

BROWN ADAMS AGBAYANI LLP
2570 W EL CAMINO REAL, #640
MOUNTAIN VIEW, CA 94040

THE PALO ALTO COMMUNITY FUND
330 TWIN DOLPHIN DRIVE, NO. 151
REDWOOD CITY, CA 94065



Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

BROWN ADAMS AGBAYANI LLP
CERTIFIED PUBLIC ACCOUNTANTS
2570 W EL CAMINO REAL, #640
MOUNTAIN VIEW, CA 94040
(650)857-1655

CAMMIE VAIL, EXECUTIVE DIRECTOR
THE PALO ALTO COMMUNITY FUND
330 TWIN DOLPHIN DRIVE NO. 151
REDWOOD CITY, CA 94065

DEAR MS. VAIL,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2017 FORM 990

2017 CALIFORNIA FORM 199

2017 CALIFORNIA FORM RRF-1

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY. IF YOU APPROVE OF THE RETURNS AS PREPARED, SIGN THE FEDERAL FORM 8879-EO AND STATE OF CALIFORNIA FORM 8453-EO AND RETURN THEM TO US NO LATER THAN JULY 15, 2018. FOR YOUR CONVENIENCE, YOU MAY E-MAIL THEM TO EFILE@BROWADAMS.COM OR FAX THEM TO (650) 857-0376. UPON RECEIPT OF THE SIGNED FORMS, WE WILL TRANSMIT THE RETURNS TO THE APPROPRIATE GOVERNMENT AGENCIES.

PLEASE SEPARATELY MAIL A CHECK IN THE AMOUNT OF \$10 PAYABLE TO THE FRANCHISE TAX BOARD WITH FTB FORM 3586.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

NORLEEN S. BOUNDS
PARTNER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2017

Prepared for	CAMMIE VAIL, EXECUTIVE DIRECTOR THE PALO ALTO COMMUNITY FUND 330 TWIN DOLPHIN DRIVE NO. 151 REDWOOD CITY, CA 94065
Prepared by	BROWN ADAMS AGBAYANI LLP 2570 W EL CAMINO REAL, #640 MOUNTAIN VIEW, CA 94040
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2018
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990**

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

OMB No. 1545-0047

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 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		D Employer identification number 77-0483215
	Doing business as		E Telephone number (650) 690-0370
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	330 TWIN DOLPHIN DRIVE		151
	G Gross receipts \$ 2,118,972.		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code REDWOOD CITY, CA 94065		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: PETER GIFFORD P.O. BOX 50634, PALO ALTO, CA 94303		If "No," attach a list. (see instructions)	
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		H(c) Group exemption number ▶	
J Website: WWW.PALOALTOCOMMUND.ORG		L Year of formation: 1998 M State of legal domicile: CA	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary		Prior Year	Current Year
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	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	26
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	503,828.	451,361.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-54,225.	202,327.
	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)	449,603.	653,688.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	387,468.	406,600.
	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)	53,893.	58,732.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,502.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	61,659.	78,576.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	503,020.	543,908.
19 Revenue less expenses. Subtract line 18 from line 12	-53,417.	109,780.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,341,230.	End of Year 7,188,876.
	21 Total liabilities (Part X, line 26)	4,437.	7,214.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,336,793.	7,181,662.

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	Date			
	PETER GIFFORD, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name NORLEEN S. BOUNDS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00287731
	Firm's name ▶ BROWN ADAMS AGBAYANI LLP	Firm's EIN ▶ 77-0232559	Phone no. (650) 857-1655		
Firm's address ▶ 2570 W EL CAMINO REAL, #640		MOUNTAIN VIEW, CA 94040			

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 \$ 452,786. including grants of \$ 406,600.) (Revenue \$) IN 2017, 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:

- 1. ENHANCING AND SUPPORTING EDUCATIONAL SUCCESS THROUGHOUT OUR COMMUNITY BY PROVIDING - COMMUNITY COLLEGE STUDENTS WITH SCHOLARSHIPS AND TUTORING FOR ADULT IMMIGRANTS - HIGH SCHOOL YOUTH WITH ACADEMIC FIELD TRIPS, DEBATE PROGRAMS, INTENSIVE OUTPATIENT MENTAL HEALTH COUNSELING, AND LEADERSHIP

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 452,786.

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 reference

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and a shaded area for responses.

