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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NORTH VALLEY COMMUNITY FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3120 COHASSET ROAD, SUITE 8

City or town, state or country, and ZIP + 4
CHICO, CA 95973

D Employer identification number
68-0161455

E Telephone number
530-891-1150

G Gross receipts $ 3,284,532.

F Name and address of principal officer: ALEXA VALAVANIS
3120 COHASSET RD., SUITE 8, CHICO, CA 95973

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3)◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP://WWW.NVCF.ORG

H(c) Group exemption number ▶

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1989 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS DEDICATED TO ADVANCING THE EDUCATIONAL AND SOCIOLOGICAL INTEREST OF THE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,834,224.	2,360,876.
9	Program service revenue (Part VIII, line 2g)	158,968.	63,104.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	160,216.	198,683.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,153,408.	2,622,663.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	525,800.	1,387,703.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	140,688.	162,679.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	323,579.	527,771.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	990,067.	2,078,153.
19	Revenue less expenses Subtract line 18 from line 12	3,163,341.	544,510.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	6,335,447.	5,546,749.
21	Total liabilities (Part X, line 26)	413,523.	334,437.
22	Net assets or fund balances Subtract line 21 from line 20	5,921,924.	5,212,312.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 5/12/10

▶ ALEXA VALAVANIS, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 5/12/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00162419

Firm's name (or yours if self-employed), address, and ZIP + 4
TITTLE & COMPANY, LLP
295 AIRPARK BLVD., SUITE 100
CHICO, CA 95973

EIN ▶

Phone no. ▶ 530-898-8647

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

G-15

SCANNED JUL 15 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

THE FOUNDATION IS DEDICATED TO ADVANCING THE EDUCATIONAL AND SOCIOLOGICAL INTEREST OF THE COMMUNITIES SERVED.

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

If "Yes", describe these new services on Schedule O.

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

If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 1,837,853. including grants of $ 1,837,853.) (Revenue $)

TO FACILITATE PHILANTRPOHY IN BUTTE, COLUSA, GLENN AND TEHAMA COUNTIES WITHIN THE STATE OF CALIFORNIA AND TO SUPPORT COMMUNITY EFFORTS TO IMPROVE THE QUALITY OF LIFE IN THE NORTH VALLEY.

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 1,837,853. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	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? *If "Yes," answer questions 24b-24d and complete Schedule K If "No", go to question 25*	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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV | Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	19		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 9		
b	Enter the number of voting members that are independent	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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 in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	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?	15a	X	
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶

ALEXA VALAVANIS - 530-891-1150
3120 COHASSET ROAD, STE. 8, CHICO, CA 95973

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LORI PARRIS PRESIDENT	2.00							0.	0.	0.
MARK JOHNSON VICE-PRESIDENT	2.00							0.	0.	0.
SANDORA NISHIO SECRETARY	2.00							0.	0.	0.
ANTON KLEMENS III TREASURER	2.00							0.	0.	0.
ROGER WILLIAMS	2.00							0.	0.	0.
SHERRY HOLBROOK	2.00							0.	0.	0.
DEBBIE ROSSI	2.00							0.	0.	0.
BILL KYLE	2.00							0.	0.	0.
ALEXA VALAVANIS CEO	40.00			X				73,100.	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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								73,100.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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 NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 2360876.				
	g Noncash contributions included in lines 1a-1f $				
	h Total. Add lines 1a-1f ▶	2,360,876.			
Program Service Revenue	Business Code				
	2a PROGRAM/ADMINISTRATIVE	63,104.	63,104.		
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ▶	63,104.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	198,683.	198,683.		
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
	(i) Real / (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory 661,869.				
	b Less cost or other basis and sales expenses 661,869.				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b Less direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue / Business Code				
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ▶				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	2,622,663.	261,787.	0.	0.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	1,357,703.	1,357,703.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	30,000.	30,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	73,100.		73,100.	
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	74,808.		74,808.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,036.		2,036.	
10 Payroll taxes	12,735.		12,735.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	7,800.		7,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	10,535.		10,535.	
14 Information technology				
15 Royalties				
16 Occupancy	3,648.		3,648.	
17 Travel	3,828.		3,828.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	193.		193.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,171.		2,171.	
23 Insurance	2,488.		2,488.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CHARITABLE PROJECT EXPE	450,150.	450,150.		
b INVESTMENT/BANK FEES	22,323.		22,323.	
c CONSULTING	11,797.		11,797.	
d MARKETING	7,863.		7,863.	
e SOFTWARE SUPPORT	2,845.		2,845.	
f All other expenses	2,130.		2,130.	
25 **Total functional expenses.** Add lines 1 through 24f	2,078,153.	1,837,853.	240,300.	0.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		3,274.	1	20,393.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		423,222.	3	37,500.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost basis	10a 220,977.			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 48,519.	504,588.	10c	172,458.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		5,402,971.	12	5,315,355.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,392.	15	1,043.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,335,447.	16	5,546,749.
Liabilities	17	Accounts payable and accrued expenses		2,962.	17	594.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		410,561.	25	333,843.
	26	**Total liabilities.** Add lines 17 through 25		413,523.	26	334,437.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,088,197.	27	4,565,269.
	28	Temporarily restricted net assets		833,727.	28	647,043.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,921,924.	33	5,212,312.
	34	Total liabilities and net assets/fund balances		6,335,447.	34	5,546,749.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
NORTH VALLEY COMMUNITY FOUNDATION	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 (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	628,869.	807,470.	986,246.	3834224.	2360876.	8617685.
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 - 3	628,869.	807,470.	986,246.	3834224.	2360876.	8617685.
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)						590,188.
6 **Public Support.** Subtract line 5 from line 4						8027497.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	628,869.	807,470.	986,246.	3834224.	2360876.	8617685.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,514.	87,196.	142,294.	160,216.	198,683.	637,903.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						9255588.

