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# Form 990

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

(except black lung benefit trust or private foundation) Open to Public Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2012 calendar year, or tax year beginning 7/01 . 2012, and ending 2013 D Employer Identification Number Check if applicable Address change ROTARY CLUB OF MENLO PARK FOUNDATION 94-2723876 P.O. BOX 876 Telephone number Name change MENLO PARK, CA 94026 Initial return 650-326-9100 Terminated 1,319,126. Amended return G Gross receipts \$ H(a) Is this a group return for affiliates F Name and address of principal officer Application pending H(b) Are all affiliates included?
If 'No,' attach a list (see instructions) SAME AS C ABOVE Tax-exempt status X 501(c)(3) 4947(a)(1) or 527 501(c) (insert no ) Website: ► H(c) Group exemption number N/A Form of organization X Corporation Trust Association Other ▶ L Year of Formation 1983 M State of legal domicile Part I Summarv Briefly describe the organization's mission or most significant activities: SCHOLARSHIPS & CONTRIBUTIONS Governance disposed of more than 25 Check this box ► If the organization discontinued its operations its net assets. Number of voting members of the governing body (Part VI, line 1a)

Number of independent voting members of the governing body (Part VI) line 1b) 1 0 2014 3 4 12 Total number of individuals employed in calendar year 2012 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 OGDEN, UT 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 0. b Net unrelated business taxable income from Form 990-T, line 34 7 b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 2 2 201A 94,638 90,751. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11,129 82,484. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 105,767 173,235. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 86,700. 100,000. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,236 17,665. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 91,936. 117,665. Revenue less expenses Subtract line 18 from line 12 55,570. 13,831. **Beginning of Current Year** End of Year Total assets (Part X, line 16) 2,190,211. 2,327,942. 21 Total liabilities (Part X, line 26) 139,950. 168,521. 22 Net assets or fund balances. Subtract line 21 from line 20 2,050,261. 2,159,421. 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 office) is based on all information of which preparer has any knowledge Sign Here DOUG ADAMS ASST. TREASURER Type or print name and title Print/Type preparer's name Date Preparer's signature 12.18.13 DAVID P. HOLLAND P00105990 self-employed **Paid** HOLLAND & ASSOCIATES CPAS. Preparer Use Only Firm's EIN > 27-0574945

No

(650) 326-9100

X Yes

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

Firm's address

2479 E BAYSHORE RD,

PALO ALTO, CA 94303

Phone no

		MENLO PARK FOUNDATION	94-2723876 Page 2
Par		ervice Accomplishments	
	<u> </u>	response to any question in this Part III	
1	Briefly describe the organization's miss	sion:	
	SCHOLARSHIPS & CONTRIBUT	rions	
•			
2	Did the organization undertake any sig	nificant program services during the year which were not list	ed on the prior
	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services of	n Schedule O.	
3	Did the organization cease conducting	, or make significant changes in how it conducts, any program	m services? Yes X No
	If 'Yes,' describe these changes on So	hedule O.	
4	Section 501(c)(3) and 501(c)(4) organic	ervice accomplishments for each of its three largest program zations and section 4947(a)(1) trusts are required to report th ie, if any, for each program service reported.	services, as measured by expenses. le amount of grants and allocations to
4 a	(Code: ) (Expenses \$	103, 481. including grants of \$ 100,000	), (Revenue \$ )
		O PARK FOUNDATION MAKES COLLEGE SCHOLA	
	ATTENDING HIGH SCHOOLS		IIP GRANTS ARE PAID
		S ATTENDED BY THE GRANT WINNER TO COVE	
		ONTRIBUTIONS TO OTHER NON-PROFIT ORGAN	·
		R CONTRIBUTIONS ARE REVIEWED AND APPRO	
	BOARD OF DIRECTORS ON A	·	
		·	· <del></del>
4	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
	, (2.14	missianing grants or 1	
		·	·
			·
	(0.1		
40	: (Code:) (Expenses \$	including grants of \$	) (Revenue \$)
		· <b></b>	
		<b></b>	
			. <b></b>
			·
			·
4 0	Other program services. (Describe in S		
	(Expenses \$	including grants of \$ ) (Revenue	ıe \$ )
	Total program service expenses	103,481.	
BAA		TEEA0102L 08/08/12	Form <b>990</b> (2012

	•		162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	· ·
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
1	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
ļ	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
١	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 19 If 'Yes,' complete Schedule I, Parts I and II.	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	<u> </u>	X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŧ	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
ЗАА		Form	1 <b>990</b> (	2012)

ROTARY CLUB OF MENLO PARK FOUNDATION 94-2723876 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a n **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-0 ments, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 : b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) **b** If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Х 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6h 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х services provided to the payor? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Χ 7с Form 8282 d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Х 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14 b

