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CHANGE OF ACCOUNTING PERIOD

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

2015 Open to Public

Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning SEP 1, 2015 and ending JUL 31, 2016 D Employer identification number C Name of organization Check if applicable MENLO-ATHERTON HIGH SCHOOL FOUNDATION Address FOR THE FUTURE Name |change 26-0820369 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 322-5311 555 MIDDLEFIELD ROAD (650)termin ated 2.296.063. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ATHERTON, CA 94027 H(a) Is this a group return Applica-tion F Name and address of principal officer SCOTT LOHMANN Yes X No for subordinates? pending SAME AS C ABOVE Yes H(b) Are all subordinates included? Tax-exempt status \overline{X} 501(c)(3) 501(c) (4947(a)(1) or) (insert no.) If "No," attach a list, (see instructions) J Website: ► WWW.MAFOUNDATION.ORG H(c) Group exemption number ▶ Form of organization: X Corporation Other > L Year of formation: 2007 M State of legal domicile CA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities. BRING PARENTS AND COMMUNITY Governance MEMBERS TOGETHER TO SUPPORT EXCELLENCE IN EDUCATION. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 44 Number of voting members of the governing body (Part VI, line 1a) 44Number of independent voting members of the governing body (Part VI, line 1b) ø 1 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 446 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year RECEIVED 2,376,003. 2,227,261. Contributions and grants (Part VIII, line 1h) 0. 0. ÖSC Program service revenue (Part VIII, line 24) Investment income (Part VIII, column (A), in 3, Mand 20) 2017 60,248. 8,648. 34,777. 26,629. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,471,028. 2,262,538. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,005,670. 1,899,379. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 152,052. 137 ,370. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 123,455. b Total fundraising expenses (Part IX, column (D), line 25) 95,215. 88,749. 77 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,252,937. 2,125,498 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 218,091. 137,040. Revenue less expenses Subtract line 18 from line 12 50 Beginning of Current Year End of Year 1,713,828.1,572,970. 20 Total assets (Part X, line 16) ٨ Ο. 21 Total liabilities (Part X, line 26) 572,970. 713 828. Net assets or fund balances Subtract line 21 from line 20 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 Krut To Signature of officer Sign SCOTT LOHMANN, CO-PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature RANDY PETERSON RANDY PETERSON 03/08/17 P01300203 Paid self-employed

Phone no. 408 - 200 - 6400

| X Yes | No | Form 990 (2015)

SAN JOSE, CA 95113

ST,

STE 500

Firm's name ARMANINO LLP

Firm's address 50 W. SAN FERNANDO

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

Preparer

Use Only

orm	990 (2015) FOR THE FUTURE	<u> 26-0820369</u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	MENLO-ATHERTON HIGH SCHOOL FOUNDATION FOR THE FUTURE UNIT	ES CURRENT	
		MUNITY	
	MEMBERS, BUSINESSES AND FOUNDATIONS TO SUPPORT EXCELLENCE		ON.
	AT MENLO-ATHERTON HIGH SCHOOL.		<u></u>
2	Did the organization undertake any significant program services during the year which were not listed on		
~	the prior Form 990 or 990-EZ?	\[\sqrt{Vec}	XNo
	If "Yes," describe these new services on Schedule O.	163	[22] INU
_			X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res	A 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 m	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	i, the total expenses, an	nd
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 848,994. including grants of \$ 830,367.) (Revenue)
	SMALLER CLASS SIZES: THE ORGANIZATION IMPROVES THE CLASSE	COOM EXPERTE	NCE
	WITH FUNDING FOR CLASS-SIZE REDUCTION.		
			
4b	(Code) (Expenses \$ 291,374. including grants of \$ 284,982.) (Revenu		
	STRONG AND BROAD CURRICULUM: THE ORGANIZATION WORKS TO PF		
	EXPAND MENLO-ATHERTON HIGH SCHOOL'S DIVERSE CURRICULUM WI		FOR
	ELECTIVES, EDUCATIONAL EQUIPMENT, AND OTHER ENRICHMENT PF		
	ITEMS FOR THE CLASSROOM.		
			
			
			
			
	220 702 220 220		
4c)
		CHE	
	ORGANIZATION PROVIDES EXCELLENT COLLEGE AND CAREER PREPAR		
	INVESTS IN OUTSTANDING TEACHING THROUGH PROFESSIONAL DEVE	LOPMENT AND	
	RECOGNITION.		
		<u> </u>	
4d	Other program services (Describe in Schedule O)		
TU	(Expenses \$ 461,824 · including grants of \$ 451,691 ·) (Revenue \$	١	
4e	Total program service expenses \(\bigs\) \(\bi		
70	Total program do thou expended y	Eorm Q	90 (2015)
		FOITING	(2013)

Form 990 (2015) FOR THE FUTURE
Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for]	7.7
	public office? If "Yes," complete Schedule C, Part I	_3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3.7
	during the tax year? If "Yes," complete Schedule C, Part II	_4_		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	sımılar amounts as defined ın Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5	-	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.5
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3.5
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	_8_		<u> </u>
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?	_		37
	If "Yes," complete Schedule D, Part IV	_9_		X
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	- @	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	Á	. 4	
	as applicable	- %	- á	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.]	x
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.41		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		¥
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>		
•	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	11f	х	
100	· ,			
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	X	
ь	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ٽٽ		
~	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? 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 other assistance to			
	or for foreign individuals? 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	17		х
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
		Form	990	(2015)

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Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I X 25a 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 X Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х complete Schedule L. Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 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 Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b 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 X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V. line 1 Х Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 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

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Part, V Statements Regarding Other IRS Filings and Tax Compliance

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· · · · ·	Check if Schedule O contains a response or note to any line in this Part V			
		$\neg \top$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1	- 1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	,	,	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	24		
		*		ж.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ž, š		× A
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).	1.5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1.8		X
a	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?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- l		х
	to file Form 8282? If "Yes." Indicate the number of Forms 8282 filed during the year 7d	7c		**
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	-
h	100000	7h	N/	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A		ÄŽ	
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	*		
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter.			ź.
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			┞──
12a	107	12a		$\vdash \vdash$
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	120		├─┤
а		13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
D	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			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2015)

