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Form

990Department 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

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**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)

3120 COHASSET ROAD, SUITE 8

Room/suite

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 \$ **4,825,853****F** Name and address of principal officer**ALEXA VALAVANIS****3120 COHASSET ROAD, 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) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: **HTTP://WWW.NVCF.ORG****H(c)** Group exemption number ▶**K** Form 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
INTERESTS OF THE COMMUNITIES SERVED.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3** **8****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **8****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)**5** **3****6** Total number of volunteers (estimate if necessary)**6** **0****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0****8** Contributions and grants (Part VIII, line 1h)

Prior Year

1,725,607

Current Year

3,431,010**9** Program service revenue (Part VIII, line 2g)**113,320****183,114****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**144,362****184,918****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**0****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**1,983,289****3,799,042****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**1,267,699****1,106,303****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)**118,509****102,161****16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶**331,823****476,007****17** Other expenses (Part IX, column (A), lines 12-17 (must equal Part IX, column (A), line 25))**1,718,031****1,684,471****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**265,258****2,114,571****19** Revenue less expenses Subtract line 18 from line 12

Beginning of Current Year

6,490,570

End of Year

9,535,586**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**607,037****740,339****22** Net assets or fund balances. Subtract line 21 from line 20**5,883,533****8,795,247****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

ALEXA VALAVANIS

Type or print name and title

CHIEF EXECUTIVE OFFICER

Date

2/14/2012**Paid**

Print/Type preparer's name

HEIDI COPPIN

Preparer's signature

Heidi Coppin

Date

2-14-12Check ☐ if PTIN
self-employed**Preparer
Use Only**

Firm's name ▶

TITTLE & COMPANY, LLP

Firm's EIN ▶

Firm's address ▶

265 AIRPARK BLVD STE 100**CHICO, CA 95973**

Phone no

530-898-8647

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

DAA

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SCANNED MAR 12 2012

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission.

THE FOUNDATION IS DEDICATED TO ADVANCING THE EDUCATIONAL AND SOCIOLOGICAL INTERESTS 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 \$ **1,510,026** including grants of \$ **1,106,303**) (Revenue \$)
TO FACILITATE PHILANTHROPY 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 ► **1,510,026**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or 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	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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ☒	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 ☒	
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? If "Yes," complete Schedule J	23	☒
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	☒
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	☒
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	☒
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	☒
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	☒
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	☒
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	☒
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	☒
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	☒
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	☒
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	☒
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	☒
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	☒
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	☒
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	☒
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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	☒
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	☒
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 ☒	

☐ Yes ☒ No

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	18	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	3	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country ► See instructions for 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
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:		
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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question 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	1a	8
b Enter the number of voting members included in line 1a, above, who are independent	1b	8
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 governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant 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
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 in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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
If "Yes" to line 15a or 15b, 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.
☒ Own website ☐ Another's website ☒ 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 3120 COHASSET ROAD, SUITE 8 CHICO CA 95973 530-891-1150**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) LISA FURR DIRECTOR	2.00	X						0	0	0
(2) SHERRY HOLBROOK DIRECTOR	2.00	X						0	0	0
(3) SANDORA NISHIO DIRECTOR	2.00	X						0	0	0
(4) DEBORAH ROSSI DIRECTOR	2.00	X						0	0	0
(5) MARK JOHNSON PRESIDENT	2.00			X				0	0	0
(6) CJ NAVA VICE PRESIDENT	2.00			X				0	0	0
(7) LORI PARRIS TREASURER	2.00			X				0	0	0
(8) JOAN STONER SECRETARY	2.00			X				0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 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
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
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.

