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<sub>-om</sub> 990

SCANNED OCT 2 6 2010

# **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)

2009

OMB No 1545-0047

Open to Public Inspection

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	
В	Check if	applicable	Please C Name of organization The Orrick, Herrington, and Sutcliffe Found	ation	D Employ	er identification	number
_		s change	use IRS Doing Business As	_	94	33720	36
$\overline{}$	Name c		print or Number and street (or PO box if mail is not delivered to street address) Room/suite		E Telepho	ne number	
	Initial re	•	type See 2121 Main Street		(304)	231-27	66
	Termina		Specific Instruc- City or town, state or country, and ZIP + 4	_			
			tions Wheeling, WV 26003		G Gross rec	cents \$ 10	608323
_		ed return on pending	F Name and address of principal officer	114-1 1-41		for affiliates? Yes	
٠,	мррисан	on pending	Ralph H. Baxter, Jr.			ncluded? Yes	
$\overline{}$	Tax-ex	empt status				list (see instructi	
_		ite: ► N/	<del></del>	1	exemption num	•	0.10,
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation			legal domicile C	`Δ
	art I	Summ		1000	iii otato o	logui dominano e	
				ched Sh	eet		
	1	Briefly de	escribe the organization's mission or most significant activities: See Atta		7		
9			······································		••••		
Jan					·		
Č	٠ .						
Governance			s box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of	its net asse	1 1		_
<b>ಿ</b>	1		of voting members of the governing body (Part VI, line 1a)		. 3	-	
ties	ſ		of independent voting members of the governing body (Part VI, line 1b)		. 4		5
Activities &			mber of employees (Part V, line 2a)		. 5	<del></del>	
ĕ			mber of volunteers (estimate if necessary)		. 6		0
	7a	Total gro	ss unrelated business revenue from Part VIII, column (C), line 12		. 7a		0
	b	Net unre	lated business taxable income from Form 990-1, ine 34	<del></del>	. 7b		0
				Prior Ye		Current Ye	
₫			tions and grants (Part VIII, IIhe h) DC l 1 2 2010 . 🧖	1	806601		605000
ē			service revenue (Part VIII, line 2g)				
Revenue			ent income (Part VIII, column (A), lines 3, 4, and 7d) 177		14257		3323
			venue (Part VIII, column (A), lines 5/6d 8c 9c 10c and 11e)				
	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		820858		608323
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)	1	1785177		441256
co.	14	Benefits	paid to or for members (Part IX, column (A), line 4)				
Expenses	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)				
ē	16a	Profession	onal fundraising fees (Part IX, column (A), Ilne 11e)				
ũ	Ь	Total fund	draising expenses (Part IX, column (D), line 25) ▶				
	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24f)				
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	1785177	14	<u>441256</u>
	19	Revenue	less expenses. Subtract line 18 from line 12				
s or			Вес	ginning of C	urrent Year	End of Ye	ar
Net Assets	20	Total ass	sets (Part X, line 16)	1	400000	15	567067
A P	21	Total liab	ollities (Part X, line 26)				
			ts or fund balances. Subtract line 21 from line 20	1	400000	18	<u>567067</u>
Pâ	ırt II	<del></del>	ature Block				
		Under pe	enalties of penury, I declare that I have examined this return, including accompanying schedule if, it is true, colrect, and complete Declaration of preparer (other than officer) is based on all	s and stater	nents, and to	the best of my k	knowledge
		4110 50110		1	,	,	.ccago
Sig		<b>I</b>	( half per		10/1	//0	
He	re	▼ Signa	ature of officer Valle - The Director	Dat	е		
		Туре	e or print name and title				
		Preparer'		K If	Preparer's id (see instructi	dentifying number	
Paid	l	signature		oyed ▶ 🔲	1300 11301000	J. 13)	
	' Darer's						
	Only	Firm's na	ame (or yours	EIN	<u> </u>	<u>.</u>	
			and ZIP + 4	Phone n	o <b>&gt;</b> (	)	
<u>Ma</u>	y the	IRS discu	uss this return with the preparer shown above? (see instructions)		<u> </u>	. 🗌 Yes	No_No_

