

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# SCANNED DEC 18 2012

Form **990** 

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2011

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Internal Revenue Service 2011, and ending 20 For the 2011 calendar year, or tax year beginning C Name of organization The Orrick, Herrington and Sutcliffe Foundation D Employer identification number Check if applicable 94-3372036 Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 304-231-2766 П 2121 Main Street Initial return City or town, state or country, and ZIP + 4 ☐ Terminated G Gross receipts \$ Wheeling, WV 26003 Amended return H(a) Is this a group return for affiliates? Yes Vo Application pending F Name and address of principal officer H(b) Are all affiliates included? Yes No Raiph H Baxter, Jr If "No," attach a list (see instructions) ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c)(3) 501(c) ( Website: ▶ H(c) Group exemption number ▶ 1999 M State of legal domicile Form of organization Corporation Trust Association ☐ Other ▶ L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities: Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) . . . . 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) . . . . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b Current Year Contributions and grants (Part VIII, line 1h) 2068 1023526 8 Program service revenue (Part VII line 2g) 9 Investment income (Part VIII, column (A), lines 8, 4, and 7d)
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10 11 Total revenue - add lines 8 through 11 (must-equal Part VIII, column (A), line 12) 2121 1023526 12 Grants and similar amounts paid (Part X, column (A), lines 1-3) 1450198 1142513 13 14 Benefits paid to or for members (Part IX, column (A), line-4)-15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1142513 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1450198 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 118990 3 20 Total assets (Part X. line 16) Total liabilities (Part X, line 26) . . . . . 21 118990 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer 11/13/12 TAX O.12 Nobel Here I harles Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check [] if self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

🗌 Yes 🔲 No

Form 990 (2011)

-orm 99		) Page	_
Part I		Statement of Program Service Accomplishments	_
1	Brof	Check if Schedule O contains a response to any question in this Part III	<u>_</u>
•		Attached Sheet	
		Allacined Sileet	
			_
2		he organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	
		Form 990 or 990-EZ?	,
3		the organization cease conducting, or make significant changes in how it conducts, any program	
		ces?	)
		es," describe these changes on Schedule O.	
4		ribe the organization's program service accomplishments for each of its three largest program services, as measured to	
		nses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the same and allocations to others, the total expenses, and revenue, if any, for each program service reported.	<b>D</b> 1
	yıanı	is and anocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Cod	e) (Expenses \$1142513 including grants of \$1142513 ) (Revenue \$1023526 )	_
	The	Orrick, Herrington and Sutcliffe Foundation was formed to administer a broad range of charitable and educational programs, primarily in	
		ommunities where Orrick, Herrington & Sutcliffe LLP maintains offices	
4h	(Cod	e) (Expenses \$including grants of \$) (Revenue \$)	_
70			
4-	(01	\(\frac{1}{2}\)	_
4c	(Coa	e) (Expenses \$ including grants of \$ ) (Revenue \$ )	
		r program services (Describe in Schedule O.)	
	<u> </u>	enses \$ including grants of \$ ) (Revenue \$ )	_
4e	iota	program service expenses >	

Part	V 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	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
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		v
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$ .	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
	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	11c		~
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	_	~
12 a	Did the organization obtain separate, independent auoited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		\ \
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, Parts II and IV	15		,
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, Parts III and IV	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 (see instructions)	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		v
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		~
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	<u> </u>	

Part	Checklist of Required Schedules (continued)						
			Yes	No			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	٧				
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						
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		,			
04-		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		,			
b c	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					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a		25a		v			
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 pnor 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		V			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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</i> "Yes," <i>complete Schedule R, Part I</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		~			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~			
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		V			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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	38	/				

Part				
	Check if Schedule O contains a response to any question in this Part V	<del>-</del> -	· ·	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		165	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>,</b>
<b>.</b>	If "Yes," enter the name of the foreign country:	444		<u> </u>
b	See instructions for 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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		~
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).			
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		<b>-</b>
C	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		
9	organization, have excess business holdings at any time during the year?	-		
э a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	~		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
10-	<b></b>	12a		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	. Š.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.		•	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			ļ
14a		14a		
h	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	l 14b l		i

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	7/4 1 17
		uno	ioi a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
<del></del>	Check if Schedule O contains a response to any question in this Part VI	· ·	<u> </u>	
Section	on A. Governing Body and Management	_	Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year .			-
10	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 4		i	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	~	
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 governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		,
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			~
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		,	
а	The governing body?	8a	~	
b	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	9		,
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	_	~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	~~		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14	Did 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	• 7,5%		
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).	7.		
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		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	, ,		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section	on 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 (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Cindy Shipley, 2121 Main Street, Wheeling, WV 26003-2809, 304-231-2733	of the	:	