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х 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 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12 a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 X 13 Did the organization have a written whistleblower policy? 13 14 X 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official 15 a X **b** Other officers of key employees of the organization 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Other (explain in Schedule O) Own website 19 Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 DOUG ADAMS 2479 E BAYSHORE RD., SUITE 250 PALO ALTO CA

BAA

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

	(C)			loated any carront on	oor, amoutor, or tract					
(A) Name and Title	(B) Average hours per week (list	one bo offic	x, uni	less p d a di	erso	more to n is bot r/truste	h an e)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ROBERT BERKA	0.5									
PRESIDENT	0	Х		Х				0.	0.	0.
(2) CHRIS BROSERHOUS	0.5									
DIRECTOR	0	X		_				0.	0.	0.
(3) ROBERT ANDREWS	0.5	ļ								
SECRETARY	0	X		Х				0.	0.	0.
	_0.5_	ļ "								
DIRECTOR	0	X		_				0.	0.	0.
(5) DICK GIVENS	0.5	ļ "							•	•
DIRECTOR	0	Х	$\square$		_			0.	0.	0.
(6) PAUL WOOLLOMES	0.5	.,		.,				_	0	^
TREASURER	0	Х		Х	-			0.	0.	0.
	0.5			v					0	^
	0	X	Н	Х				0.	0.	0.
(8) HOWARD CRITTENDEN DIRECTOR	0.5	x						0.	0.	0
(9) LOU LEARDINI	0.5	^_	-	$\dashv$			_	0.	U.	0.
DIRECTOR	$-\frac{0.5}{0}$	х		ĺ				o.	0.	0.
(10) ERIC HARTWIG	0.5	<u> </u>	$\vdash$	$\dashv$				0.	0.	<u> </u>
VICE PRESIDENT	1-0.3-	Х		Х				0.	0.	0.
(11) MICHELLE TSUI	0.5	Λ	$\vdash$	^	-			0.	0.	0.
DIRECTOR	1-6.5-	Х				!		0.	0.	0.
(12) TOM BORDEN	0.5	1			$\dashv$			· ·	•	
DIRECTOR	1-0-5	х						0.	0.	0.
(13)	<u> </u>		$\Box$	_	$\neg$			· ·	•	
	1									
(14)										· · · · · · · · · · · · · · · · · · ·
	1	Ī								

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(A)  Name and title	Average hours per	(do box, offic	not o	Pos theck ss pe	sition more erson directi	than is both	one n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimal amount of compens	other
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization organizat	ition ited
(15)										<u>.</u> .	
(16)											
(17)											<del></del>
(18)		-									
(19)											
(20)										-	
(21)											
(22)											
(23)											
(24)		-									
(25)											
1 b Sub-total		.—	L		!		<b>&gt;</b>	0.	0.		0
c Total from continuation sheets to Part VII, Sectio	n A						<b>&gt;</b>	0.	0.		0
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limit from the organization ▶ 0	ted to tho	se lis	sted	abo	ve)	who	rec	0. eived more than \$	0. 100,000 of reportab	l le compens	0 sation
from the organization • 0										Ye	s No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or or trust	ee, k	кеу	emp	loye	e, or	hiç	ghest compensate	d employee	3	Х
For any individual listed on line 1a, is the sum of the organization and related organizations greater	reportable r than \$15	con 50,00	nper 0? /	nsat If 'Yo	ion a	and o	the lete	r compensation fr Schedule J for	om		
<ul> <li>such individual</li> <li>Did any person listed on line 1a receive or accrue</li> <li>for any person dead to the arrangement of the contract of the co</li></ul>	compens	sation	n fro	m a	ny ι	ınrela	atec	d organization or in	ndıvıdual	5	X
for services rendered to the organization? If 'Yes Section B. Independent Contractors	, complet	e 30	neu	uie .	7 101	Suci	ιpe	15011	<del>:-</del>	1 3 1	<u> </u>
1 Complete this table for your five highest compensation from the organization. Report compensation from the organization.	sated inde pensation	pend for t	lent he c	con aler	trac ndar	tors t year	that en	received more that ding with or within	an \$100,000 of the organization's	tax year.	
(A) Name and business add	ress							(B) Description (	of services	(C) Compensa	tion
Total number of independent contractors (including)		lımıt	ed t	o th	ose	liste	d ab	pove) who receive	d more than		
\$100,000 in compensation from the organization		TEFAC	27.000		24/12					Form 990	(2012

