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

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Inter	nal Reven	ue Service	► Inform	nation about Form	990 and its ins	tructions is at	www.irs.g	ov/form99	0.	Inspection
A	For the	2014 cale	ndar year, or tax yea	ar beginning		, 2014, a	nd ending			, 20
B	Check if	applicable:	C Name of organization	The Wilson Son	sini Goodrich &	Rosati Found	ation		D Employ	er identification number
_	Address		Doing business as							77-0276529
$\overline{\sqcap}$	Name ch		Number and street (o	r P.O. box if mail is n	ot delivered to stre	et address)	Room/suite		E Telepho	ne number
		-	650 Page Mill Roa			•				(650) 493-9300
	Initial ret		City or town, state or		od 7IP or foreign po	etal code	L			(030) 433-3300
H		m/terminated			id zii or ioroigii po	Star 500C				
닏	Amende		Palo Alto, CA 943						<b>G</b> Gross re	
Ц	Applicat	ion pending	F Name and address of	principal officer:	avid S. Steuer					subordinates? ☐ Yes ☑ No
			same as above	<del></del>		<del></del>				s included? L Yes L No
	Tax-exe	mpt status:	✓ 501(c)(3)	☐ 501(c) (	) ◀ (insert no.) L	4947(a)(1) or	527	_ II - N	lo," attach a	a list. (see instructions)
<u>J</u>	Website	» ► N/A		· · · · · · · · · · · · · · · · · · ·	·	<del></del>		H(c) Group	exemption	number ▶
K	Form of	organization:	Corporation Trus	t Association	Other ►	L Yea	r of formatio	n: <b>1990</b>	M State	of legal domicile: CA
Р	art I	Summ	ary							
	1	Briefly de	scribe the organiza	ation's mission o	r most significa	ant activities:	The purp	ose of this	Foundat	ion is to further the
æ	Ì	-	of other organizatio							
ğ	t	-baibose:								
Governance	2	Check th	is box ▶☐ if the o	rapization disc	entinued its one	erations or di	sposed of	more than	25% of	its net assets
Š	3		of voting members							
Ġ	_								4	11
8	4		of independent vot						<u> </u>	11
Activities &	5		nber of individuals				(2a) .		5	0
춪	6		nber of volunteers						6	14
ĕ	7a		elated business rev						7a	0
	Ь	Net unrel	ated business taxa	ble income from	Form 990-T, li	<u>ne 34</u>	<u> </u>	<u></u>	7b	0
								Prior Y	ear	Current Year
•	8	Contribut	tions and grants (P	art VIII, line 1h).					1,266,667	1,333,333
Ž	9	Program	service revenue (P	art VIII, line 2g)			[			
Revenue	10	-	ent income (Part VII	_	es 3, 4, and 7d	L	Г		852	1,524
	11		venue (Part VIII, col				–			
2	12		enue-add lines 8 t				10 12) 7		1,267,519	1,334,857
	13		nd similar amounts				<del>5 ' /</del>		922,466	
M	1		paid to or for mem				~~`\o\ <del>^</del>		322,700	340,400
9	14	Denemis	paid to or for mem	beis (Fait IX, Co	Gen (Doet IV only	1.9.2015	· / / / / / /			
=8	15	Salaries,	other compensation	i, employee bene	ILS (Pareix, Coll	inn (A), mes	-/ (۱۳/−			
Expenses	16a	Profession	onal fundraising fee	s (Part IX, colum		EA	Ju:/ 😓			
⊐ઙૻૣ	b		draising expenses							
<b>≫</b>	17		penses (Part IX, co				_: <i> </i> :		161	160
S	18	Total exp	enses. Add lines 1	3-17 (must equa	al Part IX, colur	nn (A), line 25	57. L		922,627	948,626
Ž	19	Revenue	less expenses. Su	btract line 18 fro	m line 12				344,892	386,231
otte or sugar	3						В	eginning of C	urrent Year	End of Year
ate a	20	Total ass	ets (Part X, line 16)	)			[	-	1,409,405	1,795,636
Ass	21		ulities (Part X, line 2				[			
Net Asset	22		ts or fund balances		1 from line 20				1,409,405	1,795,636
	art II		ture Block						1,100,100	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				avaminad this ratura	unchuding accomp	anylna schedule	e and statem	ente and to	the heet of	my knowledge and belief, it is
tn	ider pena Je. correc	aities of perju at, and comp	lete. Declaration of prep	arer (other than office	er) is based on all in	formation of whi	ch preparer l	has any know	riedge.	my knowledge and belief, it is
_		T \	λ	$\overline{}$				<del></del>	=1=	12015
0:		07-	ature of officer	Branz	mer _			<u>_</u>	ate 1	12012
	gn		Sunil Bhar	đwai			Ch	ief F	inanc	dal Officer
HE	ere	<b>                                   </b>								
_		<del></del>	or print name and title		<del> </del>		1 - 1 -			l many
Ps	aid	Print/Ty	pe preparer's name	Prep	arer's signature		Dat	е	Check	
	epare	er _							self-em	ployed
	se On	1	name ►					Fir	m's EIN 🕨	
U:	56 OU	יין עיי	address ▶					Ph	one no.	
Ma	y the l		s this return with th	ne preparer show	vn above? (see	instructions)				🔲 Yes 🗌 No
_			ction Act Notice, se			······		. 11282Y		Form <b>990</b> (2014)
	apci		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del>			· · <del>-</del> ·		• •

