

BAKER TILLY US, LLP  
2570 W EL CAMINO REAL, #640  
MOUNTAIN VIEW, CA 94040

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

|||||

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CLIENT'S COPY

BAKER TILLY US, LLP  
CERTIFIED PUBLIC ACCOUNTANTS  
2570 W EL CAMINO REAL, #640  
MOUNTAIN VIEW, CA 94040

KAREN FRENCH NEUMAN, CFO  
THE PALO ALTO COMMUNITY FUND  
330 TWIN DOLPHIN DR NO. 151  
REDWOOD CITY, CA 94065

DEAR MS. KAREN FRENCH NEUMAN

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2019 EXEMPT  
ORGANIZATION RETURNS, AS FOLLOWS...

2019 FORM 990

2019 CALIFORNIA FORM 199

2019 CALIFORNIA FORM RRF-1

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

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 MAY 17, 2021. FOR YOUR CONVENIENCE, YOU  
MAY E-MAIL THEM TO BAAEFILE@BAKERTILLY.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.

VERY TRULY YOURS,

NORLEEN S. BOUNDS  
PARTNER

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2020

Prepared for	KAREN FRENCH NEUMAN, CFO THE PALO ALTO COMMUNITY FUND 330 TWIN DOLPHIN DR NO. 151 REDWOOD CITY, CA 94065
Prepared by	BAKER TILLY US, 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	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 17, 2021.

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2019**

Name of exempt organization

Employer identification number

**THE PALO ALTO COMMUNITY FUND**

**77-0483215**

Name and title of officer

**MELISSA RELLER  
PRESIDENT**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,750,154.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize **BAKER TILLY US, LLP**

ERO firm name

to enter my PIN **94306**

**Enter five numbers, but  
do not enter all zeros**

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*** Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**77272994306**

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

EXTENDED TO MAY 17, 2021

OMB No. 1545-0047

**Form 990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</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	<b>C</b> Name of organization <b>THE PALO ALTO COMMUNITY FUND</b>		<b>D</b> Employer identification number <b>77-0483215</b>
	Doing business as		<b>E</b> Telephone number <b>(650) 690-0370</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>2,027,468.</b>
	<b>330 TWIN DOLPHIN DR</b>	<b>151</b>	<b>H(a)</b> 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 <b>REDWOOD CITY, CA 94065</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>BRUCE GEE</b> <b>P.O. BOX 50634, PALO ALTO, CA 94303</b>			<b>H(c)</b> Group exemption number ▶
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.PALOALTOCOMMFFUND.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE PALO ALTO COMMUNITY FUND FOCUSES ON THE UNIQUE NEEDS OF OUR COMMUNITY AND CHANNELS CHARITABLE</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>26</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>26</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>1</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>25</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>217,303.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>89,528.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>306,831.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>457,010.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>30,973.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>91,223.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>36,469.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>524,452.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>-217,621.</b>
	<b>20</b> Total assets (Part X, line 16) <b>7,236,467.</b>
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26) <b>4,741.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>7,231,726.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>BRUCE GEE, PRESIDENT</b>		Date
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>NORLEEN S. BOUNDS</b>	Preparer's signature	Date
	Firm's name ▶ <b>BAKER TILLY US, LLP</b>	Firm's EIN ▶ <b>39-0859910</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00287731</b>
	Firm's address ▶ <b>2570 W EL CAMINO REAL, #640 MOUNTAIN VIEW, CA 94040</b>	Phone no. (650) 857-1655	

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

932001 01-20-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒

**1** Briefly describe the organization's mission:  
 THE PALO ALTO COMMUNITY FUND FOCUSES ON THE UNIQUE NEEDS OF OUR  
 COMMUNITY AND CHANNELS CHARITABLE GIVING OF LOCAL DONORS TO EFFECTIVE  
 ORGANIZATIONS THAT IMPROVE THE QUALITY OF LIFE FOR EVERYONE IN PALO  
 ALTO, EAST PALO ALTO AND MENLO PARK.

**2** Did the organization undertake any significant program services during the year which were not listed on the  
 prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 1,863,403. including grants of \$ 1,822,587. ) (Revenue \$ )

THIS YEAR ENDED JUNE 30, 2020, THE PALO ALTO COMMUNITY FUND (PACF) WAS  
 PROUD TO BE ABLE TO SUPPORT 63 LOCAL COMMUNITY NONPROFIT ORGANIZATIONS  
 WHICH ARE ADDRESSING A WIDE VARIETY OF CHALLENGES AND IMPROVING THE  
 QUALITY OF LIFE IN OUR COMMUNITY. THREE OF THE KEY FOCUS AREAS PACF  
 SUPPORTED AND SOME OF THE PROGRAMS SUPPORTED IN EACH FOCUS AREA THIS  
 YEAR WERE:

- ENHANCING AND SUPPORTING EDUCATIONAL SUCCESS THROUGHOUT OUR  
 COMMUNITY BY PROVIDING

- TEACHERS WITH DISTANCE LEARNING ASSISTANCE

- COMMUNITY COLLEGE STUDENTS WITH SCHOLARSHIPS AND TUTORING FOR  
 ADULT IMMIGRANTS

- HIGH SCHOOL YOUTH WITH VIRTUAL TUTORING AND LEARNING HUBS

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

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

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **1,863,403.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b>	X
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b>	X
<b>b</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>	<b>11b</b> X	
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> 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>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b>	X
<b>15</b> 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>	<b>15</b>	X
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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>	<b>17</b>	X
<b>18</b> 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>	<b>18</b> X	
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b> X	



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> 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 ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 1		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X

**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 on 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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	26			
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 on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		26		
<b>2</b> 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
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> 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 on Schedule O				X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> 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>b</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 (1024 or 1024-A, 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 on Schedule O)

**19** Describe on 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 **LISA VAN DUSEN, 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.

See instructions for the order in which to list the persons above.

☐ 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) MELISSA RELLER PRESIDENT	1.00	X		X				0.	0.	0.
(2) BRUCE GEE VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) LANIE WHEELER CHIEF FINANCIAL OFFICER	1.00	X		X				0.	0.	0.
(4) SIGRID PINSKY SECRETARY	1.00	X		X				0.	0.	0.
(5) CAMMIE VAIL EXECUTIVE DIRECTOR	25.00	X						0.	69,534.	0.
(6) SUZANNE ATTENBOROUGH DIRECTOR	1.00	X						0.	0.	0.
(7) JAY BACKSTRAND DIRECTOR	1.00	X						0.	0.	0.
(8) SUSAN FIELDS BAILEY DIRECTOR	1.00	X						0.	0.	0.
(9) PAM BRANDIN DIRECTOR	1.00	X						0.	0.	0.
(10) BRIAN CHANCELLOR DIRECTOR	1.00	X						0.	0.	0.
(11) SARAH CLARK DIRECTOR	1.00	X						0.	0.	0.
(12) AMY ANDONIAN DIRECTOR	1.00	X						0.	0.	0.
(13) NITESH DULLABH DIRECTOR	1.00	X						0.	0.	0.
(14) LEONARD ELY DIRECTOR	1.00	X						0.	0.	0.
(15) KAREN FRENCH NEUMAN DIRECTOR	1.00	X						0.	0.	0.
(16) PETER GIFFORD DIRECTOR	1.00	X						0.	0.	0.
(17) SUSIE HWANG 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) JEAN MCCOWN DIRECTOR	1.00	X						0.	0.	0.
(19) STEVE EMSLIE DIRECTOR	1.00	X						0.	0.	0.
(20) ELIANE NEUKERMANS DIRECTOR	1.00	X						0.	0.	0.
(21) ROBERT ROSKOPH DIRECTOR	1.00	X						0.	0.	0.
(22) LYNNE RUSSELL DIRECTOR	1.00	X						0.	0.	0.
(23) JANE RYTINA DIRECTOR	1.00	X						0.	0.	0.
(24) VICTORIA THORP DIRECTOR	1.00	X						0.	0.	0.
(25) DIANA WALSH DIRECTOR	1.00	X						0.	0.	0.
(26) LAUREN WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	69,534.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	69,534.	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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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
<b>5</b> 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	50,630.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,729,842.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 20,950.			
	h	<b>Total.</b> Add lines 1a-1f		1,780,472.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		174,923.			174,923.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)		-205,241.			-205,241.
	8 a	Gross income from fundraising events (not including \$ 50,630. of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
	11 a						
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions		1,750,154.	0.	0.	-30,318.	

