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# <sub>Form</sub> 990

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

2012, and ending For the 2012 calendar year, or tax year beginning 20 D Employer identification number Check if applicable. C Name of organization The Orrick, Herrington & Sutcliffe Foundation Doing Business As Address change 94-3372036 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 304-231-2766 2121 Main Street City, town or post office, state, and ZIP code Terminated Amended return G Gross receipts \$ Wheeling, WV 26003 Application pending F Name and address of principal officer: H(a) Is this a group return for affiliates? Yes No H(b) Are all affiliates included? Yes No Mitch Zuklie if "No," attach a list (see instructions) 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or Tax-exempt status H(c) Group exemption number ▶ Website: ▶ Form of organization: Corporation Trust Association ☐ Other ▶ L Year of formation M State of legal domicile. CA Briefly describe the organization's mission or most significant activities: See Attached Sheet Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Contributions and grants (Part VIII, line 1h) . R 1023526 909765 Program service revenue (Part VIII, line 2q) 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1023526 909765 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 1142513 909768 Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 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) ▶ Other expenses (Part X) column (A), lines 11a-11d, 11f-24e)
Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25) 17 18 1142513 909768 Revenue less expenses. Subtract line 18 from line 12 . 19 **Beginning of Current Year** End of Year NOV 2 5 2013 20 al assets (Part X, line 16 Total liabilities (Part X. Ilne 26)

Net assets or fund balances.-Subtract line 21 from line 20 21 Signature Block Part II 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. Signature of officer Sian The prestor Here Ther by Type or print name and title Date Print/Type preparer's name Preparer's signature Check | if Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address > Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ີ Yes ີ No

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For Paperwork Reduction Act Notice, see the separate instructions.

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	See Attached Sheet
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured to expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
_	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses ▶

Part	Checklist of Required Schedules			1
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Г	Yes	No
1	complete Schedule A	1	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
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		-
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, for escrow or custodial account liability; 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		,
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		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
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		~
С	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		~
d	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		V
e f	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		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		~
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		~
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		~
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		~
20 a	•	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		~

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	~	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		,
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 25a		24d 25a	•	~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<i>y</i>
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? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	~	

Form **990** (2012)

Part				_
	Check if Schedule O contains a response to any question in this Part V	• •	Yes	No
1.	Fatantha must assume astad in Day 0 of Fame 4000 Fatan 0 of mat applicable		108	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1		
·	reportable gaming (gambling) winnings to prize winners?	1c		<u></u>
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)			
За	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	1 [		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		١.,
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<u>-</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<i>'</i>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		<del>                                     </del>
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	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	i i		
	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		<del> </del>
h o	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			l
	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		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	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-		
12a	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   12b	12a		
b 13	,			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	, Ja		
ь	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			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
h	If "Vos " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Part '					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.  Check if Schedule O contains a response to any question in this Part VI				
Section	on A. Governing Body and Management	• • • • • • •	• •	<del></del>	V
occu	on A. doverning body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 7			
14	If there are material differences in voting rights among members of the governing body, or	10 /			1
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.		İ		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business				1
_	any other officer, director, trustee, or key employee?	•	2	~	
3	Did the organization delegate control over management duties customarily performed by or				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 9	•	4		~
5	Did the organization become aware during the year of a significant diversion of the organization		5		~
6	Did the organization have members or stockholders?		6		V
7a	Did the organization have members, stockholders, or other persons who had the power to				
	one or more members of the governing body?		7a		~
b	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,			
	stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions ur	ndertaken during			
	the year by the following:	_			
а	The governing body?		8a	1	
b	Each committee with authority to act on behalf of the governing body?		8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann	ot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	0	9		~
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue C	ode.)	
				Yes	No
10a	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				
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	-	11a	~	L
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		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		<u> </u>
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 independent persons, comparability data, and contemporaneous substantiation of the deliberation				
			45-		
a	The organization's CEO, Executive Director, or top management official		15a	ļ	V
b	Other officers or key employees of the organization		15b		-
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ilar arrangement			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	mar arrangement	16a	<u> </u>	~
L	If "Yes," did the organization follow a written policy or procedure requiring the organization	in to evaluate its	108	-	-
b	participation in joint venture arrangements under applicable federal tax law, and take steps				
	organization's exempt status with respect to such arrangements?		16b	<u> </u>	ļi
Secti	on C. Disclosure		נטיו	·	L
17					
18	List the states with which a copy of this Form 990 is required to be filed ► <u>California</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (Section	า 501	(c)(3)s	only)
. •	available for public inspection. Indicate how you made these available. Check all that apply.			·-/(~/~	
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in So	chedule (0)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing doc		of inte	rest r	olicv.
	and financial statements available to the public during the tax year.	-, <del>-</del>			,,
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and records	of the	9	
	organization: Cindy Shipley 2424 Main Street Wheeling WAY 26003 2800 304-231-2733				