Total program service expenses ▶

Pai	t 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	V	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<b>V</b> _	
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		<b>&gt;</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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," complete Schedule D, Part I	6		~
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		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		~
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		V
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, VII, IX, or X as applicable	11		~
•	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.		,4	•
•	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.	¥ , 4		
•	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.	1. A. A. A.	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	***	1. N	1
•	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.	, Xy	,4 ,	
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	-	~
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No		1 6	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	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		V
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		V

Pa	rt 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		V
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	_	V
	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		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		v
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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		v
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		V
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 A family member of 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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	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		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
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		v
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? <b>Note.</b> All Form 990 filers are required to complete Schedule O		,	

Form	990 (2009)		P	age 5
Pai	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	42		
L	U.S. Information Returns. Enter -0- if not applicable	* ***		
	Little the humber of Forms VV-2d included in line 1a. Little -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax	, -		
	Statements, filed for the calendar year ending with or within the year covered by this return		4	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	٠.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	20		
	this return?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			-
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶	, - <del>, 2(2)= , ,</del>	٠,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	¥ ¥≡¥	''	'
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
6a	Prohibited Tax Shelter Transaction?	6a	-	~
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		~
d	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	ne anithe e	ï
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 required?	7h	<u></u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	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		
9	Sponsoring organizations maintaining donor advised funds.	1		
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	-
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	100		
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:	, i.		
а	Gross income from members or shareholders	3,		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	, '		
40-	amounts due or received from them.)	 12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	,,T;	_	

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		_							
			Yes	No						
1a	Enter the number of voting members of the governing body	***								
b	Enter the number of voting members that are independent		: `.							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	, ,/.	ال .						
	any other officer, director, trustee, or key employee?	2_	~							
3	Did the organization delegate control over management duties customarily performed by or under the direct									
•	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		~						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		>						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		~						
6										
	7a Does the organization have members, stockholders, or other persons who may elect one or more members									
	of the governing body?	7a		1						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		۷						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	蜒								
•	the year by the following:	19. M								
а	The governing body?	8a	~							
	Each committee with authority to act on behalf of the governing body?	8b	<b>~</b>							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached									
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		>						
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal								
	enue Code.)									
			Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a		>						
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,									
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b								
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the									
• •	form?	11	<b>V</b>							
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1 5m							
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		~						
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give									
	rise to conflicts?	12b								
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
·	describe in Schedule O how this is done	12c								
13	Does the organization have a written whistleblower policy?	13		~						
14	Does the organization have a written document retention and destruction policy?	14		~						
15	Did the process for determining compensation of the following persons include a review and approval by	4								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		~						
b	Other officers or key employees of the organization	15b		~						
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
	with a taxable entity during the year?	16a		~						
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		•							
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	98°		_						
	the organization's exempt status with respect to such arrangements?	16b								
<u>Sec</u>	tion C. Disclosure		<u>.</u>							
17	List the states with which a copy of this Form 990 is required to be filed ▶ California		<b></b>							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s	only)							
	available for public inspection. Indicate how you make these available. Check all that apply.									
	☐ Own website ☐ Another's website ☑ Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest							
	policy, and financial statements available to the public.									
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the							
	organization: ► Cindy Shipley, 2121 Main Street, Wheeling, WV 26003-2809, 304-231-2723	<b></b>		<b>-</b>						

# 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	curr	ent	offic	cer, d	lirec	tor, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week			n (check				Reportable compensation from	Reportable compensation from related	Estimated amount of other
	WGUA	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	rom related organizations (W-2/1099-MISC)	corner sation from the organization and related organizations
Ralph H. Baxter. Jr.		v		,				0	0	0
Alan G. Benjamin		v						0	0	0
J. Peter Coll		v						0	0	0
Mark R. Levie		v		,				0	0	0
Carl F. Lyon		v						0	0	0
Douglas P. Benson				<u>ر</u>				0	0	0
	_				_					
			_							
							_			

