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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)

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

<u>A</u>	For th	ne 2009 ca	alendar	year, or tax year beginning , 2009, and ending			, 20	
B (Chack if	applicable	Please	C Name of organization The Wilson Sonsini Goodrich & Rosati Foun	ndation	D Employ	er identification r	number
_		• • • • • • • • • • • • • • • • • • • •	use IRS	Doing Business As		77	027652	9
		s change	label or print or	Number and street (or PO box if mail is not delivered to street address) Room/suite		E Telepho		
	Name c		type	·	i i			_
	nitial re	etum	See	650 Page Mill Road		(650)	<u>493-930</u>	0
	Termina		Specific Instruc-	City or town, state or country, and ZIP + 4				
		ed return	tions.	Palo Alto, CA 94304-1050		G Gross red	celots \$ 85	0,581
$\overline{}$			F Nam	e and address of principal officer. David S. Steuer				
، لـــا	Application	on pending			H(a) Is this	a group return	for affiliates? Yes	₩ No
				as C above	H(b) Are a	ıll affiliates ii	ncluded? LYes	∐ No
1	Tax-ex	empt status	s 🗾 5	01(c) (3)◀ (insert no)	If "No	o," attach a	list (see instructio	ns)
J	Webs	ite: ► N/	A		H(c) Group e	exemption nun	nber ▶	
				ration ☐ Trust ☐ Association ☐ Other ▶	1990		legal domicile. C.	Δ
				Total of Tot		0.0.0 0.	iogus dominosos Os	
P	art I	Summ			<u></u>			
	1	Briefly de	escribe	the organization's mission or most significant activities: The pur	pose of the	his Found	dation is to fu	rther
		the purp	oose of	other organizations which are organized and operating within	the mean	ning of se	ection 501(c)(3	3).
Activities & Governance								
ᇣ								
10								
8	2	Check this	s box ► Í	If the organization discontinued its operations or disposed of more than 25% of	fits net asse	ets.		
9	3	Number	of votin	g members of the governing body (Part VI, line 1a)		3		11
S	1							11
₽	•			pendent voting members of the governing body (Part VI, line 1b)		5		
₹	5	Total nur	mber of	employees (Part V, line 2a)		·		
¥	6	Total nur	mber of	volunteers (estimate if necessary)		. 6		12
	7a	Total gro	ss unre	lated business revenue from Part VIII, column (C), line 12		7a		0
				usiness taxable income from Form 990-T, line 34		. 7b		0
	-	1101 0.110	10100 0	tando tando monto monto antico	Prior Ye		Current Yes	ar
				-				
Revenue	8	Contribu	tions ar	id grants (Part VIII, line 1h) L		795,928	88	0,000
	9	Program	service	revenue (Part VIII, line 2g)				
Š	1	-		me (Part VIII, column (A), lines 3, 4, and 7d)		3.446		581
æ				Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,		
						700 274	0.0	-0 F04
				dd lines 8 through 11 (must equal Part VIII, column (A), line 12)		799,374		50,581
	13	Gran		artarnounts paid (Part IX, column (A), lines 1-3)		791,462	84	5,894
	14	Benefits	paid to	or for managers (Part IX, column (A), line 4)		ļ		
e S								
Expenses	1316			mpensation employee benefits (Part IX, column (A), lines 5–10)				
8	16	Profession	martun	draising fees Part IX, column (A), line 11e)	/YYY./60.000.600.800	20.00 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	LACOLUNIONAL YES	Gérban 1827
ω	l þ	Totalfun	draising	expenses (Part IX, column (D), line 25) ▶	3 - L. Z.	3 (145)	the second	90% JA
				Par 17, column (A), lines 11a-11d, 11f-24f)		115		85
	10	DIOTAL SY		Add lines 13-17 (must equal Part IX, column (A), line 25).		791,577	84	15,979
				penses. Subtract line 18 from line 12		7,797		4,602
		neveriue	ICSS CX					
s or				Be	ginning of Cu		End of Yea	
set	20	Total ass	sets (Pa	rt X, line 16)		734,763	73	39,365
Assets 3 Baland	21		-	Part X, line 26)				
Net A	22			nd balances. Subtract line 21 from line 20		734,763	73	39,365
						, 04,, 00		,,,,,,,,,
	art II		ature					
		Under pe	enalties of	perjury, I declare that I have examined this return, including accompanying schedule e, correct, and complete Declaration of preparer (other than officer) is based on all	s and staten	nents, and to	o the best of my ki	nowledge
		and belie	אר וויינים	e, correct, and complete Declaration of preparer (other than officer) is based on all				wicago
Sig	ın		×Ι	O Klasson word	l Au	ugust 9	9, 2010	
		Sign	nature of o	officer	Date	<u> </u>	<u></u>	
He	re	1'			Duit	•		
				<u> Bhardwaj - Chief Financial OfGicer</u>				
		Тур	e or print	name and title				
		Preparer	·. A	Date Chec	k ıf	Preparer's lo	dentifying number	
		signature		self-		(see instruct		
Paid	d		,	empi	oyed ▶ ∐			
Pre	parer's	ı <u> </u>						
	Only	Firm's na	ame (or ye	ours	EIN	•		
- 30	. Oiny	If self-en	and ZIP	+ 4 🖊	Phone no	0 ▶ (1	
Ma	v the			return with the preparer shown above? (see instructions)			. Yes	No
.,,,	7 1110	0130	<u> </u>	reterm men the property distinction abover (see mendential)	 	 	<u> </u>	