-			~
Pa	а	e	•

Form 990 (2	2011
-------------	------

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

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

☐ Check this box if neither the organization no	any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A) Name and Title	<b>(B)</b> Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	one n an tee)	( <b>D)</b> Reportable compensation	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Raiph H Baxter, Jr		V		V				0	0	0
(2) Alan G Benjamin		,						0	0	0
(3) J Peter Coll		,						0	0	0
(4) Mark R Levie		v		,				0	0	0
(5) Carl F Lyon		,						0	0	0
(6) Douglas P Benson				v				0	0	0
(7)										
(8)										
(9)										
(10)				-						
(11)										
(12)									····	
(13)										
(14)										

Pari	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
-					•	C)								
	(A)	(B)	/do n	ot ch		more	than o	200	(D)	(E)			(F)	
	Name and title	Average					ıs both		Reportable	Reportal			mated	
		hours per week	office	er and	_	irect	or/trus	tee)	compensation from	compensation related			ount of ther	
		(describe	유표	Ins	♀	<u>중</u>	ᆲ풇	õ	the	organizati			ensatio	n
		hours for	1 d v	Ē	Officer	y er	Sec	Former	organization	(W-2/1099-I		fro	m the	
		related organizations	Individual trustee or director	9	<u> </u>	Key employee	8 8		(W-2/1099-MISC)				nization related	
		in Schedule	` tg	al tr		уне	ğ						ization	
		O)	8	Institutional trustee		"	Scre					•		
			ļ	ď			Highest compensated employee			•				
(15)		<del> </del>		_				$\vdash$						
1		1				i		1						
(16)				$\vdash$					<del></del>					
1	·	1												
(17)								-	-		-+			
(17)		-												
41.01				$\vdash$				_						
(18)									i					
				_				_						
(19)						i								
										_				
(20)														
(21)														
										ļ	- 1			
(22)														
		1												
(23)														
32		1							İ					
(24)											_			
<u> </u>		İ												
(25)						$\vdash$		├─	<del>                                     </del>					
12.0)		1												
1b	Sub-total	l						_		<del></del>	<del></del>			
				•	•		•	<b>•</b>				<u> </u>		
C	Total from continuation sheets to Part	-		٠	•		•							
d	Total (add lines 1b and 1c)							<u> </u>	0		0			0
2	Total number of individuals (including but		i to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	.00,000	of		
	reportable compensation from the organi	zation -												
_													Yes	No
3	Did the organization list any former of													
	employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch .	ındı	vidu	ıal					3		~
4	For any individual listed on line 1a, is the	sum of rep	oortal	ole d	com	per	isatio	n a	nd other comp	ensation fi	rom the			
	organization and related organizations	greater that	an \$1	50,	000	? //	"Ye	s,"	complete Sch	edule J fo	or such	ļ		
	ındıvıdual											4		~
5	Did any person listed on line 1a receive of	r accrue co	mper	ısat	ion	fror	n any	un	related organiz	ation or inc	dividual			
	for services rendered to the organization'	? If "Yes," c	ompl	ete :	Sch	edu	ıle J f	or s	such person			5		~
Section	on B. Independent Contractors							_						
1	Complete this table for your five highest of	compensate	ed inc	lene	ende	ent (	contr	acto	ors that receive	ed more tha	an \$100	000 of		
-	compensation from the organization. Rep													эx
	year.							<b>,</b>			49			
	(A)							ı	(B)			(C)		
	Name and business add	ress							Description of s	ervices	c	Compens	ation	
None	-								•		$\vdash$			0
None	· · · · ·							_			<del></del>			
								<b></b> -	<del></del>		<b>_</b>			
								<u> </u>	·		<del>                                     </del>			
											<u> </u>			
	Tatal assessment of the desired	6						Ļ	1 1: 1: 1		<del> </del>			
2	Total number of independent contracto							th	iose listed abo	ove) who	İ			
	received more than \$100,000 of compens	sation from	tne or	gan	ıızat	non	▶				1			

Part	VIII	Statement of Revenue				
	<del></del>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a	,			
ran	b	Membership dues 1b	7``			
S, G	С	Fundraising events 1c				
ar /	d	Related organizations 1d				
s, C	е	Government grants (contributions) 1e	,			
r S	f	All other contributions, gifts, grants,				
ibu		and similar amounts not included above 1f 10235	26			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$	1000500			
<u>2 g</u>	h	Total. Add lines 1a–1f	1023526			
Program Service Revenue	2a		<del>'</del>			
3eve	b		<del></del>			
ce	C					
ervi	d					
шS	e					
gra	f	All other program service revenue .				
Pro	g	Total. Add lines 2a–2f ▶				
	3	Investment income (including dividends, interest				
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds ▶	•			
	5	Royalties	·			
			<b>-</b>  ` ,			
	6a	Gross rents		*		
	b	Less: rental expenses				
	C	Rental income or (loss)				
	d 7a	Net rental income or (loss)				
	/ a	assets other than inventory				
	ь	Less: cost or other basis				
	_	and sales expenses .				
	С	Gain or (loss) .	7			
	d	Net gain or (loss)	·			
ø)			, in a	,	4	
evenue	8a	Gross income from fundraising	* * * * * * * * * * * * * * * * * * * *	*		
eve		events (not including \$		, ,		
		of contributions reported on line 1c).				
Other R		See Part IV, line 18 a	┩,,░∴・、、、	Q.		
δ		Less: direct expenses <b>b</b> Net income or (loss) from fundraising events . <b>b</b>				
		Gross income from gaming activities.	,*, ,	* .		
	J4	See Part IV, line 19 a	* .	) " %		
	ь	Less: direct expenses b	<b>-</b>	,		
		Net income or (loss) from gaming activities	7			
	10a	Gross sales of inventory, less	, ,			
		returns and allowances a	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
	b	Less: cost of goods sold b			]	
	С	Net income or (loss) from sales of inventory				
•		Miscellaneous Revenue Business Code	<b>૾</b> ૺ૾			
	11a				ļ	
	b			<del> </del>		
	C	All other revenue	-	<del></del>	<del> </del>	
	d e	Total. Add lines 11a–11d	+	<del> </del>	<del> </del>	
	12	Total revenue. See instructions	1023526			