**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	1,822,587.	1,822,587.		
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	69,534.	34,766.	17,384.	17,384.
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	1,070.	536.	267.	267.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,090.		6,090.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,534.		28,534.	
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	7,204.	2,092.	3,026.	2,086.
14 Information technology				
15 Royalties				
16 Occupancy	1,440.	720.	360.	360.
17 Travel	1,417.	709.	354.	354.
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	3,403.	851.	1,701.	851.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>COMMUNITY OUTREACH/VISI</b>	43,636.			43,636.
b <b>PROFESSIONAL SERVICES -</b>	23,375.		23,375.	
c <b>BANK FEES</b>	7,997.			7,997.
d <b>DATABASE SOFTWARE &amp; SUP</b>	7,615.	1,142.	1,142.	5,331.
e All other expenses	15,461.		2,504.	12,957.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,039,363.	1,863,403.	84,737.	91,223.
26 <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	139,289.	<b>2</b>	116,115.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	5,071.	<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	7,092,107.	<b>12</b>	6,810,710.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,236,467.	<b>16</b>	6,926,825.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,741.	<b>17</b>	5,912.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,741.	<b>26</b>	5,912.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,181,476.	<b>27</b>	6,858,578.
	<b>28</b> Net assets with donor restrictions .....	50,250.	<b>28</b>	62,335.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	7,231,726.	<b>32</b>	6,920,913.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	7,236,467.	<b>33</b>	6,926,825.

Form 990 (2019)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,750,154.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,039,363.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-289,209.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	7,231,726.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-21,604.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,920,913.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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
<b>c</b> 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 on Schedule O.		
<b>3a</b> 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>b</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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

THE PALO ALTO COMMUNITY FUND

Employer identification number

77-0483215

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> ..... ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ..... ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	517,280.	475,951.	424,214.	621,439.	1729842.	3768726.
<b>2</b> 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.	39,967.	56,110.	157,320.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	517,280.	507,328.	454,080.	661,406.	1785952.	3926046.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	250,429.	151,496.	153,915.	201,971.	334,198.	1092009.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....	250,429.	151,496.	153,915.	201,971.	334,198.	1092009.
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						2834037.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	517,280.	507,328.	454,080.	661,406.	1785952.	3926046.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	66,035.	136,813.	160,343.	169,149.	174,923.	707,263.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	66,035.	136,813.	160,343.	169,149.	174,923.	707,263.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	583,315.	644,141.	614,423.	830,555.	1960875.	4633309.

**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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	61.17 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	53.21 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	15.26 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	21.20 %

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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>2a</b>			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-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 <b>Total annual distributions.</b> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

# Schedule A Payments from Disqualified Persons 2019

## Included on Part III, Line 7a

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
	10,243.	14,837.	17,291.	10,135.	17,893.
	2,500.	5,000.	0.	0.	0.
	24,987.	25,000.	25,000.	75,000.	61,000.
	50,000.	50,000.	50,000.	50,000.	50,000.
	5,386.	5,413.	5,727.	6,018.	5,100.
	5,168.	5,222.	5,000.	0.	10,000.
	0.	3,000.	0.	0.	0.
	1,000.	2,500.	0.	1,650.	0.
	15,000.	0.	15,000.	5,000.	0.
	5,000.	8,000.	8,000.	0.	22,020.
	7,500.	5,000.	0.	0.	5,000.
	112,451.	0.	0.	0.	0.
	5,000.	5,000.	5,000.	5,000.	8,000.
	0.	5,000.	5,000.	15,000.	25,000.
	3,500.	5,000.	5,000.	6,800.	12,000.
	1,500.	7,500.	0.	17,500.	12,500.
	1,194.	5,024.	7,897.	4,868.	11,647.
	0.	0.	5,000.	5,000.	5,000.
	0.	0.	0.	0.	7,208.
	0.	0.	0.	0.	61,354.
	0.	0.	0.	0.	20,476.
Total to Schedule A, Part III, Line 7a .....	250,429.	151,496.	153,915.	201,971.	334,198.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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 foundationCheck 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) (2019)

Name of organization <b>THE PALO ALTO COMMUNITY FUND</b>	Employer identification number <b>77-0483215</b>
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**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
<u>1</u>		\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>THE PALO ALTO COMMUNITY FUND</b>	<b>77-0483215</b>

**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
<u>7</u>		\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>6,040.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>7,208.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>THE PALO ALTO COMMUNITY FUND</b>	<b>77-0483215</b>

**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
<u>13</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>14</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>15</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>16</u>		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>17</u>		\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>18</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE PALO ALTO COMMUNITY FUND</b>	Employer identification number <b>77-0483215</b>
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**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
<u>19</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>20</u>		\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>21</u>		\$ <u>10,393.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>22</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>23</u>		\$ <u>2,600.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>24</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**THE PALO ALTO COMMUNITY FUND****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
<u>25</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>26</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>27</u>		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>28</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>29</u>		\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>30</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>THE PALO ALTO COMMUNITY FUND</b>	<b>77-0483215</b>

**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
<u>31</u>		\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>32</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>33</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>34</u>		\$ <u>5,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>35</u>		\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>36</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>THE PALO ALTO COMMUNITY FUND</b>	<b>77-0483215</b>

**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
<u>37</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>38</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>39</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>40</u>		\$ <u>26,430.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>41</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>42</u>		\$ <u>61,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**THE PALO ALTO COMMUNITY FUND****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
<u>43</u>		\$ <u>22,020.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>44</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>45</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>46</u>		\$ <u>61,354.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>47</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>48</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**THE PALO ALTO COMMUNITY FUND****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
<u>49</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>50</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>51</u>		\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>52</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>53</u>		\$ <u>20,476.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>54</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>THE PALO ALTO COMMUNITY FUND</b>	<b>77-0483215</b>

**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
<u>55</u>		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>56</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>57</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>58</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>59</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>60</u>		\$ <u>6,160.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE PALO ALTO COMMUNITY FUND</b>	Employer identification number <b>77-0483215</b>
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**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
<u>61</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>62</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>63</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>64</u>		\$ <u>5,760.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>65</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>66</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE PALO ALTO COMMUNITY FUND</b>	Employer identification number <b>77-0483215</b>
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**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
<u>67</u>		\$ <u>102,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>68</u>		\$ <u>5,999.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>69</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>70</u>		\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>71</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>72</u>		\$ <u>1,547.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

