Sign

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Paid Preparer

Use Only

Signature of officer

Firm's name

Firm's address ▶

Type or print name and title Print/Type preparer's name

For Paperwork Reduction Act Notice, see the separate instructions.

ALEXA BENSON-VALAVANIS, CEO

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

Preparer's signature

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Phone no

Check I if self-employed

🗌 Yes 🗌 No

Form **990** (2016)

	NORTH VALLET COMMUNITY FOUNDATION 08-0161433		Page Z
Part			_
	Check if Schedule O contains a response or note to any line in this Part III		<u>ليا .</u>
1	Briefly describe the organization's mission:		
	TO PROMOTE AND FACILITATE PHILANTHROPY, SOCIAL ACTION AND COMMUNITY ENGAGEMENT		
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 Ŀ	∐ 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 measu	red by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	ations to	others,
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 4,738,239 including grants of \$ 3,457,202) (Revenue \$	377,921)
	TO PROMOTE AND FACILITATE PHILANTHROPY, SOCIAL ACTION AND COMMUNITY ENGAGEMENT	· ′	•

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
	· · · · · · · · · · · · · · · · · · ·		
			
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
		,	
4d	Other program services (Describe in Schedule O.)		
→u	· · · · · · · · · · · · · · · · · · ·		
40			
<u> 4e</u>	l otal program service expenses ► 4,738,239		

Form 990 (2016)

NORTH VALLEY COMMUNITY FOUNDATION 68-0161455.

art	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	1
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	4		1
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	5		1
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	6	√	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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	11b	1	
С	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	11c		1
ď	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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
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 .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII AUDIT IN PROGRESS - NOT COMPLETED AT TIME OF FILING RETURN	12a	1	
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ <u> </u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	1
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, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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)	17		1
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	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a?		Ι	1

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule If bit "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule Is Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization are vives." To Part IVII, 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. 22 2 Jan 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after Docember 31, 2002? If "Yes," amswer lines 2-th through 24d and complete Schedule K. If "No," go to line 25a Did the organization have a tax-exempt bonds beyond a temporary period exception? 23 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. 24d Did the organization area an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization with a disqualited person during the year? If "Yes," complete Schedule I, Part II organization and that the transaction has not been reported on any of the organization engage in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule I, Part IV organization provide a grant or other assistance to an officer, director, trustee, or expensive provider and years of the organization and the provi				Yes	No
b If Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 11 if Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 if Yes," complete Schedule I, Parts I and II 22 Under 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, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule I. Parts I and III 23 Did the organization invest at at-everify 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 II. Prof. y to to line 25a 24a	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	.05	
domestic government on Part IX, column (A), line 17 II "Yes," complete Schedule I, Parts I and II" 21 Did the organization around more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 18 organization's current and former officers, directors, trustess, key employees, and highest compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensation of the organization are at ax-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 II. If No." y to the 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization was an an on behalf of issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule L, Part I I "Yes," If "Yes," complete Schedule L, Part I I "Yes," organization and the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or key employees, highest compensated employees, or displayed persone? If "Yes," complete Schedule II, Part IV I I I I I I I I I I I I I I I I I I	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	_		<u></u>
22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 ff "Yes," complete Schedule I, Parts and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization as complete Schedule VII 24 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 25a th through 24d and complete Schedule K. If "No," go to line 25a th through 24d and complete Schedule K. If "No," go to line 25a th through 24d and complete Schedule K. If "No," go to line 25a th through 24d and complete Schedule K. If "No," go to line 25a th through 24d and complete Schedule K. If "No," go to line 25a th through 24d and complete Schedule K. If "No," go to line 25a th through 24d and complete Schedule K. If "No," go to line 25a th through 24d and complete Schedule K. If "No," go to line 25a th through 24d and complete Schedule X. If "No," go to line 25a th through 24d and complete Schedule X. If Through 24d and C	'		21	/	
13 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. 14 Did the organization have a tax-exempt bonds sue with an outstanding principal amount of more than \$10,000 as of the last day of the year; that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No," go to line 25a 15 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 16 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 17 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 18 Section 501(6)(3), 501(6)4), and 501(6)(2) organizations. Did the organization engage an an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I 18 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I II 19 Did the organization approach any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II II 19 Did the organization approached Fing thresholds, conflictions, and exceptions? If "Yes," complete Schedule L, Part IV II An entire to the section of the following parties (see Schedule L, Part IV II An entire to the organization approached fing thresholds, conflictions, and exceptions? If "Yes," complete Schedule M, Part IV II An entire to the organization receive conflictions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes,	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
\$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 25a b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c) Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ragae in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 or proyec. For organization and that the transaction has not been reported on any of the organization or proyec. For organization and that the transaction has not been reported on any of the organization or proyec. For organization or proyec, and that the transaction has not been reported on any of the organization or proyec. For organization or proyec, and that the transaction is an organization or proyec proyec, and that the transaction is a proyec, and the organization or proyec, and the organization organization or any of these persons? If "Yes," complete Schedule L, Part III . 27	23	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 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-E27 If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV and a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A nentity 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. A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) and an order officer, director, trustee, or key employee (or a family member thereof) and the organization receive more than 255,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV. Di	24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not been reported on any of the organization's prior Forms 990 or 990-E2? 16 If "Yes," complete Schedule L, Part 1 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b 7 7 7 7 7 7 7 7 7		Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
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-E27 If "Yes," complete Schedule L, Part I	d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		✓
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	26	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part IV 28b ✓ 28c ✓ 29 ✓ 30 Uthe organization receive contributions? If "Yes," complete Schedule N, Part Skhedule N, Part II subdited conservation of the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II subdited conservation on 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, III, or IV, and Part V, line 1 34 ✓ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities thr	27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 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 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 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 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, lines 11b and	28				<u> </u>
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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 10 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	_	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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 To 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, lines 11b and	С				1
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	1
23 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	31				
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		32		1
or IV, and Part V, line 1	33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	34		34		1
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	35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1
 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	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	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,			
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	<u> </u>

