EXTENDED TO JUNE 15, 2023

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

OMB No. 1545-0047

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	e 2021 calendar year, or tax year beginning AUG 1, 2021 and	enaing U	UL 31, 2022											
	Check if applicable	MENLO-AIRERION HIGH SCHOOL FOUNDATION		D Employer identific	cation number										
Δ	Addre chang			06 0000	.										
Ļ	Name chang	-		26-0820369											
	Initial return Final return		Room/suite	E Telephone number (408)348-0633											
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,666,547.										
	Amen- return	MENDO FARR, CA 94020		H(a) Is this a group re	turn										
	Application			for subordinates	? Yes X No										
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No										
		empt status: $X = 501(c)(3) = 501(c)(6)$ (insert no.) $4947(a)(1)(6)$	or 527	If "No," attach a	list. See instructions										
		te: > WWW.MAFOUNDATION.ORG		H(c) Group exemption											
		organization: X Corporation Trust Association Other	L Year	of formation: $1992 _{N}$	State of legal domicile: CA										
P	art I	Summary													
ě	1	Briefly describe the organization's mission or most significant activities: RAIS	E FUND	S TO SUPPOR	<u>r </u>										
anc		EXCELLENCE IN EDUCATION AT MENLO-ATHERTOI													
ern	1	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.													
હુ				3	37										
જ		Number of independent voting members of the governing body (Part VI, line 1b)			37										
Activities & Governance		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1										
⋛		Total number of volunteers (estimate if necessary)			0.										
Ş		Total unrelated business revenue from Part VIII, column (C), line 12			0.										
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		Current Year										
	8	Contributions and grants (Part VIII line 1h)		Prior Year 2, 266, 713.	2,480,993.										
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.										
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,957.	30,354.										
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.										
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,307,670.	2,511,347.										
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,724,631.	1,674,961.										
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.										
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		147,242.	155,904.										
Expenses	16a			0.	0.										
g	b	Professional fundraising fees (Part IX, column (A), line 11e)	52.												
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,682.	38,742.										
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,906,555.	1,869,607.										
	19	Revenue less expenses. Subtract line 18 from line 12		401,115.	641,740.										
Net Assets or	3		Ве	ginning of Current Year	End of Year										
sets	20	Total assets (Part X, line 16)		2,514,099.	3,012,969.										
TAS P	21	Total liabilities (Part X, line 26)		8,398.	29,492.										
		Net assets or fund balances. Subtract line 21 from line 20		2,505,701.	2,983,477.										
_	art II	Signature Block													
		Ilties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is										
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.											
٠.		Signature of officer		I Date											
Sig		CRISTY BARNES, TREASURER		Duto											
He	re	Type or print name and title													
			П	Date Check	TI PTIN										
Pai	d	Print/Type preparer's name J.D. MORTON, CPA J.D. MORTON, CPA		if											
	parer	self-employe	77-0483462												
	Only	Firm's name MORTON & ASSOCIATES ACCOUNTANCY Firm's address 260 SHERIDAN AVENUE #216		I IIIII 3 LIIV	0100101										
	,	PALO ALTO, CA 94306		Phone no (6	50) 323-6665										
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		11 110110 110. (0	X Yes No										
	, 11	a.coace and rotain marking proparor onlowing above, ode mondenone													

Pai	rt III Statement of Program Service Accomplishments										
	Check if Schedule O contains a response or note to any line in this Part III										
1	Briefly describe the organization's mission: RAISE FUNDS TO PAY SALARIES FOR KEY M-A PERSONNEL AND TO SUSTAIN										
	ENRICH VALUABLE M-A PROGRAMS, ENSURING THAT ALL STUDENTS CAN REACH										
	THEIR HIGHEST POTENTIAL.										
2	Did the organization undertake any significant program services during the year which were not listed on the										
_		Yes X No									
	If "Yes," describe these new services on Schedule O.										
3		Yes X No									
3	If "Yes," describe these changes on Schedule O.	Tes L21 NO									
4		vn.ene.e.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and										
	revenue, if any, for each program service reported.	enses, and									
4-	1 707 700	2,423.)									
4a	EXCELLENT TEACHERS, COLLEGE SUCCESS AND CAREER SUCESS: THE ORGAN	NIZATION									
	PROVIDES SMALLER CLASS SIZES, EXCELLENT COLLEGE AND CAREER PREPARED										
	AND INVESTS IN OUTSTANDING TEACHING THROUGH PROFESSIONAL DEVELOR	PMENT									
	AND RECOGNITION.										
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$										
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$										
	(Code										
14	Other program convices (Describe on Schedule O.)										
4d											
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,737,598.										
70		Form 990 (2021)									

