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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

_		The Oracle Manual of the Control of			·	_ 					
<u> </u>		2014 calendar year, or tax year beginning The Orrick, Herrington & 5, 2014, a				, 20					
В		applicable C Name of organization The Orrick, Herrington & Sutcliffe Foundation	<u> </u>		D Employ	yer identification number					
\sqcup	Address	change Doing business as				94-3372036					
Ш	Name cl	nange Number and street (or P O box if mail is not delivered to street address)	Room/suite	•	E Telepho	one number					
	□ Initial return 2121 Main Street (304) 231-2766										
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code										
	Amended return Wheeling, WV 26003 G Gross receipts \$										
	Applicat	on pending F Name and address of principal officer		H(a) is this a gi	roup return for	r subordinates? Yes Vo					
_		Mitch Zuklie				es included? Yes No					
	Tay-aya	mpt status.	527	-4 ' '		a list (see instructions)					
'-	Website		<u> </u>		·	number ►					
- 											
			ar of formation	n 1999	M State	e of legal domicile: CA					
ئا	art I	Summary									
	1	Briefly describe the organization's mission or most significant activities:	See Atta	ched Shee	t 						
Activities & Governance	İ										
nar											
<u> </u>	2	Check this box ▶ ☐ if the organization discontinued its operations or dis	sposed of	more than	25% of	its net assets.					
ő	3	Number of voting members of the governing body (Part VI, line 1a)			3	7					
~ જ	4	Number of independent voting members of the governing body (Part VI,	. line 1b)		4	7					
es	5	Total number of individuals employed in calendar year 2014 (Part V, line			5	0					
<u> </u>	6	Total number of volunteers (estimate if necessary)	-		6	0					
₹	70	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0					
•	7a				7b	 					
	b	Net unrelated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · · 	Prior Ye		Current Year					
											
ट्रे ब	8	Contributions and grants (Part VIII, line 1h)	· · ·	1	,044,783	1,216,785					
' ē	9	Program service revenue (Part VIII, line 2g)	-7C3								
.y. Revenue	10	investment income (Part VIII, column (A), lines 3 4, and 7d)									
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, \$6, 10c, and 20 \$5.	19. L								
	12	Total revenue - add lines 8 through 11 (must equal-Part-VIII, column (A), lir	ne (12)	1	,044,783	1,216,785					
	13	Grants and similar amounts paid (Part IX, column (A) 问题E3) · UT	J <u>J</u> .	1	,044,783	1,039,583					
	14	Benefits paid to or for members (Part IX, column (A), Ilne-4)	🗀								
m	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5–10)								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	· · · · /								
, E	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶			, 						
ᅑ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	AX								
			<u> </u>		044 700	1,039,583					
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25	"		<u>,044,783</u>						
	19	Revenue less expenses. Subtract line 18 from line 12	· ·			177,202					
ets or			1 80	eginning of Cu	irrent rear	 					
set	20	Total assets (Part X, line 16)	· · [_		0	177,202					
Net Ass	21	Total liabilities (Part X, line 26)	· · L	·							
ž	22	Net assets or fund balances. Subtract line 21 from line 20	. <u> </u>		0	177,202					
P	art II,	Signature Block									
U	nder pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to t	he best of	my knowledge and belief, it is					
tru	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which	ch preparer l	nas any knowl	edge						
		Charles To July			-37	9/15					
Si	gn	Signature of officer		Da	ite						
	ere	harles J. Nebel - Trix Direct	-								
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date	•		PTIN					
Pa	iid	Transcript proposed a marrie		-	Check	if					
Pr	epare	r		,-	self-em	іріоува					
Us	se On	y Firm's name >		Firm	n's EIN ▶						
		Firm's address ►		Pho	ne no						
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	<u></u>		🗌 Yes 🗌 No					
Fo	Paper	vork Reduction Act Notice, see the separate instructions.	Cat No	11282Y		Form 990 (2014)					



4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$

• Total program service expenses ▶

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,"		ا ما	
2	complete Schedule A	2	7	<u> </u>
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	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	_		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		<u> </u>
·	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	- آ		
	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, VIII, 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			,
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		
	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 11e		7
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		_
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		~
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	105		·
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	_	<u></u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
	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 other assistance to or for any foreign organization? 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 other	13		<u> </u>
. •	assistance to or for foreign individuals? 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	ļ	~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	If "Yes," complete Schedule G, Part III	19		~
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		>