Form 990	DT(2014)	Page <b>2</b>
Part I		
	Check if Schedule O contains a response or note to any line in this Part III	<u>.                                    </u>
	Briefly describe the organization's mission:	
	The Foundation is organized and operated to make gifts to other section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organizations which engage in activities when the section 501(c)(3) organization which engage in activities when the section 501(c)(3) organization which engage in activities when the section 501(c)(3) organization which engage in activities when the section 501(c)(3) organization which engage is a section 501(c)(3) organization organization which engage is a section 501(c)(3) organization organization which engage is a section 501(c)(3) organization	
	(a) improve the quality of life and the community (b) further the professional and educational interest of the legal profession	1
	(c) conduct charitable, educational and or community activities.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	√ No
	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?	<b>☑</b> No
	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 accomplishments for each of its three largest program services.	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,
	the total expenses, and revenue, if any, for each program service reported.	
	(Onder 1) (Fig. 1) (Onder	
4a	(Code: ) (Expenses \$ 948,466 including grants of \$ 948,466) (Revenue \$	-)
	The Foundation has achieved its mission through grants awarded to one hundred eighty-five 501(c)(3) organizations	
	***************************************	
	•••••••••••••••••••••••••••••••••••••••	
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 \$ )	
4e	Total program service expenses ▶ 948,466	

Form 990 (2014)

Form 99				Page 3
Part I	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	193 ✓	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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	2	1	
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	3		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	!	1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		1
	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		1
	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		1
	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		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a 14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
<u>b</u> _	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b For	л <b>99</b> 0	(2014)

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
۷.	domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
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		<b>√</b>
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 25a	24a		<b>→</b>
	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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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		<b>✓</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>▼</b>
c	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		<b>→</b>
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	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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	-	1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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		
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		1
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,			
38	Part VI	37	_	<b>✓</b>
-	TO THE STATE OF THE SECOND SEC		n <b>99</b> 0	(2014)

Form **990** (2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
þ	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			ئـــــــــــــــــــــــــــــــــــــ
_	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? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>/</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<b>-</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	İ		1
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a		5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>!</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_	ĺ	١,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.		
7	gifts were not tax deductible?	6b	-	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		
-	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c_		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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	<u> </u>	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_	<u> </u>	<b> </b>
8 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		<u> </u>
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business nothings at any time during the year?	<del>°</del>		-
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del> </del>	ļ
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		t
10	Section 501(c)(7) organizations. Enter:	T-		
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	]	1 .	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1	1	1
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	10-	<del> </del>	<del> </del>
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   12b	12a	├	-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
a	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	1	1	
	the organization is licensed to issue qualified health plans	ŀ	1	ŧ
c	Enter the amount of reserves on hand	1	1	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
ь	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	1	

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	truct	
Section	on A. Governing Body and Management			<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   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		1
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		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5	<b>✓</b>	1
b	one or more members of the governing body?	7a 7b	✓_	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
a b 9	The governing body?	8a 8b	✓	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	ode	1
<u>Jecu</u>	on b. Policies (This Section & requests information about policies not required by the internal never	iue Ci	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
	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>\</b>	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	
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	1	
13	Did the organization have a written whistleblower policy?	13_	1	<u> </u>
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a		<b> </b> '
b	Other officers or key employees of the organization	15b		
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		1
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		
Secti	on C. Disclosure	100		Ь
17 18	List the states with which a copy of this Form 990 is required to be filed California  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	

