

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)

2021

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 **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTH VALLEY COMMUNITY FOUNDATION		D Employer identification number 68-0161455
	Doing business as		E Telephone number 530-891-1150
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 62,842,457.
	1811 CONCORD AVE	220	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHICO, CA 95928		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: ALEXA BENSON-VALAVANIS SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.NVCF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1989 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FUEL HEALING AND COMPASSION FOR A BETTER WORLD.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	46
	6 Total number of volunteers (estimate if necessary)	6	8
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	17,439.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	6,887.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 12,654,624.	Current Year 13,377,456.
	9 Program service revenue (Part VIII, line 2g)	354,729.	581,226.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,286,462.	1,621,991.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	305,624.	447,668.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,601,439.	16,028,341.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,528,961.	12,764,612.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,872,554.	2,005,686.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 140,487.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,683,277.	2,924,696.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,084,792.	17,694,994.	
19 Revenue less expenses. Subtract line 18 from line 12	-6,483,353.	-1,666,653.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 66,202,010.	End of Year 60,759,000.
	21 Total liabilities (Part X, line 26)	4,900,051.	4,763,728.
	22 Net assets or fund balances. Subtract line 21 from line 20	61,301,959.	55,995,272.

Part II Signature Block

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

Sign Here	▶ PUBLIC DISCLOSURE COPY			
	Signature of officer	Date		
Paid Preparer Use Only	▶ DAVID LITTLE, EXECUTIVE VICE PRESIDENT		Type or print name and title	
	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
TRACY S. PAGLIA		TRACY S. PAGLIA	03/30/23	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 \$ 10,894,696. including grants of \$ 9,730,591.) (Revenue \$ 0.) DISASTER RELIEF AND RECOVERY HAS BECOME A MAJOR PART OF OUR FOUNDATION OPERATIONS AS A RESULT OF THE 2019 CAMP FIRE, OTHER LOCAL WILDFIRES, THE COVID-19 PANDEMIC, AND DROUGHTS IN THE AREA. ASSISTANCE THROUGH GRANTS TO MULTIPLE NONPROFIT AND GOVERNMENT ORGANIZATIONS AS WELL AS PROGRAMS RELATED TO DISASTER RECOVERY HAVE BEEN PROVIDED AS A RESULT OF MILLIONS OF DOLLARS OF DONATIONS TO THE FOUNDATION.

4b (Code:) (Expenses \$ 4,795,518. including grants of \$ 3,034,021.) (Revenue \$ 581,226.) AS A COMMUNITY FOUNDATION, OUR CHARITABLE PROGRAM CONSISTS OF FOSTERING DONATIONS AND ADMINISTERING GRANTS FOR PUBLIC GOOD THROUGH VARIOUS CLIENT FUNDS THAT ALSO PROVIDE A VARIETY OF COMMUNITY SERVICES WITH THE HELP OF NUMEROUS VOLUNTEERS.

4c (Code:) (Expenses \$ 548,327. including grants of \$ 0.) (Revenue \$ 0.) THRIVE IS AN INITIATIVE LED BY NVCF AND FOCUSED ON EMOTIONAL HEALING FOR CHILDREN, FAMILIES AND INDIVIDUALS AFTER THE CAMP FIRE AND OTHER LOCAL CRISES. THRIVE BRINGS TOGETHER A COLLABORATION OF PEOPLE, ORGANIZATIONS, AND AGENCIES COMMITTED TO ENGAGING IN WORK SURROUNDING THE IMPACT OF CHILDHOOD TRAUMA ACROSS ALL GENERATIONS.

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

4e Total program service expenses 16,238,541.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	49
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	10	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X
9			

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization		X
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXA BENSON-VALAVANIS PRESIDENT & CEO	40.00	X		X				175,153.	0.	23,996.
(2) CHRIS HAYASHIDA-KNIGHT VP OPERATIONS (THRU 04/22)	40.00			X				113,594.	0.	3,408.
(3) JOVANNI TRICERRI VP OF REG. RECOVERY & PARTNERSHIPS	40.00			X				89,350.	0.	21,830.
(4) KARSEN BRADLEY CHIEF FINANCIAL OFFICER	40.00			X				83,848.	0.	25,936.
(5) DAVID LITTLE EXECUTIVE VP, COMMUNICATIONS	40.00			X				96,399.	0.	2,892.
(6) LOGAN TODD VP OPERATIONS (AS OF 04/22)	40.00			X				84,993.	0.	8,904.
(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.
(12) MONOAH MOHANRAJ DIRECTOR	1.00	X						0.	0.	0.
(13) ANGELA QUAIL DIRECTOR (AS OF 02/22)	3.00	X						0.	0.	0.
(14) JANET WIETBROCK DIRECTOR	1.00	X						0.	0.	0.
(15) TODD LEWIS DIRECTOR (AS OF 11/21)	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							643,337.	0.	86,966.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							643,337.	0.	86,966.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GLENN COUNTY FARM SUPPLY, INC. PO BOX 1570, WILLIAMS, CA 95987	SUPPLIER FOR GLENN COUNTY DROUGHT RELIE	177,991.
BRIAN CALLAHAN 7710 COUNTY ROAD 43, WILLOWS, CA 95988	CONTRACTOR FOR GLENN COUNTY DOUGHT RELIE	121,092.
BAMBAUER TOWING SERVICE 4295 HWY 99W, ORLAND, CA 95963	CONTRACTOR FOR GLENN COUNTY DOUGHT RELIE	114,949.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

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	25,601.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	41,200.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,310,655.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 59,831.				
	h Total. Add lines 1a-1f			13,377,456.			
Program Service Revenue	2 a PROGRAM/ADMINISTRATIVE FEES	Business Code					
		900099	581,226.	581,226.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			581,226.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		732,325.			732,325.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	327,964.			
			(ii) Personal				
	b Less: rental expenses	6b	297,187.				
	c Rental income or (loss)	6c	30,777.				
	d Net rental income or (loss)			30,777.		30,777.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	47,219,896.	144,298.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	46,283,033.	191,495.			
c Gain or (loss)	7c	936,863.	-47,197.				
d Net gain or (loss)			889,666.		889,666.		
8 a Gross income from fundraising events (not including \$ 25,601. of contributions reported on line 1c). See Part IV, line 18	8a		61,953.				
b Less: direct expenses	8b	42,401.					
c Net income or (loss) from fundraising events			19,552.		19,552.		
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	252,657.		17,439.	235,218.	
	b OTHER INCOME	900099	144,682.			144,682.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			397,339.				
12 Total revenue. See instructions			16,028,341.	581,226.	17,439.	2052220.	

