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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

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)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

☐ HTTP //WWW.NVCF.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation

1989

M State of legal domicile

CA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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)

7

4 Number of independent voting members of the governing body (Part VI, line 1b)

7

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

3

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

3,431,010

9 Program service revenue (Part VIII, line 2g)

183,114

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

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)

3,799,042

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

1,106,303

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

102,161

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

16b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

476,007

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

1,684,471

19 Revenue less expenses Subtract line 18 from line 12

2,114,571

Net Assets or Fund Balances

Beginning of Current Year

9,535,586

End of Year

9,889,012

20 Total assets (Part X, line 16)

9,535,586

21 Total liabilities (Part X, line 26)

740,339

22 Net assets or fund balances Subtract line 21 from line 20

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

2013-02-15

Date

ALEXA VALAVANIS CHIEF EXECUTIVE OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

HEIDI COPPIN

Date

2013-01-29

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

TITTLE & COMPANY LLP

265 AIRPARK BLVD STE 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,741,718 including grants of \$ 1,277,661) (Revenue \$ 167,322)

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 \$ 1,741,718

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)?	Yes	
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.		No
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.		No
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.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	Yes	
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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
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.	Yes	
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.		No
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.		No
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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
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.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
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.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
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 U S ? If "Yes," complete Schedule F, Part II and IV.		No
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 U S ? If "Yes," complete Schedule F, Part III and IV.		No
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.		No
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.		No
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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check 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. .			1a	35
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
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	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).			2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
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 or securities account)?			4a	No
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?			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
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?			6a	No
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	
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	
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?			7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
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?			8	
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.			13a	
b	Enter the aggregate 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 aggregate amount of reserves on hand.			13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
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 lines 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	No
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization	15b	No
	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	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
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 Contractors

Check 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, and **current** key employees 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, or 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 or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOAN STONER PRESIDENT/SE	2 00	X		X				0	0	0
(2) CJ NAVA VICE PRESIDE	2 00	X		X				0	0	0
(3) LORI PARRIS TREASURER	2 00	X		X				0	0	0
(4) LISA FURR DIRECTOR	2 00	X						0	0	0
(5) SHERRY HOLBROOK DIRECTOR	2 00	X						0	0	0
(6) SANDORA NISHIO DIRECTOR	2 00	X						0	0	0
(7) DEBORAH ROSSI DIRECTOR	2 00	X						0	0	0
(8) ALEXA VALAVANIS CEO	40 00			X				70,000	0	0
(9) KAREN WHITE CFO	24 00			X				30,063	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	100,063		

2 Total number of individuals (including but not limited to those \$100,000 of reportable compensation from the organization) ▶

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

Section B. Independent Contractors

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

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

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

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	2,355,204			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f			2,355,204		
Program Service Revenue	2a	PROGRAM/ADMINISTRATIVE FEES	Business Code	167,322	167,322		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		167,322			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		230,061		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
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. See Instructions			2,752,587	167,322		230,061

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,226,526	1,226,526		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	51,135	51,135		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	100,063		100,063	
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	2,708		2,708	
10	Payroll taxes	8,523		8,523	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	9,900		9,900	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	5,338		5,338	
12	Advertising and promotion				
13	Office expenses	8,208		8,208	
14	Information technology				
15	Royalties				
16	Occupancy	5,594		5,594	
17	Travel	5,148		5,148	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	862		862	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	423		423	
23	Insurance	2,332		2,332	
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 EXP	464,057	464,057		
b	INVESTMENT/BANK FEES	36,117		36,117	
c	MARKETING	7,697		7,697	
d	SOFTWARE SUPPORT	5,190		5,190	
e					
f	All other expenses	6,638		6,638	
25	Total functional expenses. Add lines 1 through 24f	1,946,459	1,741,718	204,741	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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			36,597	1	20,263
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			236,366	3	240,385
	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)) 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 or other basis. Complete Part VI of Schedule D	10a	200,749			
	b	Less: accumulated depreciation	10b	50,927	148,224	10c	149,822
	11	Investments—publicly traded securities			9,113,562	11	9,478,230
	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	312
16	Total assets. Add lines 1 through 15 (must equal line 34)			9,535,586	16	9,889,012	
Liabilities	17	Accounts payable and accrued expenses			9,895	17	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			730,444	25	575,404
	26	Total liabilities. Add lines 17 through 25			740,339	26	575,404
	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			6,808,662	27	7,095,984
28		Temporarily restricted net assets			1,986,585	28	2,217,624
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			8,795,247	33	9,313,608
34	Total liabilities and net assets/fund balances			9,535,586	34	9,889,012	