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.	25	
b	Enter the number of voting members included in line 1a, above, who are independent	25	
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?		
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	
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		

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				54,355.	0.	0.
(2) SUZANNE ATTENBOROUGH DIRECTOR	1.00	X						0.	0.	0.
(3) JAY BACKSTRAND DIRECTOR	1.00	X						0.	0.	0.
(4) BRIAN CHANCELLOR DIRECTOR	1.00	X						0.	0.	0.
(5) KAREN FRENCH NEUMAN 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) ROBERT ROSKOPH 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) LYNNE RUSSELL DIRECTOR	1.00	X						0.	0.	0.
(21) VICTORIA THORP DIRECTOR	1.00	X						0.	0.	0.
(22) SIGRID PINSKY SECRETARY	1.00	X		X				0.	0.	0.
(23) MISSY RELLER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(24) LAUREN WILLIAMS 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								54,355.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								54,355.	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 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	27,661.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	423,700.				
	g Noncash contributions included in lines 1a-1f: \$		32,007.				
	h Total. Add lines 1a-1f			451,361.			
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)			160,343.			160,343.
	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)			41,984.		
	8 a Gross income from fundraising events (not including \$ 27,661. of contributions reported on line 1c). See Part IV, line 18	a		2,205.			
		b Less: direct expenses	b	2,205.			
		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.			653,688.	0.	0.	202,327.	

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	406,600.	406,600.		
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	54,355.	27,177.	13,589.	13,589.
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	4,377.	2,189.	1,094.	1,094.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,940.		2,940.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,054.		22,054.	
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				
13 Office expenses	4,763.	1,399.	1,969.	1,395.
14 Information technology	2,620.	393.	393.	1,834.
15 Royalties				
16 Occupancy	1,440.	720.	360.	360.
17 Travel	1,196.	598.	299.	299.
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	3,297.	824.	1,649.	824.
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	15,109.	11,165.		3,944.
b COMMUNITY OUTREACH/VISI	8,058.			8,058.
c MARKETING MATERIALS & E	5,669.			5,669.
d POKER EVENT	3,743.			3,743.
e All other expenses	7,687.	1,721.	3,273.	2,693.
25 Total functional expenses. Add lines 1 through 24e	543,908.	452,786.	47,620.	43,502.
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	359,534.	2	318,319.
	3 Pledges and grants receivable, net		3	514.
	4 Accounts receivable, net		4	466.
	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	1,477.
	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	5,981,696.	12	6,868,100.
	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)	6,341,230.	16	7,188,876.	
Liabilities	17 Accounts payable and accrued expenses	4,437.	17	7,214.
	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	4,437.	26	7,214.
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	6,217,068.	27	7,118,212.
	28 Temporarily restricted net assets	119,725.	28	63,450.
	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	6,336,793.	33	7,181,662.
34 Total liabilities and net assets/fund balances	6,341,230.	34	7,188,876.	

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	653,688.
2	Total expenses (must equal Part IX, column (A), line 25)	2	543,908.
3	Revenue less expenses. Subtract line 2 from line 1	3	109,780.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,336,793.
5	Net unrealized gains (losses) on investments	5	735,089.
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	7,181,662.

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 _____		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar 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.")	470,788.	430,058.	517,280.	475,951.	424,214.	2318291.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				31,377.	29,866.	61,243.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	470,788.	430,058.	517,280.	507,328.	454,080.	2379534.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	194,706.	76,598.	250,429.	151,496.	153,915.	827,144.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	194,706.	76,598.	250,429.	151,496.	153,915.	827,144.
8 Public support. (Subtract line 7c from line 6.)						1552390.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	470,788.	430,058.	517,280.	507,328.	454,080.	2379534.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	120,214.	159,328.	66,035.	136,813.	160,343.	642,733.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	120,214.	159,328.	66,035.	136,813.	160,343.	642,733.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	591,002.	589,386.	583,315.	644,141.	614,423.	3022267.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	51.37 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	48.97 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	21.27 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	18.24 %

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

THE PALO ALTO COMMUNITY FUND

Employer identification number

77-0483215

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.

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

OMB No. 1545-0047

2017

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

9 In Part 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.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	5,981,696.	5,607,896.	5,585,976.	5,402,922.	4,697,585.
b Contributions			182,451.		
c Net investment earnings, gains, and losses	937,855.	423,181.	-140,792.	202,440.	731,286.
d Grants or scholarships					
e Other expenditures for facilities and programs	29,397.	29,321.			
f Administrative expenses	22,054.	20,060.	19,739.	19,386.	25,949.
g End of year balance	6,868,100.	5,981,696.	5,607,896.	5,585,976.	5,402,922.

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	827,404.	END-OF-YEAR MARKET VALUE
(C) ENDOWMENT FUND AT FIRST		
(D) REPUBLIC BANK	6,040,696.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,868,100.	

