

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE PALO ALTO COMMUNITY FUND Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 330 TWIN DOLPHIN DRIVE 151 City or town, state or province, country, and ZIP or foreign postal code REDWOOD CITY, CA 94065 F Name and address of principal officer: PETER GIFFORD P.O. BOX 50634, PALO ALTO, CA 94303	D Employer identification number 77-0483215 E Telephone number (650) 690-0370 G Gross receipts \$ 3,594,261. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PALOALTOCOMMUND.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1998 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE PALO ALTO COMMUNITY FUND IS TO GROW, SUSTAIN, AND USE ITS ENDOWMENT AND OTHER 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 29 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 29 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 1 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 517,280. Prior Year 503,828. Current Year 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 66,035. -54,225. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 583,315. 449,603.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 380,954. 387,468. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 51,103. 53,893. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,959. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 61,410. 61,659. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 493,467. 503,020. 19 Revenue less expenses. Subtract line 18 from line 12 89,848. -53,417.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 5,917,551. Beginning of Current Year 6,341,230. End of Year 21 Total liabilities (Part X, line 26) 4,076. 4,437. 22 Net assets or fund balances. Subtract line 21 from line 20 5,913,475. 6,336,793.	

Part II Signature Block

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

Sign Here	Signature of officer PETER GIFFORD, PRESIDENT Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name PAMELA S. ADAMS	Preparer's signature 	Date 	Check if self-employed <input type="checkbox"/> PTIN P00600044
	Firm's name ▶ BROWN ADAMS AGBAYANI LLP	Firm's EIN ▶ 77-0232559		
	Firm's address ▶ 2570 W EL CAMINO REAL, #640 MOUNTAIN VIEW, CA 94040	Phone no. (650) 857-1655		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE PALO ALTO COMMUNITY FUND IS TO GROW, SUSTAIN, AND USE ITS ENDOWMENT AND OTHER DONATED FUNDS TO SUPPORT THE WORK OF NEW AND EXISTING NONPROFIT ORGANIZATIONS SERVING THE GREATER PALO ALTO AREA.

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 427,238. including grants of \$ 387,468.) (Revenue \$) IN 2016, THE PALO ALTO COMMUNITY FUND (PACF) WAS PROUD TO BE ABLE TO SUPPORT 43 LOCAL COMMUNITY NONPROFIT ORGANIZATIONS WHICH ARE ADDRESSING A WIDE VARIETY OF CHALLENGES AND IMPROVING THE QUALITY OF LIFE IN OUR COMMUNITY. THREE OF THE KEY FOCUS AREAS PACF SUPPORTED AND SOME OF THE PROGRAMS SUPPORTED IN EACH FOCUS AREA THIS YEAR WERE:

- ENHANCING AND SUPPORTING EDUCATIONAL SUCCESS THROUGHOUT OUR COMMUNITY BY PROVIDING
-TEACHERS WITH PROFESSIONAL DEVELOPMENT
-COMMUNITY COLLEGE STUDENTS WITH SCHOLARSHIPS AND TUTORING FOR ADULT IMMIGRANTS
-HIGH SCHOOL YOUTH WITH ACADEMIC FIELD TRIPS, DEBATE PROGRAMS, SUMMER

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 427,238.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 29		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 29		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **CAMMIE VAIL, EXECUTIVE DIRECTOR - (650) 690-0370**
330 TWIN DOLPHIN DRIVE, SUITE #151, REDWOOD CITY, CA 94065