		Check if Schedule O	contains a respi	onse to any questio	n in this Part VIII			L.J.
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a	Federated campaigns	1 a					
₹₹		Membership dues	1 b					
S S		Fundraising events	1 c					
돌		-	1 d					
S, ≣		Related organizations						
8 2	е	Government grants (contribution	ons) 1e					
ラ曽	f	All other contributions, gifts, a	rants, and					
문의		All other contributions, gifts, g similar amounts not included	above 1 f	90,751.				
동왕	g	Noncash contributions include	d in Ins 1a-1f \$					
	h	Total. Add lines 1a-1f	•	<b>•</b>	90,751.			
픻		<del> </del>		Business Code	30,731.			
핗	2 a						,	
22	- u							-
낕	_	<del>-</del>						
岳	C							
S	a							
蒸	е							
PROGRAM SERVICE REVENUE	f	All other program service	e revenue.					
=	g	Total. Add lines 2a-2f						
	3	Investment income (incl	luding dividends	, interest and				
		other similar amounts)	_	•	68,904.			68,904.
	4	Income from investment	t of tax-exempt	bond proceeds 🕒				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	h	Less: rental expenses		-				
		Rental income or (loss)	,	<del> </del>				
		Net rental income or (lo						
	C	inetrental income or (io		(V) O#				
	7 a	Gross amount from sales of	(i) Secunties	(ii) Other				
		assets other than inventory	1,159,471	<u>.  </u>				
	b	Less cost or other basis						
		and sales expenses	1,145,891	•				
	С	Gain or (loss)	13,580					
	d	Net gain or (loss)		<b>•</b>	13,580.			13,580.
	Ω a	Gross income from fund	traising events					•
₿	O a	(not including \$	ardising events					
핗		of contributions reported	d on line 1c).					
OTHER REVEN		See Part IV, line 18		a				
딸	h	Less: direct expenses		- h				
Б		•	m fundraicina a	vents				Ì
		Net income or (loss) fro	_	VOLIES				
	9 a	Gross income from gam See Part IV, line 19	ning activities.					
				a				
		Less: direct expenses.		b[				
	С	Net income or (loss) fro	m gamıng actıv	ıtıes 🕒				
	10 a	Gross sales of inventory	y, less returns					
-		Gross sales of inventory and allowances		a				
	b	Less: cost of goods sold	d	b				
	С	Net income or (loss) fro	m sales of inve	ntory <b>&gt;</b>	1			}
l		Miscellaneous Reveni		Business Code				
	11 a	<del></del>			1	[	}	
	h	<b></b>						
	~							
	ب	All other revenue						<del></del>
					-			
		Total. Add lines 11a-11d					<u></u>	
	12	Total revenue. See instr	ructions	<b>_</b>	173,235.	0.	0.	82,484.

	t IX Statement of Functional Exper				
Sec	tion 501(c)(3) and 501(c)(4) organizations must	complete all columns A	All other organizations m	ust complete column (A)	
	Check if Schedule O contains a r	esponse to any question	n in this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See				
_	Part IV, line 21	10,000.	10,000.		·
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	90,000.	90,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			***	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				- ·
11	Fees for services (non-employees):				
ē	Management				
Ŀ	Legal				
(	: Accounting				
•	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees	13,962.		13,962.	
_	Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0)				
	Advertising and promotion				
13	Office expenses	3,665.	3,481.	184.	
14	Information technology				
15	Royalties				•
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FOREIGN TAX	38.		38.	
Ŀ	·				
C	;				
C		_			
E	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	117,665.	103,481.	14,184.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response to any que	estion in this Part X					
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
Ī	1	Cash - non-interest-bearing		26,279.	1	19,071.		
	2	Savings and temporary cash investments		1,467,630.	2	74,788.		
	3	Pledges and grants receivable, net			3			
1	4	Accounts receivable, net	[	85.	4	85.		
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated en Part II of Schedule L			5			
_	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958( employers and sponsoring organizations of section 50 beneficiary organizations (see instructions). Complete	l(c)(9) voluntary employees' [		6			
A S E T S	7	Notes and loans receivable, net			7			
S E	8	Inventories for sale or use			8			
S	9	Prepaid expenses and deferred charges			9	· -		
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a					
	t	Less accumulated depreciation	10 b		10 c			
	11	Investments – publicly traded securities		696,217.	11	2,233,104.		
	12	Investments – other securities See Part IV, line 11		12	<del>'</del>			
	13	Investments - program-related See Part IV, line 11						
	14	Intangible assets .						
	15	Other assets. See Part IV, line 11	İ		15	894.		
	16	Total assets. Add lines 1 through 15 (must equal line 3	<sup>14</sup> )	2,190,211.	16	2,327,942.		
	17	Accounts payable and accrued expenses			17	3,071.		
	18	Grants payable		139,950.	18	165,450.		
	19	Deferred revenue	[		19			
Ļ	20	Tax-exempt bond liabilities			20			
Å	21	Escrow or custodial account liability. Complete Part IV	/ of Schedule D		21			
LIABILITIES	22	Loans and other payables to current and former officer key employees, highest compensated employees, and Complete Part II of Schedule L	rs, directors, trustees, disqualified persons.		22			
į	23	Secured mortgages and notes payable to unrelated thi	ird parties		23			
ร	24	Unsecured notes and loans payable to unrelated third	'		24	<u> </u>		
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	s to related third parties, lete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25		139,950.	26	168,521.		
N E		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.	here ► X and complete		Ĭ			
Ą	27	Unrestricted net assets .		181,810.	27	243,737.		
ASSETS	28	Temporarily restricted net assets		14,784.	28	11,217.		
\$	29	Permanently restricted net assets	Ì	1,853,667.	29	1,904,467.		
R		Organizations that do not follow SFAS 117 (ASC 958),	check here ►	· · · · · · · · · · · · · · · · · · ·		······································		
		and complete lines 30 through 34.						
FUND	30	Capital stock or trust principal, or current funds			30			
Ŗ	31	Paid-in or capital surplus, or land, building, or equipme	ent fund		31			
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	32	Retained earnings, endowment, accumulated income,			32			
BALAZCES	33	Total net assets or fund balances		2,050,261.	33	2,159,421.		
Š	34	Total liabilities and net assets/fund balances		2,190,211.	34	2,327,942.		