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

2 Total number of independent contractors (including but not limited to those listed above) 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	3,431,010			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		3,431,010			
Program Service Revenue	2a PROGRAM/ADMINISTRATIVE FEES	Busn. Code	183,114	183,114		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		183,114			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		184,918	184,918	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
		(i) Real (ii) Personal				
6a Gross Rents						
b Less. rental exps						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
		1,026,811				
b Less. cost or other basis & sales exps			1,026,811			
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		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		3,799,042	368,032	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	1,071,008	1,071,008		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	35,295	35,295		
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	65,110		65,110	
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	26,729		26,729	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,344		2,344	
10 Payroll taxes	7,978		7,978	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,800		9,800	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	8,392		8,392	
14 Information technology				
15 Royalties				
16 Occupancy	7,398		7,398	
17 Travel	4,865		4,865	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,181		1,181	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	793	793		
23 Insurance	2,184		2,184	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CHARITABLE PROJECT EXPENSES	402,930	402,930		
b INVESTMENT/BANK FEES	22,994		22,994	
c CONSULTING	6,088		6,088	
d MARKETING	3,389		3,389	
e SOFTWARE SUPPORT	3,068		3,068	
f All other expenses	2,925		2,925	
25 Total functional expenses. Add lines 1 through 24f	1,684,471	1,510,026	174,445	0
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). 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	20,568	1	36,597
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	25,000	3	236,366
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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 or other basis. Complete Part VI of Schedule D	10a 198,727		
	b Less: accumulated depreciation	10b 50,503		
		171,266	10c	148,224
	11 Investments—publicly traded securities	6,272,899	11	9,113,562
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	837	15	837	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,490,570	16	9,535,586	
Liabilities	17 Accounts payable and accrued expenses	248	17	9,895
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	606,789	25	730,444
	26 Total liabilities. Add lines 17 through 25	607,037	26	740,339
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,147,681	27	6,808,662
	28 Temporarily restricted net assets	735,852	28	1,986,585
	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	5,883,533	33	8,795,247
34 Total liabilities and net assets/fund balances	6,490,570	34	9,535,586	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,799,042
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,684,471
3	Revenue less expenses Subtract line 2 from line 1	3	2,114,571
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,883,533
5	Other changes in net assets or fund balances (explain in Schedule O)	5	797,143
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,795,247

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2010Open 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 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☒ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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?
- h ☐ Provide the following information about the supported organization(s)

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

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	986,246	3,834,224	2,360,876	1,725,607	3,431,010	12,337,963
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	986,246	3,834,224	2,360,876	1,725,607	3,431,010	12,337,963
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						12,337,963

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	986,246	3,834,224	2,360,876	1,725,607	3,431,010	12,337,963
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	142,294	160,216	198,683	144,362	184,918	830,473
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						13,168,436
12 Gross receipts from related activities, etc. (see instructions)					12	368,032

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 2010 (line 6, column (f) divided by line 11, column (f))	14	93.69%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	89.48%
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** 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—2009.** 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**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

Employer identification number

NORTH VALLEY COMMUNITY FOUNDATION**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	16	612
2 Aggregate contributions to (during year)	237,582	3,928,118
3 Aggregate grants from (during year)	289,972	1,268,846
4 Aggregate value at end of year	1,634,965	7,771,726

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No**Part II Conservation Easements.** Complete if the organization answered "Yes" 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 education)
 ☐ Preservation of an 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.

- a Total number of conservation easements
 b Total acreage restricted by conservation easements
 c Number of conservation easements on a certified historic structure included in (a)
 d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part 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 (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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (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) 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 (ASC 958) 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 acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
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	735,852	647,043	833,727		
b Contributions	986,084	24,939			
c Net investment earnings, gains, and losses	143,828	82,921	-166,799		
d Grants or scholarships	115,545	19,051	19,885		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,750,219	735,852	647,043		

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

- a Board designated or quasi-endowment %
 b Permanent endowment ► 100.00 %
 c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI 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) Accumulated depreciation	(d) Book value
1a Land		147,750		147,750
b Buildings				
c Leasehold improvements				
d Equipment		50,977	50,503	474
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				148,224

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	611,444
(3) AMOUNTS HELD FOR OTHERS	119,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	730,444

2. FIN 48 (ASC 740) Footnote 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,799,042
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,684,471
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,114,571
4	Net unrealized gains (losses) on investments	4	797,143
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 through 8	9	797,143
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,911,714

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	4,596,185
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	797,143
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	797,143
3	Subtract line 2e from line 1	3	3,799,042
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,799,042