Pa	TE VII Section A. Officers, Directors, Tru	ustees, Key	/ Emp	loye	ees,	an	d Hig	hest	Compensate	I Employe	es (co	ntinued)	
	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	Individual trustee Or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizati (W-2/1099-	tion ted ions	Estimated amount of other compensation from the organization and related organizations	1
									·				
									_				
					}								
										·			·-
												<del></del>	
													_
	<u>Total</u>		<u></u>			<u> </u>		<u> </u>	0		0		_0
2 	Total number of individuals (including but reportable compensation from the organization)		to the	ose	liste	ed a	above	) wh	no received mo	ore than \$	100,00	00 in	
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensat	ed		VO V
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.											4	V
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp olete	oens S <i>ch</i>	satıd edu	on 1 le J	rom :	any uch	unrelated org	anızatıon 1	or	5	, i
Se	ction B. Independent Contractors												_
1	Complete this table for your five highest or compensation from the organization.	ompensate	d ind	epe	nde	nt c	contra	cto	rs that received	d more tha	an \$10	0,000 of	
(A) Name and business address  (B) Description of services Co								(C) Compensation					
No	ne												0
											<u> </u>		_
						_		_					
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶												

Par	VII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
gifts, grants lar amounts	b	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c	Call of the second of the seco		.'	
Contributions, gifts, grants and other similar amounts	е	Related organizations 1d  Government grants (contributions).  All other contributions, gifts, grants, and similar amounts not included above  1f 1605000				
Contra		Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	1605000		,	
	2a	Business Code			,	
Program Service Revenue	b c					
Program (	e f g	All other program service revenue .  Total. Add lines 2a-2f		, '		
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	3323			
,	6a b	Gross Rents Less: rental expenses Rental income or (loss)				
		Gross amount from sales of assets other than inventory (i) Securities (ii) Other			 	1
	С	Less: cost or other basis and sales expenses .  Gain or (loss)				*r
Revenue	8a	Gross income from fundraising events (not including \$		14.		
Other Re		Less: direct expenses b  Net income or (loss) from fundraising events ▶	2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			and a state of the
		Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses, b	The state of the same	Total	in parties of the second secon	
	С	Net income or (loss) from gaming activities   Gross sales of inventory, less	t ga og	*** · ·	ы " эк. " Ч	
	ь	returns and allowances a  Less: cost of goods sold b  Net income or (loss) from sales of inventory ▶	thants. to	E Bh		The state of the s
	11a	Miscellaneous Revenue Business Code	11.22. 34			
	b					
	е	All other revenue	4000000			
	12	Total revenue. See instructions	1608323			1

Par	Part IX Statement of Functional Expenses									
	Section 501(c)(3) and 50									
	All other organizations must complete co	lumn (A) but are no								
	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	1441256	1441256							
_	organizations in the U.S. See Part IV, line 21	1,11,000	<del></del>							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				<del></del>					
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				· <del></del>					
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									
C	Accounting									
d	Lobbying									
	Professional fundraising services. See Part IV, line 17				· <u>-</u>					
f	Investment management fees									
g	Other									
12	Advertising and promotion									
13 14	Office expenses		<u>-</u>							
15	Royalties									
16	Occupancy		-		·					
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization.			- <del> </del>						
23	Insurance									
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.)	-								
а										
b										
C		<u> </u>								
d										
e f	All other eveneses									
25 25	All other expenses	1441256	1441256							
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									

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	1400000	2	1567067
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		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	
ţ	7	Notes and loans receivable, net	<u></u>	7_	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		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		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)	1400000	16	1567067
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L	<u></u>	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. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
es		Organizations that follow SFAS 117, check here ▶ □ and		(##)/	
Š		complete lines 27 through 29, and lines 33 and 34.		10	
<u> a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
ē	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here ▶ □		3.5	
ō		and complete lines 30 through 34.		45	
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balanc	33	Total net assets or fund balances	1400000	33	1567067
_	34	Total liabilities and net assets/fund balances	1400000	34	1567067

Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:			,
	Schedule O.		1	
2a	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		~
	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		5.Li	
3а	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		V
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

Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047
2009

Open to Public Inspection

Nam	ne of the organization Employer identification number										
The	Ori	ick, Herring	ton, and Sutclif	fe Foundation		_			94	;	3372036
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	orga	anization is n	ot a private four	ndation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)	
1			•	rches, or association	-		•				
2				on 170(b)(1)(A)(ii). (At							
3	_			hospital service organ			in sectio	n 170(b)	(1)(A)(iii).		
4		•	•	ation operated in con							)(A)(iii). Enter the
•	_		ame, city, and st	-	,		-p.v				,,, ,,,
5		An organizat	•	the benefit of a colle	ge or uni	versity ov	wned or o	perated	by a gov	ernmenta	I unit described in
6				ernment or governme	ental unit	describe	d in sect	ion 170(t	o)(1)(A)(v	١.	
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
•				(1)(A)(vi). (Complete F		no ouppe	,, t 11 O111 u	9010	ioritar arii		and goneral passes
8	П			d in section 170(b)(1)		Complete	Part II.)				
9			•	receives: (1) more th				m contrib	utions. m	embersh	ip fees, and gross
•	_	receipts from	m activities relate m gross investm	ed to its exempt func- ent income and unre a after June 30, 1975.	tions—su lated bu	ibject to d siness ta	certain ex xable inc	ceptions ome (les	, and (2) s section	no more	than 331/3 % of its
10		An organizat	tion organized a	nd operated exclusive	ely to tes	t for publ	ic safety.	See sec	tion 509	(a)(4).	
11											
				at describes the type	· ·				•		
	_	a 🗆 Type				e III-Fun					Type III-Other
е				tify that the organizat							
				n managers and othe	r than on	e or more	publicly	supporte	d organiz	zations de	escribed in section
		509(a)(1) or	section 509(a)(2)								
f		If the organi	ization received	a written determinati	on from	the IRS	that it is	a Type 1	, Type II	, or Type	III supporting
		organization	, check this box								🛚
g		Since Augus following pe		the organization acce	epted any	gift or c	ontributio	on from a	ny of the	)	
			•	r indirectly controls, on the support of the suppor		_		th person	s descril	oed in (ii)	Yes No 11g(i)
				rson described in (i) a	='						11g(ii)
				of a person described		(II) above	?				11g(iii)
h			_	ation about the suppo							
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ col (i)	ou notify nization in of your	organizat	s the ion in col zed in the	(vii) Amount of support
			į	(see msaucuons))	Yes	No	Yes	oort?	Yes	No	
					163	NO	165	140_	163	- 140	
				-							
					-			· · · · · ·			
									-		
Tota	ı		٠								

	Support Schedule for Org (Complete only if you chec					and 1/0(b)(1	)(A)(VI) 
	tion A. Public Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca	iendar year (or riscal year beginning in)	(a) 2005	(D) 2006	(6) 2007	(u) 2000	(6) 2009	(i) iotai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1559207	2483257	2041425	1806601	1605000	9495490
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						
4	Total. Add lines 1 through 3	1559207	2483257	2041425	1806601	1605000	9495490
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						
6	shown on line 11, column (f)		,			-	9495490
	tion B. Total Support				I		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1559207	2483257	2041425	1806601	1605000	9495490
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 IV.)					/	0.405.400
11	Total support. Add lines 7 through 10 .						9495490
12	Gross receipts from related activities, etc	•	•			12	
13 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re		d, third, fourth,			
14	Public support percentage for 2009 (line			, column (f))		14	100 %
15	Public support percentage from 2008 Sch				[	15	100 %
16a	33% % support test—2009. If the organizand stop here. The organization qualifies	zation did not c	heck the box o			6 or more, ched	ck this box
b	331/2 % support test-2008. If the organiz	zation did not c	heck a box on	line 13 or 16a,	and line 15 is 3	33/3 % or more,	check this
	box and stop here. The organization qua	lifies as a publi	cly supported o	organization .			▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets test – 20 more, and if the organization meets test – 20 more, and if the organization meets test – 20 more, and if the organization meets test – 20 more, and if the organization meets test – 20 more, and if the organization meets is the organization meets test – 20 more, and if the organization meets is the organization meets test – 20 more, and if the organization meets is the organization meets and	acts-and-circum	nstances" test,	check this box a	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, c organization qua	heck this box a lifies as a public	nd <b>stop here.</b> ly supported org	Explain in Part I ganization	V how the