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . .

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. if any. See 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	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
				•	>)					
(A)	(B)	,	_4 _4	Pos		a than a		(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles er and	s pe dad	rson Irect	than o	an ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Mitch Zuklie		,		v				0	0	0
(2) Alan G. Beniamin		,						0	0	0
(3) J. Peter Coll		~						0	0	
(4) Carl F. Lyon		,						0	0	
(5) Mike Tordey		~						0	0	
(6) Larry Low				,				0	0	
(7) Linda Hayard				~				0	0	
(8)										
(9)										
(10)										
(11)										
(12)					<del> </del>					
(13)			T							
(14)		-								
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Part	VII. Section A. Officers, Directors, Trus	tees, Key E	mploy	/ee:	s, aı	nd F	lighe	st C	ompensated E	mployees (d	ontinue	ed)		
		]			•	C)								
	(A)	(B)	(do n	ot ch		ition more	e than	one	(D)	(E)			(F)	
	Name and title	Average hours per	box,	unles	s pe	rson	is both	n an	Reportable compensation	Reportable compensation			mated ount of	
		week (list any	<del></del>			T	or/trus	<del>-</del>	from	related	""		ther	
		hours for related	Individual trustee or director	Institutional truste	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio (W-2/1099-M		•	ensatio m the	n
		organizations	e E	튭	욕	) ap	oyex	₫	(W-2/1099-MISC)		130,		nization	1
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7:37														
(17)						$\vdash$								
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(18)		-		<u> </u>										
3			1											
(19)								1						-
X		<b>†</b>												
(20)														
<b>-</b>			1				ļ	ŀ						
(21)														
(22)														
						<u> </u>		L						
(23)										ļ				
						_								
(24)														
						<u> </u>		<u> </u>						
(25)							ŀ							
		<u> </u>	<u> </u>				<u> </u>					_		- 0.
1b	Sub-total													-
С	Total from continuation sheets to Part													
d	Total (add lines 1b and 1c)							<b>•</b>	<u> </u>					
2	Total number of individuals (including bu		to th	ose	e list	ted	abov	e) w	ho received m	ore than \$10	00,000	of		
	reportable compensation from the organ	zation ►											7.	
•	Did it	· · · · · · · · · · · · · · · · · · ·					1		والمناط والمالية				Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete										isated			
	· · · · · · · · · · · · · · · · · · ·											3		~
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	greater th	an D	150,	JUUL	) ( )	ı re	S,	complete Scr	ledule J TOI	Sucri	4		1
-	Did any person listed on line 1a receive of	· · · ·			tion	froi	m anı	.un	 related organia	 zation or ind	 ividual			<u> </u>
5	for services rendered to the organization											5		1
Conti	<del></del>	100, 0				-		-	34011 (5010011	<u> </u>	<u> </u>			
Secure 1	on B. Independent Contractors  Complete this table for your five highest		od inc	don	d	ont	contr	act	ore that receive	ad more that	\$100	nnn of		
•	compensation from the organization. Repyear.													ах
	(A)								(B) Description of s	004000		(C) Compens	ation	
	Name and business add						_			ervices		ompens	auon	
None								-				-		
								<u> </u>						
								1						
								$\vdash$	<del></del>					
	Total number of independent contracts	المرام المحارية	.a b.	.+	<b>a</b> t 1	line!*	od to		oca listed ch	ovo) vibo				
2	Total number of independent contractor							יוו כ	ivad iiatdu adi	OVO) WITO				