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAMMIE VAIL EXECUTIVE DIRECTOR	25.00	X		X			49,300.	0.	0.	
(2) SUZANNE ATTENBOROUGH DIRECTOR	1.00	X					0.	0.	0.	
(3) JAY BACKSTRAND DIRECTOR	1.00	X					0.	0.	0.	
(4) BRAIN CHANCELLOR DIRECTOR	1.00	X					0.	0.	0.	
(5) ENOCH CHOI DIRECTOR	1.00	X					0.	0.	0.	
(6) SARAH CLARK DIRECTOR	1.00	X					0.	0.	0.	
(7) ANN DEBUSK DIRECTOR	1.00	X					0.	0.	0.	
(8) CATHERINE CRYSTAL FOSTER DIRECTOR	1.00	X					0.	0.	0.	
(9) KAREN DOUGLAS VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(10) NITESH DULLABH DIRECTOR	1.00	X					0.	0.	0.	
(11) LEONARD ELY DIRECTOR	1.00	X					0.	0.	0.	
(12) BRUCE GEE DIRECTOR	1.00	X					0.	0.	0.	
(13) PETER GIFFORD PRESIDENT	1.00	X		X			0.	0.	0.	
(14) MARY HAVERSTOCK DIRECTOR	1.00	X					0.	0.	0.	
(15) SCOTT JOACHIM DIRECTOR	1.00	X					0.	0.	0.	
(16) CHARLOTTE LOWELL SECRETARY	1.00	X		X			0.	0.	0.	
(17) JEAN MCCOWN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN MELTON DIRECTOR	1.00	X						0.	0.	0.
(19) CINDY MILLER DIRECTOR	1.00	X						0.	0.	0.
(20) JAVAD MOSTOFIZADEH DIRECTOR	1.00	X						0.	0.	0.
(21) KAREN NIERENBERG DIRECTOR	1.00	X						0.	0.	0.
(22) SIGRID PINSKY DIRECTOR	1.00	X						0.	0.	0.
(23) MISSY RELLER DIRECTOR	1.00	X						0.	0.	0.
(24) JOEL B. SPOLIN DIRECTOR	1.00	X						0.	0.	0.
(25) DIANA WALSH DIRECTOR	1.00	X						0.	0.	0.
(26) LANIE WHEELER CHIEF FINANCIAL OFFICER	1.00	X		X				0.	0.	0.
1b Sub-total								49,300.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								49,300.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for SUSAN FIELDS BAILEY, PAM BRANDIN, LORRAINE BROWN, and SUSIE HWANG.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	27,877.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	475,951.				
	g Noncash contributions included in lines 1a-1f: \$		26,117.				
	h Total. Add lines 1a-1f			503,828.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			136,813.			136,813.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			-191,038.		
	8 a Gross income from fundraising events (not including \$ 27,877. of contributions reported on line 1c). See Part IV, line 18	a	3,500.				
		b Less: direct expenses	b	3,500.			
		c Net income or (loss) from fundraising events			0.		
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			449,603.	0.	0.	-54,225.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	387,468.	387,468.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	49,300.	24,650.	12,325.	12,325.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,593.	2,297.	1,148.	1,148.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,827.		2,827.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	20,060.		20,060.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	738.			738.
13 Office expenses	5,302.	1,627.	2,053.	1,622.
14 Information technology				
15 Royalties				
16 Occupancy	1,440.	720.	360.	360.
17 Travel	732.	366.	183.	183.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,412.	853.	1,706.	853.
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 OTHER GRANT EXPENSES	7,413.	5,336.		2,077.
b MARKETING MATERIALS & E	4,853.			4,853.
c SOCIAL MEDIA	3,438.	1,375.	688.	1,375.
d POKER EVENT	3,063.			3,063.
e All other expenses	8,381.	2,546.	3,473.	2,362.
25 Total functional expenses. Add lines 1 through 24e	503,020.	427,238.	44,823.	30,959.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	309,406.	2	359,534.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	250.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	5,607,895.	12	5,981,696.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,917,551.	16	6,341,230.	
Liabilities	17 Accounts payable and accrued expenses	4,076.	17	4,437.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,076.	26	4,437.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,851,865.	27	6,217,068.
	28 Temporarily restricted net assets	61,610.	28	119,725.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,913,475.	33	6,336,793.	
34 Total liabilities and net assets/fund balances	5,917,551.	34	6,341,230.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	449,603.
2	Total expenses (must equal Part IX, column (A), line 25)	2	503,020.
3	Revenue less expenses. Subtract line 2 from line 1	3	-53,417.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,913,475.
5	Net unrealized gains (losses) on investments	5	476,735.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,336,793.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2016

Open to Public Inspection

Name of the organization THE PALO ALTO COMMUNITY FUND Employer identification number 77-0483215