D 11/	A - 1	D	AH - 100	P**1*	Tax Complianc	
Part V	Statemente	Recarding	I Ither IKS	Fillings and	I ay Complianc	Δ
	Qualcinicino	ricgarunig		93 6110	I ax Compilatio	

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ł
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a				
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			.
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u> </u>	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	
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]	(1
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	70		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	1
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	<u> </u>		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ł	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u>.</u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	Į.	ļ	١.
	required to file Form 8282?	7c		√
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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?	71	├	✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	├	├
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	sponsoring organization have excess business holdings at any time during the year?	8		7
9	Sponsoring organizations maintaining donor advised funds.			V
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	1
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	}		ŀ
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
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			(
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	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			
_	100			
C	Enter the amount of reserves on hand	145		-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	 -	+
0	ii res, has it lined a rotti rzo to report these payments: ii rvo, provide an explanation in schedule O .	<u> </u>		

Part		and fo		age o "No"
· a	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
		ة جستنس	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь	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		$\overline{\checkmark}$
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		✓_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	6		√
6 7a	Did the organization have members or stockholders?	┝┻┼		<u> </u>
· a	one or more members of the governing body?	7a	ł	1
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b]	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	**	100	1
	the year by the following:			
a	The governing body?	8a	√	
9	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ŀ	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	, -	de.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		√
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1 1		
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	/	34E 15.4
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	7	
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	✓	<u> </u>
13 .	Did the organization have a written whistleblower policy? ·	13		✓
14	Did the organization have a written document retention and destruction policy?	14	<u>√</u>	SPÉ SCY
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a		
a b	The organization's CEO, Executive Director, or top management official	15b	<u> </u>	1
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	7		
16a				
	with a taxable entity during the year?	16a		1
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		
	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501/	c)(3)e	Only
.0	available for public inspection. Indicate how you made these available. Check all that apply.	55 1(0	دردرد	. Jilly)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest p	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	>	
	ALEVA DENCON VALAVIANIC 240 MAIN CEDEET CHITE 200 CHICO CALIEODALA 00020 (520)001 4100			

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orm 990 (2016)			PUUNUATUN	00-0101400

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

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

- 1a Complete this table for all persons required to be listed. 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 no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	rson	than out the thick the thi	n an tee)	(D) Reportable compensation from	related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Sherry Holbrook	2.00									
Director and Co-Chair	0.00	1		✓			L.	0	0	0
(2) Vanessa Sundin	2.00						l			
Director and Secretary	0.00	✓		✓				0	0	0
(3) Debbie Rossi	2.00	1				ĺ	-	1	[
Director and Treasurer	0.00	✓_		✓	<u></u>	<u> </u>		0	0	0
(4) Diane Ruby	2.00			l	1	1	l	ł	ľ	
Director	0.00	✓			_	<u> </u>	<u> </u>	0	0	0
(5) Earl Jessee	2.00			1				ļ	ļ	1
Director	0.00	✓		L		L		0	0	0
(6) Janet Weitbrock	2.00	İ	ļ				ļ			
Director	0.00	/		L	$ldsymbol{oxed}$	Ĺ	L	0	0	0
(7) Joe Wilson	2.00					ļ				
Director and Co-Chair	0.00	✓		1			L	0	0	0
(8) Laura Cootsona	2.00			İ			Ì			
Director	0.00	✓					_	0	0	0
(9) Alexa Benson-Valavanis	40.00					İ				
CEO and President	0.00	✓		✓		L	<u> </u>	92,473	0	0
(10) William Hubbard	16.00	ĺ	i	ĺ	i	ĺ	ĺ	İ		
CFO	0.00			✓		<u> </u>	L.	16,539	0	0
(11)										
(12)								 		
(13)										
(14)										

Part	0 (2016) NORTH VALLEY COM VII Section A. Officers, Directors, Trust									mniovaes (co	ntinuer	<u> </u>		age
rait	(A) Name and title	(B) Average hours per	(do n	ot ch	Pos leck is pe	c) ition more	than o	one n an	(D) Reportable compensation	(E) Reportable compensation f		Estir amo	F) nated unt of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		from from organ and r	mer ensation in the inization related izations	
(15)						┢	-			<u> </u>	1			
(16)			 		┝	\vdash	-	┝						
(17)			-	_	_	\vdash		-						
(18)			-	-	-			\vdash			+			
(19)			-		-	_		-			\dashv		_	
(20)			-		 -	\vdash	-	-	 					
(21)			-	-	-	\vdash	-	-	 		\dashv		<u> </u>	-
(22)			-	-	-	\vdash	-	-						
(23)			-		-	\vdash	-				_			
(24)						\vdash								
(25)		ļ		-	 -	\vdash	-				_	···		
1b c	Sub-total						 	>	109,012				- -	
<u>d</u> 2	Total (add lines 1b and 1c)					ted	abov	e) v	109,012 who received m 0		0,000 0	of		
3	Did the organization list any former or employee on line 1a? If "Yes," complete	fficer, direc						emį		nest compen	sated	3	Yes	No.
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	porta an \$	ble	cor	npe	nsatio					4		· · · · · · · · · · · · · · · · · · ·
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi		5		-
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Re year.													ax
	(A) Name and business add	dress		-					(B) Description of	services	C	(C) ompens		
NONE				_				1						
				_										