Form 990 (2021) FOR THE FUTU Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	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
14a	, , , , ,	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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 1? If "Yes," complete Schedule I, Parts I and II	21	х	

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MENLO-ATHERTON HIGH SCHOOL FOUNDATION FOR THE FUTURE

Form 990 (2021) FOR THE FUTURE

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04 -	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		х
h	Schedule K. If "No," go to line 25a	24a 24b		
0	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			\ _{3,7}
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/ff			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0 F -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
00	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a			
b	Enter the number of Fermi W 24 metaded on the fat. Enter of in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	Х	
	TUGITIDIITU WITHING LU DIIZE WITHEGS!	1 IC	1 41	

26-0820369 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. Х 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form 990 (2021)

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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 on Schedule O. See instructions.

_	•				
Sec	tion A. Governing Body and Management				
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	37		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	37		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?		7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
			7b		X
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		/,5		
а			8a	х	
	The governing body? Each committee with authority to act on behalf of the governing body?			X	
b			OD	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				X
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		21
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			N.
10-	Did the averagination have least shorters by another ay officience		40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a	+	
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics and procedures governing the activities of such characteristics and procedures governing the activities of such characteristics.		401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	? 11a	<u>^</u>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			- v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			 	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo			7.7	
	on Schedule O how this was done				
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l	
а	The organization's CEO, Executive Director, or top management official			77	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	exempt status with respect to such arrangements?		16b		
Sec	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 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 501(d)(3)s onl	y) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy	, and fina	ancial	
	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 records			
	THE ORGANIZATION - (408)348-0633				
	P.O. BOX 1228, MENLO PARK, CA 94026				