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec.	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		44	*	*	6.30
	If there are material differences in voting rights among members of the governing body, or if the governing				3.3	^\.	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					- 4	* ~ 4.
b	Enter the number of voting members included in line 1a, above, who are independent	1b		44		. *	***
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other	3			, *
	officer, director, trustee, or key employee?				2		X_
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?			Γ	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or	Γ			
	more members of the governing body?	•			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or				
_	persons other than the governing body?		•		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	followina:	Γ			,
	The governing body?	•	J	Ī	8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		_ x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
	THIS COUNTY I CANADA THE TANK					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	·		L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the forn	n? [11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Γ	\$ 335		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	in Schedule O how this was done	,		L	12c	X	
13	Did the organization have a written whistleblower policy?			[13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	dependent		ę.		. ¥. s.
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ľ	3	9,,	7377
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a	ļ			
	taxable entity during the year?			- 1	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı's				
	exempt status with respect to such arrangements?				16b_		
<u>Sec</u>	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶CA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s o	nly) ava	ailable	•	
	for public inspection. Indicate how you made these available Check all that apply						
	Own website Another's website X Upon request Other (explain		•				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest policy	,, and f	inanc	ıal	
	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 boo	oks and	d records.				
	THE ORGANIZATION - (650) 322-5311						

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Form 990 (2015) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule C	contains a res	ponse or note to	any line in	this Part \	/11

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

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

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

(A)	(B)	ļ		(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box offi	POSITION (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SCOTT LOHMANN	10.00	}								
CO-PRESIDENT		X		X	L_			0.	0.	0.
(2) CAROLYN TOM	10.00									
CO-PRESIDENT		Х		Х			_	0.	0.	0.
(3) AMY ORO	4.00									
SECRETARY		X		X		<u> </u>		0.	0.	0.
(4) JACKIE MACDONALD	4.00									_
TREASURER		X_		X		<u> </u>	İ	0.	0.	0.
(5) DAVID WEIL	0.50			-						-
BOARD MEMBER		X		<u> </u>				0.	0.	0.
(6) BOB GROSSMAN	0.50									
BOARD MEMBER		X	(l	<u> </u>	<u> </u>		0.	0.	0.
(7) BRAD VAN LINGE	0.50				Γ					
BOARD MEMBER	[X			<u> </u>	<u> </u>		0.	0.	0.
(8) CAROLYN HELLER	0.50				Ì	ĺ	1			
BOARD MEMBER		X	}		<u> </u>			0.	0.	0.
(9) JILL SONDERBY	0.50				l					
BOARD MEMBER		X	Ĺ		l	<u>L</u> .		0.	0.	0.
(10) KATIE PARSONS	0.50					-				
BOARD MEMBER		X	ł		Ì			0.	0.	0.
(11) CHARLES SCHAFF	0.50									
BOARD MEMBER		X				<u> </u>	L	0.	0.	0.
(12) CRAIG FALKENHAGEN	0.50									
BOARD MEMBER		X	<u>L</u>			<u>L</u>		0.	0.	0.
(13) FRANCES GRAY	0.50		Γ		I					
BOARD MEMBER		X						0.	0.	0.
(14) ELIZABETH BLAIR	0.50									
BOARD MEMBER		X	<u>L</u> _	L.	<u>L</u>	L		0.	0.	0.
(15) ANN BANCHOFF	0.50]] _] _]			
BOARD MEMBER		X	<u> </u>		L		L	0.	0.	0.
(16) GRAYSON LANE	0.50						1			
BOARD MEMBER		X		<u></u>			L_	0.	0.	0.
(17) HEATHER KARP	0.50					_				
BOARD MEMBER		X	1	l	1	1	l	0.	l 0.	0.