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The Foundation is organized and operated to make gifts and grants to other section 501(c)(3) organizations which engage in activities which (a) improve the quality of life & the community (b) further the professional & educational interest of the legal profession (c) conduct charitable, educational and or community activities.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 845,894 including grants of \$ 845,894) (Revenue \$) The Foundation has achieved its mission through grants awarded to one hundred fourty-nine 501(c)(3) organizations
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 845,894

rai	Checklist of nequired 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	~	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	~	
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		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		~
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	6		7
7	complete Schedule D, Part I	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		V
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		٧
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		~
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	ONE COMPAN	/
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		<i>y</i>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		V
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		V
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		~
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		~
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		V
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		~

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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 Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		~
	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 any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
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		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		v
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	~	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	.				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c				
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
28	Statements, filed for the calendar year ending with or within the year covered by this return	,				
	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 this return. (see	2		a /		
	instructions)	7		\$4 25		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1	·			
	this return?	3a		~		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?	4a		~		
þ	If "Yes," enter the name of the foreign country: ▶		. *			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		- 3°.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~		
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding					
	Prohibited Tax Shelter Transaction?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		~		
	organization solicit any contributions that were not tax deductible?					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	1,5 4	>> *	, ,		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			٠		
	and services provided to the payor?	7a		1		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l .		
	required to file Form 8282?	7c		~		
đ	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g				
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	l '				
	required?	7h	30%	. 24		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	- (a)				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-24-4-	<u></u>		
			-,,	 		
	Sponsoring organizations maintaining donor advised funds.	9a		·		
	Did the organization make any taxable distributions under section 4966?	9b		<u> </u>		
10	Section 501(c)(7) organizations. Enter:		,,,,	,		
	Initiation fees and capital contributions included on Part VIII, line 12		24	2		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities] .'	;	,		
11	Section 501(c)(12) organizations. Enter:	300		1.		
a	Gross income from members or shareholders]: ::	1	ļģ.		
	Gross income from other sources (Do not net amounts due or paid to other sources against	, .	1 . 5			
	amounts due or received from them.)	ļ. <u></u>		122		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	I	1	1		