Schedule A (Form 990 or 990-EZ) 2009  Part III Support Schedule for Or	ganizatione D	ecribed in S	Section 509/s	1/(2)		Page
(Complete only if you che	cked the box o	n line 9 of Pa	rt I.)			
Section A. Public Support						10 T-1-1
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, ar membership fees received. (Do not include any "unusual grants.")	-					
2 Gross receipts from admissions, merchandis sold or services performed, or facilitie furnished in any activity that is related to the organization's tax-exempt purpose	es	:				
3 Gross receipts from activities that are not a unrelated trade or business under section 513	ın					
Tax revenues levied for the organization benefit and either paid to or expended outs 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 received from disqualified persons	3	_				-
b Amounts included on lines 2 and 3 received from other than disqualified persons the exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	at e					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)	1					
Section B. Total Support	(=) 0005	(h) 0006	(a) 2007	(d) 2008	(0) 2000	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(i) Total
9 Amounts from line 6	s,			_		
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975						
c Add lines 10a and 10b  Net income from unrelated busines activities not included in line 10l whether or not the business is regular carried on	o,					
Other income. Do not include gain of loss from the sale of capital asset (Explain in Part IV.)	s					
<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						<u> </u>
4 First five years. If the Form 990 is to organization, check this box and sto	p here	<u> </u>				
Section C. Computation of Public					T 1	
Public support percentage for 2009					15	<u>%</u>
6 Public support percentage from 200	8 Schedule A, P nent Income P		<u> </u>	<u> </u>	16	

17

18

19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line

17 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonup

Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .

Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . . . . .

17

18

%

%

	orm 990 or 990-EZ) 2009 Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
	Tak in into 17 d of 17 b, and 1 d f in, into 12, 17 bries d in, and 1 d f in the 12 d
·	
<b></b>	
·····	

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Publi 2009

OMB No 1545-0047

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

**%** □ (h) Purpose of grant 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 Employer identification number 3372036 ∑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▲ (g) Description of non-cash assistance 94 (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance The Orrick, Herrington, and Sutcliffe Foundation (b) EIN Enter total number of other organizations 1 (a) Name and address of organization or government See Attached Sheet Name of the organization Part II က

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III Grants al

(f) Description of non-cash assistance				r additional information.						
(e) Method of valuation (book, FMV, appraisal, other)				I, line 2, and any other						
(d) Amount of non-cash assistance				tion required in Part		1 1 1 1 1 1 1 1 1 1 1 1				
(c) Amount of cash grant				provide the informa						
(b) Number of recipients				plete this part to						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.						

#### SCHEDULE O (Form 990)

Name of the organization

# Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

The Orrick, Herrington, and Sutcliffe Foundation	94	<u> </u>	3372036
Part VI, Section B, Question 11A: Once Form 990 was completed and reviewed by the tax	k depar	tment te	eam it was sent to
the organization's governing body. The governing body has agreed that Form 990 has b	een coi	npleted	with sufficient
and accurate information. It was then returned to the tax department and filed according	ly.		<b></b>
Part VI, Section C, Question 19: The organization does not make its governing documen	ts, con	flict of i	nterest policy, and
financial statements available to the public.			
	<b></b>		
Part VI, Section A, Question 2: Ralph H. Baxter Jr. (Officer) and Douglas P. Benson (Officer)	cer) hav	ve a bus	iness
relationship.		<b></b>	
	••		
	••••		
		<b>-</b>	
		- <b></b>	
		<b></b>	

# The Orrick, Herrington, & Sutcliffe Foundation – 94-3372036 Calendar Year 2009 – Form 990 Statement of Primary Purpose

The Orrick, Herrington, & Sutcliffe Foundation was formed to administer a broad range of charitable and educational programs for individuals, non-profit organizations, governmental entities and/or the general public. It is anticipated that these programs will be conducted primarily within the communities where Orrick, Herrington, & Sutcliffe LLP maintains offices. In addition to furthering these charitable purposes, the Foundation was established for the purpose of consolidating the charitable giving of Orrick's partners and employees. The consolidation of these charitable giving activities into a single foundation is intended both to encourage the making of further charitable gifts by these individuals and to allow the recipients of such grants to recognize the aggregate gifts received from all partners and employees at Orrick.