Form 990 (2015) FOR THE FUTURE 26-0820369 Page 8												
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C) (D) (E) (F)												
Name and title	Average	Position						Reportable	Reportable	- 1	Estin	nated
	hours per		not check more than one c, unless person is both an					compensation	compensation	۱ ۱	amo	unt of
	week	week officer and a direc				r/trus	tee)	from	from related	- }	oti	her
	(list any	흕	ļ	l	1	}	ŀ	the	organizations	. 1	compe	nsation
	hours for	dir.	ł	ł	ł	E	ŀ	organization	(W-2/1099-MIS	C)	fron	n the
	related	tee	trustee	ł	1	ensa	l	(W-2/1099-MISC)	1	- {	organ	ızatıon
	organizations	i i	nal tr	ĺ	oyee	le a	(1	and r	elated
	below	Individual trustee or director	Institutional t	Officer	Кеу етрюуее	Highest compensated employee	Former		I	- }	organi	zations
	line)	르] <u>s</u>	튱	<u>\$</u>	돌등	Ē	 				
(18) YENYCEY FLORES	0.50		1	}		į į				ا م		0
BOARD MEMBER	0 50	X	├	├	}	├	├	0.	L	0.		<u> 0 </u>
(19) CECILIA PINTO	0.50		{	1	1	}	ł			,		۸
BOARD MEMBER	0 50	X	├—	├	├—	-	├	0.		0.		0.
(20) JOEL ONODERA	0.50			}	1	}		0.		0.		٥
BOARD MEMBER	0.50	X	├	├	-	╁─	├	ļ		 		0.
(21) JEN OVERHOLT BOARD MEMBER	0.50	x	l	ĺ	ļ	(ļ	0.		0.		0.
(22) VICENTA FIERRO	0.50	₽	├	├─	├	╁	├	0.		٠٠		
	0.50	x	l		l	Ì	1	0.	1	0.		0.
BOARD MEMBER (23) BARIS KARADOGAN	0.50	12	├-	\vdash	⊢	├-	├	 		٠٠		<u> </u>
BOARD MEMBER	0.30	X	1	}	}	}		0.		0.		0.
(24) AMY CHEUN	0.50	12	╁─╴	\vdash	⊢	┼─	├╌	 		~ 		
BOARD MEMBER	1-0.50	X	1	{	{	[0.		0.		0.
(25) KENT HAKANSON	0.50	 ^ ``	├	-	\vdash	┼─	-	 		``		<u>_</u> -
BOARD MEMBER	<u> </u>	X	İ	Ì	1	l	Ì	0.		0.		0.
(26) AMY PAULSEN	0.50	1	\vdash	\vdash	-	一	-			-		
BOARD MEMBER	· · · · ·	X	ļ	}	ł	ł	}	0.		0.		0.
1b Sub-total		1				٠		0.		0.		0.
c Total from continuation sheets to Part VI	I Section A							135,475.		0.	10	,000.
d Total (add lines 1b and 1c)	i, dection A							135,475.		Ö.		,000.
						N 146	2 1		000 of reportable	<u> </u>		, 000.
2 Total number of individuals (including but n compensation from the organization	or minited to th	ios e	11516	o ai	JUVE	;) VVI.	10 16	eceived more than \$100,	000 or reportable			1
Compensation from the organization							_				ΙΥ	es No
3 Did the organization list any former officer,	director or tri	iste	e ke	av er	mole)VAA	or	highest compensated er	nnlovee on	1		1 22
line 1a? If "Yes," complete Schedule J for s		3510	o, ne	., c.	ρ.	,,00,	٠.	mgnoot bomponoutog of	,,p.oyoo o.,	- 1	3	X
4 For any individual listed on line 1a, is the su		le co	omo	ensa	ition	and	oth	ner compensation from t	he organization	1		W. W
and related organizations greater than \$150									no organization	- 1	4	×
5 Did any person listed on line 1a receive or a			-						dual for services		y \$. 7	
rendered to the organization? If "Yes," con					-						5	X
Section B. Independent Contractors	Diene Genedui	- 11.1	Or Si	101	JULI	<u> </u>					<u></u>	
Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs th	hat received more than \$	100,000 of comp	ensat	tion from	 ì
the organization Report compensation for	•											
(A)								(B)			(C)	
Name and business	address	N	ON	E			- 1	Description of s	ervices	С	ompens	ation
											. <u> </u>	
			_						}			
							_					
									{			
							_					
									Ì			
							\dashv					
							Ì		1			
2 Total number of independent contractors (i	ncluding but n	ot l	mite	d to	the	عدا ه		above) who received m	ore than		1 1 1 1 1 1 1	
E TOTAL HUMBER OF HIGEPERICENT CONTRACTORS (I	noncoming Dut II	U 1 111				JU 110	, cou	14110 16061460 111	or or contact to the	- 22	2	

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FOR THE FUTURE of Revenue

Pan	V !		Statement of Neverture		oto to any line	in this Part VIII			
			Check if Schedule O contain	s a response or r	iote to any line	(A)	(B)	(C)	(D) Revenue excluded
			?	. %		Total revenue	Related or exempt function	Unrelated business	from tax under
			*	* * *	4		revenue	revenue	sections 512 - 514
	1						**		
뚇뙴			ederated campaigns	1a		'`,	* *	* # * @	,
e a			Membership dues	1b	96,631.	4, /	. , , ,		· /*
B',			Fundraising events		00,0311	* * .	× /6 3, \$		
뜵폌			Related organizations	1d		, , , , , , , , , , , , , , , , , , ,			
Contributions, Gifts, Grants and Other Similar Amounts.			Government grants (contribution	· -					
		-	All other contributions, gifts, grants,	4 2 1	30,630.		2 2 2 4 4		
혈			similar amounts not included above		62,306.			Y 7 W	i. , , , , , , , , , , , , , , , , , , ,
풀		_	Noncash contributions included in lines 1a-	1f \$ <u>2</u>	27,300	2,227,261.	. 1 % \ \	* **, **;	4 4 . 3
<u>0 g</u>	_	<u>h_</u>	Total. Add lines 1a-1f	D.	usiness Code	* * * *	. V 3 (4 V		* * * * * * * * * * * * * * * * * * *
1					usiness code	*** *** ** *	***		
9	2			1					
ē ē		b							
S I		С							
Program Service Revenue		d		<u> </u>					
ξŢ		е							
۱ ۳		-	All other program service revenue	ue <u> </u>	—		A. J. N. M. J.	6 1/8 8.	, i \^ **
	_		Total, Add lines 2a-2f Investment income (including d	vidends interest	and				
ľ	3		other similar amounts)	111001100, 11110100	, >	6,189.			6,189.
I	4		Income from investment of tax-	exempt bond pro	ceeds				
	5		Royalties		>				
			rioyanioo [(ı) Real	(II) Personal				
	6	a	Gross rents						
	Ī	_	Less rental expenses						
			Rental income or (loss)				7 M AS A 102		
		d	Net rental income or (loss)			M 2 8 M	% it o * * * ``	* * * * * * * * *	
	7	a	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory	2,459.					
		b	Less cost or other basis						
			and sales expenses	0.			1		
	ļ		Gain or (loss)	2,459.		2,459		 ` * * - ` - ` - ` - ` - ` - ` - ` - ` -	2,459.
	l		Net gain or (loss)	[T	* * *	# 15	. 1
ā	8	3 a	Gross income from fundraising including \$ 96,6	events (not		* 4 /	Ĭ	l , « ,	3° 35° 11.
Other Revenue	1					,		. د	
e Se	1		contributions reported on line	a a	56,531.			1	· ·
Ē	1		Part IV, line 18	b	33,525	1			*
ᅙ	l	b	Less direct expenses Net income or (loss) from fund		•	23,006	•		23,006.
	١.		Gross income from gaming ac						
		s a	Part IV, line 19	a	3,450.	.]] [
		L	Less direct expenses	b	0.	,			
	1		Net income or (loss) from gam	- (>	3,450	•		3,450.
	1		Gross sales of inventory, less						
	١,	_ 0	and allowances	а					
		b	Less cost of goods sold	b					+
			: Net income or (loss) from sale	s of inventory	<u></u>				+
			Miscellaneous Revenu		Business Cod	le 173	. 173		
	Г	1 a	MISCELLANEOUS R	EVENUE_	900099	173	. 1/3	•	
		t						+	
		c				 		 	
		c	All other revenue		L	173	 		
		•	Total. Add lines 11a-11d			2,262,538		. 0	. 35,104.
_	<u> </u>	12	Total revenue. See instructions.			A, 202, 330		· · · · · · · · · · · · · · · · · · ·	Form 990 (2015)

