SCANNED JUL 3 1 2019

Form	990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Dep	artment of t	the Treasury ie Service	► Go to www.irs.g					1 'V	$\Gamma \cap \Gamma$	Inspecti	on
A			endar year, or tax year beginning		ILY 1		nd ending		VE 30	, 20 18	
В	Check if a		C Name of organization NORTH VA							er identification nui	mber
	Address o		Doing business as							68-0161455	
	Name cha	-	Number and street (or P O box if m	ail is not delive	ered to street	address)	Room/suit	9	E Telephoi	ne number	
$\bar{\Box}$	Initial retu	•	240 MAIN STREET				SUIT	E 260		530-891-1150	
	Final return	v/terminated	City or town, state or province, coul	ntry, and ZIP o	r foreign post	al code					
	Amended	return	CHICO, CALIFORNIA 454	<u> 28 </u>					G Gross re	eceipts \$	
	Application	n pending	F Name and address of principal office	er ALEXA	BENSON-V	ALAVANIS	./	H(a) Is this a g	roup return for	subordinates? Tyes	✓ No
			240 MAIN ST, SUITE 260, CHIC	O,CA, 95973						s included? 🗌 Yes	
<u>I </u>	Tax-exem		✓ 501(c)(3) □ 501(c) () ◄ (in:	sert no) 🔲 4	1947(a)(1) or	□ s ₽7	1) If "N	lo," attach a	a list (see instruction	s)
J	Website [.]		W NVCF ORG						exemption		
K			Corporation Trust Associa	ation Other	<u> </u>	L Yea	r of formation	n 1989	M State	of legal domicile	CA
P	art I	Summ	_ 		1	 					
_	1	•	escribe the organization's miss		_		ANALINITES				
Ę.	-	TO PROM	NOTE AND FACILITATE PHILANT	HROPY, SO	CIAL ACTIO	ON AND COM	MIMONITY	ENGAGEIM	=IN I	••••••	
Activities & Governance		Ob									
ove	1		is box if the organization				sposea o	more mar	1 _ 1	ns net assets	•
Ğ	1		of voting members of the gove of independent voting member		•		· · · ·		3 4		9
SS	1		,	-	•	• .	-	•	5		8
Ϋ́	1	_	nber of individuals employed in the mber of volunteers (estimate if			(Fart V, III le	20)	•	6		10
ÇŢ			related business revenue from			ına 12	•		7a		26,508
•	1		lated business taxable income				· 		7b		25,508
	 	1401 01110	ated business taxable income		RF(FIVE) 	Prior Y		'Current Yea	
	8 (Contribu	tions and grants (Part VIII, line	1h)		/ \$43.1 V Dr. 90			8,017,248	10,	346,207
Revenue	1		service revenue (Part VIII, line	172	MAN	2 1 2019			473,626		381,482
eve			ent income (Part VIII, column (A	A), lines 3,44	and 7d)	Z I 2013	'		251,003	ĺ	447,900
ď			venue (Part VIII, column (A), line			and 11e).	<u> </u> <u>`</u>		84,846		149,783
			enue-add lines 8 through 11 (r				e 12)		8,926,723	11,	325,372
	13	Grants a	nd similar amounts paid (Part I	IX, column ((A), lines 1-	3)			3,457,202	2,	038,619
	14	Benefits	paid to or for members (Part I)	X, column (A	4), line 4)		. [o	_	0
S	15	Salaries,	other compensation, employee	benefits (Pa	rt IX, colum	ın (A), lines (5–10) 📙		272,233		310,123
Expenses	16a	Profession	onal fundraising fees (Part IX, c	column (A),	line 11e)				0		0
xpe	b -	Total fun	draising expenses (Part IX, col	lumn (D), lın	ie 25) 🕨						
ш	17 '		penses (Part IX, column (A), lin						1,446,455		974,015
	1		penses Add lines 13-17 (must	•		(A), line 25)		5,175,890		322,757
		Revenue	less expenses Subtract line 1	18 from line	12		· · .		3,750,833		002,615
S OF							В	eginning of Ci	urrent Year	End of Yea	
Sset	20		sets (Part X, line 16)				· · _		8,141,607		868,427
Net Assets o	21		oilities (Part X, line 26)			•	· -		1,265,775		556,820
			ts or fund balances Subtract I	line 21 from	line 20	<u> </u>	<u></u>	1	6,875,832	25,	311,607
_	art II								-	en e la en el en en el e	
			iry, I declare that I have examined this lete Declar <u>ation</u> of preparer (other than							my knowledge and i	beller, it is
_		<u> </u>						· · · · · · · · · · · · · · · · · · ·	*	-114/19	
Sig	an l	Sign	ature of officer					Da	ite ,		
He		(A.le.va	Benso	era - 1/6	Laurani	CF	na Dr	pside	unt -	
		Туре	e or print name and title		200	javarii.	<u>, </u>	0 + 11	COINC	<u></u>	
<u></u>		<u>,</u>	pe preparer's name	Preparer's sig	gnature		Date	e	Check	of PTIN	
Pa		.							self-emp	_	
	eparer		name ►	1			1	Firm	n's EIN ▶		
US	se Only		address ▶						one no		
Ма	y the IR		s this return with the preparer	shown abov	ve? (see in	structions)	<u> </u>			. Yes	☐ No
			ction Act Notice, see the separa			-	Cat No	11282Y		Form 99	90 (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