Part	V Checklist of Required Schedules (continued)			_			
	,		Yes	No			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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						
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						
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		v			
	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	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	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	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		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		<u> </u>			
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		~			
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		v			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,			
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~			
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		•			
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					
	19? Note. All Form 990 filers are required to complete Schedule O	38	~				

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	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			l
0-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
.	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2b		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		7
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
•••	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ł		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	}		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		
_	gifts were not tax deductible?	6b		
7_	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		~
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	_
b b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	' ' '		 -
·	required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
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		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.	ļ		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	
10	Section 501(c)(7) organizations. Enter:			
a	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: Gross income from members or shareholders	1	1	
a b	Gross income from members or shareholders	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
u	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		<u> </u>	<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans]		1
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	l	I

Form 99	90 (2014)		_ '	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
So ati	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	• •	<u> </u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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.			
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 relationship with any other officer, director, trustee, or key employee?	2	~	
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3_		•
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u></u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	_	~
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		<u></u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		•
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	L,
ь	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		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	· · · · · ·	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			
C4	organization's exempt status with respect to such arrangements?	16b		
<u>Secτι</u>	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ California		_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	າ 501(c)(3)s	only)
- 🕶	available for public inspection. Indicate how you made these available. Check all that apply.	/ (-/\-/-	
10	Own website Another's website Upon request Other (explain in Schedule O)	oroct	nalia:	, ,,,,,,,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	CI CSI	POIIC)	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	corde	•	
	Cindy Shipley, 2121 Main Street, Wheeling, WV 26003-2809 (304) 231-2733			
	<u> </u>		_	

Page	7

Form **990** (2014)

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Form	990	(201	4}

•	·	_
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	ind
•	Independent Contractors	

- 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 orga	aniz	atio	n c	ompei	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) 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. Benjamin		,						0	0	0
(3) J. Peter Coll		,						0	0	0
(4) Carl F. Lyon		,				_		0	0	0
(5) Mike Torpey		,						0	0	0
(6) Larry Low		,		v				0	0	
(7) Linda Harvard				,				0	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per	box,	ot ch unles:	Pos eck s pe	rson	e than e is both or/trus	an	(D) Reportable compensation from	(E) Reportation	n from	Esti	(F) mated ount of	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-I	ons	comp fro orga and	ensation the nization related	n I
(15)						-		<u> </u>					_	
(16)							-							
(17)								-			-			
(18)					·									
(19)								-						
(20)														
(21)								-	<u> </u>					
(22)								_				_		
(23)								_						
							- <u></u>	-		-				
								_						
(25)														
1b c d	Sub-total					 	•	> >						
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of	ficer, direc	tor, c	r tru	uste	e,	key e	emp	oloyee, or high	est compe	ensated		Yes	
4	employee on line 1a? If "Yes," complete s For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ole c	com	per	nsatio					3		
5	Did any person listed on line 1a receive of for services rendered to the organization											4		~
Section	on B. Independent Contractors	rii res, c	ompi	ere c	SCI	eut	116 3 1	0/ 5	acri persori	· · · ·	<u> </u>	5		
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress					•		(B) Description of s	ervices	С	(C) ompens	ation	
None						_								(
						_		_						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Par	ž VIII	Statement of Revenue Check if Schedule O contains a	response or note to	o any line in this	Dart VIII		
		Chock if Concurse O contains a	response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b				
	С	Fundraising events	1c				
	d	Related organizations	1d				}
73. E	е	Government grants (contributions)	1e				
utio	f	All other contributions, gifts, grants, and similar amounts not included above					
풀돌		L.	1f 1,216,785				
Contributivand and Other	9	Noncash contributions included in lines 1a-1		4 246 705			
- B	h	Total. Add lines 1a-1f	Business Code	1,216,785			
eun	2a			·			
Æ	b						-
<u>8</u>	C						
e <u>Z</u>	d			-			<u> </u>
Ē	e						
Program Service Revenue	f	All other program service revenue					
_ <u>¥</u> _	g	Total. Add lines 2a-2f					
	3	Investment income (including of					
		and other similar amounts)					
	4	Income from investment of tax-exem	•				
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses				1	
	d	Rental income or (loss) Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securitie					
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss)					
	d						
ure	8a	Gross income from fundraising					
Other Rever		events (not including \$ of contributions reported on line 1c)	<u>-</u>				
<u>-</u>		See Part IV, line 18					
둦	ь	Less: direct expenses	b				
	С	Net income or (loss) from fundrais	sing events . >				
	9a	Gross income from gaming activiti					
		See Part IV, line 19	a				
		Less: direct expenses					ļ
	1	Net income or (loss) from gaming					ļ
	10a	Gross sales of inventory, le					
	١.	returns and allowances	· -				
		Less: cost of goods sold					
		Net income or (loss) from sales of Miscellaneous Revenue	Business Code				
	11a						
	b			· · · · · · · · · · · · · · · · · · ·			
	C						-
	ď	All other revenue					
	_	Total. Add lines 11a–11d					
	ı	Total revenue. See instructions.		1,216,785		 	<u> </u>