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including revenue and asset amounts.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Custodial Arrangements. 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? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,607,896.	5,585,976.	5,402,922.	4,697,585.	4,072,095.
b Contributions		182,451.			
c Net investment earnings, gains, and losses	423,181.	-140,792.	202,440.	731,286.	665,960.
d Grants or scholarships					
e Other expenditures for facilities and programs	29,321.				
f Administrative expenses	20,060.	19,739.	19,386.	25,949.	40,470.
g End of year balance	5,981,696.	5,607,896.	5,585,976.	5,402,922.	4,697,585.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CENTENNIAL FUND AT FIRST		
(B) REPUBLIC BANK	745,757.	END-OF-YEAR MARKET VALUE
(C) ENDOWMENT FUND AT FIRST		
(D) REPUBLIC BANK	5,235,939.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	5,981,696.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	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.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE INCOME AND PRINCIPAL OF THE BOARD DESIGNATED-QUASI-ENDOWMENTS ARE MAINTAINED TO PROVIDE GRANTS TO SELECTED CHARITABLE ORGANIZATIONS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		POKER TOURNAMENT (event type)	(event type)	1 (total number)		
1	Gross receipts	31,377.			31,377.	
2	Less: Contributions	27,877.			27,877.	
3	Gross income (line 1 minus line 2)	3,500.			3,500.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	3,500.			3,500.
	8	Entertainment				
	9	Other direct expenses				
10	Direct expense summary. Add lines 4 through 9 in column (d)				3,500.	
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **THE PALO ALTO COMMUNITY FUND** Employer identification number **77-0483215**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILITIES UNITED 525 EAST CHARLESTON RD PALO ALTO, CA 94306	94-1546643	501(C)(3)	1,000.	0.			CAMPING SUPPLIES
ACHIEVEKIDS 3860 MIDDLEFIELD ROAD PALO ALTO, CA 94303	77-0412221	501(C)(3)	6,468.	0.			COMMUNITY INTEGRATION PROGRAM (LIVING SKILLS)
ACTERRA 3921 E. BAYSHORE ROAD PALO ALTO, CA 94303	23-7064937	501(C)(3)	12,500.	0.			JUMP-START PARTICIPATION IN STATE-FUNDED SOLAR INSTALLATION PROGRAM
ADOLESCENT COUNSELING SERVICE 1717 EMBARCADERO ROAD, SUITE 4000 PALO ALTO, CA 94303	51-0192551	501(C)(3)	10,000.	0.			OUTLET PROGRAM SERVING LGBTQQ YOUTH
AIM HIGH P.O. BOX 410715 SAN FRANCISCO, CA 94141	94-3296338	501(C)(3)	12,500.	0.			SUMMER ACADEMIC & ENRICHMENT PROGRAM
ART IN ACTION 3925 BOHANNON DRIVE, SUITE 300 MENLO PARK, CA 94025	94-3342383	501(C)(3)	12,500.	0.			ART IN ACTION VISUAL ARTS PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 43.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2016)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPIRE EAST PALO ALTO CHARTER SCHOOL - 1286 RUNNYMEDE STREET - EAST PALO ALTO, CA 94303	94-3311088	501(C)(3)	10,500.	0.			SCIENCE TEACHER
AVENIDAS 450 BRYANT STREET PALO ALTO, CA 94301	94-1480548	501(C)(3)	7,500.	0.			AVENIDAS CARE PARTNERS PROGRAM
BEYOND BARRIERS ATHLETIC FOUNDATION - 50 WOODSIDE PLAZA, SUITE 426 - REDWOOD CITY, CA 94061	45-1276113	501(C)(3)	12,500.	0.			SUBSIDIZE AQUATIC PROGRAMMING
CANOPY 3921 E. BAYSHORE ROAD PALO ALTO, CA 94303	01-0565752	501(C)(3)	5,000.	0.			HEALTHY TREES, HEALTHY KIDS! EDU & SERVICE LEARNING
CARB DM, INC. 809-B CUESTA DRIVE, #193 MOUNTAIN VIEW, CA 94040	45-2901508	501(C)(3)	6,500.	0.			NURSES AND STAFF TRAINING PROGRAM
CASSY 544 VALLEY WAY MILPITAS, CA 95035	26-4655116	501(C)(3)	10,000.	0.			COMPREHENSIVE SCHOOL BASED MENTAL HEALTH SERVICES
CORA 2211 PALM AVE. SAN MATEO, CA 94403	94-2481188	501(C)(3)	5,000.	0.			24-HOUR CRISIS HOTLINE & EMERGENCY SHELTER
DOWNTOWN STREETS TEAM 1671 THE ALAMEDA, SUITE 306 SAN JOSE, CA 95126	20-5242330	501(C)(3)	12,500.	0.			DOWNTOWN FOOD CLOSET
DREAMCATCHERS PO BOX 60902 PALO ALTO, CA 94306	80-0257191	501(C)(3)	12,500.	0.			THIRD SPACE MATH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENVIRONMENTAL VOLUNTEERS 2560 EMBARCADERO ROAD PALO ALTO, CA 94303	94-2250385	501(C)(3)	6,000.	0.			EXPLORE! SUMMER SCIENCE CAMP
FAMILY & CHILDREN SERVICES OF SILICON VALLEY - 375 CAMBRIDGE AVE. - PALO ALTO, CA 94306	94-1167408	501(C)(3)	5,000.	0.			SUPPORT GROUPS FOR SURVIVORS OF DOMESTIC VIOLENCE
FAMILY CONNECTIONS P.O. BOX 358 SAN CARLOS, CA 94070	94-3315163	501(C)(3)	12,500.	0.			PRE-K PROGRAM
FOOTHILL-DE ANZA COLLEGES FOUNDATION - 12345 EL MONTE ROAD - LOS ALTOS HILLS, CA 94022	94-3258220	501(C)(3)	8,500.	0.			MINI MERIT PROGRAM
FOUNDATION FOR A COLLEGE EDUCATION 2160 EUCLID AVENUE EAST PALO ALTO, CA 94303	77-0401635	501(C)(3)	7,500.	0.			STEAM FIELD TRIP PROGRAM
FRIENDS OF PALO ALTO JR. MUSEUM & ZOO - 1451 MIDDLEFIELD ROAD - PALO ALTO, CA 94301	77-0296155	501(C)(3)	12,500.	0.			SCIENCE OUTREACH PROGRAM
HEALTH CONNECTED 480 JAMES AVENUE REDWOOD CITY, CA 94062	94-3227947	501(C)(3)	10,000.	0.			SEXUAL HEALTH EDUCATION PROGRAM
HEROES' VOICES 135 TERRA VISTA SAN FRANCISCO, CA 94115	46-2822708	501(C)(3)	5,000.	0.			GUITAR CORPS PROGRAM AND PERFORMANCE WORKSHOPS
KIDPOWER TEENPOWER FULLPOWER 1305 ARBOR AVE. LOS ALTOS, CA 94024	77-0226712	501(C)(3)	12,500.	0.			PEOPLE SAFETY AND SOCIAL-EMOTIONAL DEVELOPMENT TRAINING