Part XI Reconciliation of Net Assets

Check 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	2,752,587
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,946,459
3	Revenue less expenses Subtract line 2 from line 1	3	806,128
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,795,247
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-287,767
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	9,313,608

Part XII Financial Statements and Reporting

Check 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separated 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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

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

2011

Open to Public
Inspection

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

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **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 Se**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 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	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,834,224	2,360,876	1,725,607	3,431,010	2,355,204	13,706,921
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	3,834,224	2,360,876	1,725,607	3,431,010	2,355,204	13,706,921
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)						56,866
6 Public Support. Subtract line 5 from line 4						13,650,055

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,834,224	2,360,876	1,725,607	3,431,010	2,355,204	13,706,921
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	160,216	198,683	144,362	184,918	230,061	918,240
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						14,625,161

12 Gross receipts from related activities, etc (See instructions)

12167,322

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	93 330 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	93 690 %

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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	17	370
2 Aggregate contributions to (during year)	156,549	2,726,328
3 Aggregate grants from (during year)	289,122	1,538,261
4 Aggregate value at end of year	1,496,080	8,002,413
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

	Held at the End of the Year
2a	
2b	
2c	
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, 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 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
- d** ☐ Loan or exchange programs
- b** ☐ Scholarly research
- e** ☐ Other
- c** ☐ Preservation for future generations

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

	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 the 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	1,750,219	735,852	647,043	833,727	
b Contributions	361,220	986,084	24,939		
c Investment earnings or losses	-1,952	143,828	82,921	-166,799	
d Grants or scholarships	132,248	115,545	19,051	19,885	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,977,239	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 ▶ 100 000 %
- 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)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

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 property	(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		52,999	50,927	2,072
e Other				
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				149,822

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	2,752,587
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,946,459
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	806,128
4	Net unrealized gains (losses) on investments	4	-287,767
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	-287,767
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	518,361

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	2,464,820
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-287,767
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	-287,767
3	Subtract line 2e from line 1	3	2,752,587
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 should equal Form 990, Part I, line 12)	5	2,752,587

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,946,459
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	1,946,459
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 should equal Form 990, Part I, line 18)	5	1,946,459

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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS THE HAROLD WILLIAMS ENDOWMENT FUND IS INTENDED TO BENEFIT THE 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 SHELTER HELPERS, CHICO CREEK NATURE CENTER, PARADISE HOSPICE AND PARADISE HIGH SCHOOL SCHOLARSHIP RECIPIENT.

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number
68-0161455

Part I General Information on Grants and Assistance

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

Part II **Grants and Other Assistance to 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

[illegible]

- | | | |
|----------|---|-----------|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 63 |
| 3 | Enter total number of other organizations listed in the line 1 table | |

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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
(1) SCHOLARSHIPS	56	51,135			

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
NORTH VALLEY COMMUNITY FOUNDATION**Employer identification number**

68-0161455

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	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
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION IS COMPARED TO SIMILAR POSITIONS AT OTHER ORGANIZATIONS, REVIEWED BY THE EXECUTIVE COMMITTEE, THEN REVIEWED BY THE FULL BOARD
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	A STATEMENT IS PUBLISHED ON THE NVCF WEBSITE THAT ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Additional Data

Software ID:
Software Version:
EIN: 68-0161455
Name: NORTH VALLEY COMMUNITY FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