Form **990** (2012)

Part	t VIII	Statement of Revenue		una in Abia Davi I	//U		
		Check if Schedule O contains a response	to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s, Grants Amounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c					
Contributions, Gifts, and Other Similar Av	d e f	Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants,					
contributing of the	g	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	909765				
	h	Total. Add lines 1a-1f		909765		<del> -</del>	
Program Service Revenue	2a b c		isiness Code				
Ē	e						T
夏	f	All other program service revenue .					<del> </del>
Ě	g	Total. Add lines 2a-2f	•			<del></del>	
	3 4	Investment income (including dividends and other similar amounts)  Income from investment of tax-exempt bond	s, interest,				
	5	Royalties	F				
	6a		(ii) Personal				-
	b	Less: rental expenses		ľ		1	
	С	Rental income or (loss)				-	
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					
a l	d	Net gain or (loss)	▶				
Other Revenue	ва	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
<u> </u>		See Part IV, line 18 a					+
둦	b	Less: direct expenses b		ļ			1
١		Net income or (loss) from fundraising ever	nts . ►				
		Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
ł		Net income or (loss) from gaming activitie	s •				
		Gross sales of inventory, less					
	100	returns and allowances a					
	_						
		Less: cost of goods sold b				-	
L	С	Net income or (loss) from sales of invento	ry 🕨				L
		Miscellaneous Revenue Bu	siness Code				
Ī	11a						
	b				·		
			<del></del>		<del></del>	† <del></del>	
i	C	All ale an access				<del> </del>	
[	ď	All other revenue					
		<b>Total.</b> Add lines 11a-11d				ļ	
	12	Total revenue. See instructions	▶ [	000765			

	Contament of Functional Functional				rage 10
	X. Statement of Functional Expenses	nalata all columns /	All other organization	no must complete o	okuma (A)
Secur	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	909768	909768		
2	Grants and other assistance to individuals in 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> <b>5</b>	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		<del></del>		<u> </u>
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal			<u> </u>	<del>  </del>
C					
	Accounting		<del></del>		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		•		
f g	Investment management fees				
40	- ·				
12	Advertising and promotion				
13	Office expenses				
14	Information technology		<del></del>		
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				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b				···	
C					
d				<del></del>	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	909768	909768		
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) if	. 909/68	303/68		

P	art X	Balance Sheet			<del></del>
		Check if Schedule O contains a response to any question in this Part >	(		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	3	1	0
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
ets	l _			6	
Assets	7	Notes and loans receivable, net		7	<del></del> -
•	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges		9_	
	ь	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)	3	16	0
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	i i	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	3	33	0
	34	Total liabilities and net assets/fund balances	3	34	0
					Form <b>990</b> (2012)

Page	1	2

-			
Form	990	(201	21

rom 9	90 (2012)			га	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9	09765
2	Total expenses (must equal Part IX, column (A), line 25)	2			09768
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			0
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash Counting method used to prepare the Form 990:				i
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r		1
	reviewed on a separate basis, consolidated basis, or both:				1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		•
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а		i
	separate basis, consolidated basis, or both:				1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n T		
	Schedule O.				į
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth is	n		
	the Single Audit Act and OMB Circular A-133?		. 3a		•
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			Forr	n <b>990</b>	(2012)