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Form	1990 (2012) ROTARY CLUB OF MENLO PARK FOUNDATION 94	4-2123816		Pa	ige iz		
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	73,2	<u> 235.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	17,6	665.		
3	Revenue less expenses. Subtract line 2 from line 1	3		55,5	<u>570.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,0	2,050,261.			
5							
6	6 Donated services and use of facilities 6						
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))						
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ved on a					
	Separate basis Consolidated basis Both consolidated and separate basis						
Ł	Were the organization's financial statements audited by an independent accountant?		2 b		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both:	rate		·			
	Separate basis Consolidated basis Both consolidated and separate basis						
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	f the audit,	2 c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3 a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
k	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3ь				
BAA			Form	990	(2012)		

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

Total

# **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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number ROTARY CLUB OF MENLO PARK FOUNDATION 94-2723876 Part | 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 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(bx1xAxiii). 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. 11 c | Type III - Functionally integrated Type III - Non-functionally integrated Type II d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s). h (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the (v) Did you notify (vi) is the (VII) Amount of monetary the organization in column (i) of your support? organization in column (i) organized in the US? organization in column (i) listed in your governing document? Yes No Yes No Yes No (A) (B) (C) (D) (E)

94-2723876

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.)

Sec	tion A. Public Support						
Cale: cegi:	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	21,506.	88,918.	88,107.	94,638.	97,361.	390,530.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	21,506.	88,918.	88,107.	94,638.	97,361.	390,530.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						202,277.
6	Public support. Subtract line 5 from line 4						188,253.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	21,506.	88,918.	88,107.	94,638.	97,361.	390,530.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,550.	46,442.	379,408.	11,129.	82,484.	575,013.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
-10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-		:			0.
11	Total support. Add lines 7 through 10						965,543.
12	Gross receipts from related activ	ities, etc (see insti	ructions)			12	0.
13	First five years. If the Form 990 organization, check this box and		tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ []
	tion C. Computation of Pu						
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))		14	19.50%
	Public support percentage from 2					15	20.71 %
16 a	a 33-1/3% support test — 2012. If the and stop here. The organization	the organization di qualifies as a pub	id not check the b licly supported or	ox on line 13, and ganization	d the line 14 is 33-	1/3% or more, che	eck this box ►
ŀ	o 33-1/3% support test – 2011. If the and stop here. The organization	he organization did qualifies as a pub	d not check a box licly supported or	on line 13 or 16a ganization	, and line 15 is 33	-1/3% or more, ch	eck this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this l	box and <b>stop here</b>	. Explain in Part N	√ how
	o 10%-facts-and-circumstances te organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	' test, check this t tion qualifies as a	box and <b>stop here</b> i publicly supporte	e. Explain in Part I'd d organization	V how the ►
18	Private foundation. If the organiz	zation did not ched	ck a box on line 1:	3, 16a, 16b, 17a,		box and see instri	