2011

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
3 Corp Loan Confidence Fund 3120 Cohasset Rd., Suite 1 Chico, CA 95973	68-0065873	501(C)3	10,826				Annie B's Fundraiser 2011
3 Corp Loan Confidence Fund 3120 Cohasset Rd., Suite 1 Chico, CA 95973	68-0065873	501(C)3	10,000				EDA Planning Grant Augmentation
3 Corp Loan Confidence Fund 3120 Cohasset Rd., Suite 1 Chico, CA 95973	68-0065873	501(C)3	23				1/2 Interest from CD Maturity
Afripeace 818 Brookwood Way Chico, CA 95926	94-3356584	501(C)3	16,604				Annie B's Fundraiser 2011
American Legion, Durham Memorial Hall 9592 Cummings Road Durham, CA 95938	94-6101905	501(C)3	10,984				
Barry Kirschner Wildlife Foundation PO Box 841 Durham, CA 95938	68-0373268	501(C)3	8,488				Annie B's Fundraiser 2011
Bidwell Park, City of Chico PO Box 3420 Chico, CA 95927	94-6000308	501(C)3	5,884				Annie B's Fundraiser 2011
Blue Oak Charter School 450 West East Avenue Chico, CA 95926	02-0702969	501(C)3	27,223				Annie B's Fundraiser 2011
Boys & Girls Club of North Valley 601 Wall Street Chico, CA 95928	68-0294846	501(C)3	6,312				Annie B's Fundraiser 2011
Boys & Girls Club of North Valley 601 Wall Street Chico, CA 95928	68-0294846	501(C)3	250				Grant for General Support
Butte County Fire Safe Council 5619 Black Olive Drive Paradise, CA 95969	10-0004010	501(C)3	9,850				Funds to Close Account
Butte County Fire Safe Council 5619 Black Olive Drive Paradise, CA 95969	10-0004010	501(C)3	1,579				Annie B's Fundraiser 2011
Butte County Historical Society Museum P.O. Box 2195 Oroville, CA 95965	23-7441239	501(C)3	5,244				Annie B's Fundraiser 2011

2011

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2012
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Butte County Historical Society Museum P.O. Box 2195 Oroville, CA 95965	23-7441239	501(C)3	1,440				Year End Distribution (\$1,920.36 x .75%)
Butte County Library 1820 Mitchell Ave. Oroville, CA 95966	94-6000506	501(C)3	52				Annie B's Fundraiser 2011
Butte County Library 1820 Mitchell Ave. Oroville, CA 95966	94-6000506	501(C)3	19,225				Distribution as Requested
Butte County Library 1820 Mitchell Ave. Oroville, CA 95966	94-6000506	501(C)3	5,563				Annie B's Fundraiser 2011
Butte County Library 1820 Mitchell Ave. Oroville, CA 95966	94-6000506	501(C)3	21				Annie B's Fundraiser 2011
Butte Creek Canyon Volunteer Fire Company, Inc P.O. Box 4337 Chico, CA 95927	68-0182552	501(C)3	6,582				Annie B's Fundraiser 2011
Butte Humane Society 2580 Fair St Chico, CA 95928	94-1508621	501(C)3	10,142				Annie B's Fundraiser 2011
Butte Humane Society 2580 Fair St Chico, CA 95928	94-1508621	501(C)3	1,000				Grant for General Support
Butte Meadows Volunteer Fire Station 10 PO Box 13 Forest Ranch, CA 95942	94-2529889	501(C)3	5,650				Annie B's Fundraiser 2011
Catalyst Domestic Violence Services P.O. Box 4184 Chico, CA 95927	94-2587378	501(C)3	14,662				Annie B's Fundraiser 2011
Catalyst Domestic Violence Services P.O. Box 4184 Chico, CA 95927	94-2587378	501(C)3	5,000				Leaf A Legacy Project
Catalyst Domestic Violence Services P.O. Box 4184 Chico, CA 95927	94-2587378	501(C)3	150				Two Late Annie B's Donations
Chico Christian School 2801 Notre Dame Blvd Chico, CA 95928	94-1697956	501(C)3	8,000				Grant for General Support