12 Gross receipts from related activities, etc (see instructions)	12	471,215.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	86.73 %
15 Public support percentage from 2007 Schedule A, Part IV A, line 26f	15	56.94 %

16a **33 1/3% support test - 2008.** 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 ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

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" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	13	430
2	Aggregate contributions to (during year)	260,794.	2,925,070.
3	Aggregate grants from (during year)	280,819.	1,885,519.
4	Aggregate value at end of year	1,364,395.	3,542,217.

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? [X] Yes [ ] No

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

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e g , recreation or pleasure)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of certified historic structure

2 Complete lines 2a-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 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 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a 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 programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	833,727.				
b Contributions	0.				
c Investment earnings or losses	-166,799.				
d Grants or scholarships	19,885.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	647,043.				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

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 (3a(i))		X
(ii) related organizations (3a(ii))		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? (3b)

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		170,000.		170,000.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		50,977.	48,519.	2,458.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				172,458.

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
INVESTMENT SECURITIES	5,315,355.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	5,315,355.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
FUNDS HELD AS AGENCY ENDOWMENTS	333,843.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	333,843.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,622,663.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,078,153.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	544,510.
4	Net unrealized gains (losses) on investments	4	-1,254,122.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	-1,254,122.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-709,612.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,567,353.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,055,310.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	-1,055,310.
3	Subtract line 2e from line 1			3	2,622,663.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	2,622,663.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,078,153.
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,078,153.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	2,078,153.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ Attach to Form 990.

OMB No 1545-0047

2008

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? [X] 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I 1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ESPLANADE HOUSE 181 E. SHASTA AVE CHICO, CA 95926	95-4545206		96,764.	0.			GENERAL SUPPORT
PLEASANT VALLEY HIGH SCHOOL SPORTS BOOSTERS - 1475 EAST AVENUE - CHICO, CA 95973	20-2334846		3,167.	0.			GENERAL SUPPORT
WORLD VISION 10175 SW BARBUR BLVD. STE 205 CHICO, CA 95928-6747	95-3202116		53,000.	0.			HEALTH - TO PROVIDE CLEAN WATER
1078 GALLERY 820 BROADWAY ST CHICO, CA 95928	68-0051663		589.	0.			GENERAL SUPPORT
GIRL SCOUTS OF THE SIERRA CASCADE			0.	0.			
THE SUNSHINE KIDS CLUB OF CALIFORNIA, INC. - 568 MANZANITA AVE., #7 - CHICO, CA 95926	47-0859313		17,182.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ 170.

3 Enter total number of other organizations ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance
SCHOLARSHIPS & GENERAL SUPPORT	39	30,000.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: NORTH VALLEY COMMUNITY FOUNDATION MAINTAINS A FILE OF GUIDESTAR REPORTS ON EACH GRANTEE. NORTH VALLEY COMMUNITY FOUNDATION DOES NOT MAKE ANY DETERMINATIONS AS TO THE AMOUNT OF GRANTS, ELIGIBILITY, OR SELECTION PROCESS. ALL THE FUNDS ARE DONOR OR COMMITTEE ADVISED OR NON-PROFIT BOARD ADVISED.

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
NORTH VALLEY COMMUNITY FOUNDATION