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	29,866.			29,866.	
2	Less: Contributions	27,661.			27,661.	
3	Gross income (line 1 minus line 2)	2,205.			2,205.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	2,205.			2,205.
	8	Entertainment				
	9	Other direct expenses				
10	Direct expense summary. Add lines 4 through 9 in column (d)				2,205.	
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.**

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

OMB No. 1545-0047

2017

**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
10 BOOKS A HOME 1238 WESTMINSTER AVE. PALO ALTO, CA 94303	35-2348013	501(C)(3)	10,000.	0.			CHILD-PARENT HOME TUTORING PROGRAM
ACKNOWLEDGE ALLIANCE 2483 OLD MIDDLEFIELD WAY, SUITE 208 MOUNTAIN VIEW, CA 94043	77-0393676	501(C)(3)	7,500.	0.			MENTAL HEALTH COUNSELING
ACTERRA 3921 E. BAYSHORE ROAD PALO ALTO, CA 94303	23-7064937	501(C)(3)	12,500.	0.			RETROFIT HOMES WITH ENERGY EFFICIENT DEVICES MAKING THEM READY FOR SOLAR ENERGY SYSTEM
ADA'S CAFE 839 NORTHAMPTON DRIVE PALO ALTO, CA 94303	26-2775579	501(C)(3)	12,500.	0.			EMPLOYEE TRAINING & OTHER EMPLOYMENT-RELATED EXPENSES
ADOLESCENT COUNSELING SERVICE 643 BAIR ISLAND ROAD, SUITE 301 REDWOOD CITY, CA 94063	51-0192551	501(C)(3)	12,500.	0.			OUTLET PROGRAM SERVING LGBTQ+ YOUTH
ALL STUDENTS MATTER 965 LINCOLN AVE. PALO ALTO, CA 94301	47-1582614	501(C)(3)	10,000.	0.			CLASSROOM TUTORING FOR 5TH GRADE LITERACY 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) (2017)

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
ART IN ACTION 3925 BOHANNON DRIVE, SUITE 300 MENLO PARK, CA 94025	94-3342383	501(C)(3)	12,500.	0.			ARTS EDUCATION
ASPIRE EAST PALO ALTO CHARTER SCHOOL - 1286 RUNNYMEDE STREET - PALO ALTO, CA 94303	94-3311088	501(C)(3)	10,000.	0.			SCIENCE TEACHER AND SCIENCE PROGRAM
BRING ME A BOOK SOBRATO CENTER FOR NONPROFITS, 330 TWIN DOLPHIN DR - REDWOOD CITY, CA 94065	77-0481924	501(C)(3)	5,000.	0.			PROVIDE BOOKS AND APARTMENT SIZED BOOKCASE TO CHILDREN
BUILDING FUTURES NOW P.O. BOX 1524 PALO ALTO, CA 94302	77-0348803	501(C)(3)	10,000.	0.			SUMMER ACADEMY FOR 4TH-8TH GRADE AND HIGH SCHOOL STUDENTS
CANOPY 3921 E. BAYSHORE ROAD PALO ALTO, CA 94303	01-0565752	501(C)(3)	5,000.	0.			HEALTHY TREES, HEALTHY KIDS!
CASSY 544 VALLEY WAY MILPITAS, CA 95035	26-4655116	501(C)(3)	7,500.	0.			MENTAL HEALTH SERVICES FOR PALO ALTO ELEMENTARY SCHOOLS
CATHOLIC CHARITIES CYO OF THE ARCHDIOCESE OF SF - 990 EDDY STREET - SAN FRANCISCO, CA 94109	94-1498472	501(C)(3)	10,000.	0.			ACADEMIC ENRICHMENT PROGRAM TO EPA ELEMENTARY STUDENTS
CHILDREN'S HEALTH COUNCIL 650 CLARK WAY PALO ALTO, CA 94304	94-1312311	501(C)(3)	11,600.	0.			TEEN MENTAL HEALTH INITIATIVE
COMMUNITY LEGAL SERVICES IN EAST PALO ALTO - 1861 BAY ROAD - PALO ALTO, CA 94303	22-3866910	501(C)(3)	15,000.	0.			HOUSING PROGRAM EXPANSION