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

Sec	tion A. Governing Body and Management					_
			ı	····	Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>		11	, ,	1 1
b	Enter the number of voting members that are independent	1b	•	1		1 - 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relati	onship wit	h		<u> </u>
	any other officer, director, trustee, or key employee?			2		~
3	Did the organization delegate control over management duties customarily performed by or	unde	r the direc	t		
	supervision of officers, directors or trustees, or key employees to a management company or o			3		~
4	Did the organization make any significant changes to its organizational documents since the prior For			4		~
5	Did the organization become aware during the year of a material diversion of the organiza			5	ļ	~
6	Does the organization have members or stockholders?			6	1	
7a		r mor	e member	s İ		
	of the governing body?			. 7a	V	
b	Are any decisions of the governing body subject to approval by members, stockholders, or oth	er per	sons?	7t		/
8	Did the organization contemporaneously document the meetings held or written actions up			9		273
•	the year by the following:					
а	The governing body?			8a	V	
	Each committee with authority to act on behalf of the governing body?			. 8t	,	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who ca	nnot	be reache	j		
	at the organization's mailing address? If "Yes," provide the names and addresses in Sched			. 9a		V
Sec	tion B. Policies (This Section B requests information about policies not requ			nterna	ī .	
	enue Code.)		•			
					Yes	No
102	Door the organization have local chapters, branches, or offiliates?			10	1	V
	Does the organization have local chapters, branches, or affiliates?	of our	 h chaptar			
U	If "Yes," does the organization have written policies and procedures governing the activities of		-	" ₁₀ 1	,	
11	affiliates, and branches to ensure their operations are consistent with those of the organization provided a copy of this Form 990 to all members of its governing body			•	1	
11	form?	y Deit	ne ming u	ັ 11	1	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form	oon		- 543		7 rd
	Does the organization have a written conflict of interest policy? If "No," go to line 13	<i>33</i> 0.		12		<u> </u>
	Are officers, directors or trustees, and key employees required to disclose annually interest	 c tha	 Loculd div			1
D	rise to conflicts?	S IIIa	could giv	12		
		• •			1	†
С	Does the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this is done	polic	y? If "Yes,	120		
13	Does the organization have a written whistleblower policy?			13	$\overline{}$	
14	Does the organization have a written document retention and destruction policy?			14		<u> </u>
15	Did the process for determining compensation of the following persons include a review	and	approval b	у 🎒	l Oir	
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	ion ar	d decision	?		
а	The organization's CEO, Executive Director, or top management official			15	3	<u> </u>
b	Other officers or key employees of the organization			15)	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				176	3.5
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	nlar a	rrangemer	ıt 🍱	i File	242
	with a taxable entity during the year?			16		1
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization	ation	to evaluat	е 🦃		
_	its participation in joint venture arrangements under applicable federal tax law, and taken st	eps t	o safeguar	d 🍱		
	the organization's exempt status with respect to such arrangements?	<u>.</u>	<u> </u>	16	3	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ California					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990	, and	990-T (50	1(c)(3)	s only)	
-	available for public inspection. Indicate how you make these available. Check all that app	•	,	· - / \ - /	.,,	
	☐ Own website ☐ Another's website ☑ Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing do	cume	nts, confli	ct of ir	iterest	
. •	policy, and financial statements available to the public.	,	,	"		
20	State the name, physical address, and telephone number of the person who possesses the	ne bo	oks and re	cords	of the	
	organization: ► Gail McFall, Wilson Sonsini Goodrich & Rosati, 650 Page Mill Road, Pa	lo Al	to, CA 943	04 (65	0)493	-9300

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

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☑ Check this box if the organization did not co	mpensate	any o	urr	ent	offi	cer, d	irec	tor, or trustee		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d		k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
David S. Steuer Chairman	part time	~		,				0	0	0
Charles T. C. Compton Secretary	part time			,			-	0	0	0
Harry B. Bremond Director	part time	,						0	0	0
Terry T. Johnson Director	part time							0	0	0
Katharine A. Martin Director	part time	v						0	0	0
Chul Pak Director	part time	,						0	0	0
Donna M. Petkanics Director	part time	,						0	0	0
Robert D. Sanchez Director	part time	,						0	0	0
Patrick J. Schultheis Director	part time	,						0	0	0
David Berger Director	part time	,						0	0	0
Kristen Garcia Dumont Director	part time	,						0	0	0
										_

Pa	t VII Section A. Officers, Directors, Tru	istees, Key	/ Emp	loy	ees,	an	d Hig	hest	Compensated	d Employees	s (continu	ed)	
	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MI	on a d is coi iSC) oi a	Estimate amount of other appensate from the rganizate and relate ganizate	of ion a on ed
			<u></u>										
													