THE PALO ALTO COMMUNITY FUND

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
<u>21</u>		\$ <u>10,393.</u>	<u>12/23/19</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>23</u>		\$ <u>2,600.</u>	<u>12/23/19</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>72</u>		\$ <u>1,547.</u>	<u>02/26/20</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization <b>THE PALO ALTO COMMUNITY FUND</b>	Employer identification number <b>77-0483215</b>
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**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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019****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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 FASB 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 FASB 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 FASB 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 make 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 program  
 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	7,092,107.	6,868,100.	5,981,696.	5,607,896.	5,585,976.
b Contributions					182,451.
c Net investment earnings, gains, and losses	-53,355.	-440,468.	937,855.	423,181.	-140,792.
d Grants or scholarships					
e Other expenditures for facilities and programs	199,508.		29,397.	29,321.	
f Administrative expenses	28,535.	24,113.	22,054.	20,060.	19,739.
g End of year balance	6,810,710.	6,403,519.	6,868,100.	5,981,696.	5,607,896.

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

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Term 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	756,101.	END-OF-YEAR MARKET VALUE
(B) ENDOWMENT FUND	6,054,609.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,810,710.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB 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.

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

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	

**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.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2019

Employer identification number
77-0483215

**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.

		(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)	
Revenue	1 Gross receipts .....	56,110.			56,110.
	2 Less: Contributions .....	50,630.			50,630.
	3 Gross income (line 1 minus line 2) .....	5,480.			5,480.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....	5,480.			5,480.
	8 Entertainment .....				
	9 Other direct expenses .....				
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				5,480.
	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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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: \_\_\_\_\_

\_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ☐ \_\_\_\_\_Address ☐ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ☐ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ☐ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ☐ \_\_\_\_\_Address ☐ \_\_\_\_\_**16** Gaming manager information:Name ☐ \_\_\_\_\_Gaming manager compensation ☐ \$ \_\_\_\_\_Description of services provided ☐ \_\_\_\_\_☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ☐ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G (Form 990 of 990-EZ)		1115	11150	1115
<b>Part IV</b>	<b>Supplemental Information</b> (continued)			

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**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.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
49ERS ACADEMY 2695 FORDHAM ST. EAST PALO ALTO, CA 94303	94-3239876	501(C)(3)	5,000.	0.			COVID-19 RELIEF
ADA'S CAPE 839 NORTHAMPTON DRIVE PALO ALTO, CA 94303	26-2775579	501(C)(3)	15,000.	0.			COVID-19 RELIEF
AVENIDAS 450 BRYANT ST. PALO ALTO, CA 94301	94-1480548	501(C)(3)	20,000.	0.			COVID-19 RELIEF
BOYS & GIRLS CLUBS OF THE PENINSULA - 401 PIERCE ROAD - MENLO PARK, CA 94025	94-1552134	501(C)(3)	40,000.	0.			COVID-19 RELIEF
CHILDREN'S HEALTH COUNCIL 650 CLARK WAY PALO ALTO, CA 94304	94-1312311	501(C)(3)	20,000.	0.			COVID-19 RELIEF
COMMUNITY LEGAL SERVICES IN EPA 1861 BAY ROAD EAST PALO ALTO, CA 94303	22-3866910	501(C)(3)	100,000.	0.			COVID-19 RELIEF

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **64**

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

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)	20,000.	0.			COVID-19 RELIEF
DOWNTOWN STREETS TEAM 231 GRANT AVE. PALO ALTO, CA 94306	20-5242330	501(C)(3)	15,000.	0.			COVID-19 RELIEF
DREAMCATCHERS PO BOX 60902 PALO ALTO, CA 94306	80-0257191	501(C)(3)	55,000.	0.			COVID-19 RELIEF
EAST PALO ALTO KIDS FOUNDATION PO BOX 50542 PALO ALTO, CA 94303	77-0359913	501(C)(3)	5,000.	0.			COVID-19 RELIEF
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVENUE EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)	40,000.	0.			COVID-19 RELIEF
FAMILY GIVING TREE SOBRATO CENTER FOR NONPROFITS MILPITAS, CA 95035	77-0284682	501(C)(3)	25,000.	0.			COVID-19 RELIEF
KAFENIA PEACE COLLECTIVE 2090 CORNELL ST PALO ALTO, CA 94306	83-3449291	501(C)(3)	80,881.	0.			COVID-19 RELIEF
KARA, INC. 457 KINGSLEY AVENUE PALO ALTO, CA 94301	94-2431483	501(C)(3)	10,000.	0.			COVID-19 RELIEF
LA COMIDA DE CALIFORNIA 455 EAST CHARLESTON ROAD PALO ALTO, CA 94306	94-2170907	501(C)(3)	32,750.	0.			COVID-19 RELIEF

Schedule I (Form 990)

<b>Part II</b> 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
LIFEMOVES 181 CONSTITUTION DRIVE MENLO PARK, CA 94025	77-0160469	501(C)(3)	275,000.	0.			COVID-19 RELIEF
LIVE IN PEACE 321 BELL ST. EAST PALO ALTO, CA 94303	45-2301493	501(C)(3)	87,500.	0.			COVID-19 RELIEF
MENLO PARK-ATHERTON EDUCATION FOUNDATION - P.O.BOX 584 - MENLO PARK, CA 94026	94-2871701	501(C)(3)	25,000.	0.			COVID-19 RELIEF
PALO ALTO COMMUNITY CHILD CARE 3990 VENTURA COURT PALO ALTO, CA 94306	94-2242823	501(C)(3)	15,000.	0.			COVID-19 RELIEF
PENINSULA HEALTHCARE CONNECTION 33 ENCINA AVENUE. #103 PALO ALTO, CA 94301	20-2886131	501(C)(3)	20,000.	0.			COVID-19 RELIEF
PROJECT WEHOPE 1854 BAY ROAD EAST PALO ALTO, CA 94303	94-3342713	501(C)(3)	25,000.	0.			COVID-19 RELIEF
RAVENSWOOD EDUCATION FOUNDATION P.O. BOX 396 MENLO PARK, CA 94025	26-0166433	501(C)(3)	40,000.	0.			COVID-19 RELIEF
RAVENSWOOD FAMILY COMMUNITY HEALTH CENTER - 1885 BAY ROAD - EAST PALO ALTO, CA 94303	94-3372130	501(C)(3)	20,000.	0.			COVID-19 RELIEF
SAN JOSE STATE UNIVERSITY ONE WASHINGTON SQUARE SAN JOSE, CA 95192	77-0387618	501(C)(3)	6,000.	0.			COVID-19 RELIEF