Enm	aan	(2014)	

Page 7

		<u> </u>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
كيبع كالمراج	compensation of chicago, and coop, they minipolyous, this item to imperious milipidy coo,	
•	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 employees,"
- 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 org	aniz			ompe	nsa	ted any curren	t officer, director	r, or trustee.
				•	C)			1		
(A)	(B)	(do n	ot ch		ition more	e than c	ne enc	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles	s pe dad	rson	is both or/trust	an (ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		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) David S. Steuer Chairman	part time	/		✓		! !			0	
(2) Allison Spinner	part time	<del>                                     </del>	-	ř	┝╌	<b>-</b>	<del> </del>	<u>-</u>		0
Secretary	part unie.	1	ļi	1	ļ	<b>i</b> 1	ļ		0	
(3) David Thomas	part time	<u> </u>	_	Ė	├-		$\vdash$	<del>                                     </del>		
Treasurer	part unic.	1		1	1			۰ ا	o	n
(4) Sunil Bhardwaj	part time						$\vdash$	<del>                                     </del>		
Chief Financial Officer	1	1		1		]	Ì	Ì	o	o
(5) Collen Bal	part time									
Director		✓		1			L	o	_ 0	o
(6) David Berger	part time									
Director		1		✓			L.	0	<u> </u>	0
(7) Mark Fitzgerald	part time		1							
Director	<u> </u>	1		✓	L_		L_	0	0	0
(8) Katharine Martin Director	part time	1		1				٥	o	0
(9) Vern Norviel	part time									
Director		1		1					\o	0
(10) Chul Pak	part time									
Director		<b>✓</b>		✓		<u> </u>		0	<u> </u>	0
(11) Patrick Schultheis	part time	[							1	
<u>Director</u>	<u> </u>	1		✓	L	Ĺ		0	0	0
(12) Robert Suffoletta	part time	1	[			[	l	{		
Director	<u> </u>	<b>✓</b>	L.	✓	L		L.	0	0	0
(13) Gail McFall	part time	1	i '			1	1	1	1	
Vice President and Foundation Administrator	<b>├</b>		_	1	<u> </u>	ــــ	<u> </u>	0	0	0
(14)	<b></b>	ł				j				
		1	1	i		1	ı	1	I	l

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (c	ontinu	ued)		_
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more that box, unless person is b officer and a director/br					n an	(D)  Reportable compensation from	(E)  Reportable compensation from related		(F) Estimated amount of		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compe from organ and re	nsation in the ization elated zations	
(15)							_				1	-		_
(16)											1			
(17)														_
(18)						-		-	<u></u>					
(19)					-						$\dashv$			
(20)											+			_
(21)								-			$\dashv$			_
(22)											_			
(23)														_
(24)								-			_			_
(25)				-	ļ		ļ				-			
1b c	Sub-total	VII, Sectio	n A		•	L	<u> </u>	<b>&gt;</b>	0		0			0
d	Total (add lines 1b and 1c)	t not limited						<b>≥</b> e) w	ho received m	<u>l</u> ore than \$10	0 0,000	O of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, dırec						emp	ployee, or high	est compen	sated		Yes No	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble	con	npe	nsatio					e h		Ì
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indi	vidua	1	<b>√</b>	
Secti	on B. Independent Contractors	: 11 103, 0	Jonny		00,	1000	110 0 1	0/ 3	sucii persori	• • • •	•	5		_
1	Complete this table for your five highest compensation from the organization. Repyear.												n's tax	
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensa	ation	
	· · · · · · · · · · · · · · · · · · ·							-						_
														_
2	Total number of independent contractor		-					o th	nose listed ab	ove) who				

Form **990** (2014)