						_							
				ļ									
					_		1			···-			
<u>1b</u>	Total		<u> </u>					•	0		0		0
2	Total number of individuals (including but in reportable compensation from the organization from the organization).	not limited ation ► 0	to th	ose	liste	ed a	above	e) wh	no received mo	ore than \$10	00,000 in		
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	3	Yes	No ✓
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.												
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	 com olete	pen: <i>Sch</i>	satı edu	on i	from <i>I for s</i>	any any	unrelated org	anization fo	, , , , , , , , , , , , , , , , , , , ,		
Se	ction B. Independent Contractors												—
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	ере	nde	ent o	contra	acto	rs that receive	d more than	\$100,00	00 of	
(A) (B)							C) ensation	1					
2	Total number of independent contractors (i					l to	those	liste	ed above) who	received			T
	more than \$100,000 in compensation from	n the organ	nzatio	on ▶	<u> </u>						1.7.20	11.12	

Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
gifts, grants lar amounts	b	Federated campaigns 1a Membership dues 1b Fundraising events 1c					
		Related organizations 1d					
ributions, gif other similar	е	Government grants (contributions). 1e					,
ig ig	f	All other contributions, gifts, grants,					
향형		and similar amounts not included above 11	850,000				**
Contributions, and other simi		Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	.	850,000			*
	'''	Total. Add lines 1a-1f	Business Code	000,000			
Program Service Revenue	2a					*	
ě	b						
<u>i</u>	C						
Sen	d						
a a	е						
roge	f	All other program service revenue .			v 4000°	<u> </u>	ļ
	1	Total. Add lines 2a-2f				* '	
	3	Investment income (including dividends other similar amounts) Income from investment of tax-exempt bond	▶	581			
	5	Royalties					
		Gross Rents	(ii) Personal	*** 🙊 · **	>	. 4,	
		Less: rental expenses Rental income or (loss)		€.	17. 1	**	,
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other			**	
		assets other than inventory Less: cost or other basis		·** ;	÷ .	, `	<
		and sales expenses . Gain or (loss)		. «,	,	**) ***	78 · 🙀 8 ·
9		Net gain or (loss)	▶			,	
evenue		events (not including \$		e e) X	ें डेर्ड	
Other Re	Ь	See Part IV, line 18 a Less: direct expenses b		· · · · · · · · · · · · · · · · · · ·			1,11
δ		Net income or (loss) from fundraising e	vents ►		The state of the s		
		Gross income from gaming activities. See Part IV, line 19				, , , ,	* *
	C	Less: direct expenses b Net income or (loss) from gaming activ	ities ►				
		Gross sales of inventory, less returns and allowances a		*	*	iry to be	
		Less: cost of goods sold b					
	⊢	Net income or (loss) from sales of inventor Miscellaneous Revenue	Business Code				
	14-	iviscellarieous neveriue	20011000 0000			<u> </u>	
	l la						
	,						
	d	All other revenue					
		Total. Add lines 11a-11d	•		,	٠. ر	*/
	12	Total revenue. See instructions.		850,581			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	845,894	845,894	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			, ,	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				,
4	Benefits paid to or for members			`	
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				******
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
_	Accounting				
d	Lobbying		, 't, ',	** · ·	
	Professional fundraising services. See Part IV, line 17		* ' '		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				<u>.</u> .
15	Royalties				
16	Occupancy				
17	Travel				
18					
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	· · · · · · · · · · · · · · · · · · ·				
21	Interest				
22	Depreciation, depletion, and amortization.				
23	Insurance		· , , · · · · · · · · · · · · · · · · ·	21 (
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)		A Section 1		
	Filing Foo	10	•	10	
a	Posistration Ess	75	<u> </u>	75	
þ	Registration ree	73			-
C					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	845,979	845,894	85	
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only If the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				•