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, o, 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	1,039,583	1,039,583					
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 5	Benefits paid to or for members							
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 8	Other salaries and wages							
9 10	Other employee benefits							
11 a b	Fees for services (non-employees): Management							
c d	Accounting							
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)							
12 13	Advertising and promotion							
14 15	Information technology							
16 17	Occupancy							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19 20 21	Conferences, conventions, and meetings Interest							
22 23	Depreciation, depletion, and amortization .							
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.)				-			
a b								
c d								
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	1,039,583	1,039,583					
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		_	
	-	Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	177,202
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
ıts	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		6	
Assets	7	Notes and loans receivable, net	 	7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
I		other basis. Complete Part VI of Schedule D 10a			
	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)	0	16	177,202
	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,			
≝		trustees, key employees, highest compensated employees, and			
Liabilities		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	
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
<u>8</u>		complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets		27	177,202
Ba	28	Temporarily restricted net assets		28	
ā	29	Permanently restricted net assets		29	
3		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ō		complete lines 30 through 34.			
əts	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances		33	177,202
	34	Total liabilities and net assets/fund balances	0	34	177,202

Page	1	2
, 4340	•	

Check if Schedule O contains a response or note to any line in this Part XII
1 Total revenue (must equal Part VIII, column (A), line 12).
Total expenses (must equal Part IX, column (A), line 25)
3 Revenue less expenses. Subtract line 2 from line 1
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Tonated services and use of facilities 7 Reprior period adjustments 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 11 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 2b
Section 1 Net unrealized gains (losses) on investments
7 Investment expenses
8 Prior period adjustments
9 Other changes in net assets or fund balances (explain in Schedule O)
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))
The state of the program and statements and Reporting Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains a response or note to any line in this Part XII Schedule O contains
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
Check if Schedule O contains a response or note to any line in this Part XII
1 Accounting method used to prepare the Form 990: Cash Cash Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
1 Accounting method used to prepare the Form 990: Cash Cash Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?
b Were the organization's financial statements audited by an independent accountant?
b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 oversight
of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in
Schedule O.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in
the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.
Form 990 (20

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SCHEDULE: A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ 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

Name	of the organization					Employer identification	number
	The Orrick, H	ernington & Sutclif	fe Foundation			94-33	92036
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The d	organization is not a private founda	ition because it i	s: (For lines 1 through	11, ched	k only or	ne box.)	
1	A church, convention of churc			ibed in s e	ection 17	0(b)(1)(A)(i).	
2	A school described in section						
3	A hospital or a cooperative ho						
4	A medical research organization hospital's name, city, and state	e:					
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 ii
6	A federal, state, or local gover						
7	An organization that normally described in section 170(b)(1)		•	port from	a gover	nmental unit or fron	n the general public
8	A community trust described i	n section 170(b))(1)(A)(vi). (Complete l	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt int income and	functions—subject to unrelated business	certain taxable i	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	d organizations d	lescribed in section 50	0 <mark>9(a)(1)</mark> o	r section	509(a)(2). See sect	ion 509(a)(3). Checl
а	☐ Type I . A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the control of the control	e supporting org	ganization vested in th				
C	☐ Type III functionally integrates supported organization(s)						y integrated with,
d	that is not functionally integr requirement (see instructions	ated. The organi s). You must co i	zation generally must mplete Part IV, Secti	satisfy a ons A an	dıstributı ı d D, and	on requirement and Part V.	an attentiveness
θ	Check this box if the organized functionally integrated, or Ty						II, Type III
f	Enter the number of supported of	organizations .					
g	Provide the following information	n about the supp	orted organization(s).				··-
	(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	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							_
(B)							
(C)							
(D)							
(E)							