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

## **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 2012

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

		& Sutcliffe Found								392036		
Pai			rity Status (All orga						nstruction	ons.		
The 6 1 2 3 4	☐ A church, co ☐ A school des ☐ A hospital or ☐ A medical re	nvention of churc scribed in <b>sectior</b> a cooperative ho	ation because it is: (Foches, or association of 170(b)(1)(A)(ii). (Attaospital service organization operated in conjunte:	churches ch Sched ation des	s describe ule E.) cribed in	ed in sec section	tion 170 170(b)(1)	(b)(1)(A)(i (A)(iii).		) <b>(iii).</b> Ent	er the	
5		ion operated for (b)(1)(A)(iv). (Com	the benefit of a colle	ge or uni	iversity o	wned or	operated	by a go	vernmen	tal unit (	descri	ibed in
6 7	An organizat	ion that normally	rnment or government receives a substantia <b>)(A)(vi).</b> (Complete Pai	al part of					nit or fror	n the ge	eral	public
9	An organization receipts from support from	ion that normally activities relate gross investment	in section 170(b)(1)(A receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. Se	an 33 <sup>1</sup> /3% ions—su lated bus	6 of its subject to desires ta	upport fro certain ex xable inc	xceptions come (les	s, and (2) ss sectio	no mor	e than 3	331/3%	of its
10 11	An organiza purposes of	tion organized a one or more pul	d operated exclusively nd operated exclusive blicly supported organ describes the type of	ely for th	ne benefi describe	t of, to p	perform to ion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2).		
е		this box, I certify oundation manage	ell c Type II that the organization ers and other than one	is not co	ntrolled o	lirectly or	indirectl		or more	disqualit	fied p	ersons
f	organization,	check this box	a written determination							oe III su 	pport	ing · 🔲
g	following per	sons?	the organization accep					•			_	
	(iii) below	, the governing b	indirectly controls, eitlody ody of the supported o	organızat	ion?						Yes	No
			on described in (i) abo							11g(i	-	
h			a person described in non about the support							11g{i	in]	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the c	organization sted in your document?	(v) Did y the organ col (i)	rou notify nization in of your port?	organizat (i) organi	ls the tion in col zed in the S?	(vii) Amou	unt of m	-
	<del></del>			Yes	No	Yes	No	Yes	No	<u> </u>		
(A)	·											
(B)												
(C)												_
(D)										_		_
(E)												
Total	1											

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1806601	1605000	2068	1023526	909765	5346960
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	1806601	1605000	2068	1023526	909765	5346960
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)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	( ) 0000	# \ 2000 T	( ) 22/2	( 1) 22 ( )		<del></del>
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7 8	Amounts from line 4	1806601	1605000	2068	1023526	909765	5346960
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.)						
11	Total support. Add lines 7 through 10						
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			· · · · · ·	<u> </u>	<u> </u>	<u>. , ▶ [</u>
	on C. Computation of Public Suppor						•
14	Public support percentage for 2012 (line 6					14	100 %
15 16a	Public support percentage from 2011 Sch 331/s% support test—2012. If the organiz					15	100 %
100	box and <b>stop here.</b> The organization qual						
b	331/2% support test—2011. If the organicheck this box and stop here. The organi	ization did not	check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circu	ind-circumstar mstances" test	nces" test, che t. The organiza	ck this box an tion qualifies a	d <b>stop here.</b> Ei as a publicly su	xplain in pported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization management	<b>911.</b> If the orga- ion meets the eets the "facts	nization did no "facts-and-cir -and-circumsta	et check a box cumstances" t ances" test. Th	on line 13, 16a est, check the ne organization	a, 16b, or 17a, is box and <b>sto</b> n qualifies as a	and line  p here.  publicly
18	supported organization						_
10	Instructions						

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

(Complete only if you checked the box on line 9 of Part I 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.)

Secti	on A. Public Support			, , , , , , , , , , , , , , , , , , , ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees		!				
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		]				
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					-	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		1				
Cooti	on B. Total Support		<u> </u>			<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2000	(b) 2009	(6) 2010	(d) 2011	(6) 2012	(i) Total
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
'-	loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon				
Secti	on C. Computation of Public Suppor	<del>_</del>					
15	Public support percentage for 2012 (line 8		•				<u>%</u>
16 Cooti	Public support percentage from 2011 Sch			· · · · ·		16	<u>%</u>
	on D. Computation of Investment In Investment income percentage for 2012 (			v line 13 colur	mn (fl)	17	%
17 18	Investment income percentage for 2012 ( Investment income percentage from 2011)					18	
19a	331/3% support tests—2012. If the organ	ization did not	check the box	on line 14, a	nd line 15 is m		
	17 is not more than 331/3%, check this box	and <b>stop here</b> .	. The organization	on qualifies as a	a publicly suppe	orted organizati	on . ► 🗆
b	331/3% support tests—2011. If the organiz line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
•••••		
		******
•••••••		

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

The Orrick, Herrington & Sutcliffe Foundation
Part | General Information on Gra

OMB No. 1545-0047

•		
2012	Open to Public Inspection	Employer identification number
		Employer iden
es	2.	