orm 99	0 (2017	17)		Page 2
art l		Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any	y line in this Part III	<u> </u>
1.		fly describe the organization's mission:		
	TOP	PROMOTE AND FACILITATE PHILANTHROPY, SOCIAL ACTION		
2		the organization undertake any significant program services r Form 990 or 990-EZ?		☐ Yes ☑ No
		'es," describe these new services on Schedule O.		
3		the organization cease conducting, or make significant vices?		☐ Yes ☑ No
		es," describe these changes on Schedule O.		
4	ехре	cribe the organization's program service accomplishments enses. Section 501(c)(3) and 501(c)(4) organizations are requested expenses, and revenue, if any, for each program services.	quired to report the amount of grants and alloc	
⁻ 4a	(Cod	de.) (Expenses \$ 2,889,060 including grant PROMOTE AND FACILITATE PHILANTHROPY, SOCIAL ACTION A	ts of \$ 2,038,619) (Revenue \$ AND COMMUNITY ENGAGEMENT	10,727,689)
4b	(Cod	de:) (Expenses \$ including grant	ts of \$) (Revenue \$)
	(000	, (====================================		
		,		
4	(C	de VErmanaa (f. mali dina ayant	to of the N/Davanua th	
4c	(COC	de:) (Expenses \$including grant	(Cheveride 4	/
		·····		

 Id
 Other program services (Describe in Schedule O.)

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

 Ite
 Total program service expenses ▶ 2,889,060

orm	990	(2017)	

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Part	V . 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	✓	
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		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
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		y
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	v	
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
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		√
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	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	√	✓
12 a	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 Piling return.	12a	√	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		√
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? If "Yes," complete Schedule G, Part III	19		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u> </u>
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	√	
22	Did the organization report more than \$5,000 of grants 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	>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		
D C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<u> </u>
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	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	26		-
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
b	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		-	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	ļ	✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	1	
34	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	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ļ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	20	1	
	13: Note: All I will add fileta are required to complete defiedute O.	38 For		(2017)

Form **990** (2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
4-	5. 11 1 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 61 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ť	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	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	\	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country:			
	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		y
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		•
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75	•	
_	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		\
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		√
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:			<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12	.]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	- 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	- 1		
120	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	J		
a	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
h	If "Vas," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h	i	

Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
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	√	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			_
~	one or more members of the governing body?	7a		✓
þ	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			
	the year by the following.			
а	The governing body?	8a	<u>√</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.			1
		9	0d0 \	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
40-	Dut the appropriation have least charters branches or affiliates?	10a		1
	Did the organization have local chapters, branches, or affiliates?	104		
Ь	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
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 use to conflicts?	12b	√	
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	✓	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	>	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporancous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	√	
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		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			لـــــا
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California	E04	-)/2\-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(ပ)(၁)S	опіу)
	available for public inspection. Indicate how you made these available. Check all that apply.			
4.5	Own website Another's website Upon request Other (explain in Schedule O)	aract	noli-	لم م
19	Describe in Schedule O whother (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	OFUGE	houc	y, ario
20		corda		
20	State the name, address, and telephone number of the person who possesses the organization's books and re	corus		

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

Chack if Schedule C	ontains a response or note to any line in this Part VII $\ldots \ldots \ldots \ldots \ldots$
Check ii Schedule C	ontains a response of note to any line in this rait vir.

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 orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
				(0	(1		
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	
	week (list any hours for	인	<u> </u>	Q	<u>چ</u>	읔王	7	from the	related organizations	other compensation
	related	Individual trustee or director	Ê	Officer	Key employee	l B B	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ual	ğ	`	호) e c	7	(W-2/1099-MISC)		organization and related
	line)	trus	함		γğ	ğ		1		organizations
		tee	Institutional trustee		"	Highest compensated employee				_
			ř			ited				
(1) SHERRY HOLBROOK	2						:			
DIRECTOR AND CO-CHAIR		\		✓						
(2) VANESSA SUNDIN	2					ĺ		1		
DIRECTOR AND SECRETARY		✓		У	<u> </u>					
(3) DEBBI ROSSI	2				ł					
DIRECTOR AND TREASURER		✓		1	_		<u> </u>			
(4) DIANE RUBY	2									
DIRECTOR		✓				<u></u>	ļ			
(5) EARL JESSEE	2									
DIRECTOR		>					<u> </u>			
(6) JANET WIETBROCK	2				1		1	1	}	
DIRECTOR		✓								
(7) JOE WILSON	2									
DIRECTOR AND CO-CHAIR		✓		✓			<u> </u>			
(8) FARSHAD AZAD	2						l			
DIRECTOR		✓								
(9) MONOAH MOHANRAJ										
DIRECTOR		✓								
(10) ALEXA BESON-VALAVANIS	40						Ì			•
CEO AND PRESIDENT		✓		✓			<u> </u>	106,414		
(11) CHRIS HAYASHIDA-KNIGHT	25						Ī			
CFO				1				33,495		
(12)		[
			L		L		L			
(13)										
***************************************				<u> </u>			L			
(14)										
	T]	1	1	1	1				