Employer identification number
68-0161455

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORK TRAINING CENTER 2255 FAIR ST CHICO, CA 95926	94-1540883		30,076.	0.			MENTAL HEALTH - GENERAL SUPPORT
CHICO COMMUNITY SCHOLARSHIP ASSOCIATION - 1530 HUMBOLDT RD., STE 2 - CHICO, CA 95928	23-7056599		4,615.	0.			EDUCATION/TO PROVIDE SCHOLARSHIPS - GENERAL SUPPORT
ABBEY OF NEW CLAIRVAUX P.O. BOX 80 CHICO, CA 95927	94-1516317		69,072.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY P.O. BOX 3073 CHICO, CA 95927	68-0262142		111.	0.			HOUSING - GENERAL SUPPORT
BOYS & GIRLS CLUBS OF THE NORTH VALLEY - 601 WALL STREET - CHICO, CA 95928	68-0294846		7,075.	0.			GENERAL SUPPORT
CHICO UNIFIED SCHOOL DISTRICT 1163 E. 7TH ST. CHICO, CA 95973	94-1591650		6,015.	0.			EDUCATIONAL - GENERAL SUPPORT
CATALYST DOMESTIC VIOLENCE SERVICES - P.O. BOX 4184 - CHICO, CA 95973	94-2587378		156.	0.			GENERAL SUPPORT
ABILITY FIRST SPORTS CAMP C/O LOMA VISTA SCHOOL - 2404 MARIGOLD AVE - VINA, CA 96092	95-1230865		1,000.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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2008
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JESUS CENTER 1297 PARK AVE CHICO, CA 95928	68-0290819		16,956.	0.			GENERAL SUPPORT
CHICO COMMUNITY SHELTER PARTNERSHIP - 101 SILVER DOLLAR WY - CHICO, CA 95928	68-0440819		87,578.	0.			GENERAL SUPPORT
THE ARC OF BUTTE COUNTY, INC. P.O. BOX 3697 CHICO, CA 95927	94-1746468		1,295.	0.			GENERAL SUPPORT
BUTTE COUNTY HISTORICAL SOCIETY MUSEUM - P.O. BOX 2195 - PARADISE, CA 95969	23-7441239		3,487.	0.			ARTS, CULTURE - GENERAL SUPPORT
AMERICAN HEART ASSOCIATION, INC 28 HANOVER LN., STE B CHICO, CA 95928	13-5613797		54.	0.			GENERAL SUPPORT
CSU CHICO FINANCIAL AID CSU CHICO CHICO, CA 95929-0011	94-1591650		7,500.	0.			EDUCATIONAL - GENERAL SUPPORT
CHICO HIGH SCHOOL AG/HORTICULTURE			0.	0.			
UGANDA ORPHANS FUND 101 E. OAK ST., STE 2A CHICO, CA 95928	02-0656591		15,000.	0.			TO PROVIDE CLEAN WATER - GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2008
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Name of the organization
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Employer identification number
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOOKER OAK ELEMENTARY SCHOOL 1238 ARBUTUS AVE CHICO, CA 95926	94-1591650		11,500.	0.			GENERAL SUPPORT
AMERICAN LEGION BASEBALL			500.	0.			GENERAL SUPPORT
LIVING LIGHT FOUNDATION 341 BROADWAY ST., STE 222 CHICO, CA 95973	30-0244307		1,032.	0.			GENERAL SUPPORT
EVANGELICAL FREE CHURCH 1193 FILBERT AVE CHICO, CA 95973	94-1569726		3,900.	0.			GENERAL SUPPORT
ZEN COMPASSIONATE CARE P.O. BOX 1244 CHICO, CA 95927	68-0161455		6,670.	0.			GENERAL SUPPORT
FRIEND & FANS			0.	0.			
AMERICAN RED CROSS-THREE RIVERS CHAPTER - P.O. BOX 142 - YUBA CITY, CA 95992	94-1422473		17,507.	0.			GENERAL SUPPORT
OPEN STRUCTURED CLASSROOM FOUNDATION - CHICO, CA			0.	0.			

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2008
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Name of the organization
NORTH VALLEY COMMUNITY FOUNDATION