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

1	Total expenses and losses per audited financial statements	1	1,684,471
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,684,471
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,684,471

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, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE HAROLD WILLIAMS ENDOWMENT FUND IS INTENDED TO BENEFIT UNDERSERVED YOUTH IN THE PARADISE RIDGE AREA. THE WENDELL LOUGHEAD ENDOWMENT FUND BENEFITS FIVE NONPROFIT ORGANIZATIONS: AMERICAN HEART ASSOCIATION, LASSEN CO SEARCH & RESCUE, LASSEN CO HUMANE SOCIETY, BUTTE HOME HEALTH HOSPICE, AND MEDIC ALERT FOUNDATION OF TURLOCK. THE LYDIA SCHULERUD ENDOWMENT FUND BENEFITS THREE BENEFICIARIES AND A YEARLY SCHOLARSHIP RECIPIENT: PARADISE ANIMAL

Part XIV Supplemental Information (continued)

SHELTER HELPERS, CHICO CREEK NATURE CENTER, PARADISE HOSPICE, PARADISE HIGH SCHOOL SCHOLARSHIP RECIPIENT.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

68-0161455

NORTH VALLEY COMMUNITY FOUNDATION

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II

can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED CONTINUATION SHEET				1,071,008				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations **50**

3 Enter total number of other organizations

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

DAA

NORTH VALLEY COMMUNITY FOUNDATION 68-0161455

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance
1 SCHOLARSHIPS	52	35,295			
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 NVCF MAINTAINS A FILE OF GUIDESTAR REPORTS ON EACH GRANTEE. NVCF DOES NOT
 MAKE ANY DETERMINATION AS TO THE AMOUNT OF GRANTS, ELIGIBILITY, OR
 SELECTION PROCESS. ALL THE FUNDS ARE DONOR OR COMMITTEE ADVISED OR NON-
 PROFIT BOARD ADVISED.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

NORTH VALLEY COMMUNITY FOUNDATION

Employer identification number

68-0161455

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE BOARD RECEIVES A DRAFT COPY FROM OUR TAX PREPARER. IT IS REVIEWED AT A
BOARD MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE 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, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION IS COMPARED TO SIMILAR POSITIONS AT OTHER ORGANIZATIONS AND
REVIEWED BY THE EXECUTIVE COMMITTEE, AND THEN REVIEWED BY THE FULL BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

A STATEMENT IS PUBLISHED ON THE NVCF WEBSITE THAT ALL DOCUMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
American Heart Association 1710 Gilbreth Road Burlingame, CA 94010	13-5613797	501(c)(3)	15,690				Grant for General Support
Big Brothers Big Sisters of Butte County P.O. Box 7222 Chico, CA 95927	91-1774929	501(c)(3)	3,000				Grant for General Support
Big Brothers Big Sisters of Butte County P.O. Box 7222 Chico, CA 95927	91-1774929	501(c)(3)	9,200				Grant for General Support
Big Brothers Big Sisters of Butte County P.O. Box 7222 Chico, CA 95927	91-1774929	501(c)(3)	147				Annie B's Fundraiser 2010
Blue Oak Charter School 450 West East Avenue Chico, CA 95926	02-0702969	501(c)(3)	35,608				Annie B's Fundraiser 2010
Butte County Library 1820 Mitchell Ave. Oroville, CA 95966	94-6000506	501(c)(3)	14,120				Grant for General Support
Butte County Library 1820 Mitchell Ave. Oroville, CA 95966	94-6000506	501(c)(3)	1,240				Grant for General Support
Butte County Library 1820 Mitchell Ave. Oroville, CA 95966	94-6000506	501(c)(3)	360				Grant for General Support
Butte County Library 1820 Mitchell Ave. Oroville, CA 95966	94-6000506	501(c)(3)	280				Grant for General Support
Butte County Library 1820 Mitchell Ave. Oroville, CA 95966	94-6000506	501(c)(3)	6,000				Grant for General Support
Butte Creek Canyon Volunteer Fire Company, Inc P.O. Box 3171 Chico, CA 95927	68-0182552	501(c)(3)	8,951				Annie B's Fundraiser 2010
Butte Home Health, Inc 10 Constitution Drive Chico, CA 95973	68-0041416	501(c)(3)	15,690				Grant for General Support