Part	VIII	Statement of Revenue Check if Schedule O contains a respons	e or note to	any line in this	Part VIII		
		Official is deficially a respons		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ts, C Am	С	Fundraising events 1c		- 1			
ia i	d	Related organizations 1d					
ns, Sim	е	Government grants (contributions) 1e				İ	
er S	f	All other contributions, gifts, grants,	İ				
현		and similar amounts not included above 1f	1,333,333				
ont nd (	g	Noncash contributions included in lines 1a-1f: \$					
<u>೧ ಕ</u>	<u>h</u>	Total. Add lines 1a–1f	iness Code	1,333,333	<del></del>		<del> </del>
E .		Bus	iness Code				
Je Ve	2a				-		
9	b						<del>                                     </del>
Ž	d						<del> </del>
Š	e						
gra	f	All other program service revenue .	-				
Program Service Revenue	g	Total. Add lines 2a–2f	▶	-	<del></del>		<del></del>
п.	3	Investment income (including dividends and other similar amounts)	, interest,	1,524			
	4	Income from investment of tax-exempt bond p	roceeds ▶				
	5	Royalties	▶				
			) Personal				
	6a	Gross rents		1			
	Ь	Less: rental expenses				1	
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	aros amont nom sales of	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss)	- · · •				<del> </del>
	d	Net gain or (loss)				<del> </del>	<u> </u>
venue	8a	Gross income from fundraising events (not including \$				-	
Other Rev		of contributions reported on line 1c). See Part IV, line 18 a					
돌							
_		Net income or (loss) from fundraising even	ts . ▶			ļ	
	9a	Gross income from gaming activities.  See Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming activities	<u>s ▶</u>	<u>.</u>			
	10a	Gross sales of inventory, less					
		returns and allowances a		i			
	b	Less: cost of goods sold b				<del> </del>	<u> </u>
	<u> </u>		y ► siness Code		<del></del>	<del>                                     </del>	<del> </del>
	44-	wiscendreous nevenue Bus	,e33 C008			<del> </del>	<del>                                     </del>
	11a				<del> </del>	<u> </u>	<del> </del>
	b					<del> </del>	<del> </del>
	d	All other revenue		<del>                                     </del>			<del> </del>
	e	Total. Add lines 11a–11d	•	<del></del>			+
	12	Total revenue. See instructions.		1 334 857	······································	<del>                                     </del>	<del> </del>

Part IX	Statement of	f Functi	onal Expenses	

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir	ne 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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	948,466	948,466		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		-		
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		•		
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan 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):				
а	Management				- <del></del>
b	Legal				
C	Accounting	\ <del></del>	·		
d e	Lobbying	<del>-</del>			<del></del>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	\ <del></del>			
17 18	Travel				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				<del></del>
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	Filing Foo	10		10	
b	Registration Fee	150		150	<del></del>
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	948,626	948,466	160	
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)				

P	art X	Balance Sheet			
٠		Check if Schedule O contains a response or note to any line in this Par	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	5,038	1	3,877
- 1	2	Savings and temporary cash investments	1,404,367	2	1,791,759
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
Ì	5	Loans and other receivables from current and former officers, directors,	1	-	
		trustees, key employees, and highest compensated employees.	1000	- 1 Te	14.4
ļ		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			
- 1		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		.4.	
\$		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7_	
Ž	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	The Same of the State of the St		
		other basis. Complete Part VI of Schedule D 10a			7.5
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,409,405	16	1,795,636
	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	
88	22	Loans and other payables to current and former officers, directors,		,	
Ě		trustees, key employees, highest compensated employees, and	100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 d		
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
3	23	Secured mortgages and notes payable to unrelated third parties		23	<u></u>
	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	
co :		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		1	
Ö		complete lines 27 through 29, and lines 33 and 34.	The state of the s		
<u>B</u>	27	Unrestricted net assets . ,		27	
Ba	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			100
ģ		complete lines 30 through 34.	2 de la companya della companya della companya de la companya della		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	1,409,405	30	1,795,636
<b>S</b> 86	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	1,409,405		1,795,636
	34	Total liabilities and net assets/fund balances	1,409,405	34	1,795,636

UIII 33	0 (2014)				age 12
Part	XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			34,857
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	48,626
3	Revenue less expenses. Subtract line 2 from line 1	3		3	86,231
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,4	09,405
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		1,7	95,63 <u>6</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		. 🔲
				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," ex	plain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			а	<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled	or		
	reviewed on a separate basis, consolidated basis, or both:			ľ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		2.		
b	Were the organization's financial statements audited by an independent accountant?		. 2	b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		_ 1	İ	
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the appropriate and selection of an independent accounts the appropriate account account to the appropriate account account to the appropriate account to the account account to the account account to the account account to the account account to the account account to the account account to the account account to the account account to the account account to the account account to the account account to the account account account to the account account to the account account to the account account to the account account account to the account accoun			С	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain	ın ,		
					1. 43
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	τοπη	I .		
_	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		. 3	a	<del> </del>
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				
	required addit of addits, explain why in Schedule of and describe any steps taken to undergo such a	uuiis.	3		<u></u>
			F	orm <b>99</b> (	J (2014)