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	12,530,641.	12,530,641.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	131,425.	131,425.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	102,546.	102,546.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	735,635.	329,911.	295,384.	110,340.
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	1,021,161.	666,748.	341,699.	12,714.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	117,130.	66,450.	42,476.	8,204.
10 Payroll taxes	131,760.	74,750.	47,781.	9,229.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	61,648.		61,648.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	72,574.		72,574.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	66,380.	7,255.	59,125.	
12 Advertising and promotion	1,358.		1,358.	
13 Office expenses	37,459.	626.	36,833.	
14 Information technology	95,633.	1,586.	94,047.	
15 Royalties				
16 Occupancy	175,347.	36,518.	138,829.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,344.		51,344.	
23 Insurance	29,216.		29,216.	
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	1,778,587.	1,767,948.	10,639.	
b ADMINISTRATIVE FEES	404,096.	404,096.		
c INVESTMENT AND BANK FEE	88,005.	85,378.	2,627.	
d TAXES, LICENSES, PERMIT	26,199.	23,494.	2,705.	
e All other expenses	36,850.	9,169.	27,681.	
25 Total functional expenses. Add lines 1 through 24e	17,694,994.	16,238,541.	1,315,966.	140,487.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	933,114.	1	441,209.
	2 Savings and temporary cash investments	24,920,188.	2	4,785,515.
	3 Pledges and grants receivable, net	0.	3	3,492,834.
	4 Accounts receivable, net	25,242.	4	801.
	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	361,535.	7	353,697.
	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 7,466,769.		
	b Less: accumulated depreciation	10b 568,494.	7,268,746.	10c 6,898,275.
	11 Investments - publicly traded securities	31,986,665.	11	43,710,421.
	12 Investments - other securities. See Part IV, line 11	659,315.	12	1,045,889.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	47,205.	15	30,359.
16 Total assets. Add lines 1 through 15 (must equal line 33)	66,202,010.	16	60,759,000.	
Liabilities	17 Accounts payable and accrued expenses	30,071.	17	8,207.
	18 Grants payable	3,267,247.	18	3,357,194.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,461,876.	21	1,017,244.
	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	140,857.	24	381,083.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,900,051.	26	4,763,728.
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	56,544,992.	27	51,791,663.
	28 Net assets with donor restrictions	4,756,967.	28	4,203,609.
	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	61,301,959.	32	55,995,272.
	33 Total liabilities and net assets/fund balances	66,202,010.	33	60,759,000.

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	16,028,341.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,694,994.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,666,653.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,301,959.
5	Net unrealized gains (losses) on investments	5	-3,922,132.
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	282,098.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	55,995,272.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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).
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).
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).
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).
8 [X] A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10346207.	64778840.	21819235.	12654624.	13377456.	122976362
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	10346207.	64778840.	21819235.	12654624.	13377456.	122976362
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)						9697114.
6 Public support. Subtract line 5 from line 4.						113279248

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	10346207.	64778840.	21819235.	12654624.	13377456.	122976362
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	517,605.	1567673.	2254676.	1047127.	1060289.	6447370.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	25,508.	21,103.	25,964.	13,702.	7,887.	94,164.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	123,105.	1003264.	307,859.	232,107.	379,900.	2046235.
11 Total support. Add lines 7 through 10						131564131
12 Gross receipts from related activities, etc. (see instructions)					12	2,425,367.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	86.10	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	83.62	%
16a 33 1/3% support test - 2021. 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 - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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 supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

NORTH VALLEY COMMUNITY FOUNDATION

Employer identification number

68-0161455

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,065,840.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,500,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>910,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>423,613.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
_____	_____
_____	_____
_____	_____

(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
_____	_____
_____	_____
_____	_____

(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
_____	_____
_____	_____
_____	_____

(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
_____	_____
_____	_____
_____	_____

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

2021

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	80	432
2 Aggregate value of contributions to (during year)	2,120,923.	11,491,091.
3 Aggregate value of grants from (during year)	2,089,947.	12,431,959.
4 Aggregate value at end of year	18,676,911.	35,218,359.
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?

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)?

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) 2021

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,756,967.	3,852,726.	2,349,803.	2,455,955.	2,449,097.
b Contributions	228,548.	67,859.	1,637,031.		48,635.
c Net investment earnings, gains, and losses	-746,925.	1,133,009.	47,475.	121,387.	118,652.
d Grants or scholarships	34,981.	211,165.	181,583.	171,321.	160,429.
e Other expenditures for facilities and programs					
f Administrative expenses		85,462.		56,218.	
g End of year balance	4,203,609.	4,756,967.	3,852,726.	2,349,803.	2,455,955.

- 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 87.7000 %
 - c Term endowment 12.2500 %
- 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,489,027.			3,489,027.
b Buildings	3,828,938.		459,711.	3,369,227.
c Leasehold improvements		18,277.	8,457.	9,820.
d Equipment		90,475.	85,170.	5,305.
e Other		40,052.	15,156.	24,896.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 6,898,275.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,650,071.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,922,132.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	616,436.	
e	Add lines 2a through 2d	2e		-3,305,696.
3	Subtract line 2e from line 1	3		15,955,767.
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	72,574.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		72,574.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		16,028,341.