Schedule I (Form 990)

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LEGAL AID SOCIETY OF SAN MATEO COUNTY - 330 TWIN DOLPHIN DRIVE, SUITE 123 - REDWOOD CITY, CA 94065	94-1451894	501(C)(3)	12,500.	0.			PENINSULA FAMILY ADVOCACY PROGRAM
MUSIC IN THE SCHOOLS FOUNDATION P.O. BOX 60012 PALO ALTO, CA 94306	91-2152501	501(C)(3)	10,000.	0.			IN-CLASS MUSIC EDUCATION PROGRAM AND AFTER-SCHOOL PERFORMANCE CLASSES
PACIFIC ART LEAGUE 668 RAMONA STREET PALO ALTO, CA 94301	94-6096394	501(C)(3)	8,500.	0.			VISUAL ART CLASSES TO FORMERLY HOMELESS
PALO ALTO ART CENTER FOUNDATION 1313 NEWELL ROAD PALO ALTO, CA 94303	94-2382459	501(C)(3)	12,500.	0.			CULTURAL KALEIDOSCOPE
PARCA 800 AIRPORT BL. #320 BURLINGAME, CA 94010	94-3039902	501(C)(3)	5,000.	0.			PAGE MILL COURT
PENINSULA COLLEGE FUND SOBRATO CENTER FOR NONPROFITS REDWOOD CITY, CA 94065	77-0144000	501(C)(3)	12,500.	0.			CAREER SUCCESS TRAINING AND SUMMER INTERNSHIPS
PENINSULA HEALTHCARE CONNECTION 33 ENCINA AVENUE. #103 PALO ALTO, CA 94301	20-2886131	501(C)(3)	12,500.	0.			HEPATITIS AND HIV OUTREACH & PREVENTION PROGRAM
PENINSULA VOLUNTEERS 800 MIDDLE AVE. MENLO PARK, CA 94025	94-1294939	501(C)(3)	7,500.	0.			ROSENER HOUSE SERVICES
PROJECT WEHOPE 1854 BAY ROAD PALO ALTO, CA 94303	94-3342713	501(C)(3)	10,000.	0.			DIGNITY ON WHEELS