1		hours for	Position (do not check more than or box, unless person is both officer and a director/truste					tee)	Reportable compensation from	(E) Reportable compensation from related		other		f
		related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		orga and	ensati m the nizatio relate nization	on d
(15)														
(16)														
(17)														
(18)											-			
(19)														
(20)														
(21)														
(33)														
(24)														
												·- · · · -		
(25)													,	
	Sub-total	VII, Sectio	n A					>	139,909					
2	Total number of individuals (including but reportable compensation from the organic	t not limited						_	L		0,000	of		
3	Did the organization list any former of		tor c	or tr	11014		kev e	mr	Novee or high	est compen			Yes	No
3	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ındı	vidu	Jal				•	3		√
4	For any individual listed on line 1a, is the organization and related organizations	sum of reg	portal an \$1	ble (150,	000	iper 1? <i>l</i> i	nsatic f "Ye	n a s,"	nd other comp complete Sch	ensation from	m the such			
	individual									<i>.</i>		4		√
5	Did any person listed on line 1a receive of for services rendered to the organization											5		1
Sectio	n B. Independent Contractors								•			···		
1	Complete this table for your five highest compensation from the organization. Repyear.													tax
	(A) Name and business add	ress							(B) Description of s	ervices	G	(C) ompens	ation	
NONE		· · · · · · · · · · · · · · · · · · ·												
									·					
											,			

Form **990** (2017)

Part		Check if Schedule O		snonse or note to	any line in this l	Part VIII		
•		Officer if Schedule C	Contains a re	sponse of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	s 1a	1				
iran	b	Membership dues						
S, G	С	Fundraising events	10	;		ļ		
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	s 10	1			ł	
	е	Government grants (con	tributions) 1	2				
ror S	f	All other contributions, g						
the		and similar amounts not inc	<u> </u>				1	
P D	g	Noncash contributions iriclus	ded in lines 1a-11 (5,828,083		:		
ರಿ ಕ	h	Total. Add lines 1a-1	f	<u> </u>	10,346,207			
ige.				Business Code				
, Ke	2a	PROGRAM/ADMINISTE	RATIVE FEES	-	381,482	381,482		
~	b			-				
<u>Ğ</u> .	С			-				
Sel	d			-				
Ę	е			-				
Program Service Revenue	f	All other program sen			004 400			
	g	Total. Add lines 2a-2			381,482			
	3	Investment income and other similar amo			447.000			447,900
			•		447,900		-	447,500
	4	Income from investmen	•		-			
	5	Royalties	(i) Real	(II) Personal			,	
		Cross vents	69.70					
	6a	Gross rents	69,53					
	b	Less: rental expenses		70				
	d d	Rental income or (loss) Net rental income or	L		170			170
	7a	Gross amount from sales of	(IOSS) (i) Secunties	(ii) Other	170			
	/ a	assets other than inventory	(, <u></u>	(7/2				
	ь	Less: cost or other basis						
		and sales expenses .	!			-		
	C	Gain or (loss)	<u> </u>	.				
	d	Net gain or (loss) .						
	u	iver gain or (1033) .		·				
Me	8a	Gross income from fu	ındraisınd					
	""	events (not including \$		1				
ě		of contributions report	ed on line 1c)		1			
7		See Part IV, line 18		á		1		
Other Reve	ь	Less: direct expenses	s	b		1		
0	1	Net income or (loss) f				ľ	····	
		Gross income from ga			<u> </u>		···········	
		See Part IV, line 19 .		a	1			
	b	Less: direct expenses	s	b			_	
	С	Net income or (loss) f	rom gaming a	ctivities .				
	10a	Gross sales of ir						
		returns and allowance	es	a				
	b	Less: cost of goods s	old	b				
	С	Net income or (loss) f		ventory >				
		Miscellanenius F	Revenue	Business Code				·
	11a	INCOME FROM PARTI	NERSHIP		149,613		26,508	, 123,105
	b							
	С		*					
	d	All other revenue .						
	8	Total. Add lines 11a-	-11d	🕨	149,613			
	12	Total revenue. See II	nstructions.		11,325,372	381,482	26,508	571,175