FOR THE FUTURE

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Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	l	111120		C)	прсі	iioai	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week	<u> </u>	Jei aii		II ecto	ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				p		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	lndi	Inst	Officer	Key	Hig	P.			
(1) ANN-MARIE MEACHAM	40.00	-		,,				127 025	0	0
EXECUTIVE DIRECTOR	10 00			Х				137,025.	0.	0.
(2) MICHELLE DE HAAFF	10.00	. ,		\ \					0	0
PRESIDENT	10.00	Х		Х				0.	0.	0.
(3) LENA CHANE	10.00	X		x				0.	0.	0
CO-VICE PRESIDENT	10.00	^		_				0.	0.	0.
(4) STEPHIE JOHNSON	10.00	X		x				0.	0.	0.
CO-VICE PRESIDENT (5) CRISTY BARNES	4.00	^		^				0.	0.	0.
TREASURER	4.00	X		x				0.	0.	0.
(6) JULIA MOLISE	4.00	Δ		<u> </u>				0.	0.	<u> </u>
SECRETARY	4. 00	x		X				0.	0.	0.
(7) CECILE AMRAM	0.50			1				0.	0.	<u> </u>
BOARD MEMBER	0.30	x						0.	0.	0.
(8) ANNIE ANDERSON	0.50	 						•		
BOARD MEMBER		Х						0.	0.	0.
(9) JASON BANKS	0.50								-	
BOARD MEMBER		Х						0.	0.	0.
(10) TRICIA BARR	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) MARC BRYMAN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(12) DANA CARMEL	0.50									
BOARD MEMBER		Х						0.	0.	0.
(13) AMY COOLICAN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(14) JENNIFER DURDEN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(15) JIM EDMUNDS	0.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(16) CRAIG FALKENHAGEN	0.50								_	_
BOARD MEMBER	0 50	Х						0.	0.	0.
(17) REBECCA GOLDSMITH	0.50								_	_
BOARD MEMBER		Х		L				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)	(C)			(D)	(E)		(F)			
Name and title	Average	/-1		Pos				Reportable	Reportable	Est	imated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	am	ount of
	week	offi	cer ar	d a d	irecto	or/trus	tee)	from	from related		other
	(list any	ector						the	organizations	comp	ensation
	hours for	or dir	a)			ated		organization	(W-2/1099-MISC/		om the
	related organizations	ıstee	truste		ao	bens		(W-2/1099-MISC/	1099-NEC)		anization
	below	ual trı	ional		ploye	t com	١.	1099-NEC)			related nizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organ	IIIZations
(18) TRISH INGUAGIATO	0.50	드	드	ō	ᇂ	王占	프				
BOARD MEMBER	0.50	х						0.	0.		0.
(19) BESS KENNEDY	0.50							•	•		
BOARD MEMBER	0.50	х						0.	0.		0.
(20) SARA LESLIE	0.50								•		
BOARD MEMBER	0.30	х						0.	0.		0.
(21) CARRIE LITTLEFIELD	0.50							1	•		<u></u>
BOARD MEMBER	0.50	х						0.	0.		0.
	0.50	^						0.	0.		<u> </u>
(22) SCOTT MARSHALL	0.50	х						0.	0.		0.
BOARD MEMBER	0.50	^						0.	0.		<u> </u>
(23) LINDA MCGEEVER	0.50	ν,							0		0
BOARD MEMBER	0.50	Х						0.	0.		0.
(24) SUZANNE O'BRIEN	0.50	٦,							_		0
BOARD MEMBER	0 50	Х						0.	0.		0.
(25) TRICIA O'CONNOR	0.50								•		•
BOARD MEMBER	0 50	Х						0.	0.		0.
(26) KAREN PARK	0.50										•
BOARD MEMBER		Х						0.	0.		0.
1b Subtotal								137,025.	0.		0.
c Total from continuation sheets to Part VI	-							0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	137,025.	0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable		_
compensation from the organization											1
											Yes No
3 Did the organization list any former officer,			кеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on		
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a	ccrue comper	nsat	ion f	rom	any	unr/	elat	ed organization or indivi	idual for services		
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	-	-								sation fr	rom
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.		
(A)				_				(B)		(C)	
Name and business	address	N	INC	<u> </u>				Description of s	services	Compen	isation
2 Total number of independent contractors (in	•	ot li	mite	d to		_	stec	d above) who received m	nore than		
\$100,000 of compensation from the organiz	zation 🕨					0					
SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2021)											

rustees, Key Er (B)	mplo	oyee			ligh	est	Compensated Employ	ees (continued)	
(B)									
(5)	1		(0	C)			(D)	(E)	(F)
Average					l		Reportable	Reportable	Estimated
hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
per						İ	from	from related	other
week					oyee		the	organizations	compensation
1 '	recto				em pl			(W-2/1099-MISC)	from the
	or di	tee			sated		(W-2/1099-MISC)		organization and related
	ruste	l trus		ee/	npen				organizations
1 -	dualt	ntiona	١	mplo)	st col	 			organizations
line)	Indivi	Institu	Office	Key e	Highe	Forme			
0.50									
	Х						0.	0.	0 .
0.50									
	Х						0.	0.	0.
0.50									
	Х						0.	0.	0 .
0.50									
	Х						0.	0.	0 .
0.50									
	Х						0.	0.	0.
0.50									
	Х						0.	0.	0 .
0.50									
	Х						0.	0.	0 .
0.50									
	Х						0.	0.	0.
0.50									
	Х						0.	0.	0.
0.50								_	
	X						0.	0.	0.
0.50							_	_	_
	X						0.	0.	0.
0.50								_	
	Х						0.	0.	0 .
	-								
	-								
	1								
+									
	1								
	\vdash					\vdash			
	1								
+					\vdash				
	1								
1						\vdash			
	1								
						_	 		
	hours per week (list any hours for related organizations below line) 0.50	hours per week (list any hours for related organizations below line) 0.50 X X X X X X X X X X X X X	hours per week (list any hours for related organizations below line) 0.50 X 0.50	hours per week (list any hours for related organizations below line) 0.50 X 0.50	hours per week (list any hours for related organizations below line) 0.50 X 0.50	hours per week (list any hours for related organizations below line) 0.50 X 0.50	hours per week (list any hours for related organizations below line) 0.50 X 0.50	hours per week (list any hours for related organizations below line) 0.50 X 0.50	hours hours hours hours per week (list any hours for related organizations below line) hours hours for related organizations hours hours for related organizations hours for related organizations hours hours for related organizations hours for relat