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			<del></del>	,		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)			,			
14		s for the organization	tion's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3)	<b>▶</b> □
	tion C. Computation of Pu						
	Public support percentage for 20	•	•	13, column (f))		15	8
	Public support percentage from 2					16	8
Sec	tion D. Computation of Inv	estment Inco	me Percentag	е			
17	Investment income percentage for	or <b>2012</b> (line 10c,	column (f) divided	by line 13, colum	ın (f))	17	क्ष
18	Investment income percentage fr	om <b>2011</b> Schedul	e A, Part III, line	17		18	ક
19 a	<b>33-1/3% support tests</b> – <b>2012.</b> If is not more than 33-1/3%, check	the organization of this box and stop	did not check the to here. The organization	oox on line 14, an zation qualifies as	d line 15 is more to a publicly suppor	than 33-1/3%, and ted organization	d line 17 ►
b	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%	the organization d , check this box a	lid not check a bo nd <b>stop here.</b> The	x on line 14 or line organization qual	e 19a, and line 16 lifies as a publicly	is more than 33- supported organ	1/3%, and ization
20	Private foundation. If the organiz	zation did not che	ck a box on line 1	4, 19a, or 19b, ch	eck this box and	see instructions	▶ 🗍

	(Form 990 or 990-EZ) 2012	ROTARY CLUB OF			94-2723876	Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; (See instructions).	n. Complete this part t and Part III, line 12.	o provide the expla Also complete th	nations required is part for any a	by Part II, line 10; additional information.	
PAR	T I ADDITIONAL SUPPL	EMENTAL INFORMA	ATION		<b></b>	
THE	ORGANIZATION IS RE	LYING ON THE FAC	rs and circums	TANCE TEST I	N SECTION	
1.17	<u>(0A-9(F)(3).</u>					. <b>-</b>
THE	ORGANIZATION NORMA	LLY RECEIVES MOR			FROM THE GENERAL	. <b></b>
	ORGANIZATION IS OR					. <b></b>
	CORT ON A CONTINUIN					· <b>-</b>
	ACTIVITIES_OF_THE_					<u> </u>
					<b></b>	
						. <b></b>
		<b></b>		·		
				· <del>-</del>		
				. <b></b>		
	<b></b>					<b></b>

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

RO1	ARY CLUB OF MENLO PARK FOUNDAT	TION	94-2723876
Par	the organizations Maintaining Donor Ad the organization answered 'Yes' the organization answered the organization answered the organization answered the organization and the organization and the organizations are the organizations the organization are the organiza	<b>vised Funds or Other Similar Funds or</b> o Form 990, Part IV, line 6.	Accounts. Complete if
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono are the organization's property, subject to the o	r advisors in writing that the assets held in dorganization's exclusive legal control?	nor advised funds
	Did the organization inform all grantees, donors for charitable purposes and not for the benefit of impermissible private benefit?	of the donor or donor advisor, or for any other	purpose conferring Yes No
Par	t II Conservation Easements. Compl	ete if the organization answered 'Ye	es' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	creation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Tax Year
	Total number of conservation easements		2 a
	Total acreage restricted by conservation easem		2 b
•	: Number of conservation easements on a certific	ed historic structure included in (a)	2 c
•	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a histor	ric 2d
3	Number of conservation easements modified, to tax year ►	ansferred, released, extinguished, or termina	ted by the organization during the
4	Number of states where property subject to con	servation easement is located ►	
5	Does the organization have a written policy regard enforcement of the conservation easement	arding the periodic monitoring, inspection, har s it holds?	ndling of violations,
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation ease	ements during the year
7	Amount of expenses incurred in monitoring, ins ▶\$	pecting, and enforcing conservation easemen	ats during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ction 170(h)(4)(B)(i) . Yes No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements	rts conservation easements in its revenue and the organization's financial statements that d	d expense statement, and balance sheet, and escribes the organization's accounting for
Pai	Organizations Maintaining Collecti Complete if the organization answ	ons of Art, Historical Treasures, or Otwered 'Yes' to Form 990, Part IV, In	t <b>her Similar Assets.</b> e 8.
1 a	If the organization elected, as permitted under sart, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, education, or resea	nue statement and balance sheet works of rch in furtherance of public service, provide,
l	If the organization elected, as permitted under shistorical treasures, or other similar assets held following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenue I for public exhibition, education, or research	statement and balance sheet works of art, in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, I	ine 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X.		<b>►</b> \$
2	If the organization received or held works of art amounts required to be reported under SFAS 1		for financial gain, provide the following
á	Revenues included in Form 990, Part VIII, line	1	<b>&gt;</b> \$
ı	Assets included in Form 990, Part X		<b>►</b> \$