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 1,216,785 4,196,927 2,068 1,023,526 909,765 1,044,783 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 1,216,785 4,196,927 1,023,526 1,0<u>44,</u>783 Total. Add lines 1 through 3. . . . 909,765 2,068 The portion of total contributions by (other each person than publicly governmental unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. **Section B. Total Support** (e) 2014 (f) Total (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 Calendar year (or fiscal year beginning in) ▶ 1,216,785 4,196,927 Amounts from line 4 2,068 1,023,526 909,765 1,044,783 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or

10	loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10							4,196,9	27
12	Gross receipts from related activities, etc					12			
13	First five years. If the Form 990 is for the	ie organizatioi	n's first, secon	d, third, fourth	, or fifth tax y	ear as	a section 5	01(c)(3)	_
	organization, check this box and stop he			<u> </u>			· · · ·	<u>.</u> ▶	
Secti	on C. Computation of Public Suppor					т .			
14	Public support percentage for 2014 (line					14		100	
15	Public support percentage from 2013 Scl					15		100	<u>%</u>
16a	331/3% support test—2014. If the organi box and stop here. The organization qua	lifies as a pub	licly supported	organization				>	v
b	331/3% support test—2013. If the organ check this box and stop here. The organ						33 ¹ /3% or		
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- acts-and-circi	and-circumsta umstances" tes	inces" test, che st. The organiz	eck this box ar atıon qualifies	nd sto l as a p	o here. Exp ublicly supp	lain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization in supported organization	tion meets the eets the	e "facts-and-ci s-and-circums	ircumstances" tances" test. T	test, check th he organizatio	ns box n qual	and stop	here.	
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this l	box and see	9	
	instructions			<u>.</u>	<u> </u>			•	
					Sci	nedule A	(Form 990 or	990-EZ) 2	014

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.)

Section A. Public Support								
		(-) 0010	(h) 0011	(-) 0010	(4) 0012	(a) 2014	(f) Total	
_	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(i) Total	
1	Gifts, grants, contributions, and membership fees							
2	received (Do not include any "unusual grants.") 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 .							
ъ	Amounts included on lines 2 and 3							
-	received from other than disqualified							
	persons that exceed the greater of \$5,000		1					
	or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from	/ n n s	1 1 1	1,	-,, , , , , , , , , , , , , , , , , , ,	\$50000		
	line 6.)	-			"# " · · · · · · · · · · · · · · · · · ·			
Secti	on B. Total Support				,			
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
						i		
	royalties and income from similar sources .	ľ	1 1					
b	Unrelated business taxable income (less				·			
b	•							
b	Unrelated business taxable income (less							
b	Unrelated business taxable income (less section 511 taxes) from businesses							
b c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether							
11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or							
11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets							
11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b							
11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	ne organization	n's first, second	d, third, fourtl	n, or fifth tax y	ear as a sectio	n 501(c)(3)	
11 12 13	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b		n's first, second					
11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	re						
11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	rt Percentag	 e	· · · · ·	<u> </u>		▶ □	
11 12 13 14 Section 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	rt Percentag 8, column (f) d hedule A, Part	e Ivided by line 1 III, line 15	3, column (f))			▶ □	
11 12 13 14 Section 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce	e ivided by line 1 III, line 15 ntage	3, column (f))		15	▶ □	
11 12 13 14 Section 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur	e lovided by line 1 III, line 15 ntage nn (f) divided b	3, column (f))	mn (f))	15 16	▶ □ % %	
11 12 13 14 Section 15 16 Section Section 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur 3 Schedule A,	e ivided by line 1 ill, line 15 ntage nn (f) divided by Part Ill, line 17	3, column (f))	mn (f))	15 16	% % %	
11 12 13 14 Section 15 16 Section 17	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur 3 Schedule A, lization did not	e ivided by line 1 ill, line 15 ntage nn (f) divided by Part Ill, line 17 check the box	3, column (f)) y line 13, colu on line 14, a	mn (f))	15 16 17 18 Nore than 331/39	% % % % % 6, and line	
11 12 13 14 Secti 15 16 Secti 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur 3 Schedule A, lization did not and stop here	e livided by line 1 lill, line 15 ntage nn (f) divided by Part III, line 17 check the box The organization	3, column (f)) y line 13, colu on line 14, a	mn (f))	15 16 17 18 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 18	% % % % 6, and line on . ▶ □	
11 12 13 14 Secti 15 16 Secti 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur 3 Schedule A, iization did not and stop here zation did not co	ivided by line 1 III, line 15 Intage In (f) divided by Part III, line 17 In check the box In organization of the check of	3, column (f)) y line 13, colu on line 14, a on qualifies as	mn (f))	15 16 17 18 ore than 331/39 orted organization is more than 3	% % % %, and line on . ▶ □ 31/3%, and	
11 12 13 14 Section 15 16 Section 17 18 19a	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur 3 Schedule A, iization did not and stop here zation did not co box and stop h	ivided by line 1 III, line 15 Intage Inn (f) divided by Part III, line 17 In check the box In organization of the check a box on the organiant	3, column (f)) y line 13, colu on line 14, a on qualifies as line 14 or line zation qualifies	mn (f))	15 16 17 18 ore than 331/39 orted organization is more than 3 upported organization is more than 3 upported organization.	% % % 6, and line on . ▶ □ 31/s%, and szation ▶ □	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7	ļ	 -
	If "Yes," complete Part I of Schedule L (Form 990).	8		<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
c	the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.