2011

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2012
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Chico Christian School 2801 Notre Dame Blvd Chico, CA 95928	94-1697956	501(C)3	2,000				Grant for General Support
Chico Community Scholarship Association 1530 Humboldt Road, Suite 2 Chico, CA 95928	23-7056599	501(C)3	5,160				Annie B's Fundraiser 2011
Chico Community Scholarship Association 1530 Humboldt Road, Suite 2 Chico, CA 95928	23-7056599	501(C)3	1,605				As per Donor
Chico Community Scholarship Association 1530 Humboldt Road, Suite 2 Chico, CA 95928	23-7056599	501(C)3	500				Scholarship Fund
Chico Community Scholarship Association 1530 Humboldt Road, Suite 2 Chico, CA 95928	23-7056599	501(C)3	6,005				Scholarship "Gene Howard Memorial Fund"
Chico Community Shelter Partnership 101 Silver Dollar Way Chico, CA 95928	68-0440819	501(C)3	49,442				Annie B's Fundraiser 2011
Chico Community Shelter Partnership 101 Silver Dollar Way Chico, CA 95928	68-0440819	501(C)3	500				Grant for General Support
Chico Country Day School 102 W. 11th St Chico, CA 95928	20-1224053	501(C)3	23,255				Annie B's Fundraiser 2011
Chico Creek Nature Center 1968 E. 8th Street Chico, CA 95928	68-0341188	501(C)3	1,426				Quarterly Distribution
Chico Creek Nature Center 1968 E. 8th Street Chico, CA 95928	68-0341188	501(C)3	2,965				Quarterly Distribution
Chico Creek Nature Center 1968 E. 8th Street Chico, CA 95928	68-0341188	501(C)3	12,120				Annie B's Fundraiser 2011
Chico Creek Nature Center 1968 E. 8th Street Chico, CA 95928	68-0341188	501(C)3	1,384				Quarterly Distribution Correction
Chico Creek Nature Center 1968 E. 8th Street Chico, CA 95928	68-0341188	501(C)3	2,810				Quarterly Distribution

2011

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2012
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Chico Creek Nature Center 1968 E. 8th Street Chico, CA 95928	68-0341188	501(C)3	350				Late Annie B's Donations
Chico Creek Nature Center 1968 E. 8th Street Chico, CA 95928	68-0341188	501(C)3	2,965				Quarterly Distribution
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	564				Inspire School of Arts & Sciences - Attn: Scott Jones
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	500				Grant for Ann Castle for Pencils
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	910				Grant for Myles - Set Building & Costume Storage Bins
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	7,994				PVHS Teacher Grants
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	150				Deposit to acct # 01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	250				Deposit to acct # 01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	800				Acct # 01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	350				Deposit to acct #01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	325				Deposit to acct 01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	400				Deposit to acct #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 acct #01-0024-0-1502-4900-050

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Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2012
 Region: All Regions

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	2,550				Inspire School - Classroom Budget
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	500				Inspire School - Olson Biology Field Trip
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	1,200				Inspire School - Choir Uniforms
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	600				Grant for Bill Dixon for PE Equipment
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	866				Teacher Wishlist
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	105				Grant for Kim Battaglia for Compasses
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	200				Grant for Sandra Villaseñor/Fran Hogan for Parent Night
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	500				Grant for Cyndi Bailey for New Digital Cameras
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	250				Grant for Fran Hogan for Power Hour Supplies
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	100				Grant for Marjorie Kucich for Large Graph Paper
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	300				Grant for Marjorie Kucich for Math Games
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	150				Acct # 01-0024-0-1502-4900-050
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	298				Acct # 01-0024-0-1502-4900-050

2011

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2012
 Region: All Regions

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	9,277				Approved Grant Requests
Chico Unified School District 1163 E. 7th Street Chico, CA 95928	94-1591650	501(C)3	827				Acct # 01-9024-0-1515-4900-020
Children's Choir of Chico 819 Sheridan Ave Chico, CA 95926	68-0459548	501(C)3	15,076				Annie B's Fundraiser 2011
City Light Church 3015 Cohasset Road Chico, CA 95973	23-7129356	501(C)3	2,550				Grant for Koala Koudougou Leadership Trip
City Light Church 3015 Cohasset Road Chico, CA 95973	23-7129356	501(C)3	8,600				Grant for General Support
Congregation Beth Israel P.O. Box 3266 Chico, CA 95927	94-2852498	501(C)3	7,319				Annie B's Fundraiser 2011
CSU Chico Construction Management Cal State University Chico Chico, CA 95929		501(C)3	10,000				
Durham Unified School PO Box 300 Durham, CA 95938		501(C)3	1,600				Grant for General Support
Durham Unified School PO Box 300 Durham, CA 95938		501(C)3	1,600				Grant for General Support
Durham Unified School PO Box 300 Durham, CA 95938		501(C)3	3,300				Grant for General Support
Enloe Foundation 249 W. Sixth Avenue Chico, CA 95926	94-2985552	501(C)3	100				In Memory of Cindy Chalmers
Enloe Foundation 249 W. Sixth Avenue Chico, CA 95926	94-2985552	501(C)3	16,000				Cancer Center - Compassion
Evangelical Free Church 1193 Filbert Ave Chico, CA 95926	94-1569726	501(C)3	300				Grant for General Support