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
CORA 2211 PALM AVE. SAN MATEO, CA 94403	94-2481188	501(C)(3)	5,000.	0.			PROVIDE EMERGENCY SHELTER & SAFE HOUSING FOR SURVIVORS OF DOMENSTIC VIOLENCE
DOWNTOWN STREETS TEAM 1671 THE ALAMEDA, SUITE 306 SAN JOSE, CA 95126	20-5242330	501(C)(3)	8,400.	0.			DOWNTOWN STREETS TEAM MEMBER STIPENDS
DREAMCATCHERS PO BOX 60902 PALO ALTO, CA 94306	80-0257191	501(C)(3)	10,000.	0.			A PLACE TO THRIVE: INDIVIDUAL ACADEMIC PLANS AND SOCIAL SUPPORT
EAST PALO ALTO KIDS FOUNDATION PO BOX 50542 PALO ALTO, CA 94303	77-0359913	501(C)(3)	10,000.	0.			TEACHER GRANTS
EAST PALO ALTO TENNIS & TUTORING PO BOX 60597 PALO ALTO, CA 94306	26-3316879	501(C)(3)	10,000.	0.			LITERACY INTERVENTION 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
FRESH LIFELINES FOR YOUTH (FLY) 330 TWIN DOLPHIN DRIVE, SUITE 109 REDWOOD CITY, CA 94065	52-2234595	501(C)(3)	10,000.	0.			LAW AND LEADERSHIP PROGRAM
FRIENDS OF PALO ALTO JR. MUSEUM & ZOO - 1451 MIDDLEFIELD ROAD - PALO ALTO, CA 94301	77-0296155	501(C)(3)	13,000.	0.			SCIENCE LESSONS
HEARTFIT FOR LIFE 4000 MIDDLEFIELD ROAD, SUITE G-8 PALO ALTO, CA 94303	77-0336212	501(C)(3)	6,100.	0.			COMMUNITY OUTREACH AND EDUCATION PROGRAMS PROMOTING CARDIAC WELLNESS

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
HEROES' VOICES 135 TERRA VISTA SAN FRANCISCO, CA 94115	46-2822708	501(C)(3)	7,500.	0.			GUITAR CORPS PROGRAM
JOBTRAIN 1200 O'BRIEN DRIVE MENLO PARK, CA 94025	94-1712371	501(C)(3)	10,000.	0.			YOUTH SERVICES
KARA, INC. 457 KINGSLEY AVENUE PALO ALTO, CA 94301	94-2431483	501(C)(3)	7,500.	0.			GRIEF SUPPORT AND CRISIS INTERVENTION
LIFEMOVES 181 CONSTITUTION DRIVE MENLO PARK, CA 94025	77-0160469	501(C)(3)	10,000.	0.			OPPORTUNITY SERVICE CENTER
MUSIC IN THE SCHOOLS FOUNDATION P.O. BOX 60012 PALO ALTO, CA 94306	91-2152501	501(C)(3)	10,000.	0.			MUSIC IN THE SCHOOLS INSTRUCTION
PALO ALTO HOUSING MANAGMENT & SERVICES - 725 ALMA STREET - PALO ALTO, CA 94301	91-2090479	501(C)(3)	5,000.	0.			STEPPING STONES TO SUCCESS
PENINSULA HEALTHCARE CONNECTION 33 ENCINA AVENUE. #103 PALO ALTO, CA 94301	20-2886131	501(C)(3)	12,500.	0.			HEALTH AND MENTAL HEALTH CARE SERVICES TO HOMELESS AND LOW INCOME RESIDENTS
PENINSULA VOLUNTEERS 800 MIDDLE AVE. MENLO PARK, CA 94025	94-1294939	501(C)(3)	10,000.	0.			ROSENER HOUSE
PROJECT WEHOPE 1854 BAY ROAD EAST PALO ALTO, CA 94303	94-3342713	501(C)(3)	15,000.	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.)

(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
RANDOM ACTS OF FLOWERS 3501 EDISON WAY MENLO PARK, CA 94025	26-3006360	501(C)(3)	5,000.	0.			HEALTH CARE AND HOSPITAL DELIVERY PROGRAM
RAVENSWOOD EDUCATION FOUNDATION P.O. BOX 396 MENLO PARK, CA 94025	26-0166433	501(C)(3)	10,000.	0.			MIDDLE SCHOOL SCIENCE INITIATIVE
RENAISSANCE ENTREPRENEURSHIP CENTER - 275 FIFTH STREET - SAN FRANCISCO, CA 94103	94-2793122	501(C)(3)	10,000.	0.			SMALL BUSINESS TRAINING AND FINANCIAL EMPOWERMENT PROGRAMS
SILICON VALLEY URBAN DEBATE LEAGUE 502 VALLEY WAY MILPITAS, CA 95035	47-1097110	501(C)(3)	10,000.	0.			DEBATE PROGRAMS
ST. ANTHONY'S PADUA DINING ROOM 3500 MIDDLEFIELD ROAD MENLO PARK, CA 94025	94-3151091	501(C)(3)	15,000.	0.			NUTRITIOUS MEALS
ST. ELIZABETH SETON SCHOOL 1095 CHANNING AVE. PALO ALTO, CA 94301	53-0196617	501(C)(3)	4,500.	0.			A FIT-KIT PROGRAM
TEEN SUCCESS, INC. 508 VALLEY WAY MILPITAS, CA 95035	45-0702884	501(C)(3)	8,000.	0.			PEER SUPPORT GROUP FOR TEEN MOMS
UPWARD SCHOLARS 3481 JANICE WAY PALO ALTO, CA 94303	45-4128140	501(C)(3)	12,500.	0.			SCHOLARSHIPS FOR ESL STUDENTS
VIA REHABILITATION SERVICES 2851 PARK AVE. SANTA CLARA, CA 95050	94-1212130	501(C)(3)	7,500.	0.			SPECIAL NEEDS SCIENCE CAMPS

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 ITS 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 700 GRANTS WE HAVE MADE OVER THE PAST 38 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

2017

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

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	10	32,521.	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) 2017

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

PACF USES MORGAN STANLEY TO SELL STOCK

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.