Part IX . Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
•	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,992,308	1,992,308		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	46,311	46,311		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	139,909		139,909	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	138,322		138,322	
9	Other employee benefits				
10	Payroll taxes	31,892		31,892	
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
С	Accounting	3,700		3,700	
d	Lobbying [
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	55,132	55,132		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	3,440		3,440	
12	Advertising and promotion				
13	Office expenses	6,913		6,913	
14	Information technology	36,370		36,370	
15	Royalties	20.504		20 504	
16	Occupancy	29,584		29,584	
17 18	Travel				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,286		4,286	
20	Interest	4,286		4,200	
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22 23	Depreciation, depletion, and amortization . Insurance	14,024		14,024	
	ļ-	14,024			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. It	,	'	"	*
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		1		
а	CHARITABLE PROJECT EXPENSES	795,309	795,309		
b	UTILITIES	6,584		6,584	
C	EQUIPMENT RENTAL	11,354		11,354	
d	MARKETING	5,554		5,554	
е	All other expenses	1,765		1,765	
25	Total functional expenses. Add lines 1 through 24e	3,322,757	2,889,060	433,697	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
•	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if following SOP 98-2 if following				

P	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Par			🗆
	•			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		671,418	1	149,516
	2	Savings and temporary cash investments		1,917,169	2	4,497,753
	3	Pledges and grants receivable, net		10,000	3	
	4	Accounts receivable, net	2,285	4		
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest con Complete Part II of Schedule L	mpensated employees.		5	
Ŋ	6	Loans and other receivables from other disqualified personal specifical personal described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volunt	м	, , , , , , , , , , , , , , , , , , ,		
		organizations (see instructions). Complete Part II of Sched			6	
Assets	7	Notes and loans receivable, net	-		7	214,147
Asi	8	Inventories for sale or use	-		8	
	9	Prepaid expenses and deferred charges	· -		9	20,613
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 43,136			1
		·	10b 43,130	23,496	100	28.922
	b	Less: accumulated depreciation	100 14,214	11,137,963		11,516,930
	11	Investments—publicly traded securities Investments—other securities. See Part IV, line 1) -	4,371,861		10,440,546
	12 13	Investments—other securities. See Part IV, line I		4,571,001	13	10,440,040
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	7,415			
	16	Total assets. Add lines 1 through 15 (must equa		18,141,607		26,868,427
	17	Accounts payable and accrued expenses		9,945		4,611
	18	Grants payable		0,040	18	.,,,,,,,,
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	—		20	
	21	Escrow or custodial account liability. Complete F	F-		21	
'n	22	Loans and other payables to current and fo	F-			
Liabilities	22	trustees, key employees, highest compens	sated employees, and			
ap		disqualified persons. Complete Part II of Schedu	⊢		22	
_	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated		63,417	24	96,084
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payables to related third 17-24). Complete Part X			
		of Schedule D	L	1,192,413		1,456,125
	26	Total liabilities. Add lines 17 through 25		1,265,775	26	1,556,820
es		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and				
anc	27	Unrestricted net assets		14,426,735	27	22,855,652
3af	28	Temporanly restricted net assets) -	2,449,097	28	2,455,955
P	29	Permanently restricted net assets	 -		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	8), check here ► ☐ and			
Š	30	Capital stock or trust principal, or current funds	, , , , , , , , , , ,		30	
set	31	Paid-in or capital surplus, or land, building, or eq	F		31	
As	32	Retained earnings, endowment, accumulated inc	· ·		32	
let	33	Total net assets or fund balances		16,875,832	 	25,311,607
_	34	Total liabilities and net assets/fund balances .	1 —	18,141,607	34	26,868,427
						Form 990 (2017)

age	12
ugc	

Form		

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			11,32	5,372
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,32	2,757
3	Revenue less expenses. Subtract line 2 from line 1	3			•	2,615
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,	•	5,832
5	Net unrealized gains (losses) on investments	5			40	2,589
6	Donated services and use of facilities	6				
7	investment expenses	7				
8	Prior period adjustments	8			3	0,571
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					
	33, column (B))	10			25,31	1,607
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<u> </u>		٠.	
			_	_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		-	- 1		- 1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	n			1
	Schedule O.			-		لب
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were companyed as a small dated basis as both	ollea (or			
	reviewed on a separate basis, consolidated basis, or both.			- 1]
	Separate basis Consolidated basis Both consolidated and separate basis		-	-	<u></u>	
b	· · · · · · · · · · · · · · · · · · ·			2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	a on	a			
				1		1
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ercial	_ -	-		
С	of the audit, review, or compilation of its financial statements and selection of an independent account			26	/	
	If the organization changed either its oversight process or selection process during the tax year, ex			26	•	
	Schedule O.	piani	" }	1		1
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth :	_{in} -	-		
зa	the Single Audit Act and OMB Circular A-133?			3a		√
ь	the second secon			-		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		3b		
	required addit of addito, explain wity in contedute of and accombe any stope talken to undergo coon a				990	(2017)
				. 0.77	550	(5017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