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	t VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
	 _	Check if Schedule O	contains a	response or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
र्घ र	1a	Federated campaigns]	1a			··· <u>·</u>					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .	[1b]							
s, C Am	C	Fundraising events .	[1c]	Ì	ı					
Giff	d	Related organizations		1d	j	j						
ns, Simi	е	Government grants (cont		1e		-	!					
utio er (f	All other contributions, gif and similar amounts not incli										
o E	_	Noncash contributions include	<u> </u>	1f 8,017,248				ĺ				
Son	g	Total. Add lines 1a-1f			8,017,248	,						
	 -	Total: Add lines Ta-TI	· · · · · ·	Business Code	6,017,246		 					
enu	2a	PROGRAM/ADMINISTR	ATIVE FEES		473,626	473,626						
æ	b			····								
/ice	С											
Sen	d											
ä	е											
Program Service Revenue	f	All other program serv			ļ		a a: : :::::::					
	3	Total. Add lines 2a-2f Investment income (473,626		·	<u></u>				
] "	and other similar amount			351,003			351,003				
	4	Income from investment	· ·		331,003			331,003				
	5	Royalties			-							
	ļ	ſ	(i) Real	(ii) Personal								
	6a	Gross rents] [}		,				
	b	Less: rental expenses	·			,		,				
	С	Rental income or (loss)			<u> </u>							
	d 70	Net rental income or (I	(i) Securities					· · · · · · · · · · · · · · · · ·				
	7a	Gross amount from sales of assets other than inventory	(i) Geodinaes	(ii) Other	-{,	1						
	ь	Less: cost or other basis and sales expenses .	 		-			-				
	c	Gain or (loss)			1	i		1				
	d							ļ3				
•						 		}				
nue	8a	Gross income from ful	ndraising		1	1						
Other Reve	ł	events (not including \$						1				
Ϋ́		of contributions reporte See Part IV, line 18 .			<u>}</u>			ļ-				
the	_			~ }	{ }			,				
Ò	b	Less: direct expenses Net income or (loss) fr			 			ļ				
		Gross income from gai		<u> </u>		71 1967 TV . 11 FT.	-					
		See Part IV, line 19 .						1				
	b	Less: direct expenses			1.		1					
	С	Net income or (loss) fr										
	10a	Gross sales of inverturns and allowance				3, 5, 1						
		Less: cost of goods so										
	<u>c</u>	Net income or (loss) fr		inventory >								
	11a			Business Code	94 946			94 946				
	b	INCOME FROM PARTN	EKSNIP	··· }	84,846			84,846				
	c				 		 _	 				
	d	All other revenue .										
	е	Total. Add lines 11a-1			84,846							
	12	Total revenue. See in	structions.	<u> ▶</u>	8,926,723	473,626	0					
								Form 990 (2016)				

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (C) Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 3,375,972 3,375,972 Grants and other assistance to domestic individuals. See Part IV, line 22 52,887 52,887 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 28,343 28,343 Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees 109,012 109,012 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 140,971 140,971 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 113 113 10 22,137 22,137 11 Fees for services (non-employees): а Management Legal Accounting 11.975 11,975 THE RESIDENCE OF THE PARTY OF T Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 11,790 11,790 Advertising and promotion 12 13 Office expenses 8,009 8,009 14 Information technology 15 Occupancy 16 26,100 26,100 17 2,505 2,505 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 6,977 6,977 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 3,936 3,936 23 8,631 8,631 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a CHARITABLE PROJECT EXPENSES 1,281,047 1,281,047 INVESTMENT/BANK FEES 47,644 47,644 EQUIPMENT RENTAL 13,514 13,514 MARKETING 5,888 5,888 e All other expenses 18,439 18,439 Total functional expenses. Add lines 1 through 24e 25 5,175,890 4,738,249 437,641 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form 990 (2016)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,529,876 1 671,418 2 Savings and temporary cash investments 2 1,917,169 3 3 63,578 10,000 4 4 2,285 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other 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 6 Assets 7 7 8 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 23,214 10c 23,496 11 Investments—publicly traded securities 10,095,213 11 11,137,963 12 Investments—other securities. See Part IV, line 11 12 497,765 4,371,861 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 6,051 7,415 16 Total assets. Add lines 1 through 15 (must equal line 34) 13,215,697 16 18,141,607 17 17 26,602 9,945 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other 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 63,417 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 833,974 25 1,192,413 Total liabilities. Add lines 17 through 25 . . 860,576 26 26 1,265,775 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 10,384,297 27 14,426,735 28 1,970,824 28 2,449,097 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. ō Net Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 12,355,121 33 33 16,875,832 34 34 13,215,697 18,141,607

Form 99	10 (2016) NORTH VALLEY COMMUNITY FOUNDATION 68-0161455			Pa	ge 12		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	·. ·_ ·_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,92	6,723		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,17	5,890		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,35	5,121		
5	Net unrealized gains (losses) on investments	5		76	9,878		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1					
	33, column (B))	10		16 <u>,</u> 87	5,832		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>				
			TWO STATES	Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other			数	4		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	333				
	Schedule O.		34. E	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		√		
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or					
	reviewed on a separate basis, consolidated basis, or both:			1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		S	想您	X		
b	Were the organization's financial statements audited by an independent accountant?	• . • •	2b	√	No. 1773 J. I		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis			1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			_			
	of the audit, review, or compilation of its financial statements and selection of an independent accounts to the selection of		2c	WASKEN.	#20% Ta		
	If the organization changed either its oversight process or selection process during the tax year, ex	kpiain in		1			
_	Schedule O.		3401	350	1123		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	tortn in	3				
_	the Single Audit Act and OMB Circular A-133?		3a		✓_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the control of the organization did not undergo the control of the organization did not undergo the control of the organization did not undergo the organization did not undergo the organization did not undergo the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	เนนเธ.	3b				
			Forr	n 990	(2016)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization Employer identification number							
NORTH VALLEY COMMUNITY FOUNDATI	ON				68-01	61455	
Part I Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.	
The organization is not a private founda		, -		-	•	~1	
1 A church, convention of church						P7 6	
2 A school described in section		· ·			• •	() ()	
3 A hospital or a cooperative hos						· ·	
4 A medical research organization hospital's name, city, and state	e:						
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in	
6 A federal, state, or local govern	nment or governi	mental unit described	in sectio	n 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	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9 An agricultural research organi or university or a non-land-gra university:							
10 An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fur income and unr	nctions—subject to c related business taxal	ertain exc ble incom	eptions, le (less se	and (2) no more that ection 511 tax) from	n 33½% of its	
11							
12 An organization organized and	operated exclus	ively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes	
of one or more publicly support							
Check the box in lines 12a thro	ugh 12d that des	scribes the type of sur	porting c	rganizatio	on and complete line	es 12e, 12f, and 12g.	
a Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having	
control or management of organization(s). You must	the supporting o	rganızation vested in	the same				
c Type III functionally integ its supported organization(ally integrated with,	
d Type III non-functionally integrated that is not functionally integrated requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		
e	ization received Type III non-func	a written determination	on from ti pporting (ne IRS that organizat	at it is a Type I, Type ion.	e II, Type III	
f Enter the number of supported of							
g Provide the following information	n about the supp	orted organization(s)	·				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1~10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D))						
(E)					,		
Total		CAMPANATA PAR					