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

OMB No. 1545-0047

2017

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:

PROGRAMS

- MIDDLE SCHOOL YOUTH WITH ACADEMIC TUTORING, SCIENCE PROGRAMS, SUMMER
ACADEMIC AND ENRICHMENT EXPERIENCES, LITERACY PROGRAMS, AND SERVICE
LEARNING EXPENENCES

- ELEMENTARY SCHOOL CHILDREN WITH A OUTFITTED SPORTS EQUIPMENT SHED,
SUMMER ACADEMIC PROGRAMS, MENTAL HEALTH SERVICES, ART & MUSIC EDUCATION
AND SCIENCE EDUCATION

- PRESCHOOL CHILDREN WITH IN-HOME LITERACY TUTORING AND BOOKCASES

2. 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 EMERGENCY SHELTER

- LGBTQ+ YOUTH WITH SUPPORT SERVICES, LEADERSHIP DEVELOPMENT AND
EDUCATION

- ADULTS AND CHILDREN WITH DISABILITIES WITH JOB TRAINING AND
ENVIRONMENTAL EDUCATION CAMPS

- ELEMENTARY SCHOOL CHILDREN AFTER-SCHOOL PROGRAMS AND ENVIRONMENTAL
EDUCATION

3. 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) (2017)

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

- VETERANS. GUITAR LESSONS AND PERFORMANCE WORKSHOP
- HOMELESS INDIVIDUALS WITH NUTRITIOUS MEALS, ACCESS TO A LOCAL FOOD CLOSET, MENTAL HEALTH CARE, AND ACCESS TO A MOBILE SHOWER & LAUNDRY SERVICE
- LOW INCOME FAMILIES WITH LEGAL SERVICES

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 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:

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. THE PALO ALTO COMMUNITY FUND	Employer identification number (EIN) or 77-0483215
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 330 TWIN DOLPHIN DRIVE, NO. 151	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. REDWOOD CITY, CA 94065	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CAMMIE VAIL, EXECUTIVE DIRECTOR - 330 TWIN DOLPHIN DRIVE, SUITE #151 - REDWOOD CITY, CA 94065

- The books are in the care of ▶ **DRIVE, SUITE #151 - REDWOOD CITY, CA 94065**
Telephone No. ▶ **(650) 690-0370** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2017 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	CAMMIE VAIL, EXECUTIVE DIRECTOR THE PALO ALTO COMMUNITY FUND 330 TWIN DOLPHIN DRIVE NO. 151 REDWOOD CITY, CA 94065															
Prepared by	BROWN ADAMS AGBAYANI LLP 2570 W EL CAMINO REAL, #640 MOUNTAIN VIEW, CA 94040															
To be signed and dated by	THE AUTHORIZED INDIVIDUAL(S).															
Amount of tax	<table><tr><td>Total tax</td><td>\$</td><td>10.00</td></tr><tr><td>Less: payments and credits</td><td>\$</td><td>0.00</td></tr><tr><td>Plus: other amount</td><td>\$</td><td>0.00</td></tr><tr><td>Plus: interest and penalties</td><td>\$</td><td>0.00</td></tr><tr><td>BALANCE DUE</td><td>\$</td><td>10.00</td></tr></table>	Total tax	\$	10.00	Less: payments and credits	\$	0.00	Plus: other amount	\$	0.00	Plus: interest and penalties	\$	0.00	BALANCE DUE	\$	10.00
Total tax	\$	10.00														
Less: payments and credits	\$	0.00														
Plus: other amount	\$	0.00														
Plus: interest and penalties	\$	0.00														
BALANCE DUE	\$	10.00														
Overpayment	<table><tr><td>Credited to your estimated tax</td><td>\$</td><td>0.00</td></tr><tr><td>Other amount</td><td>\$</td><td>0.00</td></tr><tr><td>Refunded to you</td><td>\$</td><td>0.00</td></tr></table>	Credited to your estimated tax	\$	0.00	Other amount	\$	0.00	Refunded to you	\$	0.00						
Credited to your estimated tax	\$	0.00														
Other amount	\$	0.00														
Refunded to you	\$	0.00														
Make check payable to	FRANCHISE TAX BOARD															
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0501															
Return must be mailed on or before	NOVEMBER 15, 2018															
Special Instructions																