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer Identification number

The Par	Wilson Sonsini Goodrich & Rosati F		occonizations		4- 4b:	77-02	
	Reason for Public Charganization is not a private foundation						ns.
1	A church, convention of church						
2	$\square$ A school described in section		•				
3	A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	nbed in s	section 170(b)(1)(A)(	iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
	☐ A federal, state, or local goven ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions—subject to unrelated business	certain taxable i	exception ncome (l	ns, and (2) no more less section 511 ta	than 331/3% of its
10	☐ An organization organized and	operated exclus	sively to test for public	safety.	See <b>sect</b>	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	l organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	ion 509(a)(3). Check
а	☐ Type I. A supporting organize the supported organization(sorganization. You must come	) the power to re	gularly appoint or ele				
b	☐ Type II. A supporting organize control or management of the organization(s). You must control or management or the	e supporting org	anization vested in th				
C	Type III functionally integra its supported organization(s)						y integrated with,
đ	☐ Type III non-functionally in	t <b>egrated</b> . A supp	porting organization o	perated i	n connec	tion with its support	ed organization(s)
	that is not functionally integrated requirement (see instructions						an attentiveness
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported of	organizations .					[]
<u>g</u>	Provide the following information	about the supp	orted organization(s).			<del>,</del>	
	(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)	·		<del></del>				
(D)							
—— (E)				<del></del>			
Total	- <del></del>						

•	(Complete only if you checked the Part III. If the organization fails to						llify under
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	850,000	898,596	1,202,093	1,266,667	1,333,333	5,550,689
_	organization's benefit and either paid to or expended on its behalf						<del> </del>
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	850,000	898,596	1,202,093	1,266,667	1,333,333	5,550,689
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)						45,100
6	Public support. Subtract line 5 from line 4.		j.		<del></del>		5,505,589
	on B. Total Support	·		- <u></u>	<u></u>	·	<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	850,000	898,596	1,202,093	1,266,667	1,333,333	5,550,689
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	382	381	441	852	1,525	3,581
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 VI.)						
11	Total support. Add lines 7 through 10						5,554,270
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 he			<del></del>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u>	· · • []
	on C. Computation of Public Suppor			4 (0)			
14	Public support percentage for 2014 (line 6		•			14	99.12 %
15 16a	Public support percentage from 2013 Sch 331/3% support test—2014. If the organization					15 mg/s or more, cl	99.09 %
	box and stop here. The organization qua	difies as a publi	cly supported	organization			. ▶ 🧷
b	331/2% support test—2013. If the organ check this box and stop here. The organ					15 IS 33'/3%	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-a	and-circumsta mstances" tes	nces" test, che	ck this box an	d stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part VI how the organization or supported organization	tion meets the neets the "facts	facts-and-cir- and-circumst-	rcumstances" ances" test. Ti	test, check th he organizatio	is box and <b>st</b> on qualifies as a	and line  op here.  publicly
18	Private foundation. If the organization di						_

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

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

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

OMB No 1545-0047

2014 .	Inspection
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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, ° □ (h) Purpose of grant or assistance **Employer identification number** 36 ✓ Yes 77-0276529 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 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► Attach to Form 990. (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance The Wilson Sonsini Goodrich & Rosati Foundation (P) EIN 1 (a) Name and address of organization or government See Attachment Department of the Treasury Internal Revenue Service Name of the organization Partl PartII N Ξ ල 8 € <u>o</u> 9 E **®** 6 9 12)

Schedule I (Form 990) (2014)