Employer identification number
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OROVILLE CHURCH OF THE NAZARENE 2838 MONTE VISTA OROVILLE, CA 95966	23-7198174		1,000.	0.			RELIGION - GENERAL SUPPORT
KCHO CSU CHICO CHICO, CA 95929	95-1230865		603.	0.			GENERAL SUPPORT
ORPHAN CARE INTERNATIONAL 13977 LINDBERGH CIRCLE CHICO, CA 95973	56-2615423		2,500.	0.			GENERAL SUPPORT
APEX GLOBAL DISEASE RESEARCH INSTITUTE - 12202 SE 31ST PL., STE 105 - MILWAUKEE, OR 97222	26-2773980		1,900.	0.			GENERAL SUPPORT
GRIDLEY SENIORS FOOD DISTRIBUTION CENTER - GRIDLEY, CA			0.	0.			
CHICO HIGH SCHOOL 901 ESPLANADE CHICO, CA 95926	94-1591650		100.	0.			EDUCATIONAL - GENERAL SUPPORT
BIDWELL JUNIOR HIGH SCHOOL			0.	0.			
JUST ONE PERSON 1619 DIAMOND AVE CHICO, CA 95928	26-1779674		14,400.	0.			EDUCATIONAL - GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1 (Form 990)
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Continuation Sheet for Schedule I (Form 990)
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIDWELL MANSION ASSOCIATION 525 ESPLANADE CHICO, CA 95926	94-2202782		2,163.	0.			GENERAL SUPPORT
CHICO HIGH SCHOOL FOUNDATION			0.	0.			
KINGDOM CAUSES P.O. BOX 90243 LONG BEACH, CA 90809	57-1162424		5,500.	0.			GENERAL SUPPORT
CALACIRYA FOUNDATION P.O. BOX 410971 SAN FRANCISCO, CA 94141	20-8459255		7,448.	0.			GENERAL SUPPORT
NORTH VALLEY CATHOLIC SOCIAL SERVICE - 10 INDEPENDENCE CIR - CHICO, CA 95926	20-0984601		20,583.	0.			GENERAL SUPPORT
BIDWELL MEMORIAL PRESBYTERIAN CHURCH - 208 W. 1ST ST - CHICO, CA 95927	94-1212149		13,825.	0.			GENERAL SUPPORT
HANDIRIDERS P.O. BOX 1885 CHICO, CA 95927	94-2882262		1,184.	0.			GENERAL SUPPORT
CALIFORNIA VOCATIONS P.O. BOX 538 PARADISE, CA 95967	68-0062031		1,739.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH STATE SYMPHONY 400 W. 1ST ST. CHICO, CA 95929	95-1230865		8,274.	0.			GENERAL SUPPORT
CHICO PEACE AND JUSTICE CENTER 526 BROADWAY ST. CHICO, CA 95926	94-2902756		5,258.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF BUTTE COUNTY - P.O. BOX 7222 - CHICO, CA 95927	91-1774929		9,533.	0.			YOUTH DEVELOPMENT - GENERAL SUPPORT
CHILDREN'S CENTER FOR HOPE P.O. BOX 7606 CHICO, CA 95927	20-5748362		20,270.	0.			GENERAL SUPPORT
CHILDREN'S CHOIR OF CHICO 819 SHERIDAN AVE. CHICO, CA 95926	68-0459548		10,234.	0.			GENERAL SUPPORT
CHICO STATE ALUMNI ASSOCIATION CSU CHICO - ZIP 0050 CHICO, CA 95929	95-1230865		897.	0.			GENERAL SUPPORT
PARADISE SYPHONY SOCIETY P.O. BOX 1892 PARADISE, CA 95969	94-1674265		8,603.	0.			GENERAL SUPPORT
BIG CHICO CREEK WATERSHED ALLIANCE P.O. BOX 461 CHICO, CA 95927	20-0575810		2,223.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VECTORS 171 RIO LINDO CHICO, CA 95926	68-0331717		242.	0.			GENERAL SUPPORT
DOROTEIA PATHWAYS P.O. BOX 7514 CHICO, CA 95927	20-4331649		1,292.	0.			GENERAL SUPPORT
JUNGLE MASTER MINISTRIES 2517 ERIE ST BELLINGHAM, WA 98226	20-2171854		7,500.	0.			GENERAL SUPPORT
YOUNG LIFE CHICO/BUTTE COUNTY P.O. BOX 3533 CHICO, CA 95927	84-0385934		24,133.	0.			GENERAL SUPPORT
BIGGS-GRIDLEY WELLNESS FOUNDATION 3120 COHASSET RD. STE 8 CHICO, CA 95973	26-3410784		216,209.	0.			HEALTH - GENERAL SUPPORT - FINAL GRANT FUNDS
BLUE OAK CHARTER SCHOOL 746 MOSS AVE CHICO, CA 95926	02-0702969		23,434.	0.			EDUCATION - GENERAL SUPPORT
BOY SCOUTS - GOLDEN EMPIRE 561 E. LINDO AVE #5 CHICO, CA 95926	23-7627152		27.	0.			GENERAL SUPPORT
THE BUTTE COLLEGE FOUNDATION 3536 BUTTE CAMPUS DR OROVILLE, CA 95965	94-3153995		47,543.	0.			EDUCATION - GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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2008
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Name of the organization
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTTE COUNTY FIRE SAFE COUNCIL 767 BIRCH ST PARADISE, CA 95969	10-0004010		737.	0.			GENERAL SUPPORT
BUTTE COUNTY LIBRARY 1820 MITCHELL AVE OROVILLE, CA 95966	94-6000506		9,519.	0.			GENERAL SUPPORT
BUTTE COUNTY LIBRARY LITERACY SERVICES - 1820 MITCHELL AVE - OROVILLE, CA 95966	94-6000506		32.	0.			GENERAL SUPPORT
BUTTE CREEK CANYON VOLUNTEER FIRE COMPANY - P.O. BOX 3171 - CHICO, CA 95927	68-0182552		18,271.	0.			GENERAL SUPPORT
BUTTE ENVIRONMENTAL COUNCIL, INC 116 W 2ND ST., STE 3 CHICO, CA 95926	94-2309829		1,528.	0.			GENERAL SUPPORT
BUTTE HUMANE SOCIETY 2579 FAIR ST CHICO, CA 95928	94-1508621		3,680.	0.			GENERAL SUPPORT
CALIFORNIA HEALTH COLLABORATIVE CHICO - 25 JAN CT., #130 - CHICO, CA 95928	94-2862660		2,500.	0.			GENERAL SUPPORT
CAMINAR, INC. 825 A MAIN ST CHICO, CA 95928	94-1639389		2,117.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING CHOICES 1398 RIDGEWOOD DR CHICO, CA 95973	68-0337307		8,553.	0.			GENERAL SUPPORT
CEPCO VENTURE ISLAND ENTREPRENEUR'S SUCC - CHICO, CA 95928	68-0069592		4,000.	0.			GENERAL SUPPORT
CHICO AIR MUSEUM 170 CONVAIR AVE CHICO, CA 95973	53-3819450		2,286.	0.			GENERAL SUPPORT
CHICO CABARET 2201 PILLSBURY RD., STE 174 CHICO, CA 95926	33-1101837		221.	0.			GENERAL SUPPORT
CHICO COMMUNITY BALLET P.O. BOX 1092 CHICO, CA 95927	94-2793119		877.	0.			GENERAL SUPPORT
CHICO COMMUNITY CHILDREN'S CENTER 2224 ELM ST CHICO, CA 95928	94-2257061		321.	0.			GENERAL SUPPORT
CHICO COUNTRY DAY SCHOOL 102 W. 11TH ST CHICO, CA 95928	20-1224053		36,692.	0.			GENERAL SUPPORT
CHICO CREEK NATURE CENTER 1968 E. 8TH ST CHICO, CA 95928	68-0341188		1,274.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICO ECONOMIC PLANNING CORP. 555 MAIN ST CHICO, CA 95928	68-0069592		2,225.	0.			GENERAL SUPPORT
CHICO HERITAGE ASSOCIATION P.O. BOX 3517 CHICO, CA 95927	94-2807823		5,009.	0.			GENERAL SUPPORT
CHICO HIGH SCHOOL - CHORAL MUSIC 901 ESPLANADE CHICO, CA 95926	94-1591650		200.	0.			EDUCATIONAL - GENERAL SUPPORT
CHICO LIFE 55 INDEPENDENCE CIR., ST 201 CHICO, CA 95973	68-0467970		6,730.	0.			GENERAL SUPPORT
CHICO NURSERY SCHOOL, A COOPERATIVE - 1190 E. 1ST AVE - CHICO, CA 95926	51-0160116		695.	0.			GENERAL SUPPORT
CHICO POLICE CHAPLAINS ASSOCIATION 1460 HUMBOLDT RD CHICO, CA 95928-9111			650.	0.			GENERAL SUPPORT
CHICO THEATRE COMPANY 166 EATON RD STE F CHICO, CA 95973	32-0087023		2,146.	0.			GENERAL SUPPORT
CITY OF CHICO - PARKS DIVISION 965 FIR ST CHICO, CA 95928	94-6000308		2,295.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLUB STAIRWAYS P.O. BOX 6357 CHICO, CA 95927	20-4715747		53,146.	0.			GENERAL SUPPORT
COHASSET COMMUNITY ASSOCIATION, INC. - 11 MAPLE CREEK RANCH RD - COHASSET, CA 95973	23-7074359		5,000.	0.			GENERAL SUPPORT
COLUSA COUNTY FRIENDS OF THE LIBRARY - P.O. BOX 1105 - COLUSA, CA 95932	94-2675438		150.	0.			GENERAL SUPPORT
COLUSA REGIONAL MEDICAL CENTER 199 E WEBSTER ST COLUSA, CA 95932	31-1750849		937.	0.			GENERAL SUPPORT
COMMUNITY ALLIANCE FUND 55 INDEPENDENCE CIR., ST 201 CHICO, CA 95973	68-0161455		6,000.	0.			GENERAL SUPPORT
COMMUNITY COLLABORATIVE FOR YOUTH 175 E. 2ND ST., STE 3 CHICO, CA 95928	68-0357473		1,364.	0.			GENERAL SUPPORT
COMPUTERS FOR CLASSROOMS, INC. 315 HUSS DR CHICO, CA 95928	68-0480598		111.	0.			EDUCATIONAL - GENERAL SUPPORT
CONGREGATION BETH ISRAEL P.O. BOX 3266 CHICO, CA 95927	94-2852498		14,417.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
NORTH VALLEY COMMUNITY FOUNDATION