Part >	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	848	1	763
2	-	733,914	2	738,602
3	· · ·		3_	
4			4_	
5	· · · · · · · · · · · · · · · · · · ·			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			· .
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
\$ 7	Notes and loans receivable, net		7	
Assets	·		8	
و کا و			9	
10	1 40	, ,		·,
'	other basis. Complete Part VI of Schedule D			`
	b Less: accumulated depreciation 10b		10c	
11			11	
12	·	1	12	
13		i	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	734,763	16	739,365
17	Accounts payable and accrued expenses		17	
18			18	
19	Deferred revenue		19	
20			20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 22 23	* *		2.	10,000
<u>ت</u> ق ا کے	employees, highest compensated employees, and disqualified		. <u></u>	
ڐ	persons. Complete Part II of Schedule L	Januaria and Additional States of the States	22	- Littlementain '- Lot de manuel de la constitución
23			23	
24	. ,		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
Ses	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	, ,	•	
<u>E</u> 27			27	
27 28 28	Unrestricted net assets		28	
면 20 일 29			29	
29	Organizations that do not follow SFAS 117, check here ▶ ☑			
5	and complete lines 30 through 34.		<u></u>	· · · · · · · · · · · · · · · · · · ·
왕 30	Capital stock or trust principal, or current funds	734,763	30	739,365
ဖ္တိ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets 33 33 33 33 33 33 33 33 33 33 33 33 33			32	
		734,763	33	739,365
<u>34</u>	Total liabilities and net assets/fund balances	734,763	34	739,365

_	-4	
Page		4

Pai	rt XI Financial Statements and Reporting			_
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			,
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	Were the organization's financial statements audited by an independent accountant?	2b		V
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization The Wilson Sonsini Goodrich & Rosati Foundation 0276529 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). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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). 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 organization that normally receives: (1) more than 33½ % 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% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d 🗌 Type III-Other **b** Type II c ☐ Type III–Functionally integrated a 🗌 Type I e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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? 11g(i) 11g(II) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). (vii) Amount of (i) Name of supported (II) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (described on lines 1-9 in col (i) listed in your the organization in organization in col organization above or IRC section governing document? col (i) of your (I) organized in the US? (see Instructions)) support? Yes No Yes Yes

Total

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 750,355 795,928 850,000 3,745,877 599,178 750,416 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 850.000 3,745,877 599,178 750,355 750.416 795,928 Total. Add lines 1 through 3 The portion of total contributions by each ٠ŷ person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 90. 嗲. 49,398 shown on line 11, column (f) 3,696,479 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 850,000 3,745,877 599,178 750.355 750.416 795,928 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 10.601 582 29,159 6,087 8.443 3,446 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 3,775,036 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 97.92 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 97.55 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 33\% % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% % or more, check this 17a 10%-facts-and-circumstances test - 2009. 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-2008. 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 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 III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you checke	ed the box or	n line 9 of Pa	irt I.)			
	tion A. Public Support	,					
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	N. 1990 To 18 18 18 18 18 18 18 18 18 18 18 18 18	**	1013 10 100	S. 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		.
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	1	1 .	,			
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage			, ,	
15 16	Public support percentage for 2009 (lir Public support percentage from 2008)			ne 13, column		15	<u>%</u> %
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) divide			17	%
18	Investment income percentage from 26					18	%
19a b	33\% % support tests—2009. If the org 17 is not more than 33\% %, check this b 33\% % support tests—2008. If the organ	oox and stop he	ere. The organ	zation qualifies	as a publicly	supported orga	nization 🕨 🗆
	line 18 is not more than 331/3 %, check thi						
20	Private foundation. If the organization	=	-	•			_

Schedule A (Fo	orm 990 or 990-EZ) 20	09				Page 4
	Supplemental	Information.	Complete this Part III. line 12.	part to provide the	e explanations required additional information.	by Part II, line 10; See instructions.
	,	,	······································			
			•••••			
						
••						
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	•					
•••••	•••••					
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	••••••••••••					
••••••						••••
••••					•	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I General Information on Grants and Assistance

The Wilson Sonsini Goodrich & Rosati Foundation

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

Open to

Employer Identification number

0276529

77

% □

▶ Attach to Form 990.