Cat. No. 50055P

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

Schedule I (Fo	Schedule I (Form 890) (2014) Part III Grants and Other Assistance to Domestic		Ils Complete if the	ware noitezinepao	orod "Voc" to Form 000	· Page 2
	Part III can be duplicated if additional space is needed.	space is needed		organization answ	individuais. Complete it the organization answered Tes to Form 990, Part IV, line 22. is needed.	רמת וע, ווחפ 22.
	(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
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Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	he information re	quired in Part I, lin	e 2, Part III, column	(b), and any other addition	onal information.
The primar	The primary recipients of funding from The Wilson Sonsini Goodri	ni Goodrich & Rosal	i Foundation are non-	profit legal services or	ganizations that have receive	ich & Rosati Foundation are non-profit legal services organizations that have received funding for several years and with
whom we h	whom we have a continuing relationship. Accordingly, the Foundation continually monitors the status of grants to our largest grantees.	e Foundation contir	naily monitors the st	atus of grants to our la	gest grantees.	
The other r	The other recipients of funding from the The Wilson Sonsini Goodrich & Rosati Foundation are typically smaller grants to non-profit organizations for general operating support that are	ini Goodrich & Rosa	ati Foundation are typ	ically smaller grants to	non-profit organizations for	general operating support that are
not multi-year grants.	ear grants.					
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						Schedule I (Form 990) (2014)

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number The Wilson Sonsini Goodrich & Rosati Foundation 77-0276529 Part Vi 6 & 7 The organization has one class of members: the shareholders of Wilson Sonsini Goodrich & Rosati, PC. 11b This Form 990 was prepared by the administrator and Chief Financial Officer of the Foundation and reviewed by all members of the Board of Directors. 12c The member of the Board of Directors of the Foundation disclose annually. 19 The Foundation's governing documents, conflict of interest policy, and financial statements are available upon request.

# THE WILSON SONSINI GOODRICH & ROSATI FOUNDATION 2014 FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX Employer Identification Number: 77-0276529 December 31, 2014

SCHEDULE I - Grants and Other Assistance to Organizations, Governments, and Individuals in the United States PART II - LINE #1 - Grants made in excess of \$5,000

#	(a) Name of Organization or government	(a) Address of Organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(h) Purpose of grant or assistance
1	Bay Area Legal Aid	17535 Telegraph Avenue, Oakland, CA 94612-2107	94-1631316	501(c)(3)	85,000.00	General Operating Support
2	Law Foundation of Silicon Valley	152 North Third Street, 3rd Floor, San Jose, CA 95112	52-1014754	501(c)(3)	83,500.00	General Operating Support
3	Legal Aid Society of San Mateo County	330 Twin Dolphin Drive, Suite 123, Redwood City, CA 94065	94-1451894	501(c)(3)	29,750.00	General Operating Support
4	Regents of the University of California, Berkeley	University of California Berkeley, 2000 Carleton Street, Berkeley, CA 94720-2284	94-6002123	501(c)(3)	29,500.00	General Operating Support
5	Lawyers Committee for Civil Rights of the San Francisco Bay Area	131 Steuart Street, Suite 400, San Francisco, CA 94105	94-2581415	501(c)(3)	24,300.00	General Operating Support
6	WildAid	744 Montgomery Street, #300, San Francisco, CA 94111	20-3644441	501(c)(3)	22,500.00	General Operating Support
7	Legal Aid Society - Employment Law Center	180 Montgomery Street, Suite 600, San Francisco, CA 94104	94-2783401	501(c)(3)	20,000.00	General Operating Support
8	Second Harvest Food Bank of Santa Clara & San Mateo Cos.	4001 North First St, San Jose, CA 95134	94-2614101	501(c)(3)	20,000.00	General Operating Support
9	Justice & Diversity Center of the Bar Association of San Francisco	301 Battery Street, 3rd Floor, San Francisco, CA 94111	94-2931349	501(c)(3)	19,000.00	General Operating Support
10	Ronald McDonald House at Stanford	520 Sand Hill Road, Palo, Alto, CA 94304	94-2538615	501(c)(3)	16,000.00	General Operating Support
11	Center for Justice & Accountability	870 Market Street, Suite 680, San Francisco, CA 94102	94-3299686	501(c)(3)	15,000.00	General Operating Support
12	Equal Justice Society	1999 Harrison Street, Suite 800, Oakland, CA 94612	2-0490698	501(ç)(3)	14,250.00	General Operating Support
13	Santa Clara University	500 El Camino Real, Santa Clara, CA 95053	94-1156617	501(c)(3)	13,750.00	General Operating Support
14	Smuin Ballet	44 Gough Street, Suite 103, San Francisco, CA 94103	94-3197247	501(c)(3)	12,840.00	General Operating Support
15	InnVision Shelter Network	181 Constitution Drive, Menlo Park , CA 94025	77-0160469	501(c)(3)	12,500.00	General Operating Support
16	San Francisco Symphony	Davis Symphony Hall, 201 Van Ness Avenue, San Francisco, CA 94102	94-1156284	501(c)(3)	12,500.00	General Operating Support
17	Human Rights First	Benefit Office, 411 East 83rd Street, Suite 3F, New York, NY 10028	13-3116646	501(c)(3)	11,100.00	General Operating Support
18	Theatre Works	P. O. Box 50458, Palo Alto, CA 94303-0458	94-2831245	501(c)(3)	10,980.00	General Operating Support
19	Boys & Girls Club of the Peninsula	401 Pierce Road, Menlo Park, CA 94025	94-1552134	501(c)(3)	10,000.00	General Operating Support
20	California Bar Foundation	180 Howard Street, San Francisco, CA 94105	94-3104546	501(c)(3)	10,000.00	Scholarship Activities
21	Rebuilding Together Peninsula	841 Kaynyne Street, Redwood City, CA 94063	94-3106209	501(c)(3)	10,000.00	General Operating Support
22	West Valley Mission Community College District Foundation	14000 Fruitvale Avenue, Saratoga, CA 95070	77-0396330	501(c)(3)	10,000.00	General Operating Support
23	Western Center on Law & Poverty	3701 Wilshire Boulevard, Suite 208, Los Angeles, CA 90010-2826	95-2897721	501(c)(3)	10,000.00	General Operating Support
24	Community Legal Services in East Palo Alto	1861 Bay Road, East Palo Alto, CA 94303	22-3866910	501(c)(3)	9,750.00	General Operating Support
25	Sky's the Limit Fund	4546 El Camino Real, Suite 282, Los Altos, CA 94022	27-2592172	501(c)(3)	9,655.00	General Operating Support
26	Board of Trustees of the Leland Stanford Junior University	Stanford Women's Cancer Center, 3172 Porter Drive, Suite 210, Palo Alto, CA 94304	94-1156365	501(c)(3)	9,000.00	General Operating Support