SCHEDULE I (FORM 990)
2010

North Valley Community Foundation

68-0161455
Open to Public Inspection

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Butte Humane Society 2579 Fair St Chico, CA 95928	94-1508621	501(c)(3)	8,663				Annie B's Fundraiser 2010
Catalyst Domestic Violence Services P.O. Box 4184 Chico, CA 95927	94-2587378	501(c)(3)	15,009				Annie B's Fundraiser 2010
Chico Community Shelter Partnership 101 Silver Dollar Way Chico, CA 95928	68-0440819	501(c)(3)	1,036				Stock Transfer from Steve Sanders
Chico Community Shelter Partnership 101 Silver Dollar Way Chico, CA 95928	68-0440819	501(c)(3)	39,789				Annie B's Fundraiser 2010
Chico County Day School 102 W. 11th St Chico, CA 95928	20-1224053	501(c)(3)	22,469				Annie B's Fundraiser 2010
Chico Creek Nature Center 1968 E. 8th Street Chico, CA 95928	68-0341188	501(c)(3)	6,411				Annie B's Fundraiser 2010
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	350				Deposit to #01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	375				Deposit to 01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	192				Deposit to 01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	200				Deposit to 01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	300				Acct #01-0024-0-1502-4900-050 Bidwell Jr
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	845				Acct #01-0024-0-1502-4900-050 Bidwell Jr

SCHEDULE I (FORM 990)
2010

North Valley Community Foundation

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Open to Public Inspection

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	300				Acct #01-0024-0-1502-4900-050 Bidwell Jr
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	200				Acct #01-0024-0-1502-4900-050 Bidwell Jr
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	100				Chico High School Art Department- Donation for Supplies
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	350				Deposit to 01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	182				Deposit to 01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	8,091				Grants from PVHS
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	300				Acct #01-0024-0-1502-4900-050 Bidwell Jr
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	2,322				For Deposit to the account of Inspire Schools of Arts
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	50				#01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(c)(3)	250				01-0024-0-1502-4900-050
Children's Center for Hope P.O. Box 7606 Chico, CA 95927	20-5748362	501(c)(3)	18,648				Annie B's Fundraiser 2010
Children's Choir of Chico 819 Sheridan Ave Chico, CA 95926	68-0459348	501(c)(3)	5,928				Annie B's Fundraiser 2010

SCHEDULE I (FORM 990)
2010

North Valley Community Foundation

68-0161455
Open to Public Inspection

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
City Light Church 3015 Cohasset Road Chico, CA 95973	23-7129356	501(c)(3)	9,500				Funds for Burkina Faso for Feeding Nations Through Education
Community Foundation of Colusa County 2967 Davison Court, Suite C Colusa, CA 95932	26-0366137	501(c)(3)	25,000				Annie B's Fundraiser 2010
Congregation Beth Israel P.O. Box 3266 Chico, CA 95927	94-2852498	501(c)(3)	12,589				Annie B's Fundraiser 2010
Dorotela Pathways P.O. Box 7514 Chico, CA 95927	20-4331649	501(c)(3)	1,950				Grant for General Support
Dorotela Pathways P.O. Box 7514 Chico, CA 95927	20-4331649	501(c)(3)	833				Grant for General Support
Dorotela Pathways P.O. Box 7514 Chico, CA 95927	20-4331649	501(c)(3)	1,832				Annie B's Fundraiser 2010
Dorotela Pathways P.O. Box 7514 Chico, CA 95927	20-4331649	501(c)(3)	675				Grant for General Support
Dorotela Pathways P.O. Box 7514 Chico, CA 95927	20-4331649	501(c)(3)	1,950				Grant for General Support
Esplanade House Children's Trust 121 Yellowstone Dr. Chico, CA 95973	95-4545206	501(c)(3)	20,976				Annie B's Fundraiser 2010
Far West Heritage Association 270 Boeing Ave Ste 1 Chico, CA 95973	94-2740978	501(c)(3)	5,919				Annie B's Fundraiser 2010
Forest Ranch Charter School P.O. Box 5 Forest Ranch, CA 95942	26-2908742	501(c)(3)	18,441				Annie B's Fundraiser 2010
Gateway Science Museum CSU, Chico Chico, CA 95929	95-1230865	501(c)(3)	12,498				Annie B's Fundraiser 2010