Part IX	Statement of F	unctional Expenses

Se	ection 501(c)(3) and 501(c)(4)	organizations must complete all columns.	All other organizations must	complete column (A) but are not
re	quired to complete columns	(B), (C), and (D)		

<u> </u>	0. 1.0.1.1.0	<del></del>	11 5 111/		
	Check if Schedule O contains a respon	ise to any question	in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1142513	1142513		1
2	Grants and other assistance to individuals in			3	
_	the United States. See Part IV, line 22			·	
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16			, ,	
<b>4</b> 5	Benefits paid to or for members 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 accruals and contributions (include section 401(k) and 403(b) employer contributions)	·			
9	Other employee benefits			· · · · · · · · · · · · · · · · · · ·	
10	Payroll taxes				
11	Fees for services (non-employees):			<u> </u>	-
a	Management				<del></del>
b	Legal				
C	Accounting				
ď	Lobbying		N+	· · · · · · · · · · · · · · · · · · ·	<u> </u>
e	Professional fundraising services. See Part IV, line 17		\$1. D. 1. W.		
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	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance		-		
24	Other expenses Itemize expenses not covered	1 - 1 C - 1	37 37 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
24	above (List miscellaneous expenses in line 24e If	4.5	System , f	f ,	
	line 24e amount exceeds 10% of line 25, column			* ,	
	(A) amount, list line 24e expenses on Schedule O)	10 700		*	>
_	( y amount, not more to expenses an estimate of	1. 5. 4.3 c. 2. x	201, 130, 111, 111		
a					<del> </del>
b			<del> </del>		<del>                                     </del>
C			<del> </del>		<del>                                     </del>
d	All all as assessment				
e	All other expenses	1110515	44.0515		<del></del>
25	Total functional expenses. Add lines 1 through 24e	1142513	1142513		<del> </del>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   If following SOP 98-2 (ASC 958-720)				
	10110 Tring 001 00 E (100 000-120)	L	l		<del></del>