94-3372036

	award the grants	or assistance?					· · □Yes □ No
Part II Grants and Other Assistance to Governments and Organizations in the United States.	ssistance to Go	overnments and	Organizations	in the United S	tates. Complete	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990.	ered "Yes" to Form 990
rarily, inte zi, for any recipient that received in	iy recipient mar	received more in	ian 35,000. Par	II can be dupiic	ated II additional	spac	
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) See Attached Sheet				:			
(2)							
(6)							
(4)							
(9)							
(9)							
w w							
(8)							
(6)							
(10)							
(11)							
(12)				į			
2 Enter total number of section 501(c)(3) and government org	1 501(c)(3) and go	vernment organizati	janizations listed in the line 1 table	ine 1 table			<b>A</b> . <b>A</b>
Pag	see the Instruction	ns for Form 990.			Cat No 50055P		Schedule I (Form 990) (2012

Schedule I (Form 990) (2012)

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

Part III can be duplicated if additional space is needed.

o provide the information required in Part I, Ii		(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
5 6 6 Information. Complete this part to information.	-						
5 6 6 information.  Supplemental Information. Complete this part to information.	2						
5 7 3rt IV Supplemental Information. Complete this part to information.	က						
6 art IV Supplemental Information. Complete this part to information.	4						
Supplemental Information. Complete this part to information.	5						
art IV Supplemental Information. Complete this part to information.	9						
information. Complete this part to information.	7						
	Part IV	Supplemental Information. Complet information.	te this part to pro	ovide the information	n required in Part I,	line 2, Part III, column (b	), and any other additional

Schedule I (Form 990) (2012)

# SCHEDULE N

Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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2012

Open to Public

**Employer identification number** 

ŝ . Herrington & Sutcliffe Foundation 4-3372036 B4-3372036 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. recipient(s) (if tax-exempt) or type of entity (g) IRC section of Yes 2b 20 8 (f) Name and address of recipient Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? (e) EIN of recipient . . . Become an employee of, or independent contractor for, a successor or transferee organization? (d) Method of determining FMV for asset(s) distributed or transaction expenses Become a director or trustee of a successor or transferee organization? . . Become a direct or indirect owner of a successor or transferee organization? Did or will any officer, director, trustee, or key employee of the organization: (c) Fair market value of asset(s) distributed or amount of transaction expenses Part I can be duplicated if additional space is needed. (b) Date of distribution The Orrick. Herrington & Sutcliffe Foundation (a) Description of asset(s) distributed or transaction expenses paid Ω ပ ס Part æ

Schedule N (Form 990 or 990-EZ) (2012)

Cat No 50087Z

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.

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Schedule N (Form	d
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		က	\$	<del>4</del>	2	ea	q9		ation ans	(g) IRC section of recipient(s) (if tax-exempt) or type of entity						X X	23	ъ	<b>5</b> c	<b>2</b> q	
	Part X, column (B), line 16 (Total assets), and line 26		lidate, or terminate?				ternal Revenue Code and state laws?	ain in Part III.	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990. Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.	ddress of recipient										sposition of assets?	•
	Part X, column (B),	describe in Part III.	other appropriate state official of its intent to dissolve, liquidate, or terminate?				accordance with the In	liabilities. If "No," expl	anization's Assets.	(e) EIN of recipient										ization's significant di	,
	ear, then Form 990,	nstrument(s)? If "No,"	ate state official of its		state laws?	ear?	during the tax year in	nerwise settled these I	an 25% of the Organt II can be duplica	(d) Method of determining FMV for asset(s) distributed or transaction expenses						ä		insferee organization?	m?	s a result of the organ	
(continued)	ets during the tax y	ce with its governing i	eral or other appropri		es in accordance with	standing during the ye	exempt bond liabilities	zation defeased or oth	ansfer of More Than 990-EZ, line 36. Pa	(c) Fair market value of asset(s) distributed or amount of transaction expenses						yee of the organization	feree organization? .	for, a successor or tra	transferee organizatio	er similar pavments a	5
r Dissolution	d all of its ass	ets in accordan	the attorney gen	such notice?	/ all of its liabiliti	empt bonds out	ase all of its tax-	how the organization	<b>n, or Other Tr</b> ine 32. or Forn	(b) Date of distribution						e, or key emplo	scessor or trans	dent contractor	a successor or	pensation or oth	
Part I Liquidation, Termination, or Dissolution (continued)	<b>Note.</b> If the organization distributed all of its assets during the tax year, then Form 990, (Total liabilities), should equal -0	3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.		_		6a Did the organization have any tax-exempt bonds outstanding during the year?	b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	c If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.	Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this "Yes" to Form 990. Part IV. line 32. or Form 990-EZ. line 36. Part II can be duplicated if additional space is needed.	1 (a) Description of asset(s) distributed or transaction expenses paid	See Attachment for Schedule I					2 Did or will any officer, director, trustee, or key employee of the organization:	a Become a director or trustee of a successor or transferee organization?	<b>b</b> Become an employee of, or independent contractor for, a successor or transferee organization?	c Become a direct or indirect owner of a successor or transferee organization?	d Receive or become entitled to compensation or other similar payments as a result of the organization's significant disposition of assets?	