Part [] Organizations Maintair	ning Collections	of Art, Historic	al Tr	easures, or Othei	' Similar Assets (d	contin	ued)			
3 Using the organization's acquisition items (check all that apply):	on, accession, and	other records, che	ck any	y of the following tha	t are a significant use	of its	collectio	'n		
a Public exhibition b Scholarly research  d Loan or exchange programs e Other										
		e Other								
c Preservation for future generation	ations									
Part XIII.										
5 During the year, did the organizato be sold to raise funds rather the	ian to be maintaine	ed as part of the org	ganıza	ation's collection?	Į.	Yes		No		
Part IV Escrow and Custodial Arra reported an amount o	ngements. Comple n Form 990, Pa	ete if the organizate art X, line 21.	tion a	nswered 'Yes' to Fo	rm 990, Part IV, line	9, or	<u> </u>			
1 a Is the organization an agent, trus on Form 990, Part X?		-			ssets not included	Yes		No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and co	mpiete the following	g table	e:		Amoun	+			
c Beginning balance					1c	- Tilodii				
d Additions during the year					1 d					
e Distributions during the year										
f Ending balance										
2 a Did the organization include an amount on Form 990, Part X, line 21?										
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII. Check	here if the explant	ion ha	as been provided in F	Part XIII			j		
Part V Endowment Funds. Co	mplete if the oi	ganization ansv	were	d 'Yes' to Form S						
	(a) Current	(b) Prior year	r	(c) Two years	(d) Three years	(e)	Four yea	rs		
<b>1 a</b> Beginning of year balance	1,853,667	1,909,4	17.	1,828,667.	1,798,190.	<u> </u>		0.		
b Contributions 6,000								000.		
<ul> <li>c Net investment earnings, gains, and losses</li> </ul>	50,800	).		80,750.	30,477.					
<b>d</b> Grants or scholarships										
<ul> <li>Other expenditures for facilities and programs</li> </ul>		55,7	50.	· · · · · · · · · · · · · · · · · · ·	0.		<u>.</u>			
f Administrative expenses							<u>,798,</u>			
g End of year balance	1,904,467			1,909,417.	1,828,667.	1	<u>,798,</u>	<u> 190.</u>		
2 Provide the estimated percentage	-	ar end balance (line	e ig, c	column (a)) held as:						
a Board designated or quasi-endow		₹								
<b>b</b> Permanent endowment ►	100.00%	0.								
c Temporarily restricted endowmen		-1 1000/								
The percentages in lines 2a, 2b,	and 2c should equi	ai 100%.								
3a Are there endowment funds not in	n the possession o	f the organization t	hat ar	e held and administe	ered for the	ſ	Yes	Ma		
organization by  (i) unrelated organizations						20/3	res	No		
(ii) related organizations						3a(i)		X		
<b>b</b> If 'Yes' to 3a(II), are the related o	raanizatione lieted	as required on Sch	adule	. P2		3a(ii)				
4 Describe in Part XIII the intended	-	·				_JD		<u>L</u>		
Part VI Land, Buildings, and							-	-		
Description of property		Cost or other basis		Cost or other	(c) Accumulated	(d)	Book va	alue		
		(investment)		pasis (other)	depreciation	\ <del>-</del> -/				
1 a Land				-						
<b>b</b> Buildings										
c Leasehold improvements										
<b>d</b> Equipment										
e Other										
Total. Add lines 1a through 1e. (Column	n (d) must equal F	orm 990, Part X, co	olumn	(B), line 10(c))	<b>&gt;</b>			0.		
BAA					Sched	ule <b>D</b> (F	Form 99	0) 2012		

94-2723876

Page 2

Schedule D (Form 990) 2012 ROTARY CLUB OF MENLO PARK FOUNDATION

Schedule D (Form 990) 2012 ROTARY CLUB OF MEN			723876 Page <b>3</b>
Part VII Investments - Other Securities. See Form			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B) (C)			
<u>(C)</u>	· · · · · · · · · · · · · · · · · · ·		
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		<u> </u>	
Part VIII Investments - Program Related. See		,	
(a) Description of investment type	(b) Book value	(c) Method of valuati	
(1)		end-of-year mark	et value
(1)			
(2)			
(3)			
(4)	···	······································	
(5)	,		
(6)	·	_	
(7)	·		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, I	ine 15. N/A		
(a) Des	cription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B)	. line 15 ).		<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part			
(a) Description of liability	(b) Book value	· · · · · · · · · · · · · · · · · · ·	
(1) Federal income taxes	(0) 2 0 0 1 1 1 1 1		
(2)			
(3)		<del>-</del>	
(4)		<del>- </del>	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>&gt;</b>		
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to	the organization's financial	statements that reports the organization's liabil	ity for uncertain tax positions
under FIN 48 (ASC 740) Check here if the text of the footnote has been provide	ed in Part XIII		
BAA	TEEA3303L 12/23/12	So	hedule <b>D</b> (Form 990) 2012