North Valley Community Foundation

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Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Gateway Science Museum CSU, Chico Chico, CA 95929	95-1230865	501(c)(3)	500				Late Donation from Roger Lederer for Annie B's
Gold Nugget Museum P.O. Box 949 Paradise, CA 95969	94-2389601	501(c)(3)	8,769				Annie B's Fundraiser 2010
Hooker Oak Elementary 1238 Arbutus Ave Chico, CA 95926	56-2609000	501(c)(3)	5,863				Annie B's Fundraiser 2010
Jesus Center 1297 Park Avenue Chico, CA 95928	68-0290819	501(c)(3)	1,000				Run Sponsorship
Jesus Center 1297 Park Avenue Chico, CA 95928	68-0290819	501(c)(3)	12,758				Annie B's Fundraiser 2010
Just One Person 1619 Diamond Ave Chico, CA 95928	26-1779674	501(c)(3)	1,000				Grant for General Support
Just One Person 1619 Diamond Ave Chico, CA 95928	26-1779674	501(c)(3)	4,799				Annie B's Fundraiser 2010
Lassen County Humane Society PO Box 1575 Susanville, CA 96130	68-0039583	501(c)(3)	15,690				Grant for General Support
Lassen County Search and Rescue PO Box 171 Susanville, CA 96130	94-2703145	501(c)(3)	15,690				Grant for General Support
Medic Alert Foundation of Turlock 2323 Colorado Avenue Turlock, CA 95382	77-0341784	501(c)(3)	15,690				Grant for General Support
Music Teacher's Association of California, Butte County Branch 7 Discovery Way Chico, CA 95973	23-7083780	501(c)(3)	10,629				Annie B's Fundraiser 2010
North State Symphony 400 W 1st St Chico, CA 95929-0805	95-1230865	501(c)(3)	10,260				Annie B's Fundraiser 2010

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-Cash Assistance	Purpose of Grant or Assistance
Northern Valley Catholic Social Service 10 Independence Circle Chico, CA 95973	20-0984601	501(c)(3)	24,128				Annie B's Fundraiser 2010
One Media Player Per Teacher PO Box 3320 Chico, CA 95927	26-1616943	501(c)(3)	22,574				Annie B's Fundraiser 2010
One Media Player Per Teacher PO Box 3320 Chico, CA 95927	26-1616943	501(c)(3)	485				Donation Received through Paypal
Oroville YMCA 1684 Robinson St Oroville, CA 95965	94-1156634	501(c)(3)	17,173				Annie B's Fundraiser 2010
Orphan Care International 13977 Lindbergh Circle Chico, CA 95973	56-2615423	501(c)(3)	5,028				Annie B's Fundraiser 2010
Our Lady of Lourdes Catholic School 741 Ware Avenue Colusa, CA 95932	94-2515733	501(c)(3)	12,785				Annie B's Fundraiser 2010
Paradise Chocolate Fest PO Box 2621 Paradise, CA 95967	27-0772654	501(c)(3)	9,350				Annie B's Fundraiser 2010
Paradise Performing Arts Center P.O. Box 1124 Paradise, CA 95967	94-2681738	501(c)(3)	20,000				Grant for General Support
Paradise Performing Arts Center P.O. Box 1124 Paradise, CA 95967	94-2681738	501(c)(3)	1,048				Annie B's Fundraiser 2010
Paradise Performing Arts Center P.O. Box 1124 Paradise, CA 95967	94-2681738	501(c)(3)	13,469				Grant for General Support
Paradise Symphony Society P.O. Box 1892 Paradise, CA 95969	94-1674265	501(c)(3)	10,299				Annie B's Fundraiser 2010
Patrick Ranch Museum 10381 Midway Chico, CA 95928	94-2740978	501(c)(3)	5,000				Grant for General Support