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Form 990 (2015) FOR THE FUTURE
Part IX | Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A),	
Doi	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,899,379.	1,899,379.	. , . ,	
2	Grants and other assistance to domestic	ì	, 		
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	ì			
	organizations, foreign governments, and foreign	Ì	1		
_	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 050	20 717	25 011	C4 F00
_	trustees, and key employees	129,056.	38,717.	25,811.	64,528.
6	Compensation not included above, to disqualified	Ì			
	persons (as defined under section 4958(f)(1)) and	Ì			11
_	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)			<u> </u>	
9	Other employee benefits	8,314.	2,494.	1,663.	4,157.
10	Payroll taxes	0,314.	2,434.	1,003.	4,157.
11	Fees for services (non-employees)				•
a	Management			 	
b	Legal Accounting	13,500.		13,500.	
c d	Lobbying	13,300.		13,300.	
e	Professional fundraising services. See Part IV, line 17		. /		
f	Investment management fees	8,142.		8,142.	
g	Other (If line 11g amount exceeds 10% of line 25,	0/1120		0/1140	
9	column (A) amount, list line 11g expenses on Sch 0.)	1,453.		1,453.	
12	Advertising and promotion				
13	Office expenses	60,364.		8,161.	52,203.
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	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,651.	1,395.	930.	2,326.
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.)				
а	MISCELLANEOUS EXPENSES	398.		398.	
	OTHER FUNDRAISING EXPEN	241.		<u>-</u>	241.
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,125,498.	1,941,985.	60,058.	123,455.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation.	ļ			
	Check here if following SOP 98-2 (ASC 958-720)			L	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 698,713. 218,632. Cash - non-interest-bearing 250.313. 869,384. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, ja. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 623,944. 625,812. 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,572,970. 1,713,828. Total assets, Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 0. Ō. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,105,489. 1,356,496. 27 Unrestricted net assets 27 192,481. 82,332. 28 28 Temporarily restricted net assets 275,000. 275,000. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 1,572,970. 1,713,828. 33 33 Total net assets or fund balances 1,572,970. 1,713,828. Total liabilities and net assets/fund balances

FOR THE FUTURE 26-0820369 Page 12 Form 990 (2015) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI <u>2,</u>262,538. Total revenue (must equal Part VIII, column (A), line 12) 1 ,125,498. Total expenses (must equal Part IX, column (A), line 25) 2 2 137,040. 3 Revenue less expenses Subtract line 2 from line 1 3 1,572,970. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3.818. 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 7 Investment expenses 7 8 8 Prior period adjustments 0. g Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 1,713,828. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 Cash Accrual X Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Both consolidated and separate basis Separate basis Consolidated basis X Were the organization's financial statements audited by an independent accountant? 2b 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 X 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 the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2015)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization MENLO-ATHERTON HIGH SCHOOL FOUNDATION 26-0820369 FOR THE FUTURE Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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) 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 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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. 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. 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. 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. 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) (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions)

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Schedule A (Form 990 or 990-EZ) 2015 FOR THE FUTURE
Part II Support Schedule for Organizations Description 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	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	1875457.	2174432.	2271512.	2376003.	2227261.	10924665.
2	Tax revenues levied for the organ-		_				
	ization's benefit and either paid to	l]		
	or expended on its behalf						L <u>.</u>
3	The value of services or facilities						
	furnished by a governmental unit to				[
	the organization without charge						
4	Total. Add lines 1 through 3	1875457.	2174432.	2271512.	2376003.	2227261.	10924665.
5	The portion of total contributions		2 . 13k		* * * * * * * * * * * * * * * * * * *		
	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)			A A		* 4 4	123,964.
	Public support. Subtract line 5 from line 4		:	<u> </u>	1 No. 14 1		10800701.
<u>Sec</u>	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1875457.	2174432.	2271512.	2376003.	2227261.	10924665.
8	Gross income from interest,			Į		İ	ł
	dividends, payments received on						
	securities loans, rents, royalties				}		
	and income from similar sources	1,593.	27,711.	72,789.	5,963.	6,189.	114,245.
9	Net income from unrelated business	•			ļ		ļ
	activities, whether or not the						
	business is regularly carried on	ļ	l		ļ	ļ	
10	Other income Do not include gain	1			†		1
	or loss from the sale of capital	!		1			1
	assets (Explain in Part VI.)		<u></u>				11000010
	Total support. Add lines 7 through 10		13 ₃₈ , 's '	4 _ %*	· • •	· ** · **	11038910.
	Gross receipts from related activities,					12	126,435.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	, m
50	organization, check this box and stored		contago	 			
	ction C. Computation of Publi						97 94 %
	Public support percentage for 2015 (I			column (f))		14	97.84 <u>%</u> 96.02 %
	Public support percentage from 2014				44 - 00 4/00/	15	
16a	33 1/3% support test - 2015. If the				14 IS 33 1/3% or m	ore, check this bo	x and ►X
	stop here. The organization qualifies		-		lling 45 in 00 4/00/	ar mara abaali th	
b	33 1/3% support test - 2014. If the				1 line 15 is 33 1/3%	or more, check tr	IIS DOX
۰-	and stop here. The organization qual				0 10 160 0=10b	and line 14 in 100/	or more
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					it villow the orga	I IIZALIUIT
	meets the "facts-and-circumstances"	•	•		_	17a and less 15 :s	10% or
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
40	organization meets the "facts-and-circ		=				
18	Private foundation. If the organization	on did not check a	DOX OF IINE 13, 16	a, 100, 1/a, 01 1/			or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 FOR THE FUTURE