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 32,272. c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,448,721 similar amounts not included above 1f 3,500 1g |\$ g Noncash contributions included in lines 1a-1f 2,480,993. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 27,931. 27,931. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory $_{7a}$ 119,065. b Less: cost or other basis Other Revenue 76 116,642. and sales expenses 2,423. 2,423. 2,423. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 32,272. of contributions reported on line 1c). See 38,558. Part IV, line 18 **b** Less: direct expenses _____ 8b 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d [2,511,347.2,423. Total revenue. See instructions 12

26-0820369 Page 10 Form 990 (2021) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,674,961 1,674,961. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 42,304. 28,203. 70,507. 141,014. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,984. 1,495. 997. 2,492 Other employee benefits 9 9,906. 2,972. 1,981. 4.953. Payroll taxes 10 Fees for services (nonemployees): 11 a Management Legal 16,150. 16,150. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 1,741. 1,741 column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 898. 898. Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 7,363. 7,363. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 6,611. 6,611. OUTSIDE SERVICES CONTRIBUTED SERVICES 3,500. 3,500. BANK FEES 1,485. 1,485. 994. 994. LICENSE & FEES e All other expenses 1,869,607. 1,737,598. 54,057. 77,952. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	877,530.	1	1,227,405.
	2	Savings and temporary cash investments		2	507,644.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	1,472,928.	13	1,277,920.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 2 511 222	16	3,012,969
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			00 400
		of Schedule D		25	29,492.
	26	Total liabilities. Add lines 17 through 25	8,398.	26	29,492.
S		Organizations that follow FASB ASC 958, check here ▶ X			
nce		and complete lines 27, 28, 32, and 33.	1 000 503		0 425 077
ala	27	Net assets without donor restrictions		27	2,435,877. 547,600.
ф	28	Net assets with donor restrictions	605,118.	28	547,600.
Ë		Organizations that do not follow FASB ASC 958, check here			
P		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∍t A	31	Retained earnings, endowment, accumulated income, or other funds		31	2 002 477
ž	32	Total net assets or fund balances		32	2,983,477.
	33	Total liabilities and net assets/fund balances	2,514,099.	33	3,012,969.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,51		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,86		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,50		
5	Net unrealized gains (losses) on investments	5	-16	3,9	64.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,98	3,4	77.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other MODIFIE	D CAS	<u>H</u>		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

MENLO-ATHERTON HIGH SCHOOL FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOR THE FUTURE 26-0820369 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 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2021

FOR THE FUTURE

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2480993. 12197082. 2460964 2392449 2266713. include any "unusual grants.") 2595963 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2480993.12197082. 2460964 2392449. 2266713. 2595963. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 12197082. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 12197082. 2460964. 2392449 2266713. 2480993. 2595963. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 74,909. 31,982. 30,788. 40,957. 30,354. 208,990. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12406072. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.32 14 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 98.22 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization _______ 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inone under coetion 512						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		+				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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
	1		
	2		
	_		
	3a		
	- Ou		
	2h		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	_		
	9a		
	9b		
	9с		
	10a		
	10b		
dule	A (Forr	n 990)	2021

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Pa	rt IV Supporting Organizations (continued)			.gc C
	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
1	The organization satisfied the Activities Test. Complete line 2 below.	•		
a b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 bolow. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	16)	
2	Activities Test. Answer lines 2a and 2b below.	1311401101	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections 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					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see			
	instructions).						

FOR THE FUTURE

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	1 11 21 21 21 21 21 21 21 21 21 21 21 21	<u> </u>	COntine	<i>(</i> CU)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

MENLO-ATHERTON HIGH SCHOOL FOUNDATION 26-0820369 Page 8 FOR THE FUTURE Schedule A (Form 990) 2021 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Part VI Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

MENLO-ATHERTON HIGH SCHOOL FOUNDATION FOR THE FUTURE

Employer identification number

26-0820369

Organiz	ation type (check or	ne):			
Filers of	:	Section:			
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).			