Employer identification number
68-0161455

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CSU, CHICO UNIVERSITY FOUNDATION - CSU, CHICO - CHICO, CA 95929-0011	95-1230865		2,212.	0.			EDUCATIONAL - GENERAL SUPPORT
ENLOE CANCER CENTER 265 COHASSET RD CHICO, CA 95926	94-2985552		692.	0.			GENERAL SUPPORT
ENLOE FOUNDATION 249 W. SIXTH AVE CHICO, CA 95926	94-2985552		2,000.	0.			GENERAL SUPPORT
FAMILY SERVICE AGENCY 1347 GRANT ST RED BLUFF, CA 96080	94-1616456		1,666.	0.			GENERAL SUPPORT
FAR WEST HERITAGE ASSOCIATION 270 BOEING AVE., STE 1 CHICO, CA 95973	94-2740978		12,034.	0.			GENERAL SUPPORT
FINCA 1101 FOURTEENTH ST., NW 11TH FLOOR WASHINGTON, DC 20005	13-3240109		5,000.	0.			GENERAL SUPPORT
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRINGS, CO 80920	95-3188150		3,000.	0.			GENERAL SUPPORT
FOREST RANCH CHARTER SCHOOL P.O. BOX 5 FOREST RANCH, CA 95942	26-2908742		8,065.	0.			EDUCATIONAL - GENERAL SUPPORT