Schedule E	(Form 990) 2012 ROTARY CLUB OF MENLO PARK FOUNDAT	ION 94	-2723	876 Page <b>4</b>
Part XI	Reconciliation of Revenue per Audited Financial Statements	With Revenue per Return		N/A
1 Total	revenue, gains, and other support per audited financial statements		1	
2 Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net u	inrealized gains on investments	2 a		
<b>b</b> Dona	ted services and use of facilities	2 b		
<b>c</b> Reco	veries of prior year grants	2 c		
<b>d</b> Other	r (Describe in Part XIII.)	2 d		
e Add !	lines 2a through 2d		2 e	
3 Subtr	ract line 2e from line 1		3	
4 Amou	unts included on Form 990, Part VIII, line 12, but not on line 1:			
	stment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other	r (Describe in Part XIII.)	4 b		
<b>c</b> Add I	lines 4a and 4b		4 c	
5 Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	Reconciliation of Expenses per Audited Financial Statement	s With Expenses per Retu	rn	N/A
	expenses and losses per audited financial statements		1	<del></del>
2 Amo	unts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b> Dona	ated services and use of facilities	2 a		
<b>b</b> Prior	year adjustments	2 b		
<b>c</b> Othe	r losses.	2 c		
<b>d</b> Othe	r (Describe in Part XIII.)	2 d		
	lines 2a through 2d	<u></u>	2 e	
	ract line <b>2e</b> from line <b>1</b>		3	
	unts included on Form 990, Part IX, line 25, but not on line 1:			
	stment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Othe	r (Describe in Part XIII.)	4 b		
c Add	lines <b>4a</b> and <b>4b</b>		4 c	
$\overline{}$	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	·	5	
Part XIII	Supplemental Information			
Complete Inne 4, Par	this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pat X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also com	art III, lines 1a and 4, Part IV, I iplete this part to provide any a	ines 1b dditiona	and 2b; Part V, I information.
				. – – – – – – –
		. <b></b>		
		<b></b>		
		<b></b> _		
BAA			Schedul	e <b>D</b> (Form 990) 2012

# SCHEDULE I

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

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

Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number 94-2723876 ROTARY CLUB OF MENLO PARK FOUNDATION

Part | General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

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?

SEE PART IV 2 Describe in Part iV the organization's procedures for monitoring the use of grant funds in the United States.

**ջ** □

X Yes

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

1 (a) Name and address of organization or government	( <b>b</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	(b) Purpose of grant or assistance
(1)							
(2)							
		-					
<u>(3)</u>							
<u>-(4)</u>							
<u>(5)</u>							
<u></u>							
<u>e</u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations listed in	listed in the line 1 table			<b>A</b>	0
	ons listed in the line					•	0
ı	see the Instructions	for Form 990		TEEA3901L 11/30/12	11/30/12	Schedu	Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

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

Schedule I (Form 990) (2012) ROTARY CLUB OF MENLO PARK FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance	SCHOLARSHIPS							column (b), and any other												Schedule I (Form 990) (2012
(e) Method of valuation (book, FMV, appraisal, other)	CASH							to provide the information required in Part I, line 2, Part III, column (b),		TS TO SENIORS	ARE_PAID	EXPENSE. THE	<u>THE</u>	Y MAINTAINING	 	             	NS IN THE	BY_THE	TORING OF THE	
(d) Amount of non-cash assistance								ation required in F	INDS IN U.S.	MAKES COLLEGE SCHOLARSHIP GRANTS	THE SCHOLARSHIP GRANTS ARE PAID	GRANT WINNER TO COVER TUITION EXPENSE. THE	THE FOUNDATION	THAT RECEIVE GRANTS BY MAINTAINING	IS_IN_COLLEGE.	 	OTHER NON-PROFIT ORGANIZATIONS	ONS ARE REVIEWED AND APPROVED BY THE	SUBSEQUENT MONITORING OF	
(c) Amount of cash grant	.000,000							provide the inform	USE OF GRANTS FUNDS IN U.S.	KES_COLLEGE_SCI		ANT WINNER TO	SED_GRANTS_TO_	STUDENTS THAT RE	THE STUDENT	   	THER NON-PROF	S ARE REVIEWED	BASIS, AND	
(b) Number of recipients	22										; □		RETURN ANY UNU		S_THE_TIME_THA	   1   1   1   1	잂	R_CONTRIBUTION	RS ON AN ANNUA	
(a) Type of grant or assistance	1 SCHOLARSHIPS AWARDED	2	က	4	20	9	7	Part IV Supplemental Information. Complete this part	PART I, LINE 2 - PROCEDURES FOR MONITORING	THE ROTARY CLUB OF MENLO PARK FOUNDATION	ATTENDING HIGH SCHOOLS IN THE LOCAL COMMUNITY.	DIRECTLY TO THE COLLEGES ATTENDED BY THE	BOARD REQUESTS THAT COLLEGES RETURN ANY UNUSED GRANTS TO THE FOUNDATION. THE	FOUNDATION ALSO MONITORS THE PROGRESS OF	PERSONAL COMMUNICATIONS DURING THE TIME THAT THE STUDENT IS IN COLLEGE		THE FOUNDATION ALSO MAKES CONTRIBUTIONS	LOCAL COMMUNITY. REQUESTS FOR CONTRIBUTI	FOUNDATION'S BOARD OF DIRECTORS ON AN ANNUAL	ВАА