IOR	TH V	ALLEY COMMUNITY FOUNDATION	NC				68-010	
	ırt I							ns.
he	orga	nization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only on	ie box.)	_
1		A church, convention of church	nes, or association	on of churches descri	bed in se	ection 17	D(b)(1)(A)(i).	abla
2		A school described in section						\wedge
3		A hospital or a cooperative hos	pital service org	anization described in	n section	170(b)(1)(A)(iii).	O
4		A medical research organization	n operated in co	injunction with a hosp	oital desc	rıbed in s	ection 170(b)(1)(A)(iii). Enter the
		hospital's name, city, and state	•					
5		An organization operated for section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described in
6		A federal, state, or local govern	nment or govern	mental unit described	in section	on 170(b)	(1)(A)(v).	
7		An organization that normally described in section 170(b)(1)			port from	a goveri	nmental unit or from	the general public
8		A community trust described in						
9		An agricultural research organi or university or a non-land-gra- university	zation described nt college of agri	d in section 170(b)(1) (iculture (see instruction	(A)(ix) op ons). Ente	erated in er the nam	conjunction with a lance of ne, city, and state of	and-grant college the college or
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fui income and uni fter June 30, 197	nctions—subject to co related business taxal 75. See section 509(a	ertain exc ole incom i)(2). (Cor	ceptions, ie (less se inplete Pa	and (2) no more that ection 511 tax) from art III.)	n 33¹/₃% of its
11		An organization organized and						
12		An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	inctions of, or to car	ry out the purposes
		of one or more publicly suppo	rted organization	ns described in secti	on 509(a	1)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
		Check the box in lines 12a thro	_					
i	a	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ajority of t	rted organization(s), he directors or trust	typically by giving ees of the
	b	Type II. A supporting organ					upported organizati	on(s), by having
		control or management of organization(s). You must	the supporting o	rganization vested in	the same	persons	that control or man	age the supported
,	C	Type III functionally integ its supported organization(ally integrated with,
•	d	□ Type III non-functionally is that is not functionally integrequirement (see instruction)	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	orted organization(s) d an attentiveness
	е	☐ Check this box if the organ functionally integrated, or ?						e II, Type III
•	f E	nter the number of supported o	organizations .					
	g P	rovide the following information	about the supp	orted organization(s).				, <u> </u>
	(i) i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	s 1–10 listed in your governing support (see other support (se			(vi) Amount of other support (see instructions)
					Yes	No		
A)								
B)						i		
C)								
D)								
E)			-					
					 	 	· · · · · · · · · · · · · · · · · · ·	

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						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,734,568	3,546,218	4,033,045	8,017,248	10,346,207	29,677,286
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,734,568	3,546,218	4,033,045	8,017,248	10,346,207	29,677,286
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,295,001
6	Public support. Subtract line 5 from line 4						22,382,265
	on B. Total Support					<u> </u>	
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3,734,568	3,546,218		8,017,248	10,346,207	29,677,286
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	261,103	791,156	612,266	425,84 9	517,605	2,616,979
9	Net income from unrelated business activities, whether or not the business is regularly carned on					26,508	26,508
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ons)			12	32,320,773
13	First five years. If the Form 990 is for thorganization, check this box and stop her	ne organization	's first, second	d, third, fourth			
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6			1. column (f))		14	69 25 %
15	Public support percentage from 2016 Sch					15	%
	331/3% support test—2017. If the organi box and stop here. The organization qua	zation did not lifies as a publi	check the box cly supported	on line 13, an organization		11/3% or more,	check this
b	331/3% support test — 2016. If the organithis box and stop here. The organization					ıs 33 ¹ /3% or m	
17a	10%-facts-and-circumstances test—2010% or more, and if the organization means the "organization in the organization in the org	eets the "facts- facts-and-circ	and-circumsta	ances" test, ch	eck this box a	ınd stop here.	Explain in
	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c s-and-circums	circumstances' stances" test.	test, check the transfer the organization.	this box and son qualifies as	a publicly
18	instructions						.,. ▶ □

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization NORTH VALLEY COMMUNITY FOUNDATION 68-0161455 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 572 1 Total number at end of year . . . 6,800,288 3,545,919 2 Aggregate value of contributions to (during year) 747.422 1,291,197 Aggregate value of grants from (during year) . 3 14.864.071 10,447,536 Addregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . ✓ Yes □ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ✓ Yes □ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

b Assets included in Form 990, Part X .