Part III | 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

Sec	qualify under the tests listed better A. Public Support	elow	, pleas	e comp	olete P	art II)			-						
	ndar year (or fiscal year beginning in)		(a) 20	11	,	b) 201:		(c)	2013	(d) 2	014		e) 2015	$\neg \lnot$	(f) Total
	Gifts, grants, contributions, and		(4) 20	<u></u>	 	<u>U</u> LU.		(0)	2010	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	<u> </u>	ļ,	<u> </u>	_	<u>tij rotar</u>
•	membership fees received (Do not											Ì			
	include any "unusual grants ")	ļ			1		j					ļ		j	
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	[_							Ţ	
	are not an unrelated trade or bus-	l			{							l			
	iness under section 513	L	_				_					<u></u>			
4	Tax revenues levied for the organ-	П													
	ization's benefit and either paid to or expended on its behalf									İ					
5	The value of services or facilities						_						•		
	furnished by a governmental unit to	l			l							1		1	
	the organization without charge				}							1			
6	Total. Add lines 1 through 5	\Box			T					_			•		
	Amounts included on lines 1, 2, and									_					
	3 received from disqualified persons				ł										
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)		Ä.	200	A		**	· &	<i>\$ 1</i>	caller	<i>6</i>	j.	N A		
Cale	ndar year (or fiscal year beginning in)		(a) 20	11 _		b) 201	2	(c)	2013	(d) 2	014		(e) 2015		(f) Total
	Amounts from line 6				Τ_										
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources														
b	Unrelated business taxable income	1								[[
	(less section 511 taxes) from businesses acquired after June 30, 1975								_						
c	Add lines 10a and 10b	lacksquare										<u> </u>			
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								·						
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)				 		_					 		_	
	First five years. If the Form 990 is fo	r the	organi	zation's	s first	secon	d thir	d. fourth	or fifth ta	x vear as	a sectio	n 501	(c)(3) orga	nızatıor	-
• •	check this box and stop here		J. 94111		,	555011	-,	_,	.,			1	(-)(-) 0190		" ▶□
Sec	ction C. Computation of Publi	ic S	oggu	rt Pei	rcent	age									
	Public support percentage for 2015 (13. 0	olumn (n)			15			9
	Public support percentage from 2014					-	, .	· · · · · · · · ·	.,,,			16			9
	tion D. Computation of Inves						age								
	Investment income percentage for 20							e 13. c	olumn (fl)			17			9
	Investment income percentage from											18			9
	33 1/3% support tests - 2015. If the							on line 1	4, and line	15 is moi	re than 3		%, and lin	e 17 is	
	more than 33 1/3%, check this box a												,		▶ [
b	33 1/3% support tests - 2014. If the		•		_		•		-		-		an 33 1/39	%, and	F
-	line 18 is not more than 33 1/3%, che	-													▶
20	Private foundation. If the organization						-								
_															

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **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 Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

		Yes	No
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	10b		

		<u> 26-082036</u>	9 Pa	iqe 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?]		
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to	· ·	* 3	
1	• • • • • • • • • • • • • • • • • • • •		\$ 8	A .
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	* 2	4 1	* ×
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		4	, 3
	controlled the organization's activities. If the organization had more than one supported organization,	٤ . و		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	3 4		- '`
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	- X	
2	Did the organization operate for the benefit of any supported organization other than the supported	. # *	W W	₩ %
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1 * 1	# 1	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,) # "	1 A	
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	\ / «) 1	* .
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	# 8	()
	or management of the supporting organization was vested in the same persons that controlled or managed		* 4	1
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	don or all type in cupperaing organizations		Yes	No
	Did the average transport to each of the average transport on the body day of the fifth month of the		₹ ×	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	/ A	* x	
	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		<u>``</u> **	N 7
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		. %	Ni
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u> </u>	1	3 1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	} { * * *		1 %
	significant voice in the organization's investment policies and in directing the use of the organization's		6 F	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	* 4	2 [
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
а	The organization satisfied the Activities Test Complete line 2 below	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instructions)		
2	Activities Test Answer (a) and (b) below	(000 1110110110110)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ		
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	•			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	j	}]
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities	<u></u>	 	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more]]	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ļ]	
	reasons for the organization's position that its supported organization(s) would have engaged in these	 	 	
	activities but for the organization's involvement	2b_	 -	├
3	Parent of Supported Organizations Answer (a) and (b) below	ļ		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	 		<u> </u>
	trustees of each of the supported organizations? Provide details in Part VI.	3a	L	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ļ		<u> </u>
	of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	3b_	<u></u>	