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FREEDOM ALLIANCE 22570 MARKEY CT., STE 240 DULLES, VA 20166	54-1411430		3,000.	0.			GENERAL SUPPORT
FRIENDS OF BIDWELL PARK P.O. BOX 3036 CHICO, CA 95927	80-0061379		3,141.	0.			GENERAL SUPPORT
FRIENDS OF THE LIBRARY, DURHAM P.O. BOX 505 DURHAM, CA 95938	68-0339612		1,107.	0.			GENERAL SUPPORT
GEOFFREY G. JOHNSON MEMORIAL FUND	68-0161455		400.	0.			GENERAL SUPPORT
GIVE A LITTLE - GIVE A LOT, INC 24 UPPER LAKE DR CHICO, CA 95928	30-0272527		4,167.	0.			GENERAL SUPPORT
GLENN COUNTY HUMAN RESOURCE AGENCY	94-6000691		500.	0.			GENERAL SUPPORT
GLENN MEDICAL FOUNDATION P.O. BOX 1041 WILLOWS, CA 95988	20-3255758		221.	0.			HEALTH - GENERAL SUPPORT
GOLD NUGGET MUSEUM P.O. BOX 949 PARADISE, CA 95969	94-2389601		4,424.	0.			GENERAL SUPPORT

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GRIDLEY SACRED HEART	94-1503911		700.	0.			GENERAL SUPPORT
HERITAGE FOUNDATION 214 MASSACHUSETTS AVE WASHINGTON, DC 20002	23-7327730		3,000.	0.			GENERAL SUPPORT
IMPACT LIFE IN COLUSA 541 FREMONT ST COLUSA , CA 95932	94-1156347		250.	0.			GENERAL SUPPORT
INDEPENDENT LIVING SERVICES OF NORTHERN CALIFORNIA - 1161 EAST AVE - CHICO, CA 95926	94-2735218		232.	0.			GENERAL SUPPORT
INNOVATIVE PRESCHOOL, INC 2404 MARIGOLD AVE CHICO, CA 95926	68-0203710		2,304.	0.			EDUCATIONAL - GENERAL SUPPORT
KATIE MARIE PROSSER MEMORIAL FUND	68-0161455		100.	0.			GENERAL SUPPORT
KZFR/GOLDEN VALLEY COMMUNITY BROADCASTER - P.O. BOX 3173 - CHICO, CA 95927	94-3054146		1,603.	0.			GENERAL SUPPORT
LEAGUE OF WOMEN VOTERS OF BUTTE COUNTY - P.O. BOX 965 - CHICO, CA 95927	94-6107833		2,821.	0.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE RED HEN 14555 CAMAREN PARK DR. CHICO, CA 95973	94-3380673		1,000.	0.			GENERAL SUPPORT
MEALS ON WHEELS - CHICO P.O. BOX 1662 CHICO, CA 95927	94-1732875		11,743.	0.			GENERAL SUPPORT
MEM PRESCHOOL FUND 1455 CHESTNUT ST CHICO, CA 95928	68-0161455		581.	0.			GENERAL SUPPORT
MERCY HIGH SCHOOL 233 RIVERSIDE AVE. RED BLUFF, CA 96080	94-1606516		6,062.	0.			GENERAL SUPPORT
MONTESSORI ELEMENTARY SCHOOL OF CHICO - 3105 ESPLANADE - CHICO, CA 95973-0202	26-0231323		10,993.	0.			GENERAL SUPPORT
MUSEUM OF ANTHROPOLOGY 400 W. 1ST ST. CHICO, CA 95929	95-1230865		55.	0.			GENERAL SUPPORT
MUSIC TEACHER'S ASSOCIATION OF CALIFORNIA - 7 DISCOVERY WAY - CHICO, CA 95973	23-7131355		5,493.	0.			GENERAL SUPPORT
THE MUSTANG PROJECT P.O. BOX 1425 CORNING, CA 96021	68-0485853		27.	0.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD CHURCH OF CHICO, INC. 2801 NOTRE DAME BLVD. CHICO, CA 95928	94-1697956		262.	0.			GENERAL SUPPORT
NORTH VALLEY ANIMAL DISASTER GROUP P.O. BOX 441 CHICO, CA 95927	06-1672191		4,191.	0.			GENERAL SUPPORT
NORTHERN CALIFORNIA NATURAL HISTORY MUSEUM - CSU, CHICO - CHICO, CA 95929	95-1230865		4,025.	0.			GENERAL SUPPORT
NORTHERN CALIFORNIA REGIONAL LAND TRUST - 167 E. 3RD AVE - CHICO, CA 95926	68-0216430		969.	0.			GENERAL SUPPORT
NOTRE DAME SCHOOL 435 HAZEL ST CHICO, CA 95928	68-0447766		8,600.	0.			GENERAL SUPPORT
ORCHARD CHURCH COMMUNITY MINISTRY P.O. BOX 1608 OROVILLE, CA 95966	32-0026231		6,415.	0.			GENERAL SUPPORT
OROVILLE SALVATION ARMY 1640 WASHINGTON OROVILLE, CA 95966	94-1156347		1,650.	0.			GENERAL SUPPORT
OROVILLE YMCA 1684 ROBINSON ST OROVILLE, CA 95966	94-1156634		6,074.	0.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
P.A.T.H. TEHAMA COUNTY COALITION - SHELTER - P.O. BOX 315 - RED BLUFF, CA 96080	68-0465095		7,106.	0.			HOUSING - GENERAL SUPPORT
PARADISE CENTER FOR TOLERANCE & NONVIOLENCE - 6023 SKYWAY - PARADISE , CA 95969	68-0469069		4,405.	0.			GENERAL SUPPORT
PARADISE PERFORMING ARTS CENTER P.O. BOX 1124 PARADISE, CA 95967	94-2681738		2,657.	0.			GENERAL SUPPORT
PARADISE RECREATION & PARK DISTRICT - 6626 SKYWAY - PARADISE, CA 95969	94-6003009		1,000.	0.			GENERAL SUPPORT
PARADISE SALVATION ARMY	94-1156347		750.	0.			GENERAL SUPPORT
PARENT EDUCATION NETWORK 2070 TALBERT DR CHICO, CA 95928	94-2752405		2,119.	0.			GENERAL SUPPORT
PASSAGES ADULT RESOURCE CENTER 2491 CARMICHAEL DR., #400 CHICO, CA 95928-7132	95-1230865		7,168.	0.			GENERAL SUPPORT
PAWS OF BUTTE COUNTY P.O. BOX 5715 OROVILLE, CA 95966	68-0193922		1,107.	0.			GENERAL SUPPORT