3 Using the organization's accusion, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply): a	Part									
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Gustodial Arrangements. Complete if the organization an apart, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an apart, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 16 Ending balance 4 Ending balance 6	3			ner records, ch	eck any of th	ne follov	wing that are a s	significar	t use	of its
b Scholarly research complete the organization of the organization or other intermediary for contributions or other assets not included of Form 990, Part X, Ime 21. 1a Is the organization and organization or other intermediary for contributions or other assets not include of Form 990, Part X, Ime 21, for escrow or custodial account liability?	•			a 🗆						
c	_			_						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solot or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?				e 📋 Otr	ier					
Sumpthe year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No.					سمطافس في معالم	tha ava	anization'a avai			. Dart
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	XIII.		•	-				ose ir	i Pari
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5								es [] No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Part	IV Escrow and Custodial Arra	angements.							
Included on Form 990, Part X2		990, Part X, line 21.							n For	m
C Beginning balance C C C C C C C C C	1a		, custodian or othe	er intermediary	for contribu	tions or	other assets n		es [□No
C Beginning balance 1 1 1 1 1 1 1 1 1	b	If "Yes," explain the arrangement in P	art XIII and comple	te the following	table [.]	<u> </u>		mount		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_	Danisais a balanca				-		·		
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										
Ending balance If		<u> </u>								
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_				•					
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		<u> </u>			·		_	.a 🗆 🔻	·	7 N.
Part V										J NO
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e) Four			art XIII. Check nere	it the explanat	ion has been	provide	ed on Part XIII .	· · · ·		<u> </u>
(a) Current year (b) Pror year (c) Two years back (d) Three years back (d) Four years back (d) Two years back (e) Two ye	Par			·	D-4 1/4 15-	- 10				
1a Beginning of year balance 2,449,097 1,910,996 2,086,348 2,235,026 2,060,729 b Contributions 48,635 450,657 c Net investment earnings, gains, and losses 118,652 216,060 (21,204) 5,217 322,291 d Grants or scholarships (160,429) (128,616) (154,148) (153,895) (147,994) e Other expenditures for facilities and programs		Complete if the organization					(d) Three years had	k (a) Eau	r \(0.0 bc	book
b Contributions							-	+	•	
C Net investment earnings, gains, and losses	_					086,348	2,235,0	26	2,00	60,729
losses 118,652 216,060 (21,204) 5,217 322,291 d Grants or scholarships (160,429) (128,516) (154,148) (153,895) (147,994) e Other expenditures for facilities and programs			48,635	450,6	57		•	-		
d Grants or scholarships	С									
e Other expenditures for facilities and programs			· · · · · · · · · · · · · · · · · · ·						•	
f Administrative expenses	_		(160,429)	(128,61	6) (1	54,148)	(153,89	5)	(14	7,994
f Administrative expenses	е									
g End of year balance .		, •								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Temporarily restricted endowment ▶ 100 % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f	·								
a Board designated or quasi-endowment b Permanent endowment 100 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(i) b if "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation (d) Book value depreciation 1a Land								18	2,2	35,026
b Permanent endowment c Temporarily restricted endowment 100 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment 43,136 14,214 11,160 Other Other 110 120 130 140 150 160 170 180	2		•		1g, column (a	a)) held	as:			
Temporarily restricted endowment ► 100% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	а			%						
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	C									
organization by: (i) unrelated organizations										
(i) unrelated organizations	3a		e possession of th	e organization i	that are held	and ad	ministered for the	ne		
(ii) related organizations		•						[1
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) B		(i) unrelated organizations								
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (other) (other) (other) (d) Book value (d) Book value (d) Book value (d) Book value (other) (other) (d) Book value (d) Book val		` '						3a(ii)	<u> </u>	✓
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	b							3b	<u> </u>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Buildings				n's endowment	funds.		.,			
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Accumulated depreciation (d) Book value (d) Book value (d) Book value	Part									
tall Land (investment) (other) depreciation b Buildings (investment) (other) depreciation c Leasehold improvements (investment) (other) depreciation d Equipment (investment) (other) depreciation d Equipment (investment) (other) depreciation d Equipment (investment) (investment) (investment) (investment) d Equipment (investment) (investment) <td></td> <td>Complete if the organization</td> <td>answered "Yes"</td> <td>' on Form 990</td> <td><u>, Part IV, lin</u></td> <td>e 11a.</td> <td>See Form 990</td> <td>, Part X,</td> <td>line :</td> <td>10.</td>		Complete if the organization	answered "Yes"	' on Form 990	<u>, Part IV, lin</u>	e 11a.	See Form 990	, Part X,	line :	10.
b Buildings		Description of property	1 ' '				I	(d) Bo	ok valu	e
c Leasehold improvements	1a	Land								
d Equipment	b	Buildings								
d Equipment	С	Leasehold improvements								_
e Other	d	-			43,136		14,214		1	11,160
						1				_
	Total.		nust equal Form 99	00, Part X, colur	nn (B), line 1	Oc.) .	•		1	1,160