Sche	dule A (Form 990 or 990-EZ) 2015 FOR THE FUTURE		2	6-0820369 Page 6
Pai		ng Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	Nov 20, 1970 See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.	
Sect	ion 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		<u> </u>
5	Depreciation and depletion	5	·	
6	Portion of operating expenses paid or incurred for production or	l i		
	collection of gross income or for management, conservation, or]		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	8 %		
	instructions for short tax year or assets held for part of year)	<i>"</i> " " " " " " " " " " " " " " " " " "		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
¢	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	3 4		
	factors (explain in detail in Part VI)			*
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	4 2 × 11 × 12 × 1 × 1	
2	Enter 85% of line 1	2	7, 7 3 A	
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	V 70 M W W W W	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		* * , / , * * * *	
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-function	ally-integra	ited Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Sche Par	dule A (Form 990 or 990-EZ) 2015 FOR THE FUTUR: Type III Non-Functionally Integrated 509(portin	g Orga	nizat	ions	(cor	2 ntinued)	6-082036	9 Page 7
Secti	on D - Distributions		•				1001	itinaca,	Current	Year
1	Amounts paid to supported organizations to accomplish exer	mpt purpos	ses							
2	Amounts paid to perform activity that directly furthers exemp	t purposes	of suppo	orted						
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purpose	s of suppo	rted orga	ınızatıons	3					
4	Amounts paid to acquire exempt-use assets	-								
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI). See instructions	-								
7	Total annual distributions. Add lines 1 through 6									
8	Distributions to attentive supported organizations to which the	ne organiza	tion is re	sponsive						
	(provide details in Part VI) See instructions		_							
9	Distributable amount for 2015 from Section C, line 6									
10	Line 8 amount divided by Line 9 amount									
Secti	on E - Distribution Allocations (see instructions)	Excess	(i) Distribu	itions	U		(ii) listribi e-201		(iii) Distribu Amount fo	table
1	Distributable amount for 2015 from Section C, line 6	*	a 5	** **		,				
2	Underdistributions, if any, for years prior to 2015		52 \$ 3							
	(reasonable cause required-see instructions)									
3	Excess distributions carryover, if any, to 2015		\$` \		w.X					
a	44 8 24 3		1. % J		* *					
b			4 % 1		Ž.					
С			4 X,		(¾					
d	From 2013		1			*	,			
е	From 2014	بَّهُ		F. #1	8 3	X.	iv A			
f	Total of lines 3a through e					1		Ú		
g	Applied to underdistributions of prior years	*)s						,
h	Applied to 2015 distributable amount	11.11			green of the second					
i_	Carryover from 2010 not applied (see instructions)	(1)	x 1,			· 🎉	/ *		3 21. 31	1. #i* (,
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f				,	**	4	1.7		
4	Distributions for 2015 from Section D,	`.`		30.3				`		14 (4)
	line 7 \$	Ŷŝ		. '🍇 🖇				(3		
a	Applied to underdistributions of prior years		* *	* *					(1,000),	114(11)
b	Applied to 2015 distributable amount		,	3.7		4 ·	×, 8	-		
С	Remainder Subtract lines 4a and 4b from 4					31	**	>	771	(\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
5	Remaining underdistributions for years prior to 2015, if	, ,	•						[. ,] <u>;</u>	77380
	any Subtract lines 3g and 4a from line 2 (if amount									1,12
	greater than zero, see instructions)	> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					_		\$	
6	Remaining underdistributions for 2015 Subtract lines 3h									
	and 4b from line 1 (if amount greater than zero, see									
	instructions)				İ					
7	Excess distributions carryover to 2016. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
а										
<u>b</u>										
c	Excess from 2013									
_ d	Excess from 2014									
е	Excess from 2015									

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 FOR THE FUTURE	26-0820369	Page 8
Part VI: Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 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 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	r 17b, Part III, line 12, and 2, Part IV, Section r, Section B, line 1e, Part	С,
Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See instructions)	nal information	
PART II PUBLIC SUPPORT TEST		
THE PUBLIC SUPPORT TEST INCLUDES A SHORT TAX YEAR FROM		
09/01/2015-07/31/2016.		
		-
		_
		
		
		

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Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection ***

OMB No 1545-0047

Name of the organization

MENLO-ATHERTON HIGH SCHOOL FOUNDATION FOR THE EUTIDE

Employer identification number 26-0820369

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Complete ii ale
		(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 w	uriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ac	-	
Ü	for charitable purposes and not for the benefit of the donor or	_	
	impermissible private benefit?	donor advisor, or for any other purpose	Yes No_
Pai		anization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization		, , , , , , , , , , , , , , , , , , , ,
•	Preservation of land for public use (e.g., recreation or ed	— · · · · ·	storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	Trooprediction of a co	Attinod Motorio Sudotaro
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	<u> </u>
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		- F
	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing coi	nservation easements during the year
	>		<i>,</i>
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conserv	ation easements during the year
	▶ \$		- •
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items	
b	if the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemei	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	ublic 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 treat	sures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
L	Assets included in Form 000. Bort V		.

Sche	dule D (Form 990) 2015 FOR THE	FUTURE				26-08	20 <u>36</u> 9	Page 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe				
3	Using the organization's acquisition, accession	n, and other records	s, check any of the fo	ollowing that are a s	ignificant u	use of its c	ollection i	tems
	(check all that apply)		·					
а	Public exhibition	d		nange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co					se in Part	XIII	
5	During the year, did the organization solicit or				r assets		7	
D-	to be sold to raise funds rather than to be ma						Yes	No_
Par	Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organization	n answered "Yes" or	n Form 990), Part IV, I	ine 9, or	
					un ali i da ad			
па	Is the organization an agent, trustee, custodia	in or other intermedi	ary for contributions	s or other assets not	included		7 v	N
	on Form 990, Part X?	and complete the fall	anne table		••		」Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII a	and complete the foil	lowing table				Amount	
_	Beginning balance				1c		Amount	
c d	Additions during the year				1d			
u a	Distributions during the year				1e			
f	Ending balance				1f	_		
	Did the organization include an amount on Fo	orm 990. Part X. line	21, for escrow or cu	istodial account liabi			Yes	□ No
	If "Yes," explain the arrangement in Part XIII.		*					一
	t V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	582,371.	591,454.	416,875.	3	81,128.		275,220.
b	Contributions			150,000.				100,000.
С	Net investment earnings, gains, and losses	6,732.	<2,038.>	80,126.	<u> </u>	42,499.		11,467.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	4,397.	7,045.	9,547.		6,752.		5,559.
g	End of year balance	584,706.	582,371.	637,454.	4	116,875.		381,128.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as [.]				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 47.03	%						
С	· · · · · · · · · · · · · · · · · · ·	2.97 %						
	The percentages on lines 2a, 2b, and 2c shou				_			
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	id administered for t	he organiza	ation	Γ,	, , , , , , , , , , , , , , , , , , ,
	by.							Yes No X
	(i) unrelated organizations					-	3a(ı)	X
	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	none listed as requir	ad an Cabadula E2			-	3a(II)	- ^ -
4	Describe in Part XIII the intended uses of the	•					30]	
	t VI Land, Buildings, and Equipme		Willett julius	<u>""</u>				
	Complete if the organization answered		. Part IV. line 11a S	ee Form 990. Part X	. line 10			
	Description of property	(a) Cost or o	·		Accumulate	ed	(d) Book	value
		basis (investri	1 , , ,		epreciation		(-,	
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
<u>e</u>	Other							
Total	. Add lines 1a through 1e (Column (d) must ed	nual Form 990. Part	X. column (B), line 10	Oc.)				0.