chedule N (Form 990 or 990-EZ) (2012)								
Part III	Supplemental Information. Complete to provide the information required by Part I, lines 2e and 6c, and Part							
	II, line 2e. Also complete this part to provide any additional information.							
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### **SCHEDULE O** (Form 990 or 990-EZ)

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

OMB No. 1545-0047

2012

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization **Employer identification number** The Orrick, Herrington & Sutcliffe Foundation 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. 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.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
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### The Orrick, Herrington, & Sutcliffe Foundation – 94-3372036 Calendar Year 2012 – 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 2012 - Form 990 List of Officers, Directors, Trustees, and Key Employees

#### **Board of Directors**

Mitch Zuklie- Director 1000 Marsh Road Menlo Park, CA 94025

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

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

Mike Torpey - Director 405 Howard Street San Francisco, CA 94105

Larry Low - Director 405 Howard Street San Francisco, CA 94105

Officers

Mitch Zuklie - CEO 1000 Marsh Road Menlo Park, CA 94025

Linda Havard - CFO 405 Howard Street San Francisco, CA 94105

Larry Low - Secretary 405 Howard Street San Francisco, CA 94105

## The Orrick, Herrington & Sutcliffe Foundation - 94-3372036 Calendar Year 2012 - Schedule I Form 990 Statement of Program Service Accomplishments

ACLU Foundation of Maryland	5000
Appleseed	20000
BASF Foundation	30000
Bay Area Legal Aid	40000
California Bar Foundation	10000
Children's Storefront	45000
Children First for Oregon	2500
City Bar Justice Center	30000
Community Foundation for the Ohio Valley	3000
Cyrus R. Bance Center for Int'l Justice	10000
DC Bar Pro Bono Program	10000
Embaracadero YMCA	60000
Friends of the Children King County	2500
Immigrant Legal Resource Center	15000
inMotion	15000
Law Foundation of Silicon Valley	45000
Lawyers' Committee for Civil Rights	35000
Lawyers Alliance for New York	25000
Legal Aid of New York	83000
Legal Aid Society of San Mateo County	25000
Legal Aid Society SF-Emp Law Center	28500
Legal Outreach	11600
Los Angeles County Bar Foundation	5000

Mayors Fund to Advance New York City	43780
Mural Music & Arts Project	5000
N Wheeling Community Youthbuild Center	2500
National Immigrations Law Center	10000
National September 11 Memorial & Museum	19588
New York Lawyers for The Public Interest	15000
New York Legal Assistance Group	50000
Northern California Innocence Project	10000
Oak Ridge Elementary School	19800
Pro Bono Institute	5000
Pro Bono Net, Inc.	2500
Pro Bono Partnership, Inc.	5000
Public International Law & Policy Group	15000
Public Law Center	2500
Students Rising Above	2500
U.VA. Law School Foundation	50000
University of Michigan	50000
Vanderbilt Law School	15000
Volunteer Legal Services Program	23000
Volunteers of Legal Service, Inc.	5000
Women's Refugee Commission	2500
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