Part VII	Investments — Other Securities Complete if the organization ans		m 99	0. Part IV. lin	e 11b. See Form	990. Part X. line 12.
•	(a) Description of security or category (including name of security)) Book value	(c) Meti	nod of valuation of-year market value
(1) Financia	derivatives		-			•
	neld equity interests					
(3) Other						
	nited partnership interest in Fred & Elleen F	lignell LP		252,724	onginal basis with p	artner adjustment
(B) 100%	interest in Smallfoot LLC, a CA limited liabili	ity company				y in LLC plus transactions
(C) 100% (D)	interest in Paradise Shopping Center LLC, a	a CA limited liability co		5,004,405	appraisal of propert	y in LLC plus transactions
(E)	·					
(F)						
(G)						
(H)						· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶			10,440,546	<u> </u>	
Part VIII	Investments-Program Related					
	Complete if the organization ans	wered "Yes" on Fo	rm 99	0, Part IV, lin		
	(a) Description of investment		(b)) Book value	1-7	hod of valuation: -of-year market value
(1)						
(2)						<u></u> _
(3)						
(4)		<u> </u>				
(5)						
(6)						
(7)						
(8)			ļ			
(9)	15 200 0 14 1 10 10 10 10			_		
	(b) must equal Form 990, Part X, col (B) line 13.) ▶		l			
Part IX	Other Assets. Complete if the organization ans	wered "Yes" on Fo	rm 99	0, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	<u> </u>	a) Description		·····		(b) Book value
(1)						
(2)				<u> </u>		
_(3)	· · · · · · · · · · · · · · · · · · ·					
_(4)						
_(5)						
(6)						
(7)				-		
(8)				-		
(9)	mn (b) must equal Form 990, Part X, c	ol /R) line 15)				
	Other Liabilities.	OI. (B) TITLE 13)		· · · · ·		
Part X	Complete if the organization ans	wored "Vec" on Fo	rm 00	0 Part IV lin	a 11a or 11f Sa	Form 990 Part Y
	line 25.	wered res only	IIII 33	υ, Γαιτ I ν , III	e i ie di i ii. det	orin 990, rarex,
1.	(a) Description of liability	(b) Book value			· · · · · · · · · · · · · · · · · · ·	
(1) Federal II		(4) 25011				
	HELD AS AGENCY ENDOWMENTS	1.45	51,574			
(3)	HEED AS AGENCT ENDOWMENTS		,			
(4)						
(5)					•	
(6)						
(7)						
(8)						
(9)						
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)					
2. Liability fo	r uncertain tax positions. In Part XIII, prov	ide the text of the footr	ote to	the organization	n's financial stateme	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	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			retu	rn.
1.	Total revenue, gains, and other support per audited financial statements		v, inte 12a.	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	<u> </u>
2		2a	1		Audit in
a	Net unrealized gains (losses) on investments	2b			progress -
b	Recoveries of prior year grants	2c			not completed
C		2d	1		at time of Silin
d	Other (Describe in Part XIII.)		<u> </u>	2e	return
e	Add lines 2a through 2d			3	
3	Subtract line 2e from line 1	i ·	1	<u>ა</u>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	 - · · · · · · · · · · · · · · · · · · ·		
b	Other (Describe in Part XIII.)		<u></u>		
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			<u>5</u>	A.
Part				r He	turn.
	Complete if the organization answered "Yes" on Form 990,	Pan	v, 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:	1 -	1		Audit in progre not completed at time of Pilin return
a	Donated services and use of facilities	2a			last committed
b	Prior year adjustments	2b			1 Compressed
C	Other losses	2c			at time of lilling
d	Other (Describe in Part XIII.)	2d	<u> </u>		return
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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b $$. $$.	4a			
ь	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18)		5	
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar				
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to pr	ovide any additional in	orma	tuon.
ART	/, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS				
HE H	AROLD WILLIAMS ENDOWMENT FUND IS FOR THE BENIFIT OF THE UNDER	SERVE	D YOUTH IN THE PARA	DISE	RIDGE AREA
	CARGO A CARACTER AND CARACTER CHAIR DENIETTS CIVIC MORROCT OR O		CONC. THE AMEDICAN	IC & C	T ACCOCIATION
HE W	ENDELL LOUGHHEAD ENDOWMENT FUND BENIFITS FIVE NOPROFIT ORGA	MIZAI	IONS: THE AMERICAN	HEAR	T ASSOCIATION,
	AND ASSESSMENT OF A PARTY OF THE PARTY OF TH		TU AND HOODIGE AND		NO ALEDT
ASSE	N CO SEARCH AND RESCUE, LASSEN CO HUMANE SOCIETY, BUTTE HOM	HEAL	TH AND HOSPICE, AND	MEL	DIC ALER1
UND	TION OF TURLOCK THE LYDIA SCHULERUD ENDOWMENT FUND BENIFITE	THRE	E BENEFICIARIES AND	A YE	ARLY
CHO	ARSHIP RECIPIENT PARADISE ANIMAL SHELTER HELPERS, CHICO CREE	K NAT	JRE CENTER, PARADIS	E HO	SPICE, AND
ARAI	DISE HIGH SCHOOL SCHOLARSHIP RECIPIENT. THE HAWAII AUDUBON SOC	IETY F	UND IS FOR THE BENI	IT O	THE HAWAII
UDU	SON SOCIETY THE ELIZABETH FERRELL ENDOWMENT IS FOR THE BENEFI	T OF T	HE PARADISE PERFORI	MING	ARTS CENTER
HE P	ARADISE SCIENCE ENDOWMENT IS FOR THE BENEFIT OF PARADISE HIGH	SCHO	OLS SCIENCE PROGRA	MS T	HE PRESTOPINO
				·	
AMIL	Y ENDOWMENT IS FOR THE BENEFIT OF THE PARADISE REC AND PARK DI	STRIC	T. THE ANONYMOUS F	ENDO	WMENT IS FOR THE
SUPPO	ORT OF THE BOYS AND GIRLS CLUB OF PARADISE, THE WELL MINISTRY O	F PEAC	CE AKA CHICO RECUE	MISSI	ON, SALVATION
\RMY	RED CROSS, PAWS, PARADISE PERFORMING ARTS, PARADISE ANIMAL S	HELTE	R HELPERS. OROVILLE	RES	CUE MISSION. NORHT
RMY	RED CROSS, PAWS, PARADISE PERFORMING ARTS, PARADISE ANIMAL S	HELTE	R HELPERS, OROVILLE	RES	CUE MISSION, NORHT