2 Savings and temporary cash investments	P	art X	Balance Sheet			
Pledges and grants receivable, net   3   3   4   Accounts receivable, net   4   5   Receivables from current and former officers, directors, trustees, key employees, and injenst compensated employees. Complete Part II of Schedule L   6   Receivables from other disqualified persons (as defined under section 4958(f(11)), persons described in section 4958(p(3)(B), and contributing employers and sponsoring organizations of section 501c(p(9) voluntary employees' beneficiary organizations (see instructions)   7   Notes and loans receivable, net   7   Notes and loans receivable and eligible net   10   Notes and loans receivable and loans payable in   10   Notes and loans payable   10   Notes and loans payable to unrelated third parties   11   Notes and loans payable to unrelated third parties   10   Notes and loans payable to unrelated third parties   10   Notes and loans payable to unrelated third parties   10   Notes and loans payable to unrelated third parties   10   Notes and loans payable to unrelated third parties   10   Notes and loans payable to unrelated third parties   10   Notes and loans payable to unrelated third parties   10   Notes and loans payable to unrelated third parties   10						, ,
3   Pledges and grants receivable, net   4   Accounts receivable, net   4   Accounts receivable   5   Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   5   Receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(f)(1), and contributing employers and sponsoring organizations (see instructions)   6   Notes and loans receivable, net   7   Notes and loans receivable, net   10a   Notes and loans r		1	Cash – non-interest-bearing	118990	1	3
4 Accounts receivable, net Faceurables from current and former officers, directors, trustees, key employees, and injects compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f(1)), persons described in section 4958(g(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments—publicity traded securities 11 Investments—publicity traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intringible assets 15 Other assets. Add lines 1 through 15 (must equal line 34) 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule D 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Complete Part IV of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117, check here □ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here □ and complete lines 30 through 34.  29 Particular developed and payable to unrelated third parties 20 Capital stock or trust principal, or current funds 21 Capital stock or trust principal, or current funds 22 Capital stock or trust principal, or current funds 23 Capital stock		2	Savings and temporary cash investments		2	
Faceavables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   Schedule		3	Pledges and grants receivable, net		з	
employees, and highest compensated employees. Complete Part II of Schedule L  6 Receivables from other disqualified persons (as defined under section 4958(0(1)), persons described in section 4958(0(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions)  7 Notes and loans receivable, net  8 Inventiones for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D  10 Less: accumulated depreciation  11 Investments — publicly traded securities  12 Investments — publicly traded securities  13 Investments — publicly traded securities  14 Intargible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grarts payable  19 Deferred revenue  20 Tax-exempt bond liabilities  12 Escrow or custocial account liability. Complete Part IV of Schedule D  22 Payables to current and former officers, directors, trustes, key employees, highsist compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ □ and complete lines 20 through 34.  27 Tax-exempt bond former officers and complete lines 20 through 34.  28 Temporally restricted net assets  29 Permanently restricted net assets  29 Per		4	Accounts receivable, net		4	
Schedule L		5	Receivables from current and former officers, directors, trustees, key			
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(p)(3)(5), and contributing employees and sponsoring organizations of section 501(p)(9) voluntary employees beneficiary organizations (see instructions)  7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 11 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15			employees, and highest compensated employees. Complete Part II of			
## 1			Schedule L		5	
## Proposes beneficiary organizations (see instructions)  7 Notes and loans receivable, net   17   18   Inventories for sale or use   19   10a   10a   10a		6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		<b>A</b> ;	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation 11 Investments — publicly traded securities 12 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 118 Grants payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties) 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporanily restricted net assets 29 Permanently restric	Ø				6	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation 11 Investments — publicly traded securities 12 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 118 Grants payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties) 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporanily restricted net assets 29 Permanently restric	set	7	Notes and loans receivable, net		7	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account hability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Payables to current and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporanily restricted net assets 29 Permanently restricted net assets 31 Pad-in or capital surplus, or land, building, or equipment fund 31 Pad-in or capital surplus, or land, building, or equipment fund 31 Pad-in or capital surplus, or land, building, or equipment fund 31 Pad-in or capital surplus, or land, building, or equipment fund 31 Pa	As	8			8	<u> </u>
10a   Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D   10a   10b   10c   11c   1		9			9	
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments — publicity traded securities 12 Investments — other securities. See Part IV, line 11 13 Investments — other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporanty restricted net assets 29 Permanently restricted net as		10a				
11   Investments — publicly traded secunties   11   12   11   12   11   12   11   13   11   12   13   11   12   13   11   13   13				· (,		
11   Investments — publicly traded securities   11   12   11   12   11   12   11   13   13		b	Less: accumulated depreciation 10b		10c	- *
12   Investments – other secunties. See Part IV, line 11   13   Investments – program-related. See Part IV, line 11   13   14   Intangible assets   14   15   15   15   15   15   15   16   16		11			11	
14		12	•		12	
15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  25 Total liabilities. Add lines 17 through 25  26 Total liabilities. Add lines 17 through 25  27 Unrestricted net assets  29 Permanently restricted net assets  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  31 Total nations and account liabilities and net assets/fund balances  11890 34		13	Investments – program-related. See Part IV, line 11		13	
16 Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets		14	
17 Accounts payable and accrued expenses 17 18 Grants payable		15	Other assets. See Part IV, line 11		15	
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	118990	16	3
Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. Escrow or custodial account liability. Complete Part IV of Schedule D. Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117, check here Independent of the particular o		17	Accounts payable and accrued expenses		17	
20 Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		19	Deferred revenue		19	
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117, check here I and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here I and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  118990 33  34 Total liabilities and net assets/fund balances  118990 34		20	Tax-exempt bond liabilities			
employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  3 Secured mortgages and notes payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  2 Total liabilities. Add lines 17 through 25 2 Organizations that follow SFAS 117, check here Index of an and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets 2 Permanently restricted net assets 2 Permanently restricted net assets 2 Organizations that do not follow SFAS 117, check here Index of an and complete lines 30 through 34.  3 Capital stock or trust principal, or current funds 3 Paid-in or capital surplus, or land, building, or equipment fund 3 Retained earnings, endowment, accumulated income, or other funds 3 Retained earnings, endowment, accumulated income, or other funds 3 Total net assets or fund balances 118990 33  3 Total liabilities and net assets/fund balances 118990 34		21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
24 Unsecured notes and loans payable to unrelated third parties	es	22		,		
24 Unsecured notes and loans payable to unrelated third parties	III			″ у		
24 Unsecured notes and loans payable to unrelated third parties	ap		·			
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>=</b>	23	· · · · · · · · · · · · · · · · · ·			
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	· ·		24	
26 Total liabilities. Add lines 17 through 25		25	parties, and other liabilities not included on lines 17-24). Complete Part X			
Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets						
lines 27 through 29, and lines 33 and 34.   27   28   28   Temporarily restricted net assets   28   29   Permanently restricted net assets   29   Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.   30   Capital stock or trust principal, or current funds   31   Paid-in or capital surplus, or land, building, or equipment fund   31   32   Retained earnings, endowment, accumulated income, or other funds   32   33   Total net assets or fund balances   118990   33   33   33   34   Total liabilities and net assets/fund balances   118990   34   35   34   36   37   38   39   39   39   39   39   39   39		26	Total liabilities. Add lines 17 through 25	4.49 4		
34 Total liabilities and net assets/fund balances	seo		lines 27 through 29, and lines 33 and 34.	[4·4] ()	. <	
34 Total liabilities and net assets/fund balances	lan	27			_	
34 Total liabilities and net assets/fund balances	8					
34 Total liabilities and net assets/fund balances	밀	29			29	
34 Total liabilities and net assets/fund balances	or Fu				* *	
34 Total liabilities and net assets/fund balances	ş	30	· · · · · · · · · · · · · · · · · · ·			
34 Total liabilities and net assets/fund balances	SSE	31				
34 Total liabilities and net assets/fund balances	ا ک					
34 Total liabilities and net assets/fund balances	Se					3
_ ^^^		34	Total liabilities and net assets/fund balances	118990	34	Form <b>990</b> (2011)