Schedule I (Form 990)

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

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RANDOM ACTS OF FLOWERS 3501 EDISON WAY MENLO PARK, CA 94025	26-3006360	501(C)(3)	5,000.	0.			SUPPORT OF HEALTH CARE AND HOSPITAL DELIVERY PROGRAM
READING PARTNERS SILICON VALLEY 600B VALLEY WAY MILPITAS, CA 95035	77-0568469	501(C)(3)	5,000.	0.			READING PROGRAM
SEQUOIA ADULT SCHOOL SCHOLARS 3481 JANICE WAY PALO ALTO, CA 94303	45-4128140	501(C)(3)	5,000.	0.			SCHOLARSHIPS & TUTORING PROGRAM
SILICON VALLEY URBAN DEBATE LEAGUE 930 PALO ALTO AVENUE PALO ALTO, CA 94301	47-1097110	501(C)(3)	10,000.	0.			EXPAND DEBATE PROGRAM AT EPA PHOENIX ACADEMY
ST. ANTHONY'S PADUA DINING ROOM 3500 MIDDLEFIELD ROAD MENLO PARK, CA 94025	94-3151091	501(C)(3)	12,500.	0.			NUTRITIOUS MEALS
STANFORD UNIVERSITY, OFFICE OF SCIENCE OUTREACH - 450 SERRA MALL, BUILDING 160, MC 2063 - STANFORD, CA 94305	94-1156365	501(C)(3)	7,500.	0.			PARTICIPANT STIPENDS
TEEN SUCCESS, INC. 508 VALLEY WAY MILPITAS, CA 95035	45-0702884	501(C)(3)	10,000.	0.			SUPPORT GROUP FOR TEEN MOMS
TUOLUMNE RIVER TRUST 312 SUTTER STREET, SUITE 402 SAN FRANCISCO, CA 94108	94-2834151	501(C)(3)	5,000.	0.			HOLISTIC ENVIRONMENTAL EDUCATION PROGRAM
VIA REHABILITATION SERVICES 2851 PARK AVE. SANTA CLARA, CA 95050	94-1212130	501(C)(3)	10,000.	0.			"SPECIAL NEEDS SCIENCE & ENVIRONMENTAL EDUCATION CAMPS

Schedule I (Form 990)

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PRIOR TO RECEIVING GRANT FUNDS, EACH GRANTEE ORGANIZATION SIGNS A GRANT AGREEMENT WITH THE PALO ALTO COMMUNITY FUND. THIS GRANT AGREEMENT SPECIFICALLY STATES THAT THE GRANTEE MUST USE THE FUNDS FOR THE PURPOSES OUTLINED IN THEIR GRANT APPLICATION AND ALL FUNDS NOT USED FOR THAT PURPOSE MUST BE RETURNED. AT THE END OF EACH YEAR, EACH GRANTEE MUST ALSO FILE A FINAL GRANT REPORT THAT OUTLINES WHAT THEY HAVE DONE WITH THE GRANT ALONG WITH ASSOCIATED FINANCIAL STATEMENTS SUPPORTING THEIR USE OF FUNDS FOR THEIR INTENDED PURPOSE.

Part IV Supplemental Information

IN ONE OR TWO INCIDENTS OUT OF THE OVER 500 GRANTS WE HAVE MADE OVER THE PAST 35 YEARS WHERE FUNDS WERE NOT APPLIED FOR THEIR INTENDED PURPOSES, THE PALO ALTO COMMUNITY FUND TOOK STEPS TO REVIEW WHAT THEY USED THE FUNDS FOR AND IN ONE INCIDENCE INSISTED THAT THE GRANT FUNDS BE RETURNED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization **THE PALO ALTO COMMUNITY FUND** Employer identification number **77-0483215**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X	8	26,117.	AVERAGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic 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 ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

THE PALO ALTO COMMUNITY FUND

Employer identification number

77-0483215

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

DONATED FUNDS TO SUPPORT THE WORK OF NEW AND EXISTING NONPROFIT
ORGANIZATIONS SERVING THE GREATER PALO ALTO AREA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INTERNSHIPS AND CAREER READINESS SUPPORT