THE WILSON SONSINI GOODRICH & ROSATI FOUNDATION
2014 FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
Employer Identification Number: 77-0276529
December 31, 2014

SCHEDULE I - Grants and Other Assistance to Organizations, Governments, and Individuals in the United States PART II - LINE #1 - Grants made in excess of \$5,000

#	(a) Name of Organization or government	(a) Address of Organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(h) Purpose of grant or assistance
27	San Francisco Ballet Association	455 Franklin Street, San Francisco, CA 94102	94-1415298	501(c)(3)	8,720.00	General Operating Support
28	American India Foundation	4800 Great America Parkway, Suite 400, Santa Clara, CA 95054	13-4159765	501(c)(3)	8,500.00	General Operating Support
29	San Francisco Opera Association	301 Van Ness Avenue, San Francisco, CA 94102	94-0836240	501(c)(3)	7,800.00	General Operating Support
30	All Stars Helping Kids	2901 Tasman Drive, Suite 218, Santa Clara, CA 95054	77-0325111	501(c)(3)	7,500 00	General Operating Support
31	Anti-Defamation League	Central Pacific Regionk 720 Market Street, Suite 800, San Francisco, CA 94102	13-1818723	501(c)(3)	7,500.00	General Operating Support
32	East Bay Community Law Center	2921 Adeline Street, Berkeley, CA 94703	94-3042565	501(c)(3)	7,500.00	General Operating Support
33	MinKwon Center for Community Action	136-19-411st Avenue, 3rd Floor, Flushing, NY 11355	11-2710506	501(c)(3)	6,870.00	General Operating Support
34	Sanctuary for Families	P. O. Box 1406, Wall Street Station, New York, NY 10268	13-3193119	501(c)(3)	6,150.00	General Operating Support
35	AIDS Legal Referral Panel	1663 Missin Street, Suite 500, San Francisco, CA 94103	94-3111738	501(c)(3)	5,700.00	General Operating Support
36	National Center for State Courts	300 Newport Avenue, Williamsburg, VA 23185-4147	52-0914250	501(c)(3)	5,500.00	General Operating Support