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
SECOND HARVEST OF SILICON VALLEY 4001 N. FIRST STREET SAN JOSE, CA 95134	94-2914101	501(C)(3)	35,000.	0.			COVID-19 RELIEF
ST. ANTHONY'S PADUA DINING ROOM 3500 MIDDLEFIELD ROAD MENLO PARK, CA 94025	94-3151091	501(C)(3)	35,000.	0.			COVID-19 RELIEF
ST. ELIZABETH SETON SCHOOL 1095 CHANNING AVE. PALO ALTO, CA 94301	94-2734503	501(C)(3)	10,000.	0.			COVID-19 RELIEF
49ERS ACADEMY 2695 FORDHAM ST. EAST PALO ALTO, CA 94303	94-3239876	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ADOLESCENT COUNSELING SERVICE 643 BAIR ISLAND ROAD, SUITE 301 REDWOOD CITY, CA 94063	51-0192551	501(C)(3)	15,000.	0.			OUTLET PROGRAM
ALL STUDENTS MATTER P.O. BOX 384 MENLO PARK, CA 94026	47-1582614	501(C)(3)	12,000.	0.			LITERACY INTERVENTION PROGRAM
ALTA HOUSING, PREVIOUSLY PALO ALTO HOUSING - 2595 E BAYSHORE RD., SUITE 200 - PALO ALTO, CA 94303	91-2090479	501(C)(3)	7,000.	0.			OPERATING SUPPORT
ART IN ACTION 3925 BOHANNON DRIVE, SUITE 300 MENLO PARK, CA 94025	94-3342383	501(C)(3)	15,000.	0.			GRANT VISUAL ARTS EDU PROGRAM
AVENIDAS 450 BRYANT ST. PALO ALTO, CA 94301	94-1480548	501(C)(3)	15,000.	0.			ONE-TO-ONE CASE MGMT SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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BEECHWOOD SCHOOL 50 TERMINAL AVE. MENLO PARK, CA 94025	77-0053005	501(C)(3)	15,000.	0.			OPERATING SUPPORT
BOYS & GIRLS CLUBS OF THE PENINSULA - 401 PIERCE ROAD - MENLO PARK, CA 94025	94-1552134	501(C)(3)	15,000.	0.			SUMMER LEARNING PROGRAM
BRING ME A BOOK SOBRATO CENTER FOR NONPROFITS REDWOOD CITY, CA 94065	77-0481924	501(C)(3)	15,000.	0.			BOOK ACCESS TO YOUNG CHILDREN
CANOPY 3921 E. BAYSHORE ROAD PALO ALTO, CA 94303	01-0565752	501(C)(3)	25,000.	0.			OPERATING SUPPORT
CASSY 544 VALLEY WAY MILPITAS, CA 95035	26-4655116	501(C)(3)	15,000.	0.			YOUTH MENTAL HEALTH PROGRAM
CHRISTMAS BUREAU OF PALO ALTO P.O. BOX 51874 PALO ALTO, CA 94303	23-7135890	501(C)(3)	8,000.	0.			CAMPAIGN MATERIALS POSTAGE & PRINTING
COMMUNITY LEGAL SERVICES IN EPA 1861 BAY ROAD EAST PALO ALTO, CA 94303	22-3866910	501(C)(3)	50,000.	0.			HOUSING WORKSHOPS
CORA 2211 PALM AVE. SAN MATEO, CA 94403	94-2481188	501(C)(3)	15,000.	0.			FAMILY CENTERED MENTAL HEALTH PROGRAM
EAST PALO ALTO ACADEMY FOUNDATION 2100 GENG RD., STE 210 EAST PALO ALTO, CA 94303	20-2699147	501(C)(3)	15,000.	0.			OPERATING SUPPORT

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
EAST PALO ALTO KIDS FOUNDATION PO BOX 50542 PALO ALTO, CA 94303	77-0359913	501(C)(3)	12,500.	0.			EDUCATOR MICRO GRANTS
EAST PALO ALTO YMCA 550 BELL STREET EAST PALO ALTO, CA 94303	94-1156318	501(C)(3)	10,000.	0.			FULL STEAM AHEAD
ENVIRONMENTAL VOLUNTEERS 2560 EMBARCADERO ROAD PALO ALTO, CA 94303	94-2250385	501(C)(3)	5,000.	0.			FIELD TRIP TRANSPORTATION FUND
FRESH LIFELINES FOR YOUTH (FLY) 568 VALLEY WAY MILPITAS, CA 95035	52-2234595	501(C)(3)	17,500.	0.			OPERATING SUPPORT
FRIENDS OF PALO ALTO JR. MUSEUM & ZOO - 4050 MIDDLEFIELD ROAD - PALO ALTO, CA 94301	77-0296155	501(C)(3)	15,000.	0.			SCIENCE OUTREACH PROGRAM
HABITAT FOR HUMANITY, GREATER SAN FRANCISCO - 500 WASHINGTON ST., #250 - SAN FRANCISCO, CA 94111	94-3088881	501(C)(3)	15,000.	0.			NEIGHBORHOOD REVITALIZATION PROGRAM
HEALTH CONNECTED 763 GREEN STREET EAST PALO ALTO, CA 94303	94-3227947	501(C)(3)	15,000.	0.			RAVENSWOOD SEXUAL HEALTH EDUCATION PROJECT
HOME & HOPE 1720 EL CAMINO REAL, SUITE #7 BURLINGAME, CA 94010	94-3356735	501(C)(3)	15,000.	0.			OPERATING SUPPORT
JOBTRAIN 1200 O'BRIEN DRIVE MENLO PARK, CA 94025	94-1712371	501(C)(3)	15,000.	0.			CAREER TRAINING, JOB PLACEMENT

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
KARA, INC. 457 KINGSLEY AVENUE PALO ALTO, CA 94301	94-2431483	501(C)(3)	15,000.	0.			OPERATING SUPPORT
KIDS & ART FOUNDATION 1443 HOWARD AVE., SUITE 218 BURLINGAME, CA 94010	27-1415727	501(C)(3)	13,300.	0.			OPERATING SUPPORT
LEGAL AID SOCIETY OF SAN MATEO COUNTY - 330 TWIN DOLPHIN DRIVE, SUITE 123 - REDWOOD CITY, CA 94065	94-1451894	501(C)(3)	20,000.	0.			PENINSULA FAMILY ADVOCACY PROGRAM
LIFEMOVES 181 CONSTITUTION DRIVE MENLO PARK, CA 94025	77-0160469	501(C)(3)	15,000.	0.			REFURBISH COMPUTER LAB
LITLAB 120 LINDEN STREET OAKLAND, CA 94607	47-2116172	501(C)(3)	15,000.	0.			LITERACY AND NUMERACY DEVELOPMENT
MUSIC IN THE SCHOOLS FOUNDATION P.O. BOX 60012 PALO ALTO, CA 94306	91-2152501	501(C)(3)	10,000.	0.			MUSIC EDU
NUESTRA CASA DE EAST PALO ALTO 2396 UNIVERSITY AVE. EAST PALO ALTO, CA 94303	94-3255070	501(C)(3)	15,000.	0.			ADULT ESL INSTRUCTION
OMBUDSMAN SERVICES OF SAN MATEO COUNTY, INC. - 711 NEVADA STREET - REDWOOD CITY, CA 94061	94-3397402	501(C)(3)	15,000.	0.			OPERATING SUPPORT
ONE EAST PALO ALTO 903 WEEKS STREET EAST PALO ALTO, CA 94303	55-0816618	501(C)(3)	15,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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PALO ALTO ART CENTER FOUNDATION 1313 NEWELL ROAD PALO ALTO, CA 94303	94-2382459	501(C)(3)	15,000.	0.			CULTURAL KALEIDOSCOPE
PARCA 800 AIRPORT BL. #320 BURLINGAME, CA 94010	94-3039902	501(C)(3)	7,500.	0.			PAGE MILL COURT
PENINSULA HEALTHCARE CONNECTION 33 ENCINA AVENUE. #103 PALO ALTO, CA 94301	20-2886131	501(C)(3)	15,000.	0.			OPERATING SUPPORT
PETS IN NEED 3281 E. BAYSHORE RD. PALO ALTO, CA 94303	94-6139667	501(C)(3)	7,000.	0.			ANIMAL INTERACTION SESSIONS
PROJECT WEHOPE 1854 BAY ROAD EAST PALO ALTO, CA 94303	94-3342713	501(C)(3)	15,000.	0.			OPERATING SUPPORT
RAVENSWOOD EDUCATION FOUNDATION P.O. BOX 396 MENLO PARK, CA 94025	26-0166433	501(C)(3)	15,000.	0.			SUMMER ACADEMICS
RAVENSWOOD FAMILY COMMUNITY HEALTH CENTER - 1885 BAY ROAD - EAST PALO ALTO, CA 94303	94-3372130	501(C)(3)	15,000.	0.			ORAL HEALTH CARE
ROSALIE RENDU CENTER 1760 BAY ROAD, APT. #24 EAST PALO ALTO, CA 94303	95-4709944	501(C)(3)	7,500.	0.			SUMMER ENRICHMENT CAMPS TO SCHOOL AGE CHILDREN
SILICON VALLEY BICYCLE EXCHANGE 96 N. THIRD STREET, SUITE 375 SAN JOSE, CA 95112	46-1608203	501(C)(3)	7,500.	0.			OPERATING SUPPORT