SCHEDULE I (FORM 990)
2010

North Valley Community Foundation

68-0161455
Open to Public Inspection

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
PAWS of Chico P.O. Box 93 Chico, CA 95927	20-4113959	501(c)(3)	8,104				Annie B's Fundraiser 2010
Rape Crisis Intervention, Inc. P.O. Box 423 Chico, CA 95927	51-0159463	501(c)(3)	5,575				Annie B's Fundraiser 2010
River Partners 580 Vallombrosa Chico, CA 95926	94-3302335	501(c)(3)	7,024				Annie B's Fundraiser 2010
Sacramento River Preservation Trust 631 Flume Street Chico, CA 95928	68-0025584	501(c)(3)	9,373				Annie B's Fundraiser 2010
Sherwood Montessori 746 Moss Avenue Chico, CA 95926	80-0490627	501(c)(3)	7,906				Annie B's Fundraiser 2010
The ARC of Butte County, Inc. 2030 Park Avenue Chico, CA 95928	94-1746468	501(c)(3)	6,169				Annie B's Fundraiser 2010
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(c)(3)	8,500				November Subsidy
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(c)(3)	331				Annie B's Fundraiser 2010
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(c)(3)	8,500				Subsidy for October 2010
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(c)(3)	25,500				July, August & September Subsidy
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(c)(3)	25,500				Apr/May June 2010 Subsidy
The Hope Center 1950 Kirtick Ave., Suite A Oroville, CA 95966	20-1594318	501(c)(3)	250				Grant for General Support

SCHEDULE I (FORM 990)
2010

North Valley Community Foundation

68-0161455
Open to Public Inspection

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
The Hope Center 1950 Kirtick Ave., Suite A Oroville, CA 95966	20-1594318	501(c)(3)	250				Grant for General Support
The Hope Center 1950 Kirtick Ave., Suite A Oroville, CA 95966	20-1594318	501(c)(3)	250				Grant for General Support
The Hope Center 1950 Kirtick Ave., Suite A Oroville, CA 95966	20-1594318	501(c)(3)	250				Grant for General Support
The Hope Center 1950 Kirtick Ave., Suite A Oroville, CA 95966	20-1594318	501(c)(3)	500				Grant for General Support
The Hope Center 1950 Kirtick Ave., Suite A Oroville, CA 95966	20-1594318	501(c)(3)	250				Grant for General Support
The Hope Center 1950 Kirtick Ave., Suite A Oroville, CA 95966	20-1594318	501(c)(3)	1,000				Grant for Generator
The Hope Center 1950 Kirtick Ave., Suite A Oroville, CA 95966	20-1594318	501(c)(3)	500				Grant for General Support
The Hope Center 1950 Kirtick Ave., Suite A Oroville, CA 95966	20-1594318	501(c)(3)	3,196				Annie B's Fundraiser 2010
The Hope Center 1950 Kirtick Ave., Suite A Oroville, CA 95966	20-1594318	501(c)(3)	250				Grant for General Support
Women's Resource Clinic 115 W. 2nd Ave Chico, CA 95926	68-0382716	501(c)(3)	8,265				Annie B's Fundraiser 2010
Work Training Center 2255 Fair Street Chico, CA 95928-6747	94-1540883	501(c)(3)	7,371				Annie B's Fundraiser 2010
World Vision 10175 SW Barbur Blvd Ste 205 Portland, OR 97219	95-3202116	501(c)(3)	12,000				Grant for General Support

SCHEDULE I (FORM 990)
2010

North Valley Community Foundation

68-0161455
Open to Public Inspection

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
World Vision 10175 SW Barbur Blvd Ste 205 Portland, OR 97219	95-3202116	501(c)(3)	12,000				Grant for General Support
Young Life 3017 N. Lincoln #201 Chicago, IL 60657	84-0385934	501(c)(3)	8,000				Grant for General Support