2	^	1	
Z	u		_

# SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION

- Sofiebole i, i Alti iv - Sofi Lemental ini onimation	. AGE 5
ROTARY CLUB OF MENLO PARK FOUNDATION	94-2723876
· · · · · · · · · · · · · · · · · · ·	
PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINU	IED)
RELATED PROGRAMS.	

# **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number 94-2723876 ROTARY CLUB OF MENLO PARK FOUNDATION FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE TREASURER REVIEWS A COMPLETE COPY OF THE FORM 990, RELATED FORMS AND SCHEDULES AS FILED UPON SIGNING OF THE RETURN. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE ORGANIZATION WILL PROVIDE ITS GOVERNING DOCUMENTS AND OTHER DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

# Form 8868 C D Projection for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return.

internal Reversi										
	e filing for an Automatic 3-Month Extension, comp e filing for an Additional (Not Automatic) 3-Month			orm).						
					, 0050					
	plete Part II unless you have already been granted									
request an e	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in FW With Certain Personal Benefit Contracts, which mu	automatic) 3 Part I or Par ust be sent t	3-month extension of time. You can elect t II with the exception of Form 8870, Info o the IRS in paper format (see instructio	ronical rmatior	ly file Form 8868 to n Return for Transfers					
<del>,</del>	ing of this form, visit www irs gov/efile and click of Automatic 3-Month Extension of Time.									
Part I			<u> </u>							
•	on required to file Form 990-T and requesting an a				لبسا					
All other col income tax	rporations (including 1120-C filers), partnerships, f returns	REMICs, and			nsion of time to file					
	Name of exempt organization or other filer, see instructions		Enter the Siderth		yer identification number (EIN) or					
Type or	Walle of exempt organization of other men, see institutions				(2,17)					
print	DOWNDY CITID OF MENTO DARK FOIL	MOTT ACM		94-	2723876					
<b>-</b>	ROTARY CLUB OF MENLO PARK FOUL Number, street, and room or suite number If a P O box, see to			+	ocial security number (SSN)					
File by the due date for	P.O. BOX 876									
filing your return See	City, town or post office, state, and ZIP code For a foreign ad	dress, see instr	uctions	·						
instructions	MENLO PARK, CA 94026									
Enter the R	eturn code for the return that this application is for	(file a sepa	arate application for each return)		01					
Application Is For		Application Is For		Return Code						
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)	07						
Form 990-B	L	Form 1041-A		08						
Form 4720 (individual) 03 Form 4720										
Form 990-PF 04 Form 5227										
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11					
Form 990-T	(trust other than above)	06	Form 8870		12					
Telepho If the or If this is check to the external to the characteristic the external to the e	ension is for.	siness in the digit Group theck this bo	Exemption Number (GEN)							
until The e ► [	lest an automatic 3-month (6 months for a corpora $2/15$ , 20 $14$ , to file the exempt organization is for the organization's return for: $\frac{1}{2}$ calendar year 20 or $\frac{1}{2}$ tax year beginning $\frac{7}{01}$ , 20 $\frac{12}{12}$ tax year entered in line 1 is for less than 12 months.	anization re	turn for the organization named above. $\frac{6/30}{2} = \frac{13}{2} = \frac{1}{2}$	nal retu	ırn					
	nange in accounting period			7						
nonre	3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.									
paym	application is for Form 990-PF, 990-T, 4720, or 60 ents made. Include any prior year overpayment al	lowed as a	credit	3 ь	\$ 0.					
EFTP	sce due. Subtract line 3b from line 3a. Include your S (Electronic Federal Tax Payment System). See	instructions		3 c						
Caution. If payment in:	you are going to make an electronic fund withdray structions.	vai wiin inis	FULL 0000, SEE FULL 0433-EO and FOLL	11 00/9-						