION DEDUCTION		1,411

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization NORTH VALLEY COMMUNITY FOUNDATION	B Employer identification number 68-0161455
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **PASSTHROUGH INCOME**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance ▶	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5	25,614.		25,614.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	25,614.		25,614.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement) (see instructions)				
6 Taxes and licenses				2,207.
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement) SEE STATEMENT 4	14			8,294.
15 Total deductions. Add lines 1 through 14	15			10,501.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			15,113.
17 Deduction for net operating loss (see instructions)	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			15,113.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from debt-financed property, deductions, average acquisition debt, average adjusted basis, and total gross income. Rows 9-11: Allocable deductions, total allocable deductions, and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

- 5 Readership costs
6 Circulation income
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

Table with 4 columns (A, B, C, D) and 4 rows (lines 4, 5, 6, 7, 8)

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		NET INCOME OR (LOSS)
FRED AND EILEEN HIHNELL, LP - ORDINARY BUSINESS INCOME (LOSS)		25,614.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		25,614.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,250.
ANNUAL ADMINISTRATION FEE		5,000.
DISTRIBUTION ADMINISTRATION FEE		2,044.
TOTAL TO SCHEDULE A, PART II, LINE 14		8,294.

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-T**

2020

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name NORTH VALLEY COMMUNITY FOUNDATION	Employer identification number 68-0161455
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	2,667.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	2,667.
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	4,851.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	2,667.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions	9	10/15/20	12/15/20	03/15/21	06/15/21
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	667.	667.	666.	667.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		667.	1,334.	2,000.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		667.	1,334.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	667.	667.	666.	667.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2020 and before 7/1/2020	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2020 and before 10/1/2020	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2020 and before 1/1/2021	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2020 and before 4/1/2021	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2021 and before 7/1/2021	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2021 and before 10/1/2021	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2021 and before 1/1/2022	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2021 and before 3/16/2022	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			62.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate 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, NO. 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 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	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

ALEXA BENSON-VALAVANIS

- The books are in the care of ▶ **1811 CONCORD AVE, NO. 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 16, 2022**, 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, 2020**, and ending **JUN 30, 2021**.

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-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 4,705.
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	\$ 4,705.

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