Name of organization
MENLO-ATHERTON HIGH SCHOOL FOUNDATION
FOR THE FUTURE

Employer identification number

26-0820369

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIDELITY CHARITABLE PO BOX 77001 CINCINATTI, OH 45277	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FACEBOOK 1 HACKER WAY BLDG 10 MENLO PARK, CA 94025	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NATIONAL PHILONTHROPIC TRUST 510 BERKELEY AVE MENLO PARK, CA 94025	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GOLDMAN SACHS PHILANTHROPY FUND PO BOX 15203 ALBANY, NY 12212	\$\$00,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GOLDMAN SACHS PHILANTHROPY FUND PO BOX 15203 ALBANY, NY 12212	\$\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Individual	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

MENLO-ATHERTON HIGH SCHOOL FOUNDATION

FOR THE FUTURE

Employer identification number

26-0820369

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 SILICON VALLEY COMMUNITY FOUNDATION X Person Payroll 50,000. 2440 EL CAMINO REAL, SUITE 300 Noncash (Complete Part II for MOUNTAIN VIEW, CA 94040 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 SILICON VALLEY COMMUNITY FOUNDATION Person Payroll 50,000. 2440 EL CAMINO REAL, SUITE 300 Noncash (Complete Part II for MOUNTAIN VIEW, CA 94040 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.)

Name of organization

MENLO-ATHERTON HIGH SCHOOL FOUNDATION

FOR THE FUTURE

Employer identification number

26-0820369

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Schedule B (Form 990) (2021) Name of organization Employer identification number MENLO-ATHERTON HIGH SCHOOL FOUNDATION FOR THE FUTURE

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) th 26-0820369

(b) Purpose of gift Transferee's name, address, ar (b) Purpose of gift	(c) Use of gift (e) Transfer of gift and ZIP + 4 (c) Use of gift	(d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held		
	(c) Use of gift			
	(c) Use of gift			
(b) Purpose of gift		(d) Description of how gift is held		
		_		
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(a) Transfer of sift			
Transferee's name address as		Relationship of transferor to transferee		
	(b) Purpose of gift	Transferee's name, address, and ZIP + 4		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MENLO-ATHERTON HIGH SCHOOL FOUNDATION FOR THE FUTURE

Employer identification number 26-0820369

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		imilar Funds o	r Accounts. Complete if the
	organization answered 100 on 10111 000,1 dictiv, iii	(a) Donor advised	l 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		ld in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose cor	nferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, Parl	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribu	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2 a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the or	ganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ion, handling of	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, an	d enforcing conserv	vation easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	n easements during the year
•	Description of the second seco		f H 170 /h\/	4) (D) (i)
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat		•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	imanciai statement	s triat describes trie
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	of Art. Historical Tre	asures, or Othe	er Similar Assets
	Complete if the organization answered "Yes" on Form		acarco, cr Car	
	If the organization elected, as permitted under FASB ASC 95		nue statement and	halance sheet works
ıu	of art, historical treasures, or other similar assets held for pul	'		
	service, provide in Part XIII the text of the footnote to its fina	, ,		oranice or public
h	If the organization elected, as permitted under FASB ASC 95			ance sheet works of
~	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	o oximonion, oddodnom, or	roodaron in rantinore	and of public convice,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				. .
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		> \$
	Assets included in Form 990, Part X			> \$

Schedule D (Form 990) 2021

FOR THE FUTURE

26-0820369 Page 2

Pai	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	er Simila	r Asset	S (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant u	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization's ex	empt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	•	•	-				
	to be sold to raise funds rather than to be ma	aintained as part of th	he organization's co	ollection?			Yes	☐ No
Pai	rt IV Escrow and Custodial Arran						ne 9, or	
	reported an amount on Form 990, Pai	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
						,	Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fe						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has been	provided on Part XI	II			
Pai	T V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance	797,600.	797,600.	797,600.	79	7,600.		525,000.
b	Contributions							272,600.
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance	797,600.	797,600.	797,600.	7.9	7,600.		797,600.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:	•			
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Term endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organiza	ation		
	by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.					
Pai	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part >	(, line 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated) t	d) Book	value
		basis (investm	nent) basis ((other) de	epreciation			
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)		•		0.