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PAWS OF CHICO P.O. BOX 93 CHICO, CA 95927	20-4113959		955.	0.			GENERAL SUPPORT
PEG TAYLOR CENTER FOR ADULT DAY HEALTH - 124 PARMAC RD - CHICO, CA 95926	68-0015216		2,126.	0.			GENERAL SUPPORT
PLEASANT VALLEY HIGH SCHOOL - ASSOCIATED STUDENT BODY - 1475 EAST AVENUE - CHICO, CA 95926	94-1591650		1,764.	0.			EDUCATIONAL - GENERAL SUPPORT
PLUMAS COUNTY SALVATION ARMY	94-1156347		100.	0.			GENERAL SUPPORT
RAD - RECREATION & DREAMS KIDS WITH CANCER C/O ENLOE HOSPITAL - 649 W. 6TH ST - CHICO, CA 95926	94-2985552		1,000.	0.			GENERAL SUPPORT
RAPE CRISIS INTERVENTION, INC. P.O. BOX 423 CHICO, CA 95927	51-0159463		609.	0.			GENERAL SUPPORT
RED BLUFF SALVATION ARMY 940 WALNUT ST RED BLUFF, CA 96080	94-1156347		150.	0.			GENERAL SUPPORT
RF CHICO STATE MEN'S BASKETBALL 400 W. FIRST ST CHICO, CA 95929-0300	95-1230865		50.	0.			GENERAL SUPPORT

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RIVER PARTNERS 580 VALLOMBROSA CHICO, CA 95926	94-3302335		39,137.	0.			GENERAL SUPPORT
SACRAMENTO RIVER PRESERVATION TRUST - 631 FLUME ST - CHICO, CA 95928	68-0025584		2,568.	0.			GENERAL SUPPORT
SACRED HEART PARISH SCHOOL 2255 MONROE ST RED BLUFF, CA 96080	94-1583266		4,763.	0.			GENERAL SUPPORT
THE SALVATION ARMY 13404 BROWNS VALLEY DRIVE CHICO, CA 95973	94-1156347		4,511.	0.			GENERAL SUPPORT
SALVATION ARMY OF OROVILLE 1640 WASHINGTON AVE OROVILLE, CA 95966	94-1156347		15,834.	0.			GENERAL SUPPORT
SECOND CHANCE PET RESCUE AND ADOPTION - 4312 RAWSOM RD - CORNING, CA 96021	68-0496231		2,238.	0.			GENERAL SUPPORT
SKYWAY HOUSE - SHELTER 564 RIO LINDO AVE., STE 103 CHICO, CA 95926	91-1843304		1,678.	0.			GENERAL SUPPORT
STONEWALL ALLIANCE OF CHICO P.O. BOX 8855 CHICO, CA 95927	68-0223023		1,595.	0.			GENERAL SUPPORT