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	17,956,758.
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	334,338.	
e	Add lines 2a through 2d	2e		334,338.
3	Subtract line 2e from line 1	3		17,622,420.
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	72,574.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		72,574.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		17,694,994.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

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

PART V, LINE 4:

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

Part XIII Supplemental Information (continued)

PART X, LINE 2:

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

SMALLFOOT, LLC, HIGNELL FAMILY PARADISE SHOPPING CENTER, LLC AND NVCF PROPERTIES, LLC ARE CONSIDERED DISREGARDED ENTITIES FOR IRS PURPOSES. AS A RESULT, ALL TRANSACTIONS ARE REPORTED ON THE FOUNDATION'S FORM 990. FOR THE CALIFORNIA FRANCHISE TAX BOARD PURPOSES, THESE ARE CONSIDERED A SEPARATE LEGAL ENTITY AND SUBJECT TO A FEE BASED ON GROSS INCOME. FOR THE YEARS ENDED JUNE 30, 2022 AND 2021, THE LLC TAXES FOR THESE AFFILIATES TOTALED \$9,060 AND \$6,969, RESPECTIVELY.

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION HAD NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2022 AND 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	297,187.
FUNDRAISING EVENT EXPENSES	37,151.
PRIOR PERIOD ADJUSTMENT - ERC CREDIT	282,098.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D 616,436.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 297,187.

FUNDRAISING EVENT EXPENSES 37,151.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 334,338.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

NORTH VALLEY COMMUNITY FOUNDATION

68-0161455

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		100,000.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,546.
3 a Subtotal	0	0			102,546.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			102,546.

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	GENERAL SUPPORT	100,000.	WIRE TRANSFER	0.		

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

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

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

GRANTEES ARE REQUIRED TO SUBMIT REPORTS TO THE FOUNDATION IF FROM
DISASTER RELIEF FUNDS. NO REPORT IS REQUIRED WHEN GRANT IS FROM A DONOR
ADVISED FUND TO A NONPROFIT ORGANIZATION.

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

NORTH VALLEY COMMUNITY FOUNDATION

Employer identification number

68-0161455

Part I

Fundraising Activities.

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CCDS AUCTION	LACF RIB FEST	2		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	30,300.	20,190.	37,064.	87,554.
	2	Less: Contributions	18,174.	2,477.	4,950.	25,601.
	3	Gross income (line 1 minus line 2)	12,126.	17,713.	32,114.	61,953.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	5,250.		10,098.	15,348.
	6	Rent/facility costs	7,365.	2,016.	9,372.	18,753.
	7	Food and beverages				
	8	Entertainment	3,900.			3,900.
	9	Other direct expenses	2,804.		1,596.	4,400.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				42,401.
11	Net income summary. Subtract line 10 from line 3, column (d)				19,552.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

- 16** Gaming manager information:
 - Name ▶ _____
 - Gaming manager compensation ▶ \$ _____
 - Description of services provided ▶ _____
- Director/officer
 Employee
 Independent contractor

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

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

**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

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACHIEVE CHARTER SCHOOL OF PARADISE, INC. - 1494 EAST AVENUE - CHICO, CA 95926	20-2826797	501(C)(3)	50,000.	0.			DISASTER RELIEF
ALL HANDS AND HEARTS SMART RESPONSE, INC. - 6 COUNTY ROAD, SUITE 6 - MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	47,478.	0.			DISASTER RELIEF
AMERICAN NATIONAL RED CROSS 420 MONTGOMERY SAN FRANCISCO, CA 94104	53-0196605	501(C)(3)	10,000.	0.			DISASTER RELIEF
AMVETS VETERANS SERVICES 1601 CONCORD AVENUE, ROOM 130 CHICO, CA 95928	90-0122356	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BEND HEROES FOUNDATION 1900 NE 3RD STREET, SUITE 205 BEND, OR 97701	27-2071808	501(C)(3)	100,000.	0.			GENERAL SUPPORT
BERRY CREEK COMMUNITY COUNCIL 300 ROCKERFELLER ROAD BERRY CREEK, CA 95916	86-1988445	501(C)(3)	10,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 147.**