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.)

	on A. Public Support	4 4 4 4 4 4					
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	ł		ì	ł	ì	
	membership fees received. (Do not						
_	include any "unusual grants.")	3,221,195	3,734,568	3,546,218	4,033,045	8,017,248	22,552,274
2	Tax revenues levied for the	1				ł	
	organization's benefit and either paid	Í		İ		(
_	to or expended on its behalf	,					
3	The value of services or facilities	Ì		ľ	Ì	{	
	furnished by a governmental unit to the organization without charge						
	-						
4	Total. Add lines 1 through 3	3,221,195	3,734,568	3,546,218	4,033,045	8,017,248	22,552,274
5	The portion of total contributions by	İ					
	each person (other than a	,	ļ	ļ			
	governmental unit or publicly	i				l.	
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)			i			
•	`''						5,357,048
6 Casti	Public support. Subtract line 5 from line 4						17,195,226
	on B. Total Support	(0) 0010	(h) 0010	/s) 0014	(4) 0045	(-) 0010	(6 T-+-!
Valen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-		3,221,195	3,734,568	3,546,218	4,033,045	8,017,248	22,552,274
8	Gross income from interest, dividends,					1	
	payments received on securities loans, rents, royalties and income from similar	Ì			ĺ		
	sources	074 447	2/4 402	701.15/	(42.24)	425.040	2 272 404
9	Net income from unrelated business	274,117	261,103	791,156	612,266	435,849	<u>2,373,491</u>
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or	····					
10	loss from the sale of capital assets						
	(Explain in Part VI.)		j	,			
11	Total support. Add lines 7 through 10						24,925,765
12	Gross receipts from related activities, etc.	(see instruction				12	24,725,765
13	First five years. If the Form 990 is for the	-	•				n 501(c)(3)
	organization, check this box and stop her	•					
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2016 (line 6			1, column (f))	7	14	68.98 %
15	Public support percentage from 2015 Sch		-		1	15	78.78 %
16a	331/3% support test-2016. If the organi						
	box and stop here. The organization qua	lıfies as a publi	cly supported	organization			▶ ☑
b	331/3% support test-2015. If the organize	zation did not e	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test - 20	016. If the orga	ınization did n	ot check a box	on line 13, 10	6a, or 16b, and	l line 14 ıs
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circu	umstances" te	st. The organiz	zation qualifies	as a publicly	supported
	organization						▶ 🗆
b	10%-facts-and-circumstances test -20	015. If the orga	anization did n	ot check a box	k on line 13, 1	6a, 16b, or 17a	a, and line
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization n						
	supported organization						_
18	Private foundation. If the organization die						
	instructions	<u> </u>	. <u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees					***************************************	
	received. (Do not include any "unusual grants.")	^					1
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		ļ	ļ			
	unrelated trade or business under section 513						
4	Tax revenues levied for the		{	ļ	l		1
	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		ļ		ļ		}
6		<u> </u>	 	 	ļ		
6 7a	Total. Add lines 1 through 5						
, u	received from disqualified persons .			,			
b	Amounts included on lines 2 and 3	 		<u> </u>			
U	received from other than disqualified						
	persons that exceed the greater of \$5,000		,	J	}]
	or 1% of the amount on line 13 for the year			/			
С	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from						•
	line 6.)	<u></u>		L			<u> </u>
	on B. Total Support						_
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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.						
h	Unrelated business taxable income (less			 	 		
þ	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	ĺ	ĺ	i	1		1
12	Other income. Do not include gain or	,					<u> </u>
	loss from the sale of capital assets	j	1	1]		}
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					· ———	
	and 12.)	L	<u> </u>	<u> </u>			<u> </u>
14	First five years. If the Form 990 is for the	•		-	-		• • • • • • • • • • • • • • • • • • • •
Cook	organization, check this box and stop he			· · · · ·	<u> </u>	· · · ·	🕨 🗀
	on C. Computation of Public Suppor			(A)		145	0/
15 16	Public support percentage for 2016 (line Public support percentage from 2015 Sci	• • •	-			15	<u>%</u> %
	on D. Computation of Investment In			· · · · · ·		1 10	
17	Investment income percentage for 2016			v line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2019					18	- <u>//</u> %
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box						
ь	331/3% support tests-2015. If the organiz		=			_	_
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instr	uctions 🕨 🗌

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

Socti	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	.)	
Secu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	-
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		_
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		_
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10a