Form 9	90 (2011)				Pa	ige 12
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>	<u>.</u>	<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	_1				23526
2	Total expenses (must equal Part IX, column (A), line 25)	2		_		12513
3	Revenue less expenses. Subtract line 2 from line 1	3				18987
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1^	18990
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6				3
Part	• •					
	Check if Schedule O contains a response to any question in this Part XII		<u>· ·                                    </u>	<u>.</u>	•	Щ.
			_	_	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," exp	olain i	n			
_	Schedule O.					_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_	a		<i>'</i>
Ь	Were the organization's financial statements audited by an independent accountant?			b		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account					
	·			:c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	olain i	"	ŀ		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar wer	e	İ		
	issued on a separate basis, consolidated 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	orth i	n			
	the Single Audit Act and OMB Circular A-133?			a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			- 1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ıdıts		b		<u> </u>
		-	ſ	Form	990	(2011)

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB № 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

The	Orrick, Herrington an	id Sutcliffe Foundat	tion -						94-33	72036		
Pa	t I Reason f	or Public Cha	rity Status (All orga	nizations	s must c	omplete	this pai	rt.) See ı	nstructio	ns.		
The	organization is not	a private founda	ition because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)				
1	A church, con	ch, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	☐ A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ıle E.)							
3	☐ A hospital or a	a cooperative ho	spital service organiza	ation desc	ribed in	section	170(b)(1)(	(A)(iii).				
4		earch organizatione, city, and state	on operated in conjunction operated in conjunction of the conjunction	ction with	a hospit	al descri	bed in <b>se</b>	ction 17	D(b)(1)(A)(	(iii). Ente	er the	•
5			operated for the benefit of a college or university owned or operated by a governmental unit described in )(A)(iv). (Complete Part II.)									
6 7	An organization	on that normally	or local government or governmental unit described in section 170(b)(1)(A)(v). that normally receives a substantial part of its support from a governmental unit or from the general public stion 170(b)(1)(A)(vi). (Complete Part II.)									
8	☐ A community	trust described i	n section 170(b)(1)(A)	)(vi). (Cor	nplete Pa	rt II.)						
9	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10	☐ An organization	on organized and	operated exclusively	to test fo	r public s	safety. Se	ee <b>sectio</b>	n 509(a)(	4).			
11	☐ An organization	on organized an	nd operated exclusive	ely for th	e benefit	t of, to	perform t	the funct	ions of, o	or to ca	arry ou	it the
			licly supported organ								See <b>se</b>	ction
	<b>509(a)(3).</b> Che	eck the box that o	describes the type of	supportin	g organiz	zation an	d comple	ete lines 1	1e throug	jh 11h.		
	a 🗌 Typel	b □		☐ Type						Type I		
e			that the organization									
	other than fou	ındatıon manage	ers and other than one	e or more	publicly	support	ed organ	izations d	described	ın secti	on 509	9(a)(1)
	or section 509											
f	_		written determination		he IRS 1	hat it is	a Type	I, Type	ll, or Typ	e III su 	pportir	ng 🗆
ç	Since August following pers		he organization accep	oted any	gift or co	ontnbutio	on from a	iny of the	•			
		•	ndirectly controls, eitlody of the supported of		_			describe	d in (ii) an	11g(	Yes	No
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ı	1)	
		•	a person described in							11g(i	i)	
ŀ		•	on about the support									
(1)	Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	rganization ited in your document?	the organ	ou notify nization in of your port?	(vi) Is the organization in col (i) organized in the US?			Amount upport	of
		}	<b>,</b> ,	Yes	No	Yes	No	Yes	No			
(A)												
···							-	<u> </u>				
(B)												
(C)												
(D)												
(E)												
	-	%*~ ,*. * *,*	. ž **•			> 1/2	1.13					