Page	

Schedule D (Form 990) 2017 Page 5
Part XIII Supplemental Information (continued)
CHICO COMMUNITY SHELTER, CHICO CAT COALITION, CANINE COMANIONS AND BUTTE HUMANE SOCIETY. MARY LINTON-MITCHELL
ENDOWMENT IS FOR THE SUPPORT OF THE 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 DISATER GROUP. THE BUTTE COMMUNITY
ENDOWMENT IS FOR THE SUPPORT OF THE UNIVERSITY OF CALIFORNIA DAVIS CANCER CENTER. THE MARGARET KORTE ENDOWMENT
FOR THE SUPPORT OF THE CHICO SCIENCE FAIR FOUNDATION.
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990

2017	Open to Public Inspection

OMB No 1545-0047

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

Schedule I (Form 990) (2017) CHARITABLE PURPOSES **%**□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number 8 C ✓ Yes 68-0161455 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (g) Description of noncash assistance ₹ (e) Amount of non- (f) Method of valuation cash assistance other) . Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ž . . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1,022,362 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (b) EIN NORTH VALLEY COMMUNITY FOUNDATION 1 (a) Name and address of organization SEE ATTACHED SPREADSHEET or government Part I Part II (10) 8 ල ₹ <u>O</u> 9 Ε ∞ <u></u>

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2017)

Part III Grants an

1 SCHOLARSHIPS/AWARDS 2 DISASTER ASSISTANCE 3		42,489			
DISASTER ASSISTANCE	99				
3	13	3,822			
4	•				
\$					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	formation red	luired in Part I, line	e 2; Part III, column	(b); and any other addit	tional information.
)

Schedule ! (Form 990) (2017)

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.

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

Employer identification number

NORI	H VALLEY COMMONITY FOUNDATION	N				68-01614	<u>55</u>		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts repo Form 990, Part	orted on	Method o			
1	Art—Works of art								
2	Art—Historical treasures				**		-		
3	Art — Fractional interests			!					
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities-Publicly traded .								
10	Securities - Closely held stock								
11	Securities-Partnership, LLC,								
	or trust interests	✓	1		5,828,083	APPRAISAL			
12	Securities-Miscellaneous .								
13	Qualified conservation								
	contribution—Historic			ļ					
	structures								
14	Qualified conservation								
	contribution—Other								
15	Real estate—Residential								
16	Real estate - Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► ()								
28	Other ► (<u> </u>		<u> </u>					
29	Number of Forms 8283 received								
	which the organization completed	FUIII 020	s, Part IV, Donee Acknowle	agement		29	1	Yes	No
					5		$\overline{}$	162	140
30a	During the year, did the organizat								
	28, that it must hold for at least the								
	to be used for exempt purposes t		e nololing period? .				30a	\vdash	✓
	If "Yes," describe the arrangemen		- -	41 •					'
31	Does the organization have a								
	contributions?						31	✓	<u> </u>
32a	Does the organization hire or use		_						
_	contributions?	• • • •	• • • • • • • •				32a	 	/
	If "Yes," describe in Part II.			التائيات تتمام والمناسية		L1			
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which	column (a)	s cnecked,			

SCHEDULE O (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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization
NORTH VALLEY COMMUNITY FOUNDATION
68-0161455

FORM 990, PART VI, LINE 4 - ARTICLES & BYLAWS RESTATED TO CLARIFY THAT GRANTS MAY BE MADE COUNTRY WIDE AND INTERNATIO
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 - CEO AND CFO REVIEW BEFORE FILING ALL RETURNS
MADE AVAILABLE AT THE BOARD MEETING FOLLOWING COMPLETION AND FILING
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY - BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INT
POLICY THE EXECUTIVE COMMITTEE REVIEWS THE BOARD MEMBERS PARTICIPATION ON A YEARLY BASIS
FORM 990, 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
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No

Open to Public Employer Identification number

68-0161455

NORTH VALLEY COMMUNITY FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization

(g) Section 512(b)(13) controlled entity? Š (f) Direct controlling entity 5,004,,405 North Valley C F 5,183,417 North Valley C F 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) End-of-year assets (e)
Public chanty status
(if section 501(c)(3)) 5,500 64,205 (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) California California (c)
Legal domicile (state 6)
or foreign country) (b) Primary activity real property rentals real property rentals (b) Pnmary activity (2) Paradise Shopping Center LLC, a California limited liability company 1750 Humboldt Avenue, Chico, CA 95928 (1) Smallfoot LLC, a California limited liability company 1075 E 20 Street, Chico, CA 95928 (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Part I Part II

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

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Cat No 50135Y

Schedule R (Form 990) 2017