

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2012

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning , 2012, and ending ,

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C</p> <p>MOUNTED PATROL OF SAN MATEO COUNTY FOUNDATION 521 KINGS MOUNTAIN ROAD WOODSIDE, CA 94062</p>	<p>D Employer identification number 75-2991593</p> <p>E Telephone number 650-851-8300</p> <p>F Group Exemption Number</p>
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G Accounting Method: Cash Accrual Other (specify) _____

I Website: ▶ WWW.MOUNTEDPATROLFOUNDATION.ORG

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **36,058.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	1 Contributions, gifts, grants, and similar amounts received	1	31,446.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	4,612.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	36,058.
	10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	18,271.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,600.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	39.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	55.
	17 Total expenses. Add lines 10 through 16	17	19,965.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,093.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	142,768.
	20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	11,506.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	170,367.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)

97
5

Part I Balance Sheets. (see the instructions for Part II.)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	143,968.	22 193,327.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	143,968.	25 193,327.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	1,200.	26 22,960.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	142,768.	27 170,367.

Part II Statement of Program Service Accomplishments (see the instrs for Part III.)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>GRANTS TO SAN MATEO COUNTY DEPARTMENT OF PARKS (PROJECT TO WINTERIZE HORSE TRAILS IN WUNDERLICH COUNTY PARK - DONOR-DIRECTED).</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29 <u>GRANT TO NATIONAL CENTER FOR EQUINE FACILITATED THERAPY (TO SUPPORT A HIPPO THERAPY PROGRAM FOR INJURED VETERANS).</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30 <u>CANADA 4-H CLUB (TO PROVIDE PETTING ZOO AT 4TH OF JULY RODEO - DONOR-DIRECTED).</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31 Other program services (describe in Schedule O) SEE SCHEDULE O (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32 Total program service expenses (add lines 28a through 31a)	32

Part III List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHAEL RAYNOR DIRECTOR	1	0.	0.	0.
GORDON E. BROWN, JR. SECRETARY	1	0.	0.	0.
ARTHUR M. MINTZ DIRECTOR	1	0.	0.	0.
R.P. TOLLES CHAIRMAN	2	0.	0.	0.
MICHAEL CARR DIRECTOR	1	0.	0.	0.
DEAN WITTER III TREASURER	2	0.	0.	0.
DON PUGH DIRECTOR	1	0.	0.	0.

Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V [X]

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting requirements.

42a The organization's books are in care of DEAN WITTER III Telephone no. 650-851-8300 Located at 521 KINGS MOUNTAIN ROAD WOODSIDE CA ZIP + 4 94062-4209

Table for questions 42b and 42c regarding foreign financial accounts and offices. Includes Yes/No checkboxes and a field for foreign country name.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year [] N/A [] N/A

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities. Includes Yes/No checkboxes.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 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.

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Dean Witter III Date: 3/12/2013
 Type or print name and title: DEAN WITTER III TREASURER

Paid Preparer Use Only
 Print/Type preparer's name: DAVID P. HOLLAND Preparer's signature: David P. Holland Date: 3-8-13
 Firm's name: HOLLAND & ASSOCIATES CPAS, INC. Check if self-employed PTIN: P00105990
 Firm's address: 250 CAMBRIDGE AVE., #101 Firm's EIN: 27-0574945
PALO ALTO, CA 94306 Phone no: (650) 326-9100

May the IRS discuss this return with the preparer shown above? See instructions.

Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

DISBURSEMENT
REGISTRATION

Name of the organization MOUNTED PATROL OF SAN MATEO COUNTY FOUNDATION	Employer identification number 75-2991593
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	102,058.	75,542.	42,259.	24,898.	31,446.	276,203.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	102,058.	75,542.	42,259.	24,898.	31,446.	276,203.
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)						14,176.
6 Public support. Subtract line 5 from line 4						262,027.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	102,058.	75,542.	42,259.	24,898.	31,446.	276,203.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,358.	1,770.	2,293.	3,981.	4,612.	15,014.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV		-8.				-8.
11 Total support. Add lines 7 through 10						291,209.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	89.98 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	89.37 %

16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33-1/3% support test – 2011. 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 – 2012. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . ▶

b 10%-facts-and-circumstances test – 2011. 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 IV 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 . . . ▶

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5 . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons. . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b . . .						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

- 19a 33-1/3% support tests – 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33-1/3% support tests – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2012	2011	2010	2009	2008
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization **MOUNTED PATROL OF SAN MATEO COUNTY
FOUNDATION**

Employer identification number
75-2991593

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CHARITY AND COMMUNITY SERVICE

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR

INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? **NO**

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? **NO**

MOUNTED PATROL OF SAN MATEO COUNTY
FOUNDATION

**FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

CLASS OF ACTIVITY:	COMMUNITY SUPPORT	
DONEE'S NAME:	SAN MATEO COUNTY PARKS AND RECREATION	
DONEE'S ADDRESS:	455 COUNTY CENTER, 4TH FLOOR	
	REDWOOD CITY, CA 94063	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 11,370.

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

LICENSES AND FEES	\$ 20.
MISCELLANEOUS EXPENSES	35.
TOTAL	<u>\$ 55.</u>

**FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	\$ 11,506.
TOTAL	<u>\$ 11,506.</u>

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,200.	\$ 1,200.
ESCROW ACCOUNT LIABILITY	0.	21,760.
FEDERAL INCOME TAXES		0.
TOTAL	<u>\$ 1,200.</u>	<u>\$ 22,960.</u>

**FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
GRANT TO SAN MATEO COUNTY SHERIFF'S DEPARTMENT S.T.A.R. PROGRAM (TO SUPPORT A PROGRAM AIMED AT DISADVANTAGED YOUTH IN THE COUNTY). INCLUDES FOREIGN GRANTS: NO		
RILEY'S PLACE (TO BRING ANIMALS TO SERIOUSLY ILL YOUNGSTERS). INCLUDES FOREIGN GRANTS: NO		
GRANT TO THE ORDER OF ST. JOHN, COMMANDERY OF ST. FRANCIS (HOLIDAY GIFTS TO ARMED FORCES PERSONNEL SERVING IN AFGHANISTAN - DONOR-DIRECTED).		

MOUNTED PATROL OF SAN MATEO COUNTY
FOUNDATION

75-2991593

FORM 990-EZ, PART III, LINE 31 (CONTINUED)
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
INCLUDES FOREIGN GRANTS: NO		
GRANT TO THE WOODSIDE PONY CLUB. INCLUDES FOREIGN GRANTS: NO		
GRANT TO TOWN OF WOODSIDE TRAILS COMMITTEE. INCLUDES FOREIGN GRANTS: NO		
GRANT TO VICTORY RANCH. INCLUDES FOREIGN GRANTS: NO		
CONSTRUCTION AND INSTALLATION OF 6 HITCHING RAILS ABOUT THE TOWN OF WOODSIDE (PROJECT CONTINUED INTO 2013). INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 0.