Total

18

Schedu	lle A (Form 990 or 990-EZ) 2011						Page <b>2</b>	
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatıoı	n failed to qua		
Sect	ion A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2041425	1806601	1605000	2068	1023526	6478620	
	organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities fumished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	2041425	1806601	1605000	2068	1023526	6478620	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	w of		**************************************				
6	Public support. Subtract line 5 from line 4		(* t. ) (* )	,				
	ion B. Total Support		W. 3113000					
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4	2041425	1806601	1605000	2068	1023526	6478620	
8 9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	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.)							
11	Total support. Add lines 7 through 10	·					6478620	
12	Gross receipts from related activities, etc.					12		
13	First five years. If the Form 990 is for the organization, check this box and stop her	re		d, third, fourth			n 501(c)(3) . ▶ □	
	on C. Computation of Public Suppor							
14	Public support percentage for 2011 (line 6		=			14	100 %	
15	Public support percentage from 2010 Sch					15 more of	100 %	
16a	331/3% support test—2011. If the organization qual						. ► <b>□</b>	
b	331/3% support test—2010. If the organicheck this box and stop here. The organic	nization did no	t check a box	on line 13 or	16a, and line			
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	eck this box an	id <b>stop here.</b> E	ine 14 is xplain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the "facts	facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th he organizatio	iis box and sto n qualifies as a	and line op here.	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Sect	ion A. Public Support	dider the te	SSIS HISTORI DOI	ovv, picase c	ompiete i art	,	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	(/	1 , 2000	(0, 2000	(4) 2010	(0, 20	(i) i otai
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise		-				<del> </del>
	sold or services performed, or facilities					1	
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		<del>                                     </del>	-	<u> </u>		<del> </del>
_	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	ŀ					
5	The value of services or facilities				-		
3	fumished by a governmental unit to the					}	
	organization without charge					İ	
6	Total. Add lines 1 through 5	<u> </u>	<u> </u>				<del> </del>
	Amounts included on lines 1, 2, and 3			<u> </u>	-		<del> </del>
, a	received from disqualified persons .						
L.	· · · · · ·		-			<del>  - · · · · · · · · · · · · · · · · · · </del>	
Ь	Amounts included on lines 2 and 3 received from other than disqualified						İ
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	•		<del> </del>				
8	Add lines 7a and 7b				/ ° 5 8/ 8/ 8/ 8/	~ & i	
·	line 6.)						ľ
Sacti	on B. Total Support	( visit	<b>83</b> 4		<b>*</b>	* * 1	·
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(a) 2007	(b) 2008	(6) 2009	(u) 2010	(e) 2011	(f) Total
10a							
	payments received on securities loans, rents,				<u>[</u>		
	royalties and income from similar sources .						
h	Unrelated business taxable income (less			<u> </u>			
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether		1				
	or not the business is regularly carried on				Į		
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 the	ne organization	l's first secon	d third fourth	or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8			3. column (f))		15	%
16	Public support percentage from 2010 Sch				· · · · ·	16	%
	on D. Computation of Investment In			<del> </del>	<u></u>	1 .01	<u></u>
17	Investment income percentage for 2011 (			v line 13. colur	mn (fl)	17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests-2011. If the organ						
	17 is not more than 331/3%, check this box						
b	331/2% support tests-2010. If the organiz						
	line 18 is not more than 331/3%, check this I	oox and stop h	ere. The organi	zation qualifies	as a publicly si	pported organ	nization ► 🗀
20	Private foundation. If the organization di						

Schedule A (F	Form 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		<b></b>
		<del>-</del> -
		<b></b>
		<b></b>

## **SCHEDULE 1** (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

OMB No 1545-0047

Open to Public Inspection 80

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

° | (h) Purpose of grant Employer identification number or assistance to 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. □ Yes 94-3372036 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' 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 (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash Enter total number of other organizations listed in the line 1 table Part II can be duplicated if additional space is needed (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (D) EIN The Orrick, Herrington and Sutcliffe Foundation 1 (a) Name and address of organization (1) See Attached Sheet or government Name of the organization Partl Part II 2 N Ε (12) ල 4 9 8 6 5 ß

Schedule I (Form 990) (2011)

Cat No 50055P

Schedule I (Form 990) (2011)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III ო 4 2 9 N

# **SCHEDULE N**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

2	
545	
ş	
5	ı
Σ	ı
ξ	l
2	l
5	l
5	l
5	

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Employer identification numbe 94-3372036 Part I can be duplicated if additional space is needed. The Orrick, Herrington and Sutcliffe Foundation Name of the organization

						_	_
	(g) IRC section of recipient(s) (if tax-exempt) or type of entity						
	(f) Name and address of recipient						
	(e) EIN of recipient						
	(d) Method of determining FMV for asset(s) distributed or transaction expenses						
	(c) Fair market value of asset(s) distributed or amount of transaction expenses						
rioital opaco is	(b) Date of distribution						
	(a) Description of asset(s) distributed or transaction expenses paid						
	-						