## The Orrick, Herrington, and Sutcliffe Foundation - 94-3372036 Calendar Year 2009 - Form 990 List of Officers, Directors, Trustees, and Key Employees

#### **Board of Directors**

Ralph H. Baxter, Jr. - Director 405 Howard Street San Francisco, CA 94105

Alan G. Benjamin - Director 777 South Figueroa Street Suite 3200 Los Angeles, CA 90017

J. Peter Coll - Director 51 West 52nd Street New York, NY 10019

Mark R. Levie - Director 405 Howard Street San Francisco, CA 94105

Carol F. Lyon - Director 51 West 52nd Street New York, NY 10019

#### Officers

Ralph H. Baxter, Jr. - CEO 405 Howard Street San Francisco, CA 94105

Douglas P. Benson - COO 51 West 52nd Street New York, NY 10019

Mark Levie - Secretary 405 Howard Street San Francisco, CA 94105

# The Orrick, Herrington, & Sutcliffe Foundation - 94-3372036 Calendar Year 2009 - Schedule I Form 990 Statement of Program Service Accomplishments

Advocates for Children of New York	2000
AIDS Legal Referral Panel	5000
Aim High	7500
Ali Forney Center	1000
Appleseed	2500
Ashoka	10000
Asian American Legal Defense	10000
Asian Law Caucus	3500
Asylum Access	2000
Bar Association of San Francisco	68670
Bay Area Legal Aid	40000
Big Brothers Big Sisters-Upper OH Valley	1000
Bright Beginnings, Inc.	1000
California Bar Foundation	10000
California Lawyers for the Arts	5000
Carnegie Hall	50000
Centro Legal de la Raza	1000
Children's Storefront	50000
Children First for Oregon	2500
City Bar Justice Center	30000
Community Foundation for the Ohio Valley	4000
Community Legal Services East Palo Alto	1000
Constitutional Rights Foundation	5600
DC Bar Pro Bono Program	1500

Disability Rights Education/Defense Fund	5000
East Bay Community Law Center	25000
Education Alliance	33334
Embaracadero YMCA	60000
Equal Justice Society	2500
FIERCE	2500
Friends of the Children King County	5000
Georgetown University Law Center	81000
Hands on DC	1000
Harvard Law School	50000
Immigrant Legal Resource Center	10000
Immigration Equality	1500
inMotion	27500
King County Bar Foundation	3000
Law Foundation of Silicon Valley	35000
Lawyers' Committee for Civil Rights	35000
Lawyers Alliance for New York	35000
Legal Aid Foundation of Los Angeles	10000
Legal Aid Society of New York	94000
Legal Aid Society of San Mateo County	20000
Legal Aid Society SF-Emp Law Center	40000
Legal Community Against Violence	1500
LeGal Foundation	2500
Legal Outreach, Inc.	16410
Legal Services for Children	2500
Los Angeles County Bar Foundation	2500

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Martha Graham Ctr of Contemporary Dance	3000
Mayor's Fund to Advance NYC	3500
Mississippi Center for Justice	10000
Mural Music & Arts Project	12500
National Brain Tumor Society	5000
National Immigration Law Center	5000
New York Lawyers for The Public Interest	25000
New York Legal Assistance Group	42500
Oak Ridge Elementary School	15000
Oakland Small Schools Foundation	2500
Pro Bono Institute	2500
Pro Bono Net, Inc.	2500
Pro Bono Partnership, Inc.	5000
Public Counsel	15000
Public Interest Law Institute	13017
Public International Law & Policy Group	12000
Public Justice Center, Inc.	500
Rebuilding Together Peninsula	5000
Rebuilding Together San Francisco	5000
Sacramento Theatre Company	5000
San Francisco Ballet	30000
San Francisco Museum of Modern Art	25000
School for ARTs in Learning	12500
Silicon Valley Campaign for Legal Service	5000
Stanford Law School	50000
Students Rising Above	7500

Sylvia Rivera Law Project	1000	
Transgender Healther Empowerment, Inc.	1000	
U.VA. Law School Foundation	50000	
UC Regents	10250	
UJA Federation of New York	8000	
University of Michigan	50000	
Upper Ohio Valley Italian Heritage Fest	500	
Washington Jesuit Academy	10000	
Wheeling Symphony	7000	
Women's Refugee Commission	25000	
Women Empowered Against Violence, Inc.	3000	
World Trade Center Memorial Foundation	19587	
Wu Yee Children's Services	2500	
WVNCC Foundation	500	
WVSA School for Arts in Learning	16888	
Total	1441256	

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