2011

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2012
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Evangelical Free Church 1193 Filbert Ave Chico, CA 95926	94-1569726	501(C)3	300				Grant for General Support
Evangelical Free Church 1193 Filbert Ave Chico, CA 95926	94-1569726	501(C)3	300				Grant for General Support
Evangelical Free Church 1193 Filbert Ave Chico, CA 95926	94-1569726	501(C)3	10,000				Nepal Water Project
Evangelical Free Church 1193 Filbert Ave Chico, CA 95926	94-1569726	501(C)3	300				Grant for General Support
Evangelical Free Church 1193 Filbert Ave Chico, CA 95926	94-1569726	501(C)3	300				Grant for General Support
Evangelical Free Church 1193 Filbert Ave Chico, CA 95926	94-1569726	501(C)3	300				Grant for General Support
Evangelical Free Church 1193 Filbert Ave Chico, CA 95926	94-1569726	501(C)3	300				Grant for General Support
Evangelical Free Church 1193 Filbert Ave Chico, CA 95926	94-1569726	501(C)3	300				Grant for General Support
Evangelical Free Church 1193 Filbert Ave Chico, CA 95926	94-1569726	501(C)3	300				Grant for General Support
Far West Heritage Association 270 Boeing Ave Ste 1 Chico, CA 95973	94-2740978	501(C)3	10,000				Donation from Nut Festival Proceeds
Far West Heritage Association 270 Boeing Ave Ste 1 Chico, CA 95973	94-2740978	501(C)3	10,000				Glenwood Farmhouse
Far West Heritage Association 270 Boeing Ave Ste 1 Chico, CA 95973	94-2740978	501(C)3	1,000				Matching Fund Campaign

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Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2012
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Far West Heritage Association 270 Boeing Ave Ste 1 Chico, CA 95973	94-2740978	501(C)3	676				Annie B's Fundraiser 2011
Feeding Nations through Education PO Box 4509 Chico, CA 95927		501(C)3	11,684				To Close Account
Forest Ranch Charter School P.O. Box 5 Forest Ranch, CA 95942	26-2908742	501(C)3	200				2010 Donations - Account was Retired
Forest Ranch Charter School P.O. Box 5 Forest Ranch, CA 95942	26-2908742	501(C)3	16,683				Annie B's Fundraiser 2011
Forest Ranch Volunteer Fire Dept, Inc P.O. Box 13 Forest Ranch, CA 95942	94-2529889	501(C)3	12,134				Annie B's Fundraiser 2011
Friends of Bidwell Park P.O. Box 3036 Chico, CA 95927	80-0061379	501(C)3	5,296				Annie B's Fundraiser 2011
Friendship Bridge 405 Urban Street, Suite 140 Lakewood, CO 80228	84-1141078	501(C)3	5,000				Grant for General Support
Gateway Science Museum 625 Esplanade Chico, CA 95929	95-1230865	501(C)3	490				Matching Gift from Annie B's Donor
Gateway Science Museum 625 Esplanade Chico, CA 95929	95-1230865	501(C)3	17,621				Annie B's Fundraiser 2011
Gold Nugget Museum 502 Pearson Road Paradise, CA 95969	94-2389601	501(C)3	5,053				Annie B's Fundraiser 2011
Habitat for Humanity PO Box 3073 Chico, CA 95928	68-0262142	501(C)3	200				Grant for General Support
Habitat for Humanity PO Box 3073 Chico, CA 95928	68-0262142	501(C)3	34,144				Annie B's Fundraiser 2011
Hooker Oak Elementary 1238 Arbutus Ave Chico, CA 95926	56-2609000	501(C)3	5,260				Annie B's Fundraiser 2011