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THREE RIVERS RED CROSS P.O. BOX 142 YUBA CITY, CA 95992	53-0196605		1,429.	0.			GENERAL SUPPORT
TRI COUNTY ECONOMIC DEVELOPMENT CORP - 3120 COHASSET RD. STE 5 - CHICO, CA 95973	68-0065873		54.	0.			GENERAL SUPPORT
THE TURNER - COLLEGE OF HUMANITIES & FINE ARTS CSU, CHICO - 400 W. 1ST ST. - CHICO, CA 95929-0820	95-1230865		1,036.	0.			GENERAL SUPPORT
UNITED WAY OF BUTTE-GLENN COUNTIES P.O. BOX 3829 CHICO, CA 95927	94-1579502		1,500.	0.			YOUTH DEVELOPMENT - GENERAL SUPPORT
VALLEY OAKS CHILDREN'S SERVICES 287 RIO LINDO AVE CHICO, CA 95926	68-0058359		494.	0.			GENERAL SUPPORT
WESTHAVEN COMMUNITY SERVICES ASSOCIATION - 1440 FAIRVIEW ST - ORLAND, CA 95963	68-0481982		216.	0.			GENERAL SUPPORT
WINGS OF EAGLES P.O. BOX 4031 CHICO, CA 95927	68-0313701		6,300.	0.			GENERAL SUPPORT
WOMEN'S HEALTH SPECIALISTS 1469 HUMBOLDT RD., STE 200 CHICO, CA 95928	94-2259357		3,511.	0.			HEALTH - GENERAL SUPPORT

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WOMEN'S RESOURCE CLINIC 115 W. 2ND AVE CHICO, CA 95926	68-0382716		9,926.	0.			GENERAL SUPPORT
YOUTH AND FAMILY 2577 CALIFORNIA PARK DR CHICO, CA 95973	68-0027507		886.	0.			GENERAL SUPPORT
YOUTH FOR CHANGE P.O. BOX 1476 PARADISE, CA 95967	68-0238941		7,984.	0.			YOUTH DEVELOPMENT - GENERAL SUPPORT
YUBA SUTTER COUNTY SALVATION ARMY P.O. BOX 869 MARYSVILLE, CA 95901	94-1156347		1,150.	0.			GENERAL SUPPORT

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES SERVED.

FORM 990, PART VI, SECTION A, LINE 10: THE BOARD RECEIVES A DRAFT COPY FROM OUR TAX PREPARER. IT IS REVIEWED AT A BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS REQUIRED TO SIGN FOR RECEIPT OF THE CONFLICT OF INTEREST POLICY. THE EXECUTIVE COMMITTEE REVIEWS THE BOARD MEMBERS PARTICIPATION ON A YEARLY BASIS.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS COMPARED TO SIMILAR POSITIONS AT OTHER ORGANIZATIONS AND REVIEWED BY THE EXECUTIVE COMMITTEE, THEN REVIEWED BY THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19: A STATEMENT IS PUBLISHED ON THE NVCF WEBSITE HOMEPAGE THAT ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Asset Number	Description of property	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	MANAGEMENT AND GENERAL								
1	DESKS WITH RETURNS (3)	02/23/01	SL	7.00	16	2,818.		2,818.	0.
2	10" CONFERENCE TABLE	02/23/01	SL	7.00	16	696.		696.	0.
3	12 MAHOGANY CHAIRS	02/23/01	SL	7.00	16	1,271.		1,271.	0.
4	COMPUTER EQUIPMENT	06/01/99	SL	5.00	16	2,382.		2,382.	0.
5	COMPUTER EQUIPMENT	06/25/99	SL	5.00	16	903.		903.	0.
6	ZIP DRIVE	12/01/99	SL	3.00	16	107.		107.	0.
7	DIGITAL CAMERA	11/01/99	SL	3.00	16	645.		645.	0.
8	COMPUTER HARD/SOFTWARE	09/01/99	SL	3.00	16	5,000.		5,000.	0.
9	DATABASE/WEBPAGE	01/10/01	SL	3.00	16	1,325.		1,325.	0.
10	FILE SERVER	01/10/01	SL	3.00	16	3,125.		3,125.	0.
11	FIMS DATABASE SOFTWARE	10/16/00	SL	3.00	16	24,354.		24,354.	0.
12	GRANTSCAPE SOFTWARE	06/11/01	SL	3.00	16	645.		645.	0.
13	2 PENTIUM 4 COMPUTERS	01/01/06	SL	3.00	16	1,406.		1,172.	234.
14	PENTIUM 4 COMPUTER	06/30/06	SL	3.00	16	782.		522.	260.
15	10 USER SMALL BUSINESS SERVER	06/30/06	SL	3.00	16	1,514.		1,010.	504.
16	(D)DONATED MITA PHOTOCOPIER	02/01/07	SL	7.00	16	2,000.		405.	22.
17	20" FLAT SCREEN MONITOR	01/01/08	SL	3.00	16	225.		38.	75.
18	MACINTOSH LAPTOP	01/03/08	SL	3.00	16	2,170.		362.	723.
19	DONATED MINOLTA CSPRO COPIER	08/15/08	SL	7.00	16	750.			107.
20	DONATED PENTIUM 4 COMPUTER	07/01/08	SL	3.00	16	500.			161.
21	DONATED ACER FLAT SCREEN MONITOR	09/15/08	SL	3.00	16	222.			62.
22	DONATED ACER FLAT SCREEN MONITOR	01/01/09	SL	3.00	16	137.			23.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					52,977.	0.	46,780.	2,171.
	* GRAND TOTAL 990 PAGE 10 DEPR					52,977.	0.	46,780.	2,171.

- Current year section 179 (D) - Asset disposed