10b

Page	5
Page	J

				<u> </u>
Part	V Supporting Organizations (continued)		V	Al-
44	Line the expenization eccented a gift or contribution from any of the fallowing persons?	r	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		N /	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			L
	-	1_		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	-	
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		<u> </u>
0001	on b. All Type in Supporting Significance		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_		-	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			ļ
<u> </u>		3	<u> </u>	
	on E. Type III Functionally-Integrated Supporting Organizations	inetro	ction	e).
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nisu u	Cuon	3).
, a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	struct	ions).
				,
2	Activities Test. Answer (a) and (b) below.		108	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		<u> </u>	<u> </u>
	that these activities constituted substantially all of its activities.	2a	ļ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	0 h	·	-
_	-	2b		-
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>	1	
D	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.	3b		T

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jan	zations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970. See	instructions. All				
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or							
collection of gross income or for management, conservation, or	ł		1				
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other							
factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d	3						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by .035	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions)	6						
7 Check here if the current year is the organization's first as a non-functional	y-in	tegrated Type III support	ing organization (see				
instructions).							

Part		3) Supporting Organi	zations (continued)					
Secti	on D - Distributions			Current Year				
1_								
2	Amounts paid to perform activity that directly furthers exe	rted						
	organizations, in excess of income from activity	 						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive					
	(provide details in Part VI). See instructions.							
9_	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount		(4)	(iii)				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014	, ,						
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014:							
a								
b			· 					
C			· -					
d								
<u> </u>	From 2013							
<u>f</u>	Total of lines 3a through e							
	Applied to underdistributions of prior years							
<u> </u>	Applied to 2014 distributable amount							
<u> </u>	Carryover from 2009 not applied (see instructions)							
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		. <u>. </u>					
4	Distributions for 2014 from Section D, line 7: \$			<u> </u>				
a	Applied to underdistributions of prior years							
b	Applied to 2014 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).							
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).							
7	Excess distributions carryover to 2015. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а								
b								
С								
d	Excess from 2013							
е	Excess from 2014							
			Cahadula	A (Form 990 or 990-EZ) 2014				

Schedule A (F	Form 990 or 990-EZ) 2014	Page &
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part III, line 12. Also complete this part for any additional information. (See instructions.)	or 17b; and
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SCHEDULE I (Form 990)