3 Enter total number of other organizations listed in the line 1 table **▶ 10.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERRY CREEK RANCHERIA 5 TYME WAY OROVILLE, CA 95966	94-2676377		44,540.	0.			DISASTER RELIEF
BIDWELL JUNIOR HIGH SCHOOL 2376 NORTH AVENUE CHICO, CA 95926	94-1591650	GOVERNMENT	9,258.	0.			GENERAL SUPPORT
BIDWELL MEMORIAL PRESBYTERIAN CHURCH - 208 W 1ST STREET - CHICO, CA 95928	94-1212149	501(C)(3)	14,200.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF THE NORTH VALLEY - 601 WALL STREET - CHICO, CA 95928	68-0294846	501(C)(3)	116,760.	0.			GENERAL SUPPORT
BUTTE COLLEGE FOUNDATION 3536 BUTTE CAMPUS DRIVE OROVILLE, CA 95965	94-3153995	GOVERNMENT	12,250.	0.			EDUCATION
BUTTE COUNTY 25 COUNTY CENTER DRIVE OROVILLE, CA 95965		GOVERNMENT	34,500.	0.			GENERAL SUPPORT
BUTTE COUNTY BEHAVIORAL HEALTH PREVENTION SERVICES - 560 COHASSET ROAD, SUITE 185 - CHICO, CA 95926	94-6000506	GOVERNMENT	40,000.	0.			HEALTH AND WELLNESS
BUTTE COUNTY DEPARTMENT OF DEVELOPMENT SERVICES - 7 COUNTY CENTER DRIVE - OROVILLE, CA 95965	94-6000506	GOVERNMENT	250,000.	0.			GENERAL SUPPORT
BUTTE COUNTY FIRE SAFE COUNCIL 5619 BLACK OLIVE DRIVE PARADISE, CA 95969	10-0004010	501(C)(3)	50,389.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTTE COUNTY HISTORICAL SOCIETY P.O. BOX 2195 OROVILLE, CA 95965	23-7441239	501(C)(3)	5,694.	0.			ARTS AND CULTURE
BUTTE COUNTY LIBRARY 1820 MITCHELL AVENUE OROVILLE, CA 95966	94-6000506	GOVERNMENT	67,937.	0.			GENERAL SUPPORT
BUTTE COUNTY LOCAL FOOD NETWORK PO BOX 625 CHICO, CA 95927	84-3176353	501(C)(3)	49,900.	0.			DISASTER RELIEF
BUTTE COUNTY OFFICE OF EDUCATION 1859 BIRD STREET OROVILLE, CA 95965	94-6002433	GOVERNMENT	688,156.	0.			GENERAL SUPPORT
BUTTE COUNTY SHERIFF'S OFFICE 5 GILLICK WAY OROVILLE, CA 95965	94-6000506	GOVERNMENT	29,900.	0.			GENERAL SUPPORT
BUTTE COUNTY SHERIFF'S SEARCH & RESCUE - PO BOX 542 - CHICO, CA 95927	68-0424791	501(C)(3)	31,812.	0.			GENERAL SUPPORT
BUTTE COUNTY VOLUNTEER FIRE DEPT. COMPANY 52 - PO BOX 145 - FEATHER FALLS, CA 95940	81-3693802	501(C)(3)	17,773.	0.			GENERAL SUPPORT
BUTTE HUMANE SOCIETY 13391 GARNER LANE CHICO, CA 95973	94-1580621	501(C)(3)	59,814.	0.			GENERAL SUPPORT
CALIFORNIA CAREFORCE 950 RESERVE DRIVE ROSEVILLE, CA 95678	45-2408171	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP FIRE COLLABORATIVE 6241 SKYWAY PARADISE, CA 95969	83-3793835	501(C)(3)	1,305,106.	0.			GENERAL SUPPORT
CAMP FIRE LONG TERM RECOVERY GROUP - UNMET NEEDS - 1095 NELSON STREET - CHICO, CA 95928	83-3793835	501(C)(3)	487,519.	0.			DISASTER RELIEF
CARING CHOICES 580 MANZANITA AVENUE, SUITE 5 CHICO, CA 95928	68-0337307	501(C)(3)	6,593.	0.			GENERAL SUPPORT
CARING FOR WOMEN PO BOX 452 OROVILLE, CA 95965	94-3049472	501(C)(3)	12,000.	0.			GENERAL SUPPORT
CAST HOPE PO BOX 3740 CHICO, CA 95927	26-4042588	501(C)(3)	10,668.	0.			GENERAL SUPPORT
CATALYST DOMESTIC VIOLENCE SERVICES - PO BOX 4184 - CHICO, CA 95927	94-2587378	501(C)(3)	9,840.	0.			GENERAL SUPPORT
CHAT - CHICO HOUSING ACTION TEAM 22 WILLIAMSBURG LANE CHICO, CA 95926	68-0161455	501(C)(3)	8,100.	0.			GENERAL SUPPORT
CHICO AQUAJETS PO BOX 1131 CHICO, CA 95927	94-2194440	501(C)(3)	5,926.	0.			GENERAL SUPPORT
CHICO AREA COUNCIL ON AGING PO BOX 1662 CHICO, CA 95927	94-1732875	501(C)(3)	30,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICO AREA RECREATION & PARK DISTRICT - 545 VALLOMBROSA AVENUE - CHICO, CA 95926		501(C)(3)	11,027.	0.			GENERAL SUPPORT
CHICO ART CENTER 450 ORANGE STREET, SUITE 6 CHICO, CA 95928	94-6039790	501(C)(3)	5,161.	0.			GENERAL SUPPORT
CHICO COMMUNITY SCHOLARSHIP ASSOCIATION - PO BOX 7299 - CHICO, CA 95927	23-7056599	501(C)(3)	14,750.	0.			EDUCATION
CHICO HOUSING ACTION TEAM PO BOX 4868 CHICO, CA 95927	46-5487014	501(C)(3)	71,545.	0.			HOUSING
CHICO HOUSING ACTION TEAM P.O. BOX 4868 CHICO, CA 95927	46-5487014	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
CHICO MEALS ON WHEELS PO BOX 1662 CHICO, CA 95927	94-1732875	501(C)(3)	66,495.	0.			GENERAL SUPPORT
CHICO RANCHERIA HOUSING CORPORATION - 2889 COHASSET ROAD, SUITE 3 - CHICO, CA 95973	94-3311648		9,600.	0.			GENERAL SUPPORT
CHICO UNIFIED SCHOOL DISTRICT 1163 E 7TH STREET CHICO, CA 95928		GOVERNMENT	19,506.	0.			DISASTER RELIEF
CHILDREN'S COMMUNITY CHARTER SCHOOL - 6830 PENTZ ROAD - PARADISE, CA 95967	26-0223391	GOVERNMENT	30,000.	0.			DISASTER RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COHASSET COMMUNITY ASSOCIATION, INC. - 11 MAPLE CREEK RANCH ROAD - COHASSET, CA 95973-9042	23-7074359	501(C)(3)	8,500.	0.			GENERAL SUPPORT
COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC. - PO BOX 6369 - CHICO, CA 95927	94-1640546	501(C)(3)	46,506.	0.			GENERAL SUPPORT
COMMUNITY HOUSING IMPROVEMENT PROGRAM (CHIP) - 1001 WILLOW STREET - CHICO, CA 95928	94-2223398	501(C)(3)	651,039.	0.			GENERAL SUPPORT
CONNECTING POINT 208 SUTTON WAY GRASS VALLEY, CA 95945	81-4391775	501(C)(3)	27,791.	0.			GENERAL SUPPORT
CSU, CHICO ECOLOGICAL RESERVES 25 MAIN STREET CHICO, CA 95928	63-0386518	GOVERNMENT	50,000.	0.			DISASTER RELIEF
CSU, CHICO UNIVERSITY FOUNDATION CSU AT CHICO, BUILDING 25 CHICO, CA 95929-0011	95-1230865	GOVERNMENT	18,061.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	35,000.	0.			HEALTH AND WELLNESS
DURHAM UNIFIED SCHOOL DISTRICT PO BOX 300 DURHAM, CA 95938	94-6003423	GOVERNMENT	10,000.	0.			DISASTER RELIEF
EMDR HUMANITARIAN ASSISTANCE PROGRAMS, INC. - 2911 DIXWELL AVENUE, SUITE 201 - HAMDEN, CT 06518	33-0049051	501(C)(3)	75,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMDR RESEARCH FOUNDATION 1369 N PORT WASHINGTON ROAD, SUITE GRAFTON, WI 53024	72-1601034	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ENLOE CANCER CENTER 265 COHASSET ROAD CHICO, CA 95926	94-2985552	501(C)(3)	108,000.	0.			GENERAL SUPPORT
ENLOE FOUNDATION 249 W SIXTH AVENUE CHICO, CA 95926	94-2985552	501(C)(3)	133,553.	0.			HEALTH AND WELLNESS
ENLOE INFUSION CENTER 1531 ESPLANADE CHICO, CA 95926	94-1603784		20,000.	0.			GENERAL SUPPORT
EVERYBODY HEALTHY BODY PO BOX 6956 CHICO, CA 95927	81-2128927	501(C)(3)	8,000.	0.			GENERAL SUPPORT
FAITH LUTHERAN CHURCH 667 E 1ST AVENUE CHICO, CA 95926		501(C)(3)	6,000.	0.			GENERAL SUPPORT
FEATHER RIVER CENTER 2485 NOTRE DAME BOULEVARD CHICO, CA 95928	82-3383740	501(C)(3)	25,000.	0.			GENERAL SUPPORT
FEATHER RIVER HEALTH CENTER 5125 SKYWAY PARADISE, CA 95969	82-3383740	501(C)(3)	11,027.	0.			GENERAL SUPPORT
FEATHER RIVER HEALTH FOUNDATION 5974 PENTZ ROAD PARADISE, CA 95969	68-0002188	501(C)(3)	150,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH OF PARADISE 6500 CLARK ROAD PARADISE, CA 95969	94-6069488	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FOUNDATION FOR HIS MINISTRY PO BOX 74000 SAN CLEMENTE, CA 92673	95-2499595	501(C)(3)	7,500.	0.			GENERAL SUPPORT
FROM THE GROUND UP FARMS, INC 1692 MANGROVE AVENUE, SUITE 105 CHICO, CA 95926	46-4950188	501(C)(3)	132,775.	0.			GENERAL SUPPORT
GIRLS ON THE RUN OF THE NORTH STATE - PO BOX 284 - CHICO, CA 95927	27-3189083	501(C)(3)	10,397.	0.			GENERAL SUPPORT
GOLDEN FEATHER UNION ELEMENTARY SCHOOL DISTRICT - 2771 PENTZ ROAD - OROVILLE, CA 95965	68-0150335	GOVERNMENT	158,000.	0.			GENERAL SUPPORT
GREEN PARADISE GARDEN 141 W 5TH STREET, UNIT 4087 CHICO, CA 95927	86-2837463		25,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF BUTTE COUNTY - PO BOX 3073 - CHICO, CA 95927	68-0262142	501(C)(3)	918,120.	0.			GENERAL SUPPORT
HAWAII AUDUBON SOCIETY 850 RICHARDS STREET, SUITE 505 HONOLULU, HI 96813		501(C)(3)	19,829.	0.			ENVIRONMENT
HOME & HEART PO BOX 3844 CHICO, CA 95927	84-3787570	501(C)(3)	32,770.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HONEY RUN COVERED BRIDGE ASSOCIATION - 5357 NIMSHEW RUN LANE - CHICO, CA 95928	23-7052465	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ILLUMINAID 645 MANGROVE AVENUE CHICO, CA 95926	26-1616943	501(C)(3)	11,099.	0.			EDUCATION
INSPIRE SCHOOL OF ARTS & SCIENCES FOUNDATION - 335 W SACRAMENTO AVENUE - CHICO, CA 95926	84-3869884	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INTEGRATIVE MEDICAL CLINIC FOUNDATION - 2777 YULUPA AVENUE, SUITE 289 - SANTA ROSA, CA 95405	68-0445149	501(C)(3)	12,000.	0.			GENERAL SUPPORT
IRLEN INSTITUTE 5380 VILLAGE ROAD LONG BEACH, CA 90808		501(C)(3)	12,582.	0.			GENERAL SUPPORT
JESUS CENTER - JESUS PROVIDES OUR DAILY BREAD - 2255 FAIR STREET - CHICO, CA 95928	68-0290819	501(C)(3)	1,414,096.	0.			GENERAL SUPPORT
K-LOVE CHRISTIAN RADIO PO BOX 2098 OMAHA, NE 68103-2098	94-2816342	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KONKAU ASSOCIATION CORPORATION 2136 MYERS STREET OROVILLE, CA 95965	82-3693253		10,000.	0.			GENERAL SUPPORT
LAKE ALMANOR COMMUNITY CHURCH 2610 HIGHWAY A-13 LAKE ALMANOR, CA 96137	94-2506927	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFEWATER INTERNATIONAL PO BOX 3131 SAN LUIS OBISPO, CA 93403	95-3987142	501(C)(3)	12,000.	0.			GENERAL SUPPORT
LOST SIERRA FOOD PROJECT PO BOX 1494 QUINCY, CA 95971	84-4160459	501(C)(3)	30,000.	0.			GENERAL SUPPORT
LOVE 146 1800 CAMDEN ROAD CHARLOTTE, NC 28203	20-1168284	501(C)(3)	7,500.	0.			GENERAL SUPPORT
LUTHERAN CHURCH OF THE GOOD SHEPHERD - 1615 MORSE AVENUE - SACRAMENTO, CA 95864		501(C)(3)	35,000.	0.			GENERAL SUPPORT