10b

				2900
Part	Supporting Organizations (continued)		Yes	Nic
			res	NO
11	Has the organization accepted a gift or contribution from any of the following persons?		[1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			لــــا
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	116	نـــــا	L
Secu	on B. Type I Supporting Organizations		Yes	Na
	Dud the directors trustees or membership of one or more supported examinations have the newer to		res	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ł	i	:
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ł		
	controlled the organization's activities. If the organization had more than one supported organization,		l	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ŀ	!	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	 -	-	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			}
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations	2		
0000	on or type it dapperting digunizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Γ	100	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control]		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<u> </u>	
Secti	on D. All Type III Supporting Organizations	•	<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	[
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ĺ	Ì	Ì
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	or tax le d? 1 led li how	 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	l	1	}
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	l)	1
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,-
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	etruct	ions)
·				
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of]
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ļ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ļ]	1
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>		
	that these activities constituted substantially all of its activities.	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	1	[
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	1	[
	reasons for the organization's position that its supported organization(s) would have engaged in these	 		ļ
	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	Į.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>	L	ļ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org							
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See							
instructions. All other Type III non-functionally integrated supporting organ	ızat	ions must complete Secti					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		 				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a		<u> </u>				
b Average monthly cash balances	1b	<u></u>	<u> </u>				
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2		T				
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		T				
6 Multiply line 5 by .035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporti	ng organization (see				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish e	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	nizations					
4	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required)						
	Other distributions (describe in Part VI). See instructions.						
7_	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive				
	(provide details in Part VI). See instructions.			_ 			
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6	·		·			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2016:						
а							
b							
С	From 2013		<u> </u>				
d	From 2014						
е	From 2015						
f	Total of lines 3a through e						
	Applied to underdistributions of prior years	<u> </u>	<u> </u>				
<u>h</u>	Applied to 2016 distributable amount						
i_	Carryover from 2011 not applied (see instructions)						
<u> j </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from						
	Section D, line 7:						
а	Applied to underdistributions of prior years						
<u> </u>	Applied to 2016 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c.						
8	Breakdown of line 7:						
<u>a</u>	<u></u>						
b	Excess from 2013						
<u> </u>	Excess from 2014			<u> </u>			
d	Excess from 2015			<u> </u>			
e	Excess from 2016			-			

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name o	f the or	ganization		Employ	er iden	tification number			
NORTH	1 VALL	EY COMMUNITY FOUNDATION				68-0161455			
Par		Organizations Maintaining Donor Adv Complete if the organization answered "			Acco	unts.			
		Complete if the organization answered	(a) Donor advised funds	T	(b) Fu	inds and other accounts			
1	Total	number at end of year	40	 		405			
2		egate value of contributions to (during year)	4,543,681	+	3,473,567				
3		egate value of grants from (during year) .	536,247	+		2,920,955			
4		egate value at end of year	7,357,145	 	9,518,687				
5	Did t	ne organization inform all donors and donor are the organization's property, subject to the	advisors in writing that the assets h			advised			
6	Did to	ne organization inform all grantees, donors, a for charitable purposes and not for the beneforing impermissible private benefit?	and donor advisors in writing that gra- tit of the donor or donor advisor, or f	nt fund or any	s can other	be used purpose			
Par	t 11								
		Complete if the organization answered '							
1		ose(s) of conservation easements held by the							
		reservation of land for public use (e.g., recreat rotection of natural habitat	tion or education)						
		reservation of open space							
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in th	e form	n of a conservation			
		ment on the last day of the tax year.	·			Held at the End of the Tax Year			
а	Total	number of conservation easements			2a				
b	Total	acreage restricted by conservation easement	is.,,,,,,,,,,,,		2b				
С	Num	per of conservation easements on a certified h	nistoric structure included in (a)		2c				
d	Num	per of conservation easements included in		on a	2d				
3	Num	ber of conservation easements modified, transear ►				ne organization during the			
4	Num	ber of states where property subject to conse	rvation easement is located ▶						
5		the organization have a written policy re- tions, and enforcement of the conservation ea							
6	Staff	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conserv	ation e	easements during the year			
7	Amoi	unt of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conser	vation	easements during the year			
8		each conservation easement reported on line section 170(h)(4)(B)(ii)?		f sectio	n 170	(h)(4)(B)(i) · · · □ Yes □ No			
9	In Pa balar	rt XIII, describe how the organization reports on the sheet, and include, if applicable, the text of hization's accounting for conservation easements	conservation easements in its revenue of the footnote to the organization's fir			e statement, and			
Part	111	Organizations Maintaining Collections Complete if the organization answered			r Sim	ilar Assets.			
1a	work	organization elected, as permitted under SF, s of art, historical treasures, or other similar c service, provide, in Part XIII, the text of the f	assets held for public exhibition, ed	ducatio	n, or	research in furtherance of			
b	work	organization elected, as permitted under S s of art, historical treasures, or other similar c service, provide the following amounts relati	assets held for public exhibition, ed						
2	(ii) As	evenue included on Form 990, Part VIII, line 1 seets included in Form 990, Part X		 r asset:	. 1	➤ \$ ► \$ financial gain, provide the			
a	Reve	ving amounts required to be reported under S nue included on Form 990, Part VIII, line 1			.)	\$			