California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name: **THE PALO ALTO COMMUNITY FUND**
 California corporation number: **2105149**

Additional information. See instructions.
 FEIN: **77-0483215**

Street address (suite or room): **330 TWIN DOLPHIN DRIVE, NO. 151**
 City: **REDWOOD CITY** State: **CA** ZIP code: **94065**

Foreign country name: _____ Foreign province/state/country: _____ Foreign postal code: _____

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,667,611.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	451,361.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	2,118,972.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	1,463,079.00
	7	Total costs. Add line 5 and line 6	7	1,463,079.00
	8	Total gross income. Subtract line 7 from line 4	8	655,893.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	546,113.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	109,780.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	10.00
	16	Penalties and Interest. See General Information J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Title: **PRESIDENT** Date: _____ Telephone: **(650) 690-0370**

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00287731**
 Firm's name (or yours, if self-employed) and address: **BROWN ADAMS AGBAYANI LLP**
2570 W EL CAMINO REAL, #640
MOUNTAIN VIEW, CA 94040 Telephone: **(650) 857-1655**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

728951 12-06-17

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	2,205.00	
	2	Interest	•	2	466.00	
	3	Dividends	•	3	159,877.00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 1	•	6	1,505,063.00	
	7	Other income	•	7	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,667,611.00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 2	•	9	406,600.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	•	11	54,355.00	
	12	Other salaries and wages	•	12	00	
	13	Interest	•	13	00	
	14	Taxes	•	14	4,377.00	
	15	Rents	•	15	1,440.00	
	16	Depreciation and depletion (See instructions)	•	16	00	
	Expenses and Disbursements	17	Other Expenses and Disbursements SEE STATEMENT 4	•	17	79,341.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	546,113.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		359,534.		318,319.
2	Net accounts receivable				466.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments STMT 5		5,981,696.		6,868,100.
10	a Depreciable assets				
	b Less accumulated depreciation	()	()		
11	Land				
12	Other assets STMT 6				1,991.
13	Total assets		6,341,230.		7,188,876.
Liabilities and net worth					
14	Accounts payable		4,437.		7,214.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities				
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		6,336,793.		7,181,662.
22	Total liabilities and net worth		6,341,230.		7,188,876.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	844,869.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5		844,869.
7	Income recorded on books this year not included in this return STMT 7	•	735,089.
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		735,089.
10	Net income per return. Subtract line 9 from line 6		109,780.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIRST REPUBLIC #1560		12/31/17	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	63,357.	0.	0.	63,113.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIRST REPUBLIC #1560		12/31/17	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	116,649.	0.	0.	125,346.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIRST REPUBLIC #1578		12/31/17	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	556,856.	0.	0.	554,723.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIRST REPUBLIC #1578		12/31/17	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	693,696.	0.	0.	730,264.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
20 SHARES OF PHILIP MORRIS INTERNATIONAL INC	01/10/17	01/10/17	DONATED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,820.	0.	0.	1,677.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
6 SHARES OF BERKSHIRE HATHAWAY	05/23/17	05/23/17	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	992.	0.	0.	959.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
20 SHARES OF ILLINOIS TOOL WORKS INC (ITW)	06/06/17	06/06/17	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	2,868.	0.	0.	2,792.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
20 SHARES OF STRYKER CORP (SYK)	10/06/17	10/09/17	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	2,972.	0.	0.	2,892.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
15 SHARES OF FORTIVE CORP (FTV)	10/06/17	10/09/17	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	1,074.	0.	0.	1,043.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
11 SHRES OF ISHARES RUSSELL MID-CAP	12/19/17	12/20/17	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	983.	0.	0.	951.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
50 SHARES OF TRINET GROUP INC. (TNET)	08/08/17	08/09/17	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	1,956.	0.	0.	1,876.
<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
110 SHARES OF ILLINOIS TOOL WORKS INC	10/31/17	11/01/17	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	17,291.	0.	0.	16,951.
<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
35 SHARES OF WELLS FARGO & CO. (WFC)	12/06/17	12/07/17	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	2,051.	0.	0.	1,985.
<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
24 SHARES OF HEWLETT PACKARD INC. (HPQ)	12/21/17	12/22/17	DONATED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	514.	0.	0.	491.
TOTAL TO FORM 199, PAGE 2, LN 6	<u>1,463,079.</u>	<u>0.</u>	<u>0.</u>	<u>1,505,063.</u>

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 2
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: CHARITY DONATION