MAGALIA COMMUNITY CHURCH PO BOX 165 MAGALIA, CA 95954	68-0016199	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MAGALIA COMMUNITY PARK P.O. BOX 203 MAGALIA, CA 95954	84-3751138	501(C)(3)	78,030.	0.			DISASTER RELIEF
MAIDU SUMMIT CONSORTIUM 289 MAIN STREET, UNIT 7 CHESTER, CA 96020	27-1129385	501(C)(3)	40,000.	0.			GENERAL SUPPORT
MERCY FOUNDATION NORTH 2625 EDITH AVENUE, SUITE E REDDING, CA 96001	94-3136799	501(C)(3)	19,685.	0.			GENERAL SUPPORT
MEXICO RED 10924 ORO VISTA AVENUE SUNLAND, CA 91040			10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINDFUL LITTLES 21C ORINDA WAY ORINDA, CA 94563	82-1012917	501(C)(3)	35,000.	0.			GENERAL SUPPORT
MORRISON & COMPANY CONSULTING 10 LANDING CIRCLE, SUITE 5 CHICO, CA 95973	83-2048961		32,000.	0.			GENERAL SUPPORT
MOUNTAIN SPRINGS GRANGE #754 1784 LUMPKIN ROAD OROVILLE, CA 95966			25,565.	0.			GENERAL SUPPORT
NATIONAL CHRISTIAN FOUNDATION 107 W FIELD ROAD KNOXVILLE, TN 37919		501(C)(3)	13,550.	0.			GENERAL SUPPORT
NATIONAL MS SOCIETY - NORTHERN CALIFORNIA CHAPTER - PO BOX 590779 - SAN FRANCISCO, CA 94159	13-5661935	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NORTH VALLEY SPARROW FOUNDATION PO BOX 1283 BIGGS, CA 95917	82-1624777	501(C)(3)	25,672.	0.			EDUCATION
NORTHERN CALIFORNIA REGIONAL LAND TRUST - PO BOX 9289 - CHICO, CA 95927	68-0216430	501(C)(3)	8,000.	0.			GENERAL SUPPORT
NORTHERN VALLEY CATHOLIC SOCIAL SERVICE - 10 INDEPENDENCE CIRCLE - CHICO, CA 95973	20-0984601	501(C)(3)	87,500.	0.			GENERAL SUPPORT
NORTON BUFFALO HALL FOUNDATION 14124 ROLLINS COURT MAGALIA, CA 95954	83-2048961	501(C)(3)	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORCHARD CHURCH COMMUNITY MINISTRY PO BOX 1608 CHICO, CA 95927	32-0026231	501(C)(3)	7,200.	0.			GENERAL SUPPORT
OROVILLE HOPE CENTER 1437 MYERS STREET OROVILLE, CA 95966	47-5315046	501(C)(3)	35,000.	0.			GENERAL SUPPORT
OROVILLE RESCUE MISSION 2150 BIRD STREET OROVILLE, CA 95966	94-2207457	501(C)(3)	12,000.	0.			GENERAL SUPPORT
OROVILLE SOUTHSIDE COMMUNITY IMPROVEMENT ASSOCIATION - 2959 LOWER WYANDOTTE ROAD - OROVILLE, CA 95966	27-0170361	501(C)(5)	11,900.	0.			GENERAL SUPPORT
PALERMO UNION SCHOOL DISTRICT 7390 BULLDOG WAY PALERMO, CA 95968	94-6003805	GOVERNMENT	10,000.	0.			DISASTER RELIEF
PARADISE ADVENTIST CHURCH PO BOX 1266 PARADISE, CA 95967	94-1702441	501(C)(3)	50,000.	0.			GENERAL SUPPORT
PARADISE ALLIANCE CHURCH 6491 CLARK ROAD PARADISE, CA 95969	94-2350721	501(C)(3)	120,000.	0.			GENERAL SUPPORT
PARADISE ANIMAL SHELTER HELPERS PO BOX 1021 PARADISE, CA 95967	68-0185353	501(C)(3)	13,227.	0.			GENERAL SUPPORT
PARADISE ART CENTER 5564 ALMOND STREET PARADISE, CA 95969	94-6139664	501(C)(3)	50,689.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARADISE CHARTER MIDDLE SCHOOL 2847 NOTRE DAME BOULEVARD CHICO, CA 95928	68-0361666	GOVERNMENT	24,500.	0.			GENERAL SUPPORT
PARADISE COMMUNITY CENTER 5282 FILBERT COURT PARADISE, CA 95969	94-2873681	501(C)(3)	40,000.	0.			GENERAL SUPPORT
PARADISE COMMUNITY CHORUS, INC. PO BOX 1043 MAGALIA, CA 95954	20-1873003	501(C)(3)	7,500.	0.			GENERAL SUPPORT
PARADISE HIGH SCHOOL 5911 MAXWELL DRIVE PARADISE, CA 95969	94-6003686	GOVERNMENT	7,642.	0.			GENERAL SUPPORT
PARADISE JR. HIGH SCHOOL 6696 CLARK ROAD PARADISE, CA 95969	94-6803685	GOVERNMENT	10,000.	0.			GENERAL SUPPORT
PARADISE JUNIOR HIGH SCHOOL 231 W EAST AVENUE CHICO, CA 95926	94-6803686	GOVERNMENT	50,000.	0.			DISASTER RELIEF
PARADISE PERFORMING ARTS CENTER PO BOX 1124 PARADISE, CA 95969	94-2681738	501(C)(3)	52,000.	0.			GENERAL SUPPORT
PARADISE RECREATION AND PARK DISTRICT - 6626 SKYWAY - PARADISE, CA 95969	94-6003009		100,000.	0.			DISASTER RELIEF
PARADISE RIDGE ELEMENTARY SCHOOL 6593 PENTZ ROAD PARADISE, CA 95969	94-6803686	GOVERNMENT	10,000.	0.			DISASTER RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARADISE RIDGEVIEW HIGH SCHOOL 6696 CLARK ROAD PARADISE, CA 95969	94-6003686	GOVERNMENT	10,000.	0.			GENERAL SUPPORT
PARADISE STRONGER, INC. PO BOX 1000 PARADISE, CA 95967	84-4195690	501(C)(3)	40,000.	0.			GENERAL SUPPORT
PINE RIDGE SCHOOL 13878 COMPTON DRIVE MAGALIA, CA 95954		GOVERNMENT	50,000.	0.			GENERAL SUPPORT
PLEASANT VALLEY HIGH SCHOOL 1475 EAST AVENUE CHICO, CA 95973	68-0161455	GOVERNMENT	10,239.	0.			GENERAL SUPPORT
PLEASANT VALLEY HIGH SCHOOL FOUNDATION - 1475 EAST AVENUE - CHICO, CA 95926	87-3298828	GOVERNMENT	12,652.	0.			GENERAL SUPPORT
PLUMAS COUNTY ARTS COMMISSION PO BOX 600 QUINCY, CA 95971	94-2814290	501(C)(3)	7,100.	0.			GENERAL SUPPORT