2011

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2012
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
International Foundation PO Box 23813 Washington, DC 20026	53-0204604	501(C)3	5,500				Grant for General Support
International Foundation PO Box 23813 Washington, DC 20026	53-0204604	501(C)3	5,500				Grant for General Support
International Foundation PO Box 23813 Washington, DC 20026	53-0204604	501(C)3	5,500				Grant for General Support
International Foundation PO Box 23813 Washington, DC 20026	53-0204604	501(C)3	5,500				Grant for General Support
International Foundation PO Box 23813 Washington, DC 20026	53-0204604	501(C)3	5,500				Grant for General Support
International Foundation PO Box 23813 Washington, DC 20026	53-0204604	501(C)3	5,500				Grant for General Support
International Foundation PO Box 23813 Washington, DC 20026	53-0204604	501(C)3	15,500				Grant for General Support
Jesus Center 1297 Park Avenue Chico, CA 95928	68-0290819	501(C)3	1,000				Run Sponsorship for Brian and Karen Sweeney
Jesus Center 1297 Park Avenue Chico, CA 95928	68-0290819	501(C)3	7,963				Annie B's Fundraiser 2011
Leapingstone Foundation 64 Taige Way Chico, CA 95928	26-1212091	501(C)3	10,986				Annie B's Fundraiser 2011
Mi C.A.S.A. Education 385 Ford Gridley, CA 95948	80-0491477	501(C)3	300				Summer Program
Mi C.A.S.A. Education 385 Ford Gridley, CA 95948	80-0491477	501(C)3	5,434				Annie B's Fundraiser 2011
Music Teacher's Association of California, Butte County Branch 7 Discovery Way Chico, CA 95973	23-7083780	501(C)3	11,568				Annie B's Fundraiser 2011

2011

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2012
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
North State Symphony 400 W. 1st St #805 Chico, CA 95929-0805	95-1230865	501(C)3	98				Matching Gift from Annie B's Donor
North State Symphony 400 W. 1st St #805 Chico, CA 95929-0805	95-1230865	501(C)3	26,981				Annie B's Fundraiser 2011
Northern Valley Catholic Social Service 10 Independence Circle Chico, CA 95973	20-0984601	501(C)3	29,777				Annie B's Fundraiser 2011
Notre Dame School 435 Hazel St Chico, CA 95928	68-0228692	501(C)3	27,144				Annie B's Fundraiser 2011
NVCF Project Sidewalk		501(C)3	15,000				2011 Proj Sidewalk
One Media Player Per Teacher PO Box 3320 Chico, CA 95927	26-1616943	501(C)3	6,343				Annie B's Fundraiser 2011
One Media Player Per Teacher PO Box 3320 Chico, CA 95927	26-1616943	501(C)3	95				Late Annie B's Donation through Paypal
Oroville Rescue Mission PO Box 2481 Oroville, CA 95965	94-2207457	501(C)3	1,300				Grant for General Support
Oroville Rescue Mission PO Box 2481 Oroville, CA 95965	94-2207457	501(C)3	16,069				Annie B's Fundraiser 2011
Our Lady of Lourdes Catholic School 741 Ware Avenue Colusa, CA 95932	94-2515733	501(C)3	8,224				Annie B's Fundraiser 2011
Paradise Animal Shelter Helpers PO Box 1021 Paradise, CA 95967		501(C)3	1,384				Quarterly Distribution Correction
Paradise Animal Shelter Helpers PO Box 1021 Paradise, CA 95967		501(C)3	1,000				Grant for General Support
Paradise Animal Shelter Helpers PO Box 1021 Paradise, CA 95967		501(C)3	2,965				Quarterly Distribution
Paradise Animal Shelter Helpers PO Box 1021 Paradise, CA 95967		501(C)3	2,810				Quarterly Distribution