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
ST. ANTHONY'S PADUA DINING ROOM 3500 MIDDLEFIELD ROAD MENLO PARK, CA 94025	94-3151091	501(C)(3)	20,000.	0.			OPERATING SUPPORT
ST. ELIZABETH SETON SCHOOL 1095 CHANNING AVE. PALO ALTO, CA 94301	94-2734503	501(C)(3)	11,500.	0.			AFTER SCHOOL SPORTS CLINIC
TAX-AID 235 NEW MONTGOMERY STREET, SUITE 11 SAN FRANCISCO, CA 94104	94-3062518	501(C)(3)	20,000.	0.			OPERATING SUPPORT
THEATREWORKS P.O. BOX 50458 PALO ALTO, CA 94303	94-2831245	501(C)(3)	15,000.	0.			THEATREWORKS FOR SCHOOLS PROGRAM
UPWARD SCHOLARS 3481 JANICE WAY PALO ALTO, CA 94303	45-4128140	501(C)(3)	20,000.	0.			OPERATING SUPPORT
VISTA CENTER FOR THE BLIND & VISUALLY IMPAIRED - 2500 EL CAMINO REAL, SUITE 100 - PALO ALTO, CA 94306	94-1196206	501(C)(3)	15,000.	0.			SAFE & HEALTHY LIVING PROGRAM
YOUTH COMMUNITY SERVICE PO BOX 61000 PALO ALTO, CA 94306	20-8099150	501(C)(3)	10,000.	0.			SCHOOL SERVICE DAYS
PROJECT WEHOPE 1854 BAY ROAD EAST PALO ALTO, CA 94303	94-3342713	501(C)(3)	450.	0.			GENERAL SUPPORT
PALO ALTO RECREATION FOUNDATION LUCIE STERN CENTER, 1305 MIDDLEFIELD RD - PALO ALTO, CA 94301	77-0187810	501(C)(3)	1,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)





Part IV Supplemental Information

IN ONE OR TWO INCIDENTS OUT OF THE OVER 700 GRANTS WE HAVE MADE OVER THE  
PAST 40 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 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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:

GIVING OF LOCAL DONORS TO EFFECTIVE ORGANIZATIONS THAT IMPROVE THE  
QUALITY OF LIFE FOR EVERYONE IN PALO ALTO, EAST PALO ALTO AND MENLO  
PARK

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

- MIDDLE SCHOOL YOUTH WITH COUNSELING AND DISTANCE LEARNING  
ASSISTANCE

- ELEMENTARY SCHOOL CHILDREN WITH CHILDCARE AND DISTANCE LEARNING  
ASSISTANCE

BUILDING WELLNESS THROUGHOUT LIFE AND THROUGHOUT OUR COMMUNITY BY  
PROVIDING

- HOMELESS ADULTS WITH MOBILE HYGIENE AND HEALTHCARE  
- ADULTS AND FRONTLINE WORKERS WITH GRIEF COUNSELING  
- ADULTS AND CHILDREN WITH DISABILITIES WITH JOB TRAINING,  
ASSISTIVE TECHNOLOGY FOR THE BLIND, AND HOUSING OPPORTUNITIES

- FAMILIES WITH MEALS AND GROCERIES  
- CHILDREN OF ALL AGES WITH ART AND MUSIC OPPORTUNITIES  
- HIGH SCHOOL YOUTH WITH OPPORTUNITIES TO PROVIDE COMMUNITY  
SERVICE

PARTICIPATING IN RESOLVING COMMUNITY CONCERNS BY PROVIDING

- SENIORS VIRTUAL CLASSES, MEALS AND WEEKLY CHECK INS  
- LOW INCOME FAMILIES WITH RENT RELIEF AND LEGAL SERVICES  
- SCHOOL CHILDREN WITH TOOLS TO DEAL WITH THE IMPACT OF THE

Name of the organization

THE PALO ALTO COMMUNITY FUND

Employer identification number

77-0483215

PANDEMIC

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:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.



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

OMB No. 1545-0047

- **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	<b>THE PALO ALTO COMMUNITY FUND</b>	<b>77-0483215</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>330 TWIN DOLPHIN DR, NO. 151</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>REDWOOD CITY, CA 94065</b>	

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

**LISA VAN DUSEN, EXECUTIVE DIRECTOR - 330 TWIN DOLPHIN**

- 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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

- 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

<b>3a</b> 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.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**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.

# 2019 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2020

Prepared for	KAREN FRENCH NEUMAN, CFO THE PALO ALTO COMMUNITY FUND 330 TWIN DOLPHIN DR NO. 151 REDWOOD CITY, CA 94065															
Prepared by	BAKER TILLY US, LLP 2570 W EL CAMINO REAL, #640 MOUNTAIN VIEW, CA 94040															
To be signed and dated by	NOT APPLICABLE															
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	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.															
Return must be mailed on or before	NOT APPLICABLE															
Special Instructions	<p>YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE MAY 17, 2021.</p> <p>SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10.00, PAYABLE TO FRANCHISE TAX BOARD.</p> <p>MAIL TO: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531</p>															

TAXABLE YEAR

2019

# California Exempt Organization Annual Information Return

928941 12-04-19

FORM

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019, and ending (mm/dd/yyyy) 06/30/2020

Corporation/Organization name

California corporation number

THE PALO ALTO COMMUNITY FUND

2105149

Additional information. See instructions.

FEIN

77-0483215

Street address (suite or room)

PMB no.