-	MENLO-ATHER'	TON HIGH SCHO	OL FOUNDA	TION			
Schedul	e D (Form 990) 2015 FOR THE FUT	URE	_		2€	-0820369	Page :
Part \	/II Investments - Other Securities.		===				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line					
(a) Des	CRIPTION Of SECURITY OF CATEGORY (including name of security)	(b) Book value	(c) Method	of valuatior	Cost or en	d-of-year market	value
 (1) Fina	ncial derivatives						
(2) Clos	ely-held equity interests						
(3) Othe	er						
(A)							
(B)							
(C)							
(D)							<u> </u>
(E)							
(F)			1				
(G)							
(H)							
$-\!-$	ol. (b) must equal Form 990, Part X, col. (B) line 12.)		24	A 4, W	i 10.5		* 4
	/III Investments - Program Related.						
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c See Form 99	90. Part X.	line 13		
	(a) Description of investment	(b) Book value				d-of-year market	t value
(1)	ENDOWMENT FUND (MANAGED				, , ,		
	BY SILICON VALLEY		-				
	COMMUNITY FOUNDATION)	625,812.	END-OF	-YEAR	MARKET	VALUE	
(4)	Odinosti i odinosti i otto	020,0120	2112 01			VIILEGE	
(5)							 -
(6)							
			-				
(7)		-			 -		
(8)			 		 -		
(9)	ol (h) must squal Form 000. Part V. sol (P) line 12.)	625,812.	.	<u> </u>	<u> </u>		3/
Part 1	ol. (b) must equal Form 990, Part X, col. (B) line 13.)	025,012.		/III. ·	****	<u> </u>	4,
1 21 1	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d Soc Form Of	On Dort V	lino 15		
		Description	TIG See Folin 9:	50, Pail A,	iiile 15	(b) Book	value
		- Coonpain				(B) Book	Taido
(1)						 	
(2)						 	
(3)			···				
(4)						 	
(5)						-	
<u>(6)</u>			=			 	
(7)						 	
(8)	·					 	
<u>(9)</u>						 	
Part)	Column (b) must equal Form 990. Part X. col. (B) line Column (b) must equal Form 990. Part X. col. (B) line	<u> </u>				· <u> </u>	
rait /		on Form 000 Death Live	4444-0- 5	· 000 5	3-4 V 1 01	_	
	Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	(b) Book value	orm 990, F	aπ x, line 25	D	
1.		-	(b) Book value	_			
	Federal income taxes						
(2)	·						

(3) (4) (5) (6) (7) (8) (9) ightharpoonupTotal. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

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

FOR THE FUTURE 26-0820369 Schedule D (Form 990) 2015 Page 4 Part XIXI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,264,807. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 3,818. a Net unrealized gains (losses) on investments 2a 6,593. 2b b Donated services and use of facilities 2c c Recoveries of prior year grants d Other (Describe in Part XIII) 24 2e 10,411. e Add lines 2a through 2d 2,254,396. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 8,142 a Investment expenses not included on Form 990. Part VIII, line 7b **b** Other (Describe in Part XIII) 4b 8,142. c Add lines 4a and 4b 4c 262,538. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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 2,123,949. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 6,593 2a a Donated services and use of facilities **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII) 2d 6,593. e Add lines 2a through 2d 2e 2,117,356. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 8,142. a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII) 4b 8,142. 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 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 X, 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 ENDOWMENT IS USED TO SUPPORT GENERAL OPERATIONS. PART X, LINE 2: THE ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF JULY 31, 2016, THE ORGANIZATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

Schedule D (Form 990) 2015

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

2015

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

MENLO-ATHERTON HIGH SCHOOL FOUNDATION

Employer identification number

FOR THE FUTURE 26-0820369 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ∃ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did fundraiser (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sch	edu art	le G (Form 990 or 990-EZ) 2015 FOR THE	FUTURE		26-	0820369 Page 2
٢٢	ìίΓι					
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	ts greater than \$5,000
			ONLINE	(b) Event #2	NONE	(d) Total events
			AUCTION		NONE	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
ne			(event type)	(event type)	(total number)	
Revenue	١.	Orașa reasunte	152 162			152 162
Ŗ	1	Gross receipts	153,162.	-		153,162.
	٦	Loop Contributions	96,631.			06 621
	2	Less Contributions	70,031.			96,631.
	3	Gross income (line 1 minus line 2)	56,531.			56,531.
	Ť	Caroos Moorilo (line 1 minus line 2)	30/3321			30,331.
	4	Cash prizes				
	'					
	5	Noncash prizes				
S	-				-	
Direct Expenses	6	Rent/facility costs				
ă		,			·	
č E	7	Food and beverages				
O re		Ü				
	8	Entertainment				
	9	Other direct expenses	33,525.			33,525.
	10	Direct expense summary Add lines 4 through	9 in column (d)			33,525.
	11	Net income summary Subtract line 10 from li				23,006.
Pa	irt l	II 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		····		
o.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
eun			(-,	bingo/progressive bingo	(0, 0	col (a) through col (c))
Revenue						
_	1	Gross revenue			ļ	
es	2	Cash prizes		<u> </u>		
Expenses						
X	3	Noncash prizes			<u> </u>	
ţ		Don't for all the control				
Dire	4	Rent/facility costs			"	
	_	Other direct company				
	-	Other direct expenses	Yes %	Yes %		Model of the second of the second
	6	Volunteer labor				
	٥	Volunteer labor	No No	No No	No No	Ball v and to a victor will be had
	7	Direct expense summary Add lines 2 through	5 in column (d)		_	
	•	Direct expense summary Add into 2 through	i o in column (a)			
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		•	
			(0)	 -		·
9	Ent	er the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming ac	_	states?	<u>.</u>	Yes No
		No," explain:				
	_					
		re any of the organization's gaming licenses re	•	.	rear?	Yes No
b	If "	Yes," explain				
	_					
	_					
				· .		