Z Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anti-Defamation League 720 Market, S800, SF, CA 94102	13-1818723	501(c)(3)	7,500.00				Gen. Oper. Support
Asian Law Caucus 55 Columbus Ave, SF, CA 94111	94-2176139	501(c)(3)	12,100.00				Gen. Oper. Support
Ballet San Jose Silicon Valley P.O. Box 1666, SJ, CA 95109	94-2894849	501(c)(3)	00.006,7				Gen. Oper. Support
Bay Area Legal Aid 405 14th St, Oakland, CA 94612	94-1631316	501(c)(3)	75,000.00				Gen. Oper. Support
Brd of Trstee Leland Stanford Jr 559 Nathan Abt, Stanford, CA 94:	94-1156365	501(c)(3)	39,000.00				Scholarship/ Gen.Oper.Support
Boys & Girls Club of the Penin 401 Pierce Rd, MP, CA 94025	94-1552134	501(c)(3)	9,000.00				Gen. Oper. Support
Center for American Progress 1333 H St NW, WA, DC 20005	30-0126510	501(c)(3)	10,000.00				Gen. Oper. Support
Community Sch of Music & Arts 2117 Univ Ave, EPA, CA 94303	23-7023900	501(c)(3)	6,500.00				Gen. Oper. Support
Disability Rights Educ & Def Fnd 22212 Sixth, Berkeley, CA 94710	94-2620758	501(c)(3)	7,500.00				Gen. Oper. Support
Foundation of State Bar of CA 180 Howard, SF, CA 94105	94-3104540	501(c)(3)	10,000.00				Scholarship activity
Haitat for Humanity Greater SF 690 Broadway, RWC, CA 94063	94-3088881	501(c)(3)	10,000.00				Gen. Oper. Support
InnVision 974 Willow, SJ, CA 95125	77-0033628	501(c)(3)	10,000.00				Gen. Oper. Support
2 Enter total number of section 501(c)(3) and government organization	01(c)(3) and govern	ment organizations				· · · · · · · · · · · · · · · · · · ·	34

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

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

Cat No 50055P

Schedule I (Form 990) 2009

SCHEDULE 1-1 (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number 77

The Wilson Sonsini Goodrich & Rosati Foundation	osati Foundation	-				77	0276529
Part I Continuation of Grants and Other Assistance	ts and Other A	ssistance	to Governments and Organizations in the United States (Schedule I (Form 990)	ganizations in the	United States (Sch	edule I (Form 990)), Part II.)
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Law Foundation of Silicon Valley 111 W St John, S 315, SJ, CA 95113	52-1014754	501(c)(3)	73,350.00				Gen. Oper. Support
Lawyers Com for Civl Rghts SF BA 131 Steuart, S400, SF, CA 94105	94-2581415	501(c)(3)	23,940.00				Gen. Oper. Support
Legal Aid Society of San Mateo Cnty 521 E5th Ave, San Mateo, CA 94402	94-1451894	501(c)(3)	50,000.00				Gen. Oper. Support
Legal Ard Society-Empl Law Ctr 600 Harrision, S120, SF, CA 94107	94-2783401	501(c)(3)	20,000.00				Gen. Oper. Support
Leukemia & Lymphoma Society 1311Mamaroneck Av,Wh PI,NY10605	13-5644916	501(c)(3)	8,500.00				Gen. Oper. Support
Museum of the African Diaspora 685 Mission, SF, CA 94105	94-3338239	501(c)(3)	13,000.00				Gen. Oper. Support
Natl Assoc of Women Judges 1341 Connecticut, WA, DC 20036	52-1185005	501(c)(3)	10,000.00				Gen. Oper. Support
Natl Legal Aid & Defender Assoc 1140 Connecticut, WA, DC 20036	36-2337880	501(c)(3)	9,000.00				Gen. Oper. Support
Pres & Fellows of Harvard College 125 Mt Auburn Cambridge MA 02138	04-2103580	501(c)(3)	16,875.00				Gen. Oper. Support
Rebuilding Together Peninsula P.O. Box 4031, MP, CA 94026	94-3106209	501(c)(3)	10,000.00				Gen. Oper. Support
Regents of the UC Berkeley 2000 Center, Berkeley, CA 94704	94-6002123	501(c)(3)	10,250.00				Scholarship activity
San Francisco Ballet Association 455 Franklin St, SF, CA 94102	94-1415298	501(c)(3)	6,750.00				Gen. Oper. Support
SF Bar Association Foundation 301 Battery, SF, CA 94111	94-3049980	501(c)(3)	16,500.00				Gen. Oper. Support
San Francisco Opera Association 301 Van Ness Ave, SF, CA 94102	94-0836240	501(c)(3)	8,040.00				Gen Oper . Support
San Francisco Symphony Davis Symphony Hall, SF, CA 94102	94-1156284	501(c)(3)	16,350.00				Gen Oper . Support