Schedule D (Form 990) 2021 FOR THE FUTURE

26-0820369 Page **3**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11. See Form 990, Part X, line 12. (a) Description of branching calcilatory Code for end of year market value (b) Book value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market	Part VII Investments - Other Securities.		44h O Farra 000 Bart V live 40	
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (A) (B) (B) (C) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				d.of.year market value
(2) October held equity interests		(b) Book value	(c) Method of Valuation. Cost of en	u-or-year market value
(8) Other				
A				
(B) (C)				
(C) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	· ·			
(E) (E) (E) (F) (G) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(E) (F)				
(G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(G) (H) Total. (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value				
(1) Total. ((o). (b) must equal form 990, Part X, col. ((B) line 12.) Eart VIII Investments - Program Related.				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12. Part VIII Investments - Program Related.				
Part VIII Investments - Program Related.				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) EXCHANGE TRADED FUNDS 1, 252, 818. END-OF-YEAR MARKET VALUE (2) MONEY MARKET 25, 102. END-OF-YEAR MARKET VALUE (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 1, 277, 920. ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (E) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
(1) EXCHANGE TRADED FUNDS	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(2) MONEY MARKET	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(3) (4) (5) (6) (7) (8) (9) 10tal. (Col. (th) must equal Form 990, Part X, col. (8) line 13.) ▶ 1, 277, 920. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE (2), (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) 29, 492. Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE (2), (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 1, 2777, 920. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (77 (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE 29, 492. (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (9) (9) (1) Must equal Form 990, Part X, col. (B) line 25.) ▶ (1) Paging Income taxes (2) PROGRAM SERVICE PAYABLE (5) (6) (7) (8) (9) (9) (9) (1) Folder Liability (1) Folder Lia	(2) MONEY MARKET	25,102.	END-OF-YEAR MARKET	' VALUE
(6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(3)			
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 1, 277, 920. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE 29, 492. (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(4)			
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) \ 1, 277, 920. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 29, 492. 20, 492.	(5)			
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 1, 277, 920. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (77) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) Book value (b) Book value (c) Poor Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE 29, 492. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 29, 492.	(6)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 1 , 277 , 920 . Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE 29 , 492 . (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 29 , 492 .	(7)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 1,277,920. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Port X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE 29,492. (3) (4) (5) (6) (7) (8) (9) Other Liability for uncertaint and positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)			
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE (29 , 492. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Part X Other Liability (b) Book value (b) Book value (c) PROGRAM SERVICE PAYABLE (29 , 492. (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(9)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Part X Other Liability (b) Book value (c) PROGRAM SERVICE PAYABLE (d) Description of liability (b) Book value (e) PROGRAM SERVICE PAYABLE (f) Federal income taxes (g) PROGRAM SERVICE PAYABLE (g) PROGRAM SERVICE PAYABLE (g) PROGRAM SERVICE PAYABLE (g) PAYABLE (g) PROGRAM SERVICE PAYABLE (g) PROGRAM		1,277,920.		
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE 29 , 492 . (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 29 , 492 .		5 000 D 111/1	11 LO E 000 B LV " 15	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PROGRAM SERVICE PAYABLE 29,492. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 29,492. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			11d. See Form 990, Part X, line 15.	(h) Dook value
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(1) Federal income taxes (2) PROGRAM SERVICE PAYABLE (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 29,492. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(-) December of Belefith.	· · · · · · · · · · · · · · · · · · ·	, ,	
(2) PROGRAM SERVICE PAYABLE (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 29,492. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	DROCKELL CERTIFICE BALLARIE			29,492.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
	Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	29,492.
			*	

Schedule D (Form 990) 2021

FOR THE FUTURE

26-0820369 Page 4

	Complete if the organization answered "Yes" on Form 990, Part IV, lir				0 205 041
	Total revenue, gains, and other support per audited financial statements			1	2,385,941.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		460.064		
	Net unrealized gains (losses) on investments		-163,964.		
	Donated services and use of facilities				
c F	Recoveries of prior year grants	2c			
d (Other (Describe in Part XIII.)	2d	38,558.		
е А	Add lines 2a through 2d			2e	-125,406.
3 8	Subtract line 2e from line 1			3	2,511,347.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a l	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
b (Other (Describe in Part XIII.)	4b			
c A	Add lines 4a and 4b			4c	0.
5 7	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,511,347.
Part	XII Reconciliation of Expenses per Audited Financial St	atements Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				1 000 165
	Total expenses and losses per audited financial statements			1	1,908,165.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a [Donated services and use of facilities	2a			
b F	Prior year adjustments	2b			
c (Other losses	2c			
d (Other (Describe in Part XIII.)	2d	38,558.		
е А	Add lines 2a through 2d			2e	38,558.
3 8	Subtract line 2e from line 1			3	1,869,607.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a l	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·		4c	0.
5 7	Fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	1,869,607.
	XIII Supplemental Information.	,			
PAR	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a T XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES	ny additional infor	mation.		
PAR	r XII, LINE 2D - OTHER ADJUSTMENTS:				
FUNI	DRAISING EXPENSES				
PAR	ΓV, LINE 4:				
THE	ENDOWMENT IS USED TO SUPPORT GENERAL	OPERATION	ıs.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