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
10 BOOKS A HOME	1238 WESTMINSTER AVE. - PALO ALTO, CA 94303	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ACKNOWLEDGE ALLIANCE	2483 OLD MIDDLEFIELD WAY, SUITE 208 - MOUNTAIN VIEW, CA 94043	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ACTERRA	3921 E. BAYSHORE ROAD - PALO ALTO, CA 94303	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ADA'S CAFE	839 NORTHAMPTON DRIVE - PALO ALTO, CA 94303	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ADOLESCENT COUNSELING SERVICE	643 BAIR ISLAND ROAD, SUITE 301 - REDWOOD CITY, CA 94063	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALL STUDENTS MATTER	965 LINCOLN AVE. - PALO ALTO, CA 94301	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ART IN ACTION	3925 BOHANNON DRIVE, SUITE 300 - MENLO PARK, CA 94025	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ASPIRE EAST PALO ALTO CHARTER SCHOOL	1286 RUNNYMEDE STREET - PALO ALTO, CA 94303	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRING ME A BOOK	SOBRATO CENTER FOR NONPROFITS, 330 TWIN DOLPHIN DR - REDWOOD CITY, CA 94065	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BUILDING FUTURES NOW	P.O. BOX 1524 - PALO ALTO, CA 94302	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CANOPY	3921 E. BAYSHORE ROAD - PALO ALTO, CA 94303	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CASSY	544 VALLEY WAY - MILPITAS, CA 95035	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CATHOLIC CHARITIES CYO OF THE ARCHDIOCES	990 EDDY STREET - SAN FRANCISCO, CA 94109	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHILDREN'S HEALTH COUNCIL	650 CLARK WAY - PALO ALTO, CA 94304	NONE	11,600.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY LEGAL SERVICES IN EAST PALO AL	1861 BAY ROAD - PALO ALTO, CA 94303	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CORA	2211 PALM AVE. - SAN MATEO, CA 94403	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DOWNTOWN STREETS TEAM	1671 THE ALAMEDA, SUITE 306 - SAN JOSE, CA 95126	NONE	8,400.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DREAMCATCHERS	PO BOX 60902 - PALO ALTO, CA 94306	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EAST PALO ALTO KIDS FOUNDATION	PO BOX 50542 - PALO ALTO, CA 94303	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EAST PALO ALTO TENNIS & TUTORING	PO BOX 60597 - PALO ALTO, CA 94306	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FOUNDATION FOR A COLLEGE EDUCATION	2160 EUCLID AVENUE - EAST PALO ALTO, CA 94303	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRESH LIFELINES FOR YOUTH (FLY)	330 TWIN DOLPHIN DRIVE, SUITE 109 - REDWOOD CITY, CA 94065	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRIENDS OF PALO ALTO JR. MUSEUM & ZOO	1451 MIDDLEFIELD ROAD - PALO ALTO, CA 94301	NONE	13,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HEARTFIT FOR LIFE	4000 MIDDLEFIELD ROAD, SUITE G-8 - PALO ALTO, CA 94303	NONE	6,100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HEROES' VOICES	135 TERRA VISTA - SAN FRANCISCO, CA 94115	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JOBTRAIN	1200 O'BRIEN DRIVE - MENLO PARK, CA 94025	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KARA, INC.	457 KINGSLEY AVENUE - PALO ALTO, CA 94301	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LIFEMOVES	181 CONSTITUTION DRIVE - MENLO PARK, CA 94025	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MUSIC IN THE SCHOOLS FOUNDATION	P.O. BOX 60012 - PALO ALTO, CA 94306	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALO ALTO HOUSING MANAGMENT & SERVICES	725 ALMA STREET - PALO ALTO, CA 94301	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PENINSULA HEALTHCARE CONNECTION	33 ENCINA AVENUE. #103 - PALO ALTO, CA 94301	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PENINSULA VOLUNTEERS	800 MIDDLE AVE. - MENLO PARK, CA 94025	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PROJECT WEHOPE	1854 BAY ROAD - EAST PALO ALTO, CA 94303	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RANDOM ACTS OF FLOWERS	3501 EDISON WAY - MENLO PARK, CA 94025	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RAVENSWOOD EDUCATION FOUNDATION	P.O. BOX 396 - MENLO PARK, CA 94025	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RENAISSANCE ENTREPRENEURSHIP CENTER	275 FIFTH STREET - SAN FRANCISCO, CA 94103	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SILICON VALLEY URBAN DEBATE LEAGUE	502 VALLEY WAY - MILPITAS, CA 95035	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. ANTHONY'S PADUA DINING ROOM	3500 MIDDLEFIELD ROAD - MENLO PARK, CA 94025	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. ELIZABETH SETON SCHOOL	1095 CHANNING AVE. - PALO ALTO, CA 94301	NONE	4,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TEEN SUCCESS, INC.	508 VALLEY WAY - MILPITAS, CA 95035	NONE	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UPWARD SCHOLARS	3481 JANICE WAY - PALO ALTO, CA 94303	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VIA REHABILITATION SERVICES	2851 PARK AVE. - SANTA CLARA, CA 95050	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUTH COMMUNITY SERVICE	705 ALESTER AVE., ROOM 4 - PALO ALTO, CA 94303	NONE	5,000.