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

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

OMB No 1545-0047	2014	Open to Public Inspection
	<u>. </u>	

Employer identification number 94-3372036

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

The Orrick, Herrington & Sutcliffe Foundation

Part I General Information on Grants and Assistance

Department of the Treasury Internal Revenue Service Name of the organization

-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	in records to subs	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility f	for the grants or assistance	s, and Yes No
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring 1	the use of grant fur	nds in the United	States.		
Part II	L	sistance to Do	mestic Organiz	ations and Dom	estic Governm	ents. Complete	if the organization answ	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 21, for any recipient that received	y recipient that I	received more th	ian \$5,000. Part	ll can be duplica	more than \$5,000. Part II can be duplicated if additional space is needed	space is needed.	
	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non-cash assistance (book, FMV, appraisal, cash assistance	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) S	See Attached Sheet							
(2)								
ව								
(4)								
(2)								
(9)								
Θ						,		
8								
6								
(10)								
Ξ								
(12)								
01 0	Enter total number of section 501(c)(3) and government	501(c)(3) and gov	vernment organiza	organizations listed in the line 1 table	ine 1 table			A A
2 d	S Enter total number of other organizations is ted in the line i table for Bonancik Bedundian Art Notice see the instructions for Form 990.	see the Instruction	a for Form 990.			Cat No 50055P		Schedule I (Form 890) (2014)
	THE PARTY OF THE P							

Schedule I (Form 990) (2014) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III က 4 Ŋ 8

SCHEDULE N

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

1545-0047	
OMB No	

2014

Open to Public Inspection **Employer identification number**

94-3372036	m 990-EZ, line 36.	(g) IRC section of recipient(s), (if tax-exempt) or type of entity						0N	F8648.378	. 46	2c 2c	2d	art III. P Schedule N (Form 990 or 990-EZ) (2014)
6	art IV, line 31, or For	(f) Name and address of reciplent										or dissolution?	explain in Part III. P
	plete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. eded.	(e) EIN of recipient (f) Name a			:							tion's liquidation, termination,	e of the person involved and cat No 50087Z
Foundation	the organization answe	(d) Method of determining FMV for asset(s) distributed or transaction expenses							on:		a successor or transferee organization?	as a result of the organizat	ough 2d, provide the name Ez.
The Orrick, Herrington & Sutcliffe Foundation	Complete this part if s needed.	(c) Fair market value of asset(s) distributed or amount of transaction expenses							oyee of the organization:	sferee organization?	r tor, a successor or transi ir transferee organization?	ther similar payments	estions on lines 2a thr Form 990 or Form 990
The Orn	Dissolution. ((b) Date of distribution							ee, or key empl	scessor or tran	ndent contracto of a successor o	npensation or o	to any of the que Instructions for
	Liquidation, Termination, or Dissolution. Complete Part I can be duplicated if additional space is needed.	(a) Description of asset(s) distributed or transaction expenses paid							Did or will any officer, director, trustee, or key employee	Become a director or trustee of a successor or transferee organization?	Become an employee of, or independent contractor for, Become a direct or indirect owner of a successor or tran	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	e If the organization answered "Yes" to any of the questions on lines 2a through 2d, 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. Sched
	Part	-							8	æ .	ם ם	0	For Pa