2011

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2012
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Paradise Animal Shelter Helpers PO Box 1021 Paradise, CA 95967		501(C)3	2,965				Quarterly Distribution
Paradise Animal Shelter Helpers PO Box 1021 Paradise, CA 95967		501(C)3	1,200				Grant for General Support
Paradise Animal Shelter Helpers PO Box 1021 Paradise, CA 95967		501(C)3	1,426				Quarterly Distribution
Paradise Hospice 5974 Pentz Road Paradise, CA 95969	68-0002188	501(C)3	500				Grant for General Support
Paradise Hospice 5974 Pentz Road Paradise, CA 95969	68-0002188	501(C)3	1,384				Quarterly Distribution Correction
Paradise Hospice 5974 Pentz Road Paradise, CA 95969	68-0002188	501(C)3	1,426				Quarterly Distribution
Paradise Hospice 5974 Pentz Road Paradise, CA 95969	68-0002188	501(C)3	2,965				Quarterly Distribution
Paradise Hospice 5974 Pentz Road Paradise, CA 95969	68-0002188	501(C)3	2,810				Quarterly Distribution
Paradise Hospice 5974 Pentz Road Paradise, CA 95969	68-0002188	501(C)3	2,965				Quarterly Distribution
Paradise Symphony Society P.O. Box 1892 Paradise, CA 95967	94-1674265	501(C)3	5,809				Annie B's Fundraiser 2011
PAWS of Chico P.O. Box 93 Chico, CA 95927	20-4113959	501(C)3	6,257				Annie B's Fundraiser 2011
Peg Taylor Center for Adult Day Health Care 124 Parmac Road Chico, CA 95926	68-0015216	501(C)3	136				Grant for Music Programs
Peg Taylor Center for Adult Day Health Care 124 Parmac Road Chico, CA 95926	68-0015216	501(C)3	367				Yearly Distribution for 6/30/10 and 6/30/11

2011

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2012
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Peg Taylor Center for Adult Day Health Care 124 Parmac Road Chico, CA 95926	68-0015216	501(C)3	4,000				Grant for General Support
Peg Taylor Center for Adult Day Health Care 124 Parmac Road Chico, CA 95926	68-0015216	501(C)3	3,702				Annie B's Fundraiser 2011
River Partners 580 Vallombrosa Chico, CA 95926	94-3302335	501(C)3	5,913				Annie B's Fundraiser 2011
Sherwood Montessori 746 Moss Avenue Chico, CA 95926	80-0490627	501(C)3	7,278				Annie B's Fundraiser 2011
Tehama County Museum PO Box 275 Tehama, CA 96090	94-2628842	501(C)3	7,647				Annie B's Fundraiser 2011
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(C)3	17,000				April & May 2011 Subsidy
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(C)3	8,500				July 2011 Subsidy
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(C)3	8,500				Subsidy for August 2011
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(C)3	13,204				Annie B's Fundraiser 2011
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(C)3	25,500				Dec/Jan/Feb Subsidy
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(C)3	8,500				Subsidy for June 2011
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(C)3	25,500				Subsidy for Sept, Oct & Nov 2011
The Esplanade House 181 E. Shasta Ave Chico, CA 95973	95-4545206	501(C)3	600				Grant for General Support

2011

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2012
 Region: All Regions

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 Kitrick Ave., Suite A Oroville, CA 95966	20-1594318	501(C)3	8,772				Annie B's Fundraiser 2011
The Hope Center 1950 Kitrick Ave., Suite A Oroville, CA 95966	20-1594318	501(C)3	900				Grant for General Support
The Hope Center 1950 Kitrick Ave., Suite A Oroville, CA 95966	20-1594318	501(C)3	900				Grant for General Support
Work Training Center 2255 Fair Street Chico, CA 95928-6747	94-1540883	501(C)3	2,000				Grant for General Support
Work Training Center 2255 Fair Street Chico, CA 95928-6747	94-1540883	501(C)3	7,273				Annie B's Fundraiser 2011
World Vision	95-3202116	501(C)3	12,000				Zambia 3Xs Match
World Vision	95-3202116	501(C)3	12,000				West Africa witha Conrad Hulto Match
YMCA of Oroville 1684 Robinson Street Oroville, CA 95965	94-1156634	501(C)3	21,431				Annie B's Fundraiser 2011
Youth for Change PO Box 1476 Paradise, CA 95969	68-0238941	501(C)3	2,000				6th Street Center for Youth
Youth for Change PO Box 1476 Paradise, CA 95969	68-0238941	501(C)3	3,067				Annie B's Fundraiser 2011
Youth for Change PO Box 1476 Paradise, CA 95969	68-0238941	501(C)3	450				Club Live
Totals			1,009,782	000			