TOTAL FOR THIS ACTIVITY 406,600.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 406,600.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
CAMMIE VAIL 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	EXECUTIVE DIRECTOR 25.00	54,355.
SUZANNE ATTENBOROUGH 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
JAY BACKSTRAND 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
BRIAN CHANCELLOR 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
KAREN FRENCH NEUMAN 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.

SARAH CLARK 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
ANN DEBUSK 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
ROBERT ROSKOPH 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
KAREN DOUGLAS 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	VICE PRESIDENT 1.00	0.
NITESH DULLABH 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
LEONARD ELY 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
BRUCE GEE 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
PETER GIFFORD 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	PRESIDENT 1.00	0.
MARY HAVERSTOCK 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
SCOTT JOACHIM 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
CHARLOTTE LOWELL 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	SECRETARY 1.00	0.
JEAN MCCOWN 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
JOHN MELTON 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.

THE PALO ALTO COMMUNITY FUND

77-0483215

CINDY MILLER 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
LYNNE RUSSELL 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
VICTORIA THORP 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
SIGRID PINSKY 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	SECRETARY 1.00	0.
MISSY RELLER 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	VICE PRESIDENT 1.00	0.
LAUREN WILLIAMS 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
DIANA WALSH 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
LANIE WHEELER 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	CHIEF FINANCIAL OFFICER 1.00	0.
SUSAN FIELDS BAILEY 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
PAM BRANDIN 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
ALISON CORMACK 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
SUSIE HWANG 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

54,355.

CA 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
OTHER GRANT EXPENSES		15,109.	
COMMUNITY OUTREACH/VISI		8,058.	
MARKETING MATERIALS & E		5,669.	
POKER EVENT		3,743.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		2,205.	
ACCOUNTING FEES		2,940.	
INVESTMENT MANAGEMENT FEES		22,054.	
OFFICE EXPENSES		4,763.	
INFORMATION TECHNOLOGY		2,620.	
TRAVEL		1,196.	
INSURANCE		3,297.	
ALL OTHER EXPENSES		7,687.	
TOTAL TO FORM 199, PART II, LINE 17		79,341.	

CA 199	OTHER INVESTMENTS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CENTENNIAL FUND AT FIRST REPUBLIC BANK	745,757.	827,404.	
ENDOWMENT FUND AT FIRST REPUBLIC BANK	5,235,939.	6,040,696.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	5,981,696.	6,868,100.	

CA 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	0.	514.	
PREPAID EXPENSES AND DEFERRED CHARGES	0.	1,477.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	0.	1,991.	

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	7
--------	---	-----------	---

DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON INVESTMENTS	735,089.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	735,089.

CA 199	FUND BALANCES	STATEMENT	8
--------	---------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	6,217,068.	7,118,212.
TEMPORARILY RESTRICTED ASSETS	119,725.	63,450.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	6,336,793.	7,181,662.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
DECEMBER 31, 2017

Prepared for	CAMMIE VAIL, EXECUTIVE DIRECTOR THE PALO ALTO COMMUNITY FUND 330 TWIN DOLPHIN DRIVE NO. 151 REDWOOD CITY, CA 94065
Prepared by	BROWN ADAMS AGBAYANI LLP 2570 W EL CAMINO REAL, #640 MOUNTAIN VIEW, CA 94040
Amount due or refund	BALANCE DUE OF \$75.00
Make check payable to	ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS
Mail tax return and check (if applicable) to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>23701</u> THE PALO ALTO COMMUNITY FUND <small>Name of Organization</small> <u>330 TWIN DOLPHIN DRIVE, NO. 151</u> <small>Address (Number and Street)</small> <u>REDWOOD CITY, CA 94065</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>C-2105149</u> Federal Employer I.D. No. <u>77-0483215</u>
--	---

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2017 ending 12/31/2017) list:
 Gross annual revenue \$ 653,688. Total assets \$ 7,188,876.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 9	X	
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number (650) 690-0370

Organization's e-mail address CAMMIEVAIL@PALOALTOCOMMUND.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

PETER GIFFORD	PRESIDENT	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

CA RRF-1	EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1	STATEMENT	9
----------	---	-----------	---

THE PALO ALTO COMMUNITY FUND PAID \$54,355 TO CAMMIE VAIL FOR HER
DUTIES AS EXECUTIVE
DIRECTOR.