PLUMAS RURAL SERVICES 711 E MAIN STREET QUINCY, CA 95971	94-2722880	501(C)(3)	52,433.	0.			GENERAL SUPPORT
PLUMAS STRONG PO BOX 1052 GREENVILLE, CA 95947	94-3230114	501(C)(3)	133,655.	0.			GENERAL SUPPORT
PROJECT CAMP 1168 S SIERRA BONITA AVENUE LOS ANGELES, CA 90019	84-4640242	501(C)(3)	30,000.	0.			DISASTER RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVHS ASB 1475 EAST AVENUE CHICO, CA 95926		501(C)(3)	5,162.	0.			GENERAL SUPPORT
REBUILD PARADISE FOUNDATION 6067 SKYWAY, SUITE B PARADISE, CA 95969	83-4200562	501(C)(3)	600,335.	0.			DISASTER RELIEF
REGENERATING PARADISE 3797 W BRANCH LANE, C/O SUSAN DOBRA BUTTE VALLEY, CA 95965	86-1809981	501(C)(3)	45,000.	0.			GENERAL SUPPORT
RIVER OF LIFE ASSEMBLY OF GOD CHURCH - PO BOX 2345 - OROVILLE, CA 95965		501(C)(3)	5,500.	0.			GENERAL SUPPORT
SAFE SPACE WINTER SHELTER 236 W EAST AVENUE, SUITE A, PMB 115 CHICO, CA 95926	83-1150421	501(C)(3)	17,000.	0.			GENERAL SUPPORT
SKYWAY HOUSE 392 CONNORS COURT CHICO, CA 95926	91-1843304	501(C)(3)	10,359.	0.			COMMUNITY DEVELOPMENT
SOCIETY OF ST. VINCENT DE PAUL PO BOX 162487 SACRAMENTO, CA 95816	94-6023161	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SOL SANCTUARY 4791 ROUND VALLEY RANCH ROAD PARADISE, CA 95969	68-0541715	501(C)(3)	50,000.	0.			GENERAL SUPPORT
STIFEL CHARITABLE, INC. FBO LOVE JESUS FUND - 501 N BROADWAY - ST. LOUIS, MO 63102	84-2049692	501(C)(3)	190,930.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAM TOGETHER FOUNDATION 31878 DEL OBISPO STREET SAN JUAN CAPISTRANO, CA 92675	84-2247474	501(C)(3)	50,000.	0.			GENERAL SUPPORT
THE AXIOM PROJECT PO BOX 626 OROVILLE, CA 95965	26-0484227	501(C)(3)	10,209.	0.			GENERAL SUPPORT
THE FATHER'S HOUSE CHURCH OF OROVILLE, INC. - 2656 FT. WAYNE STREET - OROVILLE, CA 95966	68-0420711	501(C)(3)	6,200.	0.			GENERAL SUPPORT
THE GROWING PLACE 1074 EAST AVENUE, SUITE A-4 CHICO, CA 95926	45-2572636	501(C)(3)	6,000.	0.			GENERAL SUPPORT
THE PEG TAYLOR CENTER FOR ADULT DAY HEALTH CARE - 124 PARMAC ROAD - CHICO, CA 95926	68-0015216	501(C)(3)	21,594.	0.			GENERAL SUPPORT
THE SALVATION ARMY CHICO 567 E 16TH STREET CHICO, CA 95928	94-1156347	501(C)(3)	42,300.	0.			GENERAL SUPPORT
THE UNIVERSITY FOUNDATION, CSU CHICO - CALIFORNIA STATE UNIVERSITY CHICO - CHICO, CA 95929-0330	95-1230865	501(C)(3)	40,000.	0.			GENERAL SUPPORT
THERMALITO UNION ELEMENTARY SCHOOL DISTRICT - 400 GRAND AVENUE - OROVILLE, CA 95965		GOVERNMENT	10,000.	0.			DISASTER RELIEF
TINY PINE FOUNDATION PO BOX 1583 OROVILLE, CA 95965	84-3455731	501(C)(3)	224,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TORRES SHELTER 101 SILVER DOLLAR WAY CHICO, CA 95928	68-0440819	501(C)(3)	20,000.	0.			GENERAL SUPPORT
TOWN OF PARADISE 5555 SKYWAY PARADISE, CA 95969	94-2621899	GOVERNMENT	25,000.	0.			GENERAL SUPPORT
TRINITY UNITED METHODIST CHURCH 285 E. FIFTH STREET CHICO, CA 95928	94-1386595	501(C)(3)	9,000.	0.			GENERAL SUPPORT
TRUE NORTH HOUSING ALLIANCE 101 SILVER DOLLAR WAY CHICO, CA 95928	68-0440819	501(C)(3)	87,194.	0.			DISASTER RELIEF
UNITED WAY OF NORTHERN CALIFORNIA 3300 CHURN CREEK ROAD REDDING, CA 96002	94-1251675	501(C)(3)	97,229.	0.			GENERAL SUPPORT
UNIVERSITY FOUNDATION - CHICO STATE - 25 MAIN STREET, SUITE 203 - CHICO, CA 95929-0246	95-1230865	501(C)(3)	5,725.	0.			GENERAL SUPPORT
VALLEY CONTRACTORS EXCHANGE 951 E 8TH STREET CHICO, CA 95928	94-1348547	501(C)(3)	326,000.	0.			GENERAL SUPPORT
VETERANS OF FOREIGN WARS #1555 554 RIO LINDO AVENUE CHICO, CA 95926	23-7063380	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WATER AFRICA PO BOX 2012 LAKE OSWEGO, OR 97035	27-1122359	501(C)(3)	24,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S RESOURCE CLINIC 115 W. 2ND AVENUE CHICO, CA 95926	68-0382716	501(C)(3)	8,800.	0.			GENERAL SUPPORT
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVENUE, NW 7TH FL WASHINGTON, DC 20001	27-3521132	501(C)(3)	100,000.	0.			GENERAL SUPPORT
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063	95-3202116	501(C)(3)	47,120.	0.			GENERAL SUPPORT
YANKEE HILL FIRE SAFE COUNCIL PO BOX 4242 YANKEE HILL, CA 95965	68-0486052	501(C)(3)	50,000.	0.			GENERAL SUPPORT
YOUTH FOR CHANGE 260 COHASSET ROAD, SUITE 120 CHICO, CA 95926	68-0238941	501(C)(3)	539,200.	0.			DISASTER RELIEF
YOUTH ON THE RIDGE COMMUNITY FOUNDATION, INC. - 611 PARKWOOD DRIVE - CHICO, CA 95928	27-0772654	501(C)(3)	95,000.	0.			DISASTER RELIEF
YOUTH WITH A MISSION -- SPRINGS OF LIVING WATER - 15850 RICHARDSON SPRINGS ROAD - CHICO, CA 95973	95-2500089	501(C)(3)	10,000.	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	79	131,425.	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