Did or will any officer, director, trustee, or key employee of the organization:

Become a director or trustee of a successor or transferee organization? æ

Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Cat No 50087Z

Schedule N (Form 990 or 990-EZ) (2011)

Yes

2p

29

In the organization distribute its assets in accordance with its governing instrument(s)? If "Not," describe in Part III.  If "Yes," clid the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?  Did the organization provide such notice?  Did the organization have any tax-exempt bonds outstanding during the year?  Did the organization have any tax-exempt bonds outstanding during the year?  Did the organization have any tax-exempt bonds outstanding during the tax year in accordance with the Internal Revenue Code and state laws?  Did the organization have any tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?  If "Yes," to line 6b, describe in Part III how the organization difference of the Organization answered or other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered distributed or asset(s) distributed or asset(s) distributed or distributed or distributed or any to transaction expenses and distributed or distributed or any to transaction expenses and distributed or any to transaction expenses and transaction expenses are also asset to the transaction expenses and transaction expenses are also asset to the transaction expenses.  Did the organization provided by the transaction expenses and transaction expenses are also asset to the organization answered transaction expenses.	## ## ## ## ## ## ## ## ## ## ## ## ##
y general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	general or other appropriate state official of its intent to dissolve, liquidate, or terminate?  general or other appropriate state faws?  inities in accordance with state laws?  outstanding during the year?  Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization and an analyses of the Organization's Assets. Complete this part if the organization and mayol-EZ, line 36. Part II can be duplicated if additional space is needed.  General deflects and district of the Organization and transaction expenses and address of recipient transaction expenses and address of recipient transaction expenses and address of recipient transaction expenses and address of recipient transaction expenses and address of recipient transaction expenses and address of recipient transaction expenses are set of the organization?  ployee of the organization?  or transferee organization?  or transferee organization?  or transferee organization?  or transferee organization?  or transferee organization?  or transferee organization?  or transferee organization?  2d  2d  2d  2d  2d  2d  2d  2d  2d  2
abilities in accordance with state laws?  Is outstanding during the year?  Is outstanding during the year?  Is outstanding during the year?  Is outstanding during the year?  Is outstanding during the year?  Is outstanding during the year?  Is outstanding during the year?  Is outstanding during the tax year in accordance with the Internal Revenue Code and state laws?  Is outstanding during the tax year in accordance with the Internal Revenue Code and state laws?  Is outstanding during the tax year in accordance with the Internal Revenue Code and state laws?  Is outstanding during the tax year in accordance with the Internal Revenue Code and state laws?  Is outstanding during the tax year in accordance with the Internal Revenue Code and state laws?  Is outstanding during the tax year in accordance with the Internal Revenue Code and state laws?  Is outstanding during the tax year in accordance with the Internal Revenue Code and state laws?  Is outstanding the tax year in accordance with the Internal Revenue Code and state laws?  Is outstanding the tax year in accordance with the Internal Revenue Code and state laws?  Is outstanding the tax year in accordance with the Internal Revenue Code and state laws?  Is outstanding the tax year in accordance with the Internal Revenue Code and state laws?  Is outstanding the tax year in accordance with the Internal Revenue Code and state laws?  Is outstanding the tax year in accordance in accordance of the Internal Revenue Code and state laws?  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is outstanding the tax year.  Is	this part if the organization answer of entity
stax-exempt bond liabilities during the year?  Stax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?  Stax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?  Stax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?  Stax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?  Stax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?  Stax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?  Stax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?  Stax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?  Stax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?  Stax Part II can be duplicated if additional space is needed.  State of Fair market value of determining FMV for amount of transaction expenses  Accordance with the Internal Revenue Code and state laws?  State of Fair market laws?  State of Fair market value of determining FMV for accipient asset(s) distributed or asset(s) dis	this part if the organization answered.  address of recipient address of recipient address of recipient  Area exempt) of tyrory of entit
s tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?   6b	this part if the organization answersd.  address of recipient address of
s tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?   6b    stax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?   6b    state laws of the Organization answered settled these liabilities. If "No," explain in Part III.  state laws?   6b    state laws?	this part if the organization answersd.  I address of recipient address of recipient (g) IRC section of entity of entity of entity.  I address of recipient address of entity of entity.  I western the organization answersd entity of entity.  I western the organization answersd entity.
Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.  (c) Fair market value of asset(s) distributed or asset(s) distributed or expenses  (d) Method of asset(s) distributed or asset(s) distributed or expenses  (e) Eliv of recipient (f) Name and address of recipient recipients) (if tansaction expenses)  (f) Name and address of recipient (g) IRC section of recipients) (if tansaction expenses)  (g) IRC section of recipients) (if tansaction expenses)  (g) IRC section of recipients) (if tansaction expenses)  (g) IRC section of recipients) (if tansaction expenses)  (g) IRC section of recipients) (if tansaction expenses)	this part if the organization answered.  address of recipient  add
ddress of recipient	(e) EIN of recipient (f) Name and address of recipient (g) IRC section of recipient(s) (if tax-exempt) or type of entity of en
	Yes
	Yes
	Yes
	Yes  Yes  The significant disposition of assets?
	Yes
	Yes
	Yes
	Yes
	Yes  Za  Za  Za  Za  Za  Za  Za  Zb  Za  Za
	zation's significant disposition of assets? 2d
	zation's significant disposition of assets? 2b
23	zation's significant disposition of assets? 2d
Yes	
Yes	