330 TWIN DOLPHIN DR, NO. 151

City

State

ZIP code

REDWOOD CITY

CA

94065

Foreign country name

Foreign province/state/county

Foreign postal code

<b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>D</b> Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) <input type="checkbox"/> <b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other <b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series <b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? <b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____ <b>L</b> If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input type="checkbox"/> <b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
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**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	246,996	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	1,780,472	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	2,027,468	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	271,834	00
	7	Total costs. Add line 5 and line 6	7	271,834	00
	8	Total gross income. Subtract line 7 from line 4	8	1,755,634	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,033,137	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-277,503	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
Sign Here	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.				
	Signature of officer	Title	Date	Telephone	
Paid Preparer's Use Only	Signature of preparer	Date	Check if self-employed	PTIN	
	Firm's name (or yours, if self-employed) and address			Firm's FEIN	
					Telephone
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

928951 12-04-19

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions .....	1	5,480	00
	2	Interest .....	2	1,889	00
	3	Dividends .....	3	173,034	00
	4	Gross rents .....	4		00
	5	Gross royalties .....	5		00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 3 .....	6	66,593	00
	7	Other income .....	7		00
Expenses and Disbursements	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	246,996	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 4 .....	9	1,810,881	00
	10	Disbursements to or for members .....	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5 .....	11	69,534	00
	12	Other salaries and wages .....	12		00
	13	Interest .....	13		00
	14	Taxes .....	14	1,070	00
	15	Rents .....	15	1,440	00
	16	Depreciation and depletion (See instructions) .....	16		00
	17	Other Expenses and Disbursements SEE STATEMENT 6 .....	17	150,212	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 .....	18	2,033,137	00

## Schedule L Balance Sheet

## Beginning of taxable year

End of taxable year		
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Assets	(a)	(b)	(c)	(d)
1 Cash .....		139,289		• 116,115
2 Net accounts receivable .....		5,071		•
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 <b>STMT 7</b> .....		7,092,107		• 6,810,710
10 a Depreciable assets .....				
b Less accumulated depreciation .....	( )		( )	
11 Land .....				•
12 Other assets .....				•
13 <b>Total assets</b> .....		7,236,467		6,926,825
<b>Liabilities and net worth</b> .....				
14 Accounts payable .....		4,741		• 5,912
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 .....		7,231,726		• 6,920,913
22 <b>Total liabilities and net worth</b> .....		7,236,467		6,926,825

**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 .....	•	-299,107	7 Income recorded on books this year not included in this return <b>STMT 8</b> .....	•	-21,604
2 Federal income tax .....	•		8 Deductions in this return not charged against book income this year .....	•	
3 Excess of capital losses over capital gains .....	•		9 Total. Add line 7 and line 8 .....		-21,604
4 Income not recorded on books this year .....	•		10 Net income per return. Subtract line 9 from line 6 .....		-277,503
5 Expenses recorded on books this year not deducted in this return .....	•				
6 Total. Add line 1 through line 5 .....		-299,107			

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
		06/30/20	70,000.
		04/09/20	5,000.
		01/30/20	10,000.
		06/30/20	7,500.
		06/09/20	10,000.
		04/29/20	5,000.
		06/30/20	5,100.
		12/26/19	5,000.
		06/30/20	6,040.
		06/30/20	10,000.
		06/30/20	7,208.
		06/30/20	8,000.
		04/29/20	20,000.
		03/17/20	5,000.
		06/30/20	50,000.

THE PALO ALTO COMMUNITY FUND77-0483215

06/30/20	5,500.
06/30/20	13,000.
04/06/20	5,000.
12/26/19	20,000.
06/30/20	12,000.
06/30/20	7,500.
06/30/20	7,500.
04/23/20	25,000.
04/15/20	10,000.
06/30/20	5,500.
12/30/19	5,000.
01/07/20	12,500.
05/07/20	10,000.
06/30/20	6,500.
04/15/20	10,000.
11/26/19	15,000.
06/30/20	5,700.
06/30/20	13,000.

THE PALO ALTO COMMUNITY FUND77-0483215

04/23/20	5,000.
06/30/20	20,000.
04/01/20	100,000.
09/19/19	10,000.
06/30/20	26,430.
06/30/20	6,000.
06/30/20	61,000.
06/30/20	22,020.
06/30/20	5,000.
12/20/19	5,000.
06/30/20	61,354.
04/06/20	10,000.
04/24/20	5,000.
04/09/20	5,000.
04/09/20	5,000.
06/30/20	12,000.
06/30/20	10,000.
06/30/20	20,476.

THE PALO ALTO COMMUNITY FUND77-0483215

06/30/20	20,000.
06/30/20	5,500.
06/30/20	6,000.
06/30/20	25,000.
06/30/20	10,000.
04/23/20	10,000.
06/30/20	6,160.
04/15/20	6,000.
04/23/20	5,000.
06/09/20	10,000.
06/30/20	5,760.
06/04/20	5,000.
04/23/20	6,000.
04/23/20	102,000.
06/16/20	5,999.
06/30/20	7,500.
04/09/20	13,000.
06/30/20	5,000.

TOTAL INCLUDED ON LINE 3

1,055,747.



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CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
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CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESSPROPERTY DESCRIPTIONDATE OF GIFTTOTAL AMOUNTFMV OF GIFT

12/23/19

10,393.

10,393.

TOTAL INCLUDED ON LINE 3

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10,393.

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CA 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	3
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FIDELITY #6879 & #6880	07/01/19	06/30/20	PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	0.	0.	0.
			GROSS SALES PRICE
			46,099.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FIDELITY #6879 & #6880	01/01/19	06/30/20	PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	250,884.	0.	0.
			GROSS SALES PRICE
			0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
32 SHS PACCAR INC. (PCAR)	12/06/19	12/06/19	DONATED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	2,600.	0.	0.
			GROSS SALES PRICE
			2,528.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
15 SHS NIKE INC. (NKE)	02/18/20	02/18/20	DONATED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	1,547.	0.	0.
			GROSS SALES PRICE
			1,500.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
20 SHS JPMORGAN CHASE & CO (JPM)	08/17/19	08/17/19	DONATED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	2,182.	0.	0.
			GROSS SALES PRICE
			2,092.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
6 SHS AAPL	12/13/19	12/13/19	DONATED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,620.	0.	0.	1,582.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
5 SHS AMZN	12/13/19	12/13/19	DONATED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	8,774.	0.	0.	8,693.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
10 SHS FB INC.	12/23/19	12/24/19	DONATED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	2,071.	0.	0.	2,005.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
14 SHS GARTNER INC. (IT)	12/27/19	12/27/19	DONATED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	2,156.	0.	0.	2,094.

TOTAL TO FORM 199, PAGE 2, LN 6	271,834.	0.	0.	66,593.
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CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	4
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## ACTIVITY CLASSIFICATION: CHARITY DONATIONS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
49ERS ACADEMY	2695 FORDHAM ST - EAST PALO ALTO, CA 94303	NONE	5,000.

<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	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AVENIDAS	450 BRYANT ST. - PALO ALTO, CA 94301	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOYS & GIRLS CLUBS OF THE PENINSULA	401 PIERCE ROAD - MENLO PARK, CA 94025	NONE	40,000.

<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	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY LEGAL SERVICES IN EPA	1861 BAY ROAD - EAST PALO ALTO, CA 94303	NONE	100,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CORA	2211 PALM AVE. - SAN MATEO, CA 94403	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DOWNTOWN STREETS TEAM	231 GRANT AVE. - PALO ALTO, CA 94306	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DREAMCATCHERS	PO BOX 60902 - PALO ALTO, CA 94306	NONE	55,000.