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

Cat No 51026W

Schedule I-1 (Form 990) 2009

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part III or Part III.

2009

OMB No 1545-0047

Open to Public Inspection

Employer Identification number 77 0276529

Part Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ts and Other A	ssistance to Go	overnments and Or	ganizations in the	United States (Sch	edule I (Form 990)	, Part II.)
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sanctuary for Families P.O. Box 1406, NY, NY 10268	13-3193119	501(c)(3)	8,675.00				Gen Oper . Support
Secnd Harvest Fd Bnk SC & SM 750 Curtner Ave, SJ, CA 95125	94-2614101	501(c)(3)	10,000.00				Gen Oper . Support
Silicon VIIy Campaign for Legal Svc 31 North Second, SJ, CA 95113	77-0524824	501(c)(3)	30,000.00				Gen Oper . Support
Silicon VIly Community Foundation 2440 El Camino Real, MT, CA 94040	20-5205488	501(c)(3)	7,500.00				Gen Oper . Support
Smuin Ballets/SF 44 Gough, S103, SF, CA 94103	94-3197247	501(c)(3)	9,060.00				Gen Oper . Support
Theatre Works P.O. Box 50458, PA, CA 94303	94-2831245	501(c)(3)	13,680.00				Gen Oper . Support
WildAid 744 Montgomery, SF, CA 94111	20-3644441	501(c)(3)	10,000.00				Gen Oper . Support
	1.1.1						

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

Cat No 51026W

Schedule I-1 (Form 990) 2009

Schedule I (F	Schedule I (Form 990) 2009					Page
Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	dividuals in the	United States. Co	mplete if the organ	ization answered "Yes"	to Form 990, Part IV, line 22.
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	990) if additional	space is needed.			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(d) Amount of (e) Method of valuation (book,	(f) Description of non-cash assistance

(f) Description of non-cash assistance				additional information.	Goodrich & Rosati Foundation are non-profit legal services organizations that have received funding for	nts to our largest grantees.	ting support that are not			
(e) Method of valuation (book, FMV, appraisal, other)				I, line 2, and any other	jal services organizations	nonitors the status of gra	izations for general opera			
(d) Amount of non-cash assistance				ion required in Part	ion are non-profit leg	ndation continually n	s to non-profit organi			
(c) Amount of cash grant				provide the informat	ch & Rosati Foundat	Accordingly, the Fou	pically smaller grant			
(b) Number of recipients				olete this part to p		uing relationship.	Foundation are ty	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(a) Type of grant or assistance	·			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	The primary recipients of funding from the Wilson Sonsini	several years and with whom we have a continuing relationship. Accordingly, the Foundation continually monitors the status of grants to our largest grantees.	The other recipients of funding from the WSGR Foundation are typically smaller grants to non-profit organizations for general operating support that are not	multi-year grants.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

The Wilson Sonsini Goodrich & Rosati Foundation		77	0276529
Part VI. Section B			
6 & 7A The organization has one class of members: the share	holders of Wilson Sonsini	Goodri	ch & Rosati, PC.
11A This Form 990 was prepared by the administrator and C	nief Financial Officer of the	Found	ation and reviewed by
all members of the Board of Directors.			
	n digatoro annually		
12C The members of the Board of Directors of the Foundation	ii disclose amuany.	· · · · · · · · · · · ·	
19 The Foundation's governing documents, conflict of inter	est policy, and Financial st	atemen	ts are available upon
request.			
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