•	Schedule N (Fe	tule N (Form 990 or 990-EZ) (2011)								
	Part III	orm 990 or 990-EZ) (2011)  Supplemental Information. Complete to provide the information required by Part I, lines 2e and 6c, and Pall, line 2e. Also complete this part to provide any additional information.	art							
	<del></del>	II, IIII e 20. 7450 complete this part to provide any additional information.								
		<u></u>								
			. <b></b>							
			<b></b> -							
		······································								
		······································								

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

The Orrick, Herrington and Sutcliffe Foundation

Employer identification number 94-3372036

Part VI, Section A, Question 2: All of the directors and officers are partners or employees of Orrick, Herrington & Sutcliffe LLP, the law firm
partnership that founded the organization.
partiership that founded the organization.
Part VI, Section B, Question 11a and 11b: Once Form 990 was completed and reviewed by the tax department team it was sent to the
organizations governing body. The governing body has agreed that Form 990 has been completed with sufficient and accurate information
It was then returned to the tax department and filed accordingly.
Part VI, Section C, Question 19: The organization does not make its governing documents, conflict of interest policy, and financial
statements available to the public.
······································

### The Orrick, Herrington, & Sutcliffe Foundation – 94-3372036 Calendar Year 2011 – 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 2011 - 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 2011 - Schedule I Form 990 Statement of Program Service Accomplishments

Action Against Hunger-USA	2000
American Red Cross	25000
Appleseed	5000
Ashoka	10000
Asian American Legal Defense & Education	10000
Asian Law Caucus	3500
Asylum Access	1000
BASF Foundation	30000
Bay Area Legal Aid	40000
California Bar Foundation	7500
California Lawyers for the Arts	5000
Capital Area Food Bank	5000
Capital Area Immigrants' Rights Coalition	5000
Children's Storefront	45000
Children First for Oregon	2500
City Bar Justice Center	30000
Community Foundation for the Ohio Valley	3000
Community Legal Services East Palo Alto	5000
Constitution Project	5000
DC AIDS Walk	5000
DC Bar Pro Bono Program	10000
Disability Rights Advocates	5000

Easter Seals West Virginia	1000
Embaracadero YMCA	60000
Friends of the Children King County	2500
Harvard Law School	50000
Immigrant Legal Resource Center	15000
Immigration Equality	4000
Indego Africa	20000
inMotion	22500
LaRaza Centro Legal	1000
Law Foundation of Silicon Valley	32500
Lawyers' Campaign for Equal Justice	1000
Lawyers' Committee for Civil Rights	40000
Lawyers Alliance for New York	30000
Legal Aid of Los Angeles	5000
Legal Aid of Orange County	3000
Legal Aid Society of New York	73475
Legal Aid Society of San Mateo County	32500
Legal Aid Society SF-Emp Law Center	30000
Legal Community Against Violence	5000
Legal Counsel for the Elderly	1600
LeGal Foundation	3000
Legal Outreach	11600
Los Angeles County Bar Foundation	2500

`Mercy Corps	25000
Mural Music & Arts Project	5500
Museum at Warm Springs	750
National Immigrations Law Center	10000
National September 11 Memorial & Museum	19588
National Veteran's Legal Services Program	5000
New York Lawyers for The Public Interest	25000
New York Legal Assistance Group	50000
Next Door Solutions ot Domestic Violence	5000
Oak Ridge Elementary School	15000
Portals Foundation	2500
Portland State University	750
Pro Bono Institute	4750
Pro Bono Net, Inc.	2500
Pro Bono Partnership, Inc.	5000
Public Counsel	5000
Public International Law & Policy Group	12000
Public Law Center	2500
Rebuilding Together Peninsula	5000
Rebuilding Together San Francisco	5000
Sacramento Theatre Company	5000
San Francisco Museum of Modern Art	10000
School for ARTs in Learning	3600
Stanford Law School	50000

•

Students Rising Above	5000
Sylvia Rivera Law Project	500
U.VA. Law School Foundation	50000
UCLA Foundation	7500
UJA Federation of New York	8000
University of Michigan	50000
Upper Ohio Valley Italian Foundation	500
Vision Shared, Inc.	2500
Volunteer Legal Services Program	18000
Volunteers of Legal Service, Inc.	5000
Washington Empowered Against Violence	3900
West Liberty University	1500
Women's Refugee Commission	7500
WVU Children's Hospital	1000
Youth Services System	500
	1142513

è

.