MENLO-ATHERTON HIGH SCHOOL FOUNDATION Employer identification number Name of the organization FOR THE FUTURE 26-0820369 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

Schedule G (Form 990) 2021

FOR THE FUTURE

26-0820369 Page 2

Pa	rt I		-				
		of fundraising event contributions and gr					
			(a) Event #1 ONLINE AUCTION	(b) Event #2	2	(c) Other events NONE	(add col. (a) through
a)			(event type)	(event type)	:)	(total number)	col. (c))
anue							
Revenue	1	Gross receipts	70,830.				70,830.
_	2	Less: Contributions	32,272.				32,272.
	3	Gross income (line 1 minus line 2)	38,558.				38,558.
	_	Gross income (line 1 minus line 2)	30,73301				3373331
	4	Cash prizes					
ses	5	Noncash prizes					
Expens	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					_
	8	Entertainment					
	9	Other direct expenses					38,558.
	10	, ,					38,558.
Da		Net income summary. Subtract line 10 from li					0.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line	19, or re	ported more than	
		\$10,000 0111 01111 000 EZ, III10 0d.	() 5:	(b) Pull tabs/inst	tant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive		(c) Other gaming	col. (a) through col. (c))
Seve							
	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
		•	Yes %	Yes_	% L	Yes	%
	6	Volunteer labor	∟ No	└── No		No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				>
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
		ter the state(s) in which the organization condu					
		the organization licensed to conduct gaming a		states?			Yes No
D	11 "	No," explain:					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during t	the tax ye	ear?	Yes No
b	lf "	Yes," explain:					
	_						

26-0820369 Schedule G (Form 990) 2021 FOR THE FUTURE Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **13** Indicate the percentage of gaming activity conducted in: a The organization's facility 13a % % b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name > Address -15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? _____ Yes No b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: **16** Gaming manager information: Name > Gaming manager compensation ▶ \$_____ Description of services provided > Director/officer 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule (G (Form 990)	FOR THE	FUTURE		26-0820369	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continu	ıed)			
	•••	,	,			
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	<u> </u>	•		 	<u> </u>	
		<u></u>	·	 		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

MENLO-ATHERTON HIGH SCHOOL FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOR THE F	UTURE						26-0820369
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organ	izations and Domest	ic Governments. C	complete if the org	anization answered "`	Yes" on Form 990, Par	t 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SEQUOIA UNION HIGH SCHOOL DISTRICT 480 JAMES AVENUE REDWOOD CITY, CA 94602	94-3084148	501(C)(3)	1,674,961.	0.			REIMBURSEMENT FOR AGREED UPON STAFF SALARIES AND OTHER SCHOOL PROGRAMS
·			, ,				
 Enter total number of section 501(c)(3) a Enter total number of other organizations 		1 table					>

Part III Grants a	nd Other Assistance to Domestic Individuals an be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(a)	Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplem	nental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	

SCHEDULE 0 (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 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 VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS THE 990 BY COMPARING IT WITH ITS ANNUAL
BUDGET.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE WITH ITS POLICY BY HOLDING REGULAR BOARD MEETINGS.
FORM 990, PART VI, SECTION B, LINE 15:
THE GOVERNING BOARD PERIODICALLY REVIEWS STAFF COMPENSATION AND SALARIES.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING BOARD PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS TO ANYONE REQUESTING THEM. FURTHERMORE, THE
CALIFORNIA ATTORNEY GENERAL MAINTAINS A PUBLICLY VIEWABLE WEBSITE WITH
SCANNED COPIES OF THE ORGANIZATION'S 990 INFORMATION RETURNS.