<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	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ECUMENICAL HUNGER PROGRAM	2411 PULGAS AVENUE - EAST PALO ALTO, CA 94303	NONE	40,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FAMILY GIVING TREE	SOBRATO CENTER FOR NONPROFITS - MILPITAS, CA 95035	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KAFENIA PEACE COLLECTIVE	2090 CORNELL ST - PALO ALTO, CA 94306	NONE	80,881.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KARA, INC.	457 KINGSLEY AVENUE - PALO ALTO, CA 94301	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LA COMIDA DE CALIFORNIA	455 EAST CHARLESTON ROAD - PALO ALTO, CA 94306	NONE	32,750.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LIFEMOVES	181 CONSTITUTION DRIVE - MENLO PARK, CA 94025	NONE	275,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LIVE IN PEACE	321 BELL ST. - EAST PALO ALTO, CA 94303	NONE	87,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MENLO PARK-ATHERTON EDUCATION FOUNDATION	P.O.BOX 584 - MENLO PARK, CA 94026	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALO ALTO COMMUNITY CHILD CARE	3990 VENTURA COURT - PALO ALTO, CA 94306	NONE	15,000.

<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	20,000.

<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	25,000.

<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	40,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RAVENSWOOD FAMILY COMMUNITY HEALTH	1885 BAY ROAD - EAST PALO ALTO, CA 94303	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN JOSE STATE UNIVERSITY	ONE WASHINGTON SQUARE - SAN JOSE, CA 95192	NONE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SECOND HARVEST OF SILICON VALLEY	4001 N. FIRST STREET - SAN JOSE, CA 95134	NONE	35,000.

<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	35,000.

<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	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
49ERS ACADEMY	2695 FORDHAM ST. - EAST PALO ALTO, CA 94303	NONE	10,000.

<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	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALL STUDENTS MATTER	P.O. BOX 384 - MENLO PARK, CA 94026	NONE	12,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALTA HOUSING, PREV. PALO ALTO HOUSING	2595 E BAYSHORE RD., SUITE 200 - PALO ALTO, CA 94303	NONE	7,000.

<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	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AVENIDAS	450 BRYANT ST. - PALO ALTO, CA 94301	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BEECHWOOD SCHOOL	50 TERMINAL AVE. - MENLO PARK, CA 94025	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BEYOND BARRIERS ATHLETIC FOUNDATION	50 WOODSIDE PLAZA, SUITE 426 - REDWOOD CITY, CA 94061	NONE	15,000.



<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOYS & GIRLS CLUBS OF THE PENINSULA	401 PIERCE ROAD - MENLO PARK, CA 94025	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRING ME A BOOK	SOBRATO CENTER FOR NONPROFITS - REDWOOD CITY, CA 94065	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CANOPY	3921 E. BAYSHORE ROAD - PALO ALTO, CA 94303	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CASSY	544 VALLEY WAY - MILPITAS, CA 95035	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHRISTMAS BUREAU OF PALO ALTO	P.O. BOX 51874 - PALO ALTO, CA 94303	NONE	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY LEGAL SERVICES IN EPA	1861 BAY ROAD - EAST PALO ALTO, CA 94303	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CORA	2211 PALM AVE. - SAN MATEO, CA 94403	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EAST PALO ALTO ACADEMY FOUNDATION	2100 GENG RD., STE 210 - EAST PALO ALTO, CA 94303	NONE	15,000.

<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	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EAST PALO ALTO YMCA	550 BELL STREET - EAST PALO ALTO, CA 94303	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ENVIRONMENTAL VOLUNTEERS	2560 EMBARCADERO ROAD - PALO ALTO, CA 94303	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRESH LIFELINES FOR YOUTH (FLY)	568 VALLEY WAY - MILPITAS, CA 95035	NONE	17,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRIENDS OF PALO ALTO JR. MUSEUM & ZOO	4050 MIDDLEFIELD ROAD - PALO ALTO, CA 94301	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HABITAT FOR HUMANITY, GREATER SF AREA	500 WASHINGTON ST., #250 - SAN FRANCISCO, CA 94111	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HEALTH CONNECTED	763 GREEN STREET - EAST PALO ALTO, CA 94303	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HOME & HOPE	1720 EL CAMINO REAL, SUITE #7 - BURLINGAME, CA 94010	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JOBTRAIN	1200 O'BRIEN DRIVE - MENLO PARK, CA 94025	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KARA, INC.	457 KINGSLEY AVENUE - PALO ALTO, CA 94301	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KIDS & ART FOUNDATION	1443 HOWARD AVE., SUITE 218 - BURLINGAME, CA 94010	NONE	13,300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LEGAL AID SOCIETY OF SAN MATEO COUNTY	330 TWIN DOLPHIN DRIVE, SUITE 123 - REDWOOD CITY, CA 94065	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LIFEMOVES	181 CONSTITUTION DRIVE - MENLO PARK, CA 94025	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LITLAB	120 LINDEN STREET - OAKLAND, CA 94607	NONE	15,000.

<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>
NUESTRA CASA DE EAST PALO ALTO	2396 UNIVERSITY AVE. - EAST PALO ALTO, CA 94303	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OMBUDSMAN SERVICES OF SAN MATEO COUNTY,	711 NEVADA STREET - REDWOOD CITY, CA 94061	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ONE EAST PALO ALTO	903 WEEKS STREET - EAST PALO ALTO, CA 94303	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALO ALTO ART CENTER FOUNDATION	1313 NEWELL ROAD - PALO ALTO, CA 94303	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PARCA	800 AIRPORT BL. #320 - BURLINGAME, CA 94010	NONE	7,500.

<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	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PETS IN NEED	3281 E. BAYSHORE RD. - PALO ALTO, CA 94303	NONE	7,000.

<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>
RAVENSWOOD EDUCATION FOUNDATION	P.O. BOX 396 - MENLO PARK, CA 94025	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RAVENSWOOD FAMILY COMMUNITY HEALTH	1885 BAY ROAD - EAST PALO ALTO, CA 94303	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROSALIE RENDU CENTER	1760 BAY ROAD, APT. #24 - EAST PALO ALTO, CA 94303	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SILICON VALLEY BICYCLE EXCHANGE	96 N. THIRD STREET, SUITE 375 - SAN JOSE, CA 95112	NONE	7,500.

<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	20,000.

<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	11,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAX-AID	235 NEW MONTGOMERY STREET, SUITE 1155 - SAN FRANCISCO, CA 94104	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THEATREWORKS	P.O. BOX 50458 - PALO ALTO, CA 94303	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UPWARD SCHOLARS	3481 JANICE WAY - PALO ALTO, CA 94303	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VISTA CENTER FOR THE BLIND & VISUALLY	2500 EL CAMINO REAL, SUITE 100 - PALO ALTO, CA 94306	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUTH COMMUNITY SERVICE	PO BOX 61000 - PALO ALTO, CA 94306	NONE	10,000.

THE PALO ALTO COMMUNITY FUND77-0483215

<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	450.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALO ALTO RECREATION FOUNDATION	LUCIE STERN CENTER, 1305 MIDDLEFIELD RD - PALO ALTO, CA 94301	NONE	1,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GILROY COMMUNITY FOUNDATION	60 4TH ST. UNIT 208 - GILROY, CA 95020	NONE	500.