Part	Organizations Maintaining C	Collections of A	Art, Hist	orical T	reasures	, or Ot	her Similar A	\sse	ets (co	ntinu	ed)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and oth	ner record	ds, check	any of th	e follow	ving that are a	sigi	nıficant	use	of its
а	☐ Public exhibition		d [Loan	or exchang	je progi	rams				
b	☐ Scholarly research		е [] Other							_
С	☐ Preservation for future generations										
4	Provide a description of the organization XIII.	n's collections a	nd explai	n how th	ey further	the org	anization's ex	emp	t purpo	se in	Part
5	During the year, did the organization s assets to be sold to raise funds rather the	han to be maintai							☐ Ye	s 🗀	No
Pari	Escrow and Custodial Arran Complete if the organization a	~	on Forn	n 990, P	art IV, line	e 9, or	reported an a	amo	unt on	Forr	n
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, or included on Form 990, Part X?								☐ Ye	s 🗌	No
b	If "Yes," explain the arrangement in Par	t XIII and comple	ete the fol	lowing ta	ble:	Γ.	T	Am	ount		
C	Beginning balance					10					
ď	Additions during the year					1d					
е	Distributions during the year					1 <u>e</u>					
f	Ending balance					1f				=	
2a	Did the organization include an amount										
	If "Yes," explain the arrangement in Par	t XIII. Check here	if the ex	planation	has been	provide	ed on Part XIII	• •	<u></u>	<u>_ </u>	<u> </u>
Par	Endowment Funds.		· -	- 000 5) () / ()	- 10					
	Complete if the organization a		(b) Prio		(c) Two yea		(d) Three years ba	nak I	(e) Four	voor l	
4.	De signing of way belows	(a) Current year						\rightarrow	(e) Four	<u> </u>	
1a	Beginning of year balance	1,910,996	2	,086,348	2,2	235,026	2,060,	729		1,97	7,239
b	Contributions	450,657						\dashv			
·	losses	24 (0 (0		(21 204)		E 247	222	201		22	0 020
d	Grants or scholarships	216,060 (128,616)		(21,204) 154,148)		5,217 53,895)	322,: (147,9	$\neg \neg$			0,020 5,530)
e	Other expenditures for facilities and	(120,010)		134,146)		23,673)	(147,9	74)		(140	,330)
•	programs			}				j			
f	Administrative expenses						 	\dashv			
g	End of year balance	2,449,097		,910,996	2.0	086,348	2,235,0	026		2.06	0,729
2	Provide the estimated percentage of the										
а	Board designated or quasi-endowment			,	,	,,					
b	Permanent endowment ▶	%									
С	Temporarily restricted endowment ▶	100%									
	The percentages on lines 2a, 2b, and 2	c should equal 10	00%.								
3a	Are there endowment funds not in the	possession of th	e organiz	ation tha	t are held	and ad	ministered for	the	_		
	organization by:									Yes	No
	(i) unrelated organizations								3a(i)		~
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related org		-						3b		
4	Describe in Part XIII the intended uses		n's endo	wment fu	ınds.						
Par	VI Land, Buildings, and Equipm		_								_
	Complete if the organization a							0, P			
	Description of property	(a) Cost or oth			r other basis ther)	d	Accumulated epreciation		(d) Boo	k value	·
1a	Land						活动的激素	<u> </u>			
þ	Buildings					ļ		<u> </u>			
С	Leasehold improvements	 	+			 					
d	Equipment	<u> </u>			82,940	 	59,444			2	3,496
e T-4-1	Other	-1	20. 5 1	' oct:	(D) Um = 41	l					0.466
ı otal.	Add lines 1a through 1e. (Column (d) mu	ıst equal Form 99	9υ, <i>P</i> aπ X	, coiumn	ווne 10), iine 10	JC.J.	<i>,</i> , , ▶	L		2	<u>3,496</u>

Part VII	Complete if the organization answ		m 990). Part IV. line	e 11b. See Forn	n 990. Part X. line 12.
	(a) Description of security or category (including name of security)			Book value	(c) Me	thod of valuation d-of-year market value
•	derivatives					
(3) Other					 	
	mited partnership interest in Fred & Elled					basis with partner adjusts
(C)	interest in Smallfoot LLC, a California lin	nted hability company		4,025,000	based on apprais	al of property in LLC
(D)						
(E)	***************************************					
(F)						
(G)						
(H)					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col. (B) line 12.)			4,371,861	<u></u>	
Part VIII	Investments — Program Related Complete if the organization answers		m 990), Part IV, line	e 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment			Book value	(c) Me	ethod of valuation. d-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)					 -	
(6)						
(8)					 	
(9)		<u> </u>				
	(b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
	Complete if the organization ans		m 990	D, Part IV, lin	e 11d. See Forr	
	(6	a) Description				(b) Book value
(1)						
(2)						
(3) (4)			·			
(5)						
(6)						
(7)						
(8)						<u> </u>
(9)						
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<u>· · · </u>		<u>····</u>	<u> </u>
Part X	Other Liabilities. Complete if the organization ansi	warad "Vaa" on Ear	OO(Dort IV lin	a 11a ar 11f Ca	o Form 000 Dort V
	line 25.			J, Fart IV, IIII		
(1) Federal II	(a) Description of liability	(b) Book value				
	HELD AS AGENCY ENDOWMENTS	1 10	2,413			
(3)	HELD AS AGENCY ENDOWINERTS		2,413			
(4)						
(5)						
(6)						
(7)						
(8)		 				
(9)	(h) must squal Form 000. Bart V and /fillian 051 h	<u> </u>				
	(b) must equal Form 990, Part X, col. (B) line 25) ► r uncertain tax positions. In Part XIII. provi		2,413	he organization	's financial statem	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990,		per Retu	rn.
			14	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			AUDIT IN PROGRESS -
а	Net unrealized gains (losses) on investments	2a		NOT COMPLETED AT
b	Donated services and use of facilities	2b		TIME OF FILING RETURN
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3_	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part			es per Re	turn.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			AUDIT IN PROGRESS -
а	Donated services and use of facilities	2a		NOT COMPLETED AT
b	Prior year adjustments	2b		TIME OF FILING RETURN
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
	XIII Supplemental Information.		· · <u> </u>	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV lines 1h a	nd 2h: Part	V line 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
		to provide any addition	mai imornio	
PARI	V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS			
THE H	AROLD WILLIAMS ENDOWMENT FUND IS FOR THE BENEFIT OF THE UNDER	SERVED YOUTH IN THE	E PARADISE	RIDGE AREA. THE
			_	
WEND	ELL LOUGHHEAD ENDOWMENT FUND BENEFITS FIVE NONPROFIT ORGANI	ZATIONS : THE AMERIC	AN HEART	ASSOCIATION,
LASSE	N CO SEARCH AND RESCUE, LASSEN CO HUMANE SOCIETY, BUTTE HOME	HEALTH AND HOSPIC	E, AND MED	IC ALERT
FOUND	DATION OF TURLOCK. THE LYDIA SCHULERUD ENDOWMENT FUND BENEFIT	S THREE BENEFICIAR	IES AND A	YEARLY
SCHO	ARSHIP RECIPIENT : PARADISE ANIMAL SHELTER HELPERS, CHICO CREE	K NATURE CENTER, PA	ARADISE HO	SPICE, AND
PARA	DISE HIGH SCHOOL SCHOLARSHIP RECIPIENT. THE HAWAII AUDUBON SOC	ETY FUND IS FOR THE	BENEFIT O	F THE HAWAII
AUDU	BON SOCIETY. THE ELIZABETH FARRELL ENDOWMENT IS FOR THE BENEFI	TOF THE PARADISE PI	ERFORMING	ARTS CENTER.
THE PA	ARADISE SCIENCE ENDOWMENT IS FOR THE BENEFIT OF PARADISE HIGH S	CHOOLS SCIENCE PR	OGRAMS. T	HE PRESTOPINO
FAMIL	Y ENDOWMENT IS FOR THE BENFIT OF THE PARADISE REC AND PARK DIST	RICT. THE ANONYMOL	JS F ENDOV	MENT IS FOR THE
SUPPO	ORT OF THE BOYS AND GIRLS CLUB OF PARADISE, THE WELL MINISTRY OF	PEACE AKA CHICO RI	ESCUE MISS	SION, SALVATION
		/ 1101 011100 11		
ARMV	RED CROSS, PAWS, PARADISE PERFORMING ARTS, PARADISE ANIMAL SH	ELTER HEI PERS OPG	OVILLE DES	CUE MISSION. NORTH
WEST	SPCA, MAKE A WISH FOUNDATION, HOSPICE OF PARADISE, HELP 4 PEOPL	E, HABITAT FOR HUMA	ANITY, ESPL	ANADE HOUSE.