Sch	edule G (Form 990 or 990-EZ) 2015 FOR THE FUTURE	26-0820369 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes No
	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	
	The organization's facility	13a %
	An outside facility	13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds
	Name ▶	
	Address	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount
	of gaming revenue retained by the third party > \$	
(of "Yes," enter name and address of the third party	
	Name	
	Address >	
16	Gaming manager information	
	Name	
	Gaming manager compensation ▶ \$	
	Description of services provided	
		. 744
	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
ŀ	D Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	
	organization's own exempt activities during the tax year > \$.,
Pã	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F	Part III, lines 9, 9b, 10b, 15b,
_	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	,,,,,,,
_		
_		<u> </u>

Sahadula O	/Farm 000 000 F7)	MENI	A-O.	THERTON FUTURE			FOUNDATION	26-0820369	D 4
Part V	(Form 990 or 990 EZ) Supplemental Infor	mation	(contr	FUTURE				20-0020303	Page 4
	ouppicmental mon		(COntil	nuea)					
									
							 	····	
									
				•					
									
									
									
									
									

532084 04-01-15 Schedule G (Form 990 or 990-EZ)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

FOR THE FUTURE

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

▶ Attach to Form 990.

2015	Open to Public	>>> Inspection

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.rs.gov/form990. MENLO-ATHERTON HIGH SCHOOL FOUNDATION

Employer identification number 26-0820369

2 [] X Yes 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance criteria used to award the grants or assistance? Partl

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	Jomestic Organiz 55,000 Part II can	rations and Domestic be duplicated if addition	Governments. Conal space is neede	omplete if the orga	anization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENLO-ATHERTON HIGH SCHOOL 555 MIDDLEFIELD ROAD ATHERTON, CA 94027	80-0366124	501(C)3	41,250.	.0			PROFESSIONAL DEVELOPMENT AND REIMBURSEMENT FOR ASSISTANCE TO TEACHERS
SEQUOIA UNION HIGH SCHOOL DISTRICT 480 JAMES AVENUE REDWOOD CITY, CA 94602	94-3084148	501(C)3	1,738,999.	0.			REIMBURSEMENT FOR AGREED UPON STAFF SALARIES AND PURCHASES OF TECHNOLOGY
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government org	janizations listed in the table	line 1 table				
	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2015)

532101 10-28-15

MENLO-ATHERTON HIGH SCHOOL FOUNDATION FOR THE FUTURE

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2015)
Part III Grants and Other

Page 2

26-0820369

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	juired in Part I, line	e 2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:					
THE ORGANIZATION MAINTAINS CLOSE AN	AND ONGOIN	G COMMUNIC	ATION WITH	ONGOING COMMUNICATION WITH THE GRANTEE	
ORGANIZATIONS TO REVIEW PROGRESS IN	IN THE ARE	AS WHERE G	AREAS WHERE GRANTS HAVE BEEN	BEEN	
ALLOCATED. PROJECT SPENDING IS REVI	IEWED MON	REVIEWED MONTHLY BY THE	E FOUNDATION'S	S, NC	
		DATION'S E	FOUNDATION'S EXECUTIVE DIRECTOR	IRECTOR IS	
TH THE	SCHOOL PRINCIPAL AND	AND SCHOOL	SITE	COUNCIL.	
				and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open To Public Inspection

Employer identification number MENLO-ATHERTON HIGH SCHOOL FOUNDATION

26-0820369 FOR THE FUTURE Types of Property Part I (d) (a) (b) (c) Noncash contribution Method of determining Check if Number of contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property X 34 168,425. MARKET EXCHANGE 9 Securities - Publicly traded Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 93.881.FMV 641 (AUCTION ITEMS 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II Х 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

<u>Schedule M</u>	(Form 990) (2015) FOR THE FUTURE	<u>26-08203</u> 69	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, of this part for any additional information.	and 33, and whether the organization of both. Also comp	ion lete
-	,		
<u> </u>			
			
			
	<u>. </u>		
	, , , , , , , , , , , , , , , , , , ,		
			<u>_</u>

532142 08-21-15

Schedule M (Form 990) (2015)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

MENLO-ATHERTON HIGH SCHOOL FOUNDATION FOR THE FUTURE

Employer identification number 26-0820369

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER CRITICAL PROGRAMS & SERVICES. INCLUDING GRANTS OF \$ 451,691. EXPENSES \$ 461,824. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: FOUNDATION CPA WORKS CLOSELY WITH THE FOUNDATION'S EXECUTIVE DIRECTOR AND TREASURER TO PREPARE THE FOUNDATION'S FORM 990. PRIOR TO FILING, THE PUBLIC DISCLOSURE COPY OF FORM 990 IS SHARED WITH THE ENTIRE FOUNDATION BOARD, AND ONCE APPROVED, IS SIGNED BY THE PRESIDENT. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND STAFF ANNUALLY COMPLETE DISCLOSURE LETTERS THAT THE EXECUTIVE DIRECTOR KEEPS ON FILE. THE EXECUTIVE DIRECTOR AND THE PRESIDENT REVIEW ALL DISCLOSURES. FORM 990, PART VI, SECTION B, LINE 15: SALARY FOR KEY EMPLOYEES IS REVIEWED ANNUALLY BY THE FOUNDATION COMMITTEE USING MARKET DATA TO DETERMINE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE ON FILE AND AVILABLE FOR INSPECTION AT OUR OFFICE. FORM 990, PART XII, LINE 1: THE FINANCIAL STATEMENTS OF THE ORGANIZATION HAVE BEEN PREPARED ON THE MODIFIED CASH BASIS OF ACCOUNITNG, WHICH IS A COMPREHENSIVE BASIS OF

ACCOUNTING OTHER THAN GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

Name of the organization	MENI FOR	O-AT	HERTON FUTURE	HIGH	SCHOOL	FOUNDATION		Employer identification number 26-0820369
								
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