TOTAL FOR THIS ACTIVITY	1,810,881.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	<u>1,810,881.</u>
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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT                    5

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MELISSA RELLER 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	PRESIDENT 1.00	0.
BRUCE GEE 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	VICE PRESIDENT 1.00	0.
LANIE WHEELER 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	CHIEF FINANCIAL OFFICER 1.00	0.
SIGRID PINSKY 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	SECRETARY 1.00	0.
CAMMIE VAIL 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	EXECUTIVE DIRECTOR 25.00	69,534.
SUZANNE ATTENBOROUGH 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
JAY BACKSTRAND 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
SUSAN FIELDS BAILEY 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
PAM BRANDIN 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
BRIAN CHANCELLOR 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
SARAH CLARK 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.



## THE PALO ALTO COMMUNITY FUND

77-0483215

AMY ANDONIAN 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
NITESH DULLABH 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
LEONARD ELY 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
KAREN FRENCH NEUMAN 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
PETER GIFFORD 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
SUSIE HWANG 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
JEAN MCCOWN 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
STEVE EMSLIE 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
ELIANE NEUKERMANS 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
ROBERT ROSKOPH 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
LYNNE RUSSELL 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
JANE RYTINA 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
VICTORIA THORP 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.

## THE PALO ALTO COMMUNITY FUND

77-0483215

DIANA WALSH 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
LAUREN WILLIAMS 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.
FRED MONDRAGON 330 TWIN DOLPHIN DR, NO. 151 REDWOOD CITY, CA 94065	DIRECTOR 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

69,534.

CA 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
COMMUNITY OUTREACH/VISI	43,636.
PROFESSIONAL SERVICES -	23,375.
BANK FEES	7,997.
DATABASE SOFTWARE & SUP	7,615.
DIRECT EXPENSES OF FUNDRAISING EVENTS	5,480.
ACCOUNTING FEES	6,090.
INVESTMENT MANAGEMENT FEES	28,534.
OFFICE EXPENSES	7,204.
TRAVEL	1,417.
INSURANCE	3,403.
ALL OTHER EXPENSES	15,461.
TOTAL TO FORM 199, PART II, LINE 17	150,212.

CA 199	OTHER INVESTMENTS	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
CENTENNIAL FUND	796,977.	756,101.
ENDOWMENT FUND	6,295,130.	6,054,609.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	7,092,107.	6,810,710.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 8
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DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON INVESTMENTS	-21,604.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	-21,604.

CA 199	FUND BALANCES	STATEMENT 9
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	7,181,476.	6,858,578.
NET ASSETS WITH DONOR RESTRICTIONS	50,250.	62,335.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	7,231,726.	6,920,913.

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN  
WITH THE PAYMENT VOUCHER.**

**If the amount of payment is zero, do not mail this voucher.**

**WHERE TO FILE:**

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:**

**Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**

**S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.**

**Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:**

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

939035 11-12-19

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR

**Payment Voucher for Corporations  
and Exempt Organizations e-filed Returns**

CALIFORNIA FORM

**2019**

**3586 (e-file)**

0000000 PALO 77-0483215 000000000000 19 FORM 3  
TYB 07-01-2019 TYE 06-30-2020  
THE PALO ALTO COMMUNITY FUND

330 TWIN DOLPHIN DR NO 151  
REDWOOD CITY CA 94065

(650) 690-0370

Amount of Payment 10.

022

6181196

FTB 3586 2019

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR

**2019****California e-file Return Authorization for  
Exempt Organizations**

FORM

**8453-EO**

Exempt Organization name

Identifying number

**THE PALO ALTO COMMUNITY FUND****77-0483215****Part I Electronic Return Information** (whole dollars only)

<b>1</b>	Total gross receipts (Form 199, line 4)	<b>1</b>	<b>2,027,468</b>
<b>2</b>	Total gross income (Form 199, line 8)	<b>2</b>	<b>1,755,634</b>
<b>3</b>	Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>2,033,137</b>

**Part II Settle Your Account Electronically for Taxable Year 2019**

<b>4</b>	<input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b>	Routing number	<b>7</b>	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b>	Account number		

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign  
Here**

Signature of officer

Date

**PRESIDENT**

Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's- signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self- employed <input type="checkbox"/>	ERO's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	<b>BAKER TILLY US, LLP</b> <b>2570 W EL CAMINO REAL, #640</b> <b>MOUNTAIN VIEW, CA</b>	Firm's FEIN	<b>39-0859910</b>	ZIP code <b>94040</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self- employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			Firm's FEIN
				ZIP code

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JUNE 30, 2020

Prepared for	KAREN FRENCH NEUMAN, CFO THE PALO ALTO COMMUNITY FUND 330 TWIN DOLPHIN DR NO. 151 REDWOOD CITY, CA 94065
Prepared by	BAKER TILLY US, LLP 2570 W EL CAMINO REAL, #640 MOUNTAIN VIEW, CA 94040
Amount due or refund	BALANCE DUE OF \$150.00
Make check payable to	DEPARTMENT OF JUSTICE
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

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916)210-6400

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

(For Registry Use Only)

# 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 four months and fifteen days 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><b>THE PALO ALTO COMMUNITY FUND</b> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><b>330 TWIN DOLPHIN DR, NO. 151</b> Address (Number and Street)</p> <p><b>REDWOOD CITY, CA 94065</b> City or Town, State, and ZIP Code</p> <p><b>(650) 690-0370</b>      <b>LVANDUSEN@PALOALTOCOMM</b> Telephone Number      E-mail Address</p>		<p>Check if:  <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <b>CT23701</b></p> <hr/> <p>Corporation or Organization No. <b>C-2105149</b></p> <hr/> <p>Federal Employer ID No. <b>77-0483215</b></p>				
<b>ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)</b> <b>Make Check Payable to Department of Justice</b>						
<b>Gross Annual Revenue</b> Less than \$25,000 Between \$25,000 and \$100,000	<b>Fee</b> 0 \$25	<b>Gross Annual Revenue</b> Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	<b>Fee</b> \$50 \$75	<b>Gross Annual Revenue</b> Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	<b>Fee</b> \$150 \$225 \$300	
<b>PART A - ACTIVITIES</b> For your most recent full accounting period (beginning <u>07/01/2019</u> ending <u>06/30/2020</u> ) list:						
Gross Annual Revenue \$ <u>1,750,154</u> Noncash Contributions \$ <u>20,950</u> Total Assets \$ <u>6,926,825</u> Program Expenses \$ <u>1,863,403</u> Total Expenses \$ <u>2,039,363</u>						
<b>PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT</b>						
<b>Note: All questions must be answered. 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.</b>						
					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?					X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?						X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?						X
5. During this reporting period, did the organization receive any governmental funding?						X
6. During this reporting period, did the organization hold a raffle for charitable purposes?						X
7. Does the organization conduct a vehicle donation program?						X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?						X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?						X
<b>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, and I am authorized to sign.</b>						
<b>BRUCE GEE</b> Signature of Authorized Agent			<b>PRESIDENT</b> Title		Date	

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CA RRF-1	EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1	STATEMENT 10
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THE PALO ALTO COMMUNITY FUND PAID \$69,534 TO CAMMIE VAIL FOR HER  
DUTIES AS EXECUTIVE  
DIRECTOR.