Schedule	D	(Form	990)	201	6

NORTH VALLEY COMMUNITY FOUNDATION 68-0161455

Page	5
rage	•

Supplemental information (continued)
CHICO COMMUNITY SHELTER, CHICO CAT COALITION, CANINE COMPANIONS AND BUTTE HUMANE SOCIETY. MARY LINTON-MITCHELL
ENDOWMENT IS FOR THE SUPPORT OF CITY OF CHICO - BIDWELL PARK, CLARE LOUISE BATES ENDOWMENT IS FOR THE SUPPORT
OF TOPCATS ON THE RIDGE, NEIGHBORHOOD CAT ADVOCATES, PAWS OF CHICO, NV ANIMAL DISASTER GROUP.
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(Form 990)

Statement of Activities Outside the United States

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

2016

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

None							
	H VALLEY COMMUNITY FOUND		os Outoido	the United States. Comp	loto if the area-		-0161455
Par	Form 990, Part IV, line		-5 Outside	uie Ointeu States. Comp	iete ii trie organ	ızauon ans\	wereu tes on
1	For grantmakers. Does the		maintain reco	ords to substantiate the amo	ount of its grants	and other	
•	assistance, the grantees' eli						
	grants or assistance?						☑Yes □No
	_						
2	For grantmakers. Describe	e in Part V t	he organizatı	on's procedures for monito	oring the use o	of its grant	s and other
	assistance outside the Unite		· ·	•	_	-	
3	Activities per Region. (The fo	ollowing Part I	, line 3 table o	can be duplicated if addition	al space is need	ded.)	
	(a) Region	(b) Number of offices in the	(c) Number of	(d) Activities conducted in the region (by type) (such as,	(e) If activity liste a program se	ed in (d) is	(f) Total expenditures for
		region	employees, agents, and	fundraising, program services,	describe specif	ic type of	and investments
			independent contractors	investments, grants to recipients located in the region)	service(s) in th	e region	in the region
			in the region				
/4\							
(1)		+					
(2)		1					
(2)			<u> </u>				
(3)							
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(4)		1		!			
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<u>(6)</u>							
(7)							
(0)							
<u>(8)</u>		-					
(9)							
(3)		- 					
(10)							
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(11)		1					
							
(12)							
(13)							
		}					
(14)							
(4 - \		1 1					
(15)							
(46)							
(16)	 ·-			 			
(17)							
3a	Sub-total						
b	Total from continuation	 	<u> </u>				
~	sheets to Part I						
c	Totals (add lines 3a and 3b)	-					

NORTH VALLEY COMMUNITY FOUNDATION 68-0161455

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, sear IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2016

Part II Grants ar

Ξ	section and EIN (if applicable)	Netherlands	grant grant	cash grant	disbursement disbursement disbursement 28,343 wire transfer	(A)	(g) Amount of noncash assistance	Amount of (h) Description noncash of noncash assistance ssistance
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9							:	
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(8)		i						
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<u>6</u>								
(11)			i					
(12)								
(13)			¢					
(14)								
(15)								
(16)								

Schedule F (Form 990) 2016

Enter total number of other organizations or entities

NORTH VALLEY COMMUNITY FOUNDATION 68-0161455

Schedule F (Form 990) 2016

NOK IN VALLEY COMMUNITY FOUNDATION 68-0161455

Page 3

Page 1

Page 1

Page 3

Page 1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Sart III Part III can be duplicated if additional space is needed.

MODTH VALLEY	COMMUNITY FOUL	UDATION 68.0	161155
NUKIH VALLET	COMMUNITY FOUR	NUATIUN DO-U	เทาสอก

Page 4

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

Schedule F (Form 990) 2016

	-orm 990) 2016 Page 3
Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART II, LI	NE. 1 - ACCURAL METHOD USED
PART II - P	RIOR TO GRANT BEING ISSUED FROM A AGENCY DESIGNATED FUND, RESEARCH WAS CONDUCTED TO VERIFY THAT THE
RECIPIENT	TWAS AN EXEMPT ORGANIZATION AND THAT THE UNITED STATES HAS A TAX CONVENTION WITH THE NETHERLANDS AS OF
JANUARY	1994 ALLOWING SUCH CONTRIBUTIONS PER ARTICLE 36