-MIDDLE SCHOOL YOUTH WITH ACADEMIC TUTORING, SUMMER ACADEMIC AND
ENRICHMENT EXPERIENCES AND SERVICE LEARNING EXPERIENCES

-ELEMENTARY SCHOOL CHILDREN WITH LITERACY PROGRAMS, SUMMER ACADEMIC
PROGRAMS, MENTAL HEALTH SERVICES, ART & MUSIC EDUCATION AND SCIENCE
EDUCATION

-PRESCHOOL CHILDREN WITH QUALITY PRE-K EDUCATION

BUILDING WELLNESS THROUGHOUT LIFE AND THROUGHOUT OUR COMMUNITY BY
PROVIDING

-SENIORS WITH INDIVIDUALIZED ADULT DAY HEALTH CARE AND ADULT DAY CARE
PROGRAMS

-ABUSED ADULTS WITH DOMESTIC VIOLENCE SERVICES AND SUPPORT GROUPS

-LGBTQQ YOUTH WITH SUPPORT SERVICES, LEADERSHIP DEVELOPMENT AND
EDUCATION

-ADULTS AND CHILDREN WITH DISABILITIES WITH AFFORDABLE HOUSING,
COMMUNITY INTEGRATION SKILLS AND ENVIRONMENTAL EDUCATION CAMPS

-ELEMENTARY SCHOOL CHILDREN WITH SWIM LESSONS, AFTER-SCHOOL PROGRAMS
AND ENVIRONMENTAL EDUCATION

PARTICIPATING IN RESOLVING COMMUNITY CONCERNS BY PROVIDING

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization THE PALO ALTO COMMUNITY FUND	Employer identification number 77-0483215
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-VETERANS. GUITAR LESSONS AND PERFORMANCE WORKSHOPS.

-HOMELESS INDIVIDUALS WITH NUTRITIOUS MEALS, ACCESS TO A LOCAL FOOD CLOSET, HEPATITIS AND HIV PREVENTION PROGRAMS, AND ACCESS TO A MOBILE SHOWER & LAUNDRY SERVICE

-LOW INCOME FAMILIES WITH LEGAL SERVICES

IN MAY, 2016, PACF HOSTED ITS SIXTH COMMUNITY-WIDE EDUCATIONAL TRAINING. THIS YEAR WE HELD A PANEL DISCUSSION ON "GROWING OUR IMPACT: HOW DO WE NURTURE AND DEVELOP GREAT TALENT IN OUR NONPROFITS?" WHICH WAS COSPONSORED WITH THE SOBRATO FOUNDATION. AFTER THE PRESENTATION, NONPROFIT REPRESENTATIVES STAYED FOR AN IN DEPTH DISCUSSION. IT WAS ATTENDED BY 41 STAFF AND BOARD MEMBERS FROM 30 LOCAL NONPROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PALO ALTO COMMUNITY FUND FINANCE COMMITTEE, WORKING WITH THE EXECUTIVE DIRECTOR, IS RESPONSIBLE FOR PROVIDING ALL NECESSARY FINANCIAL DOCUMENTS REQUIRED BY PACF'S TAX PREPARERS IN ORDER TO PREPARE THE YEARLY TAX FORM 990. ONCE THE FORM 990 IS COMPLETE, THE PRESIDENT, EXECUTIVE DIRECTOR AND MEMBERS OF THE FINANCE COMMITTEE WILL REVIEW IT FOR ACCURACY. ONCE FINALIZED, THE PRESIDENT, OR THE PRESIDENT'S DESIGNEE, WILL SIGN THE RETURN AND FILE IT WITH THE IRS. EACH VOTING MEMBER OF PACF'S GOVERNING BODY WILL BE PROVIDED A COPY OF THE FINAL FORM 990 TO BE FILED WITH THE IRS, WHETHER IN PAPER OR ELECTRONIC FORM, PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE PALO ALTO COMMUNITY FUND MONITORS THIS POLICY BY HAVING EACH MEMBER OF THE BOARD OF DIRECTORS COMPLETE AND SIGN AN ANNUAL CONFLICT OF INTEREST

Name of the organization THE PALO ALTO COMMUNITY FUND	Employer identification number 77-0483215
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FORM.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PALO ALTO COMMUNITY FUND DOES NOT HAVE ANY FULL TIME EMPLOYEES.

SALARIES FOR PART-TIME EMPLOYEES ARE COMPARABLE TO SIMILAR POSITIONS IN OTHER NON-PROFITS AND ARE MODEST.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.