2021

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) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALEXA BENSON-VALAVANIS PRESIDENT & CEO	(i)	175,153.	0.	0.	5,826.	18,170.	199,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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	44,483.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FUNDRAISING D)	X	39	15,348.	COST
26 Other ()				
27 Other ()				
28 Other ()				

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

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? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

NORTH VALLEY COMMUNITY FOUNDATION

Employer identification number

68-0161455

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

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

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

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

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

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

Schedule O (Form 990) 2021

132211 11-11-21

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

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

FORM 990, PART VI, SECTION C, LINE 19:
A STATEMENT IS PUBLISHED ON THE THE FOUNDATION'S WEBSITE THAT THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
EMPLOYEE RETENTION TAX CREDIT 282,098.

**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

2021

**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	417,379.	3,646,127.	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	331,131.	4,778,791.	NORTH VALLEY COMMUNITY FOUNDATION
NVCF PROPERTIES, LLC - 68-0161455 1811 CONCORD AVE, SUITE 220 CHICO, CA 95928	HOLDING REAL ESTATE	CALIFORNIA	0.	0.	NORTH VALLEY COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

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	81,390.	-69,652.		X	17,439.	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	247,346.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

Part VII Supplemental Information

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

[The form area contains multiple horizontal lines for providing supplemental information.]

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

ALEXA BENSON-VALAVANIS

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

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

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

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

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

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

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

EXTENDED TO MAY 15, 2023

Form **990-T**

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

OMB No. 1545-0047

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

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 <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NORTH VALLEY COMMUNITY FOUNDATION	D Employer identification number 68-0161455
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 1811 CONCORD AVE, 220	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code CHICO, CA 95928	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year ▶ 60,759,000.	

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

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	8,652.
2 Reserved	2	
3 Add lines 1 and 2	3	8,652.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	765.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	7,887.
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	7,887.
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	6,887.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	1,446.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	1,446.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

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	1,446.	
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> 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	1,446.	
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.	
6a Payments: A 2020 overpayment credited to 2021	6a	1,976.	
b 2021 estimated tax payments. Check if section 643(g) election applies	6b	704.	
c Tax deposited with Form 8868	6c		
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: <input type="checkbox"/> Form 2439	6g		
<input type="checkbox"/> Form 4136			
7 Total payments. Add lines 6a through 6g	7	2,680.	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
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	1,234.	
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax 1,234. Refunded	11	0.	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 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
			X
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
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$	
4 Enter available pre-2018 NOL carryovers here		\$	
Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a 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 6b. 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	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	TRACY S. PAGLIA	TRACY S. PAGLIA	03/30/23	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

12,270,773.

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

12,270,773.

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 2016
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018
 FOR TAX YEAR 2019
 FOR TAX YEAR 2020 13,783,006

TOTAL CARRYOVER 13,783,006
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 12,270,773

TOTAL CONTRIBUTIONS AVAILABLE 26,053,779
 TAXABLE INCOME LIMITATION AS ADJUSTED 765

EXCESS CONTRIBUTIONS 26,053,014
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 26,053,014

ALLOWABLE CONTRIBUTIONS DEDUCTION 765

TOTAL CONTRIBUTION DEDUCTION 765

**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).

1
OMB No. 1545-0047

2021

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) ▶ 901101	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **PASSTHROUGH INCOME - DFI RENTAL**

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 ▶			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	4c			
6 Rent income (Part IV)	5	17,439.		17,439.
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	17,439.		17,439.
	13			

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				1,298.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
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				7,489.
15 Total deductions. Add lines 1 through 14				8,787.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				8,652.
17 Deduction for net operating loss. See instructions				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				8,652.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.				
11 Total dividends-received deductions included in line 10 ▶ 0.				

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

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

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

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

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				0.
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Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
<u>DESCRIPTION</u>		<u>NET INCOME OR (LOSS)</u>
FRED AND EILEEN HIHNELL, LP - ORDINARY BUSINESS INCOME (LOSS)		17,439.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		<u>17,439.</u>

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
<u>DESCRIPTION</u>		<u>AMOUNT</u>
TAX PREPARATION FEES		1,250.
ANNUAL ADMINISTRATION FEE		5,000.
DISTRIBUTION ADMINISTRATION FEE		1,239.
TOTAL TO SCHEDULE A, PART II, LINE 14		<u>7,489.</u>

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

ALEXA BENSON-VALAVANIS

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

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

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

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	2,489.
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	\$	2,680.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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