SCHEDULE M `. (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

	VALLEY COMMUNITY FOUNDATION	N				68-01614	55
Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on		(d) If determining Inbution amounts
1	Art-Works of art		· · · · · · · · · · · · · · · · · · ·				
2	Art - Historical treasures						
3	Art-Fractional interests	L					<u> </u>
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities — Publicly traded	<u></u>					
10	Securities — Closely held stock .						
11	Securities — Partnership, LLC,		[
	or trust interests	<u> </u>	11		4,025,0000	Appraisal	
12	Securities - Miscellaneous						
13	Qualified conservation contribution—Historic structures			; 1			
14	Qualified conservation	<u> </u>					
14	contribution—Other						
15	Real estate - Residential						
16	Real estate—Commercial	 		ļ			
17	Real estate—Other	 	<u> </u>	<u> </u>			
18	Collectibles	<u> </u>		L			
19	Food inventory	<u></u> .	<u> </u>				
20	Drugs and medical supplies	<u> </u>	<u> </u>	<u></u>			
21	Taxidermy	ļ					
22	Historical artifacts						
23	Scientific specimens			<u> </u>		<u></u>	
24	Archeological artifacts			ļ			
25	Other ► (<u></u>		ļ			
26	Other ► ()			ļ			 _
27	Other ()	<u> </u>	<u> </u>			<u> </u>	
28_	Other ► (lace Alban and		l and fact a sustaile.	Mana fau	ļ	
29	Number of Forms 8283 received which the organization completed				itions for		
	Which the organization completed	F UIII 620	5, Fait IV, Donee Acknowle	agement		29	Yes No
	5: 4					4.1 1	res No
30a	During the year, did the organizates, that it must hold for at least the)]]
	to be used for exempt purposes	•				•	30a 🗸
L	If "Yes," describe the arrangement		o nording ported			• • •	30a
31	Does the organization have a		ptance policy that requir	es the review	of any no	onstandard	
	contributions?						31 🗸
32a	Does the organization hire or use		_			ell noncash	
							32a 🗸
33	If "Yes," describe in Part II. If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which o	column (a) i	s checked,	

SCHEDULE 0 (Form 990 or 990-EZ)

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.

2016

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

NORTH VALLEY COMMUNITY FOUNDATION 68-0161455 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 - THE BOARD NORMALLY 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.

SCHEDULE R (Form 990)

Name of the organization

Partl

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Open to Public 2016

OMB No 1545-0047

Employer identification number Inspection

(f)
Direct controlling
entity 4,025,000 North Valley C F 68-0161455 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state or foreign country) California (b) Primary activity real estate rental (1) Smallfoot LLC (a) Name, address, and EIN (if applicable) of disregarded entity NORTH VALLEY COMMUNITY FOUNDATION

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(g) Section 512(b)(13) controlled entity? S Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section (c)
Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization Part II Ξ ଷ ල 9 € 9 8 Schedule R (Form 990) 2016

Cat No. 50135Y

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

Schedule R (Form 990) 2016 NORTH VALLEY COMMUNITY FOUNDATION 68-0161455

(i) Section 512(b)(13) controlled Schedule R (Form 990) 2016 (k) Percentage ownership ž Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. entity 34 Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 Code V-UB! (Form 1065) end-of-year assets (g) Share of (h) Disproportionate allocations? ž (f) Share of total Yes Income (g)
Share of end-of- [Care assets (C corp, S corp, or trust) (f) Share of total Income (d)
| Direct controlling entity (e)
Predominant
income (related,
unrelated, tax under sections 512-514) excluded from (state or foreign country) (c) Legal domicile (d)
(Direct controlling | entity Primary activity (c) Legal domicile (state or foreign country) Primary activity (a) (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part IV Part III E 9 € 9 E 8 ପ £ 9 9 ন্ত ପ Ξ

2,000 (000) T) O T T				
	i I			
(d) Method of determining amount involved	Method of determ	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
action thresholds	nships and transa	including covered relationships and transaction thresholds.	complete this line, incl	If the answer to any of the above is "Yes," see the instructions for information on who must co
7 5				Other transfer of cash or property to related organization(s)
19				Reimbursement paid by related organization(s) for expenses
1p				Reimbursement paid to related organization(s) for expenses
10				Sharing of paid employees with related organization(s)
1n				Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
- E				Performance of services of membership of fundraising solicitations by related organization(s). Performance of services or membership or fundraising solicitations by related organization(s).
¥ ;				Lease of facilities, equipment, or other assets from related organization(s)
			·	Lease of racilities, equipment, or otner assets to related organization(s)
;=				Exchange of assets with related organization(s)
1	•			Purchase of assets from related organization(s)
10	•			Sale of assets to related organization(s)
16			•	Dividends from related organization(s)
1e				Loans or loan guarantees by related organization(s)
-1 <u>-</u>				Loans or loan guarantees to or for related organization(s)
10				Gift, grant, or capital contribution from related organization(s)
1	•			Gift, grant, or capital contribution to related organization(s)
, 19	. NI−II S	nizations listed in Part	or more related orga	DUTING THE TAX YEAT, OIG THE ORGANIZATION ENGAGE IN ANY OT THE TONIOWING TRANSACTIONS WITH ONE OF MORE FEIATED ORGANIZATIONS IISTED IN FAILS II∹IV FRAME BECEINT OF (I) Interset (II) annuities (III) somulties (IIII) somulties (IIIII) somulties (IIIIIIIII) somulties (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Yes No	:	•	,	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) (b) (c) (d) (e) (f) (g) (g) Name address and FIN of entity Predominelle Predominant Are all pathiers Share of	(b)	(c)	(d) Predominant	(e) Are all pa	artners	(f) Share of	(g) Share of	(h) Disproportio	(i) nate Code V-UBI	(i) General or	(k) Percentage
יאווים, ממעופט, אום בוויי כו פווויון	rimary acurain	(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	ion (3) (4)	total income	end-of-year assets	allocations?	10		
			sections 512-514)	Yes No	ş			Yes	No	Yes No	
(1)										 	
(2)											
(6)									-		
(4)								 			
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(16)											
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NORTH VALLEY COMMUNITY FOUNDATION 68-0161455

Schedule R (Form 990) 2016

Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.
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