	Note. If the organization distributed all of its assets (Total liabilities), should equal -0	ed all of its ass	sets during the tax)	year, then Form 990,	Part X, column (b),	during the tax year, then Form 990, Part X, column (B), line 16 (Lotal assets), and line 25	L	ا ہ
e	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.	ssets in accordar	nce with its governing	vith its governing instrument(s)? If "No," describe in Part III	describe in Part III.	uidate or terminate?	4a	ļ.
<u> </u>	If "Yes," did the organization provide such notice?	le such notice?					4p	1 1
2	Did the organization discharge or pay all of its liabilities in accordance with state laws? Did the organization have any tax-exempt bonds outstanding during the year?	ay all of its liabilit	ties in accordance wit	h state laws?				1
· -	If "Yes" to line 6a did the organization discharge or defease all of its tax-exempt hand liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	scharge or defease	all of its tax-exempt hon	d liabilities during the tax v	ear in accordance with t	he Internal Revenue Code and state la	<u> </u>	l
2 0	If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" to line 6b, explain in Part III.	III how the organ	zation defeased or ot	herwise settled these	iabilities. If "No" to lir	ie 6b, explain in Part III.		Π
Part II	L	on, or Other T line 32, or For	ransfer of More The 990-EZ, line 36. F	nan 25% of the Organical	anization's Assets ited if additional sp	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.	anization answerec	73
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity	1
								1
								1
		,						
								l
8	Did or will any officer, director, trustee, or key employee of the organization:	tee, or key emple	oyee of the organizati	. :uo			Yes No	0 3
a	Become a director or trustee of a successor or transferee organization?	uccessor or trans	sferee organization?					. 1.
Φ	Become an employee of, or independent contractor for,	endent contractor	r for, a successor or to	a successor or transferee organization?			1	١.
υ T	Become a direct or indirect owner of a successor or transferee organization?	of a successor o	r transferee organization?	ion?		lisposition of assets?	20 20 20 20 20 20 20 20 20 20 20 20 20 2	1.
5 0	receive, or become entitled to, compensation of other smaller sayments as a result of the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III	to any of the que	estions on lines 2a thr	as a lesuit of the original rough the r	name of the person in	volved and explain in Part III .		1 1
						Schedule N	Schedule N (Form 990 or 990-EZ) (2014)	₹

	Form 990 or 990-EZ) (2014)	Page 3
Part III,	Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2	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

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

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.

Inspect Inspect

Open to Public Inspection

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, He	rrington & 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.	rtment team. it was sent to the
organization's governing body. The governing body has agreed that Form 990 has been completed wit	
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, conflicts of	interest policy, and financial
Statements available to the public.	
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Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
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The Orrick, Herrington, & Sutcliffe Foundation – 94-3372036 Calendar Year 2014 – 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 2014 - 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 2014 - Schedule I Form 990 Statement of Program Service Accomplishments

Action Against Hunger	2500
ALM	6000
Appleseed	35000
Bay Area Legal Aid	40000
California Lawyers for the Arts	75 <u>0</u> 0
Capital Area Immigrants' Rights Coalition	6500
Center for Reproductive Rights	10000
Children's Law Center	5000
Children First for Oregon	2500
City Bar Justice Center	35000
Community Foundation for the Ohio Valley	4000
Community Legal Services East Palo Alto	5000
Cyrus R. Vance Center for Int'l Justice	15000
DC Bar Pro Bono Program	11500
Disability Rights Advocates	10000
Education Alliance	5000
Embaracadero YMCA	60000
Family Violence Appellate Project	5000
Friends of the Children King County	1000
Georgetown University Law Center	57000
Global Lives Education Program	2500
Habitat for Humanity	5000

Hands on DC	2500
Harvard Law & International Dev Society	5000
HER Justice	15000
Human Trafficking Pro Bono Legal Center	5000
Immigrant Legal Resource Center	15000
Iraqi Refugee Assistance Project	5000
Justice and Diversity Center	48000
Law Business Research Limited	2700
Law Foundation of Silicon Valley	50000
Lawyers' Committee for Civil Rights	40000
Lawyers Alliance for New York	35000
Legal Aid of DC	8500
Legal Aid of New York	84000
Legal Aid Society of San Mateo County	25000
Legal Aid Society SF-Emp Law Center	30000
Legal Counsel for the Elderly	5000
Legal Outreach	14000
Los Angeles County Bar Foundation	30000
Mercy Corps	3500
Mitchell Kapor Foundation	5000
N Wheeling Community Youthbuild Center	3000
National Immigrations Law Center	15000
National September 11 Memorial & Museum	19583
National Veterans legal Services Program	5000

New York County Lawyers Association	3000
New York Lawyers for The Public Interest	15000
New York Legal Assistance Group	50000
Northern California Innocence Project	15000
Oak Ridge Elementary School	19800
One Justice	2500
Pro Bono Institute	5000
Public International Law & Policy Group	20000
Public Law Center	7500
Sacramento Theatre Company	5000
Storefront Academy Harlem	50000
Swords to Plowshares	5000
Tahirih Justice Center	5000
Urban Justice Center	2500
Volunteer Legal Service Program	10000
Volunteer of Legal Service, Inc.	15000
Women's Refugee Commission	5000
Youth Rights and Justice	2500
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