

Form **990**

Return of Organization Exempt From Income Tax

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.

OMB No 1545-0047

Department of the Treasury

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

		Describe and the second and the seco			~						
	A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20 R Check if applicable C Name of organization. The Wilson Sonsini Goodrich & Posati Foundation. D Employer identification number										
В	Check if	applicable C Name of organization The Wilson Sonsini Goodrich & Rosati Foundation		⊣ ` ⁻							
ш	Address	· · · · · · · · · · · · · · · · · · ·		77-0276529							
	Name ch	nange Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telephor	ne number						
	Initial ret			- 1	(650) 493-9300	<u> </u>					
	Final retu	myterminated City or town, state or province, country, and ZIP or foreign postal code									
	Amende	d return Palo Alto, CA 94304-1050		G Gross re	ceipts \$	1,506,568					
	Applicat	on pending F Name and address of principal officer David S. Steuer	H(a) is this a g	roup return for s	subordinates? Ve	s 🗹 No					
		same as above			s included? 🔲 Ye						
$\overline{}$	Tax-exe	mpt status			list (see instruct						
ī	Website		H(c) Group	exemption	number ▶						
ĸ		organization			of legal domicile	CA					
	art I	Summary									
	1	Briefly describe the organization's mission or most significant activities: The	nurnose of thi	s Foundat	ion is to furth	er the					
Ф	'	purpose of other organizations which are organized and operating within the mean									
Activities & Governance	ļ	purpose of other organizations which are organized and operating within the mean	ing or section	1 20 1 (0)(3)							
Ĕ		Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	ite not accete						
8	2				its fiet assets						
Ğ	3) 1		11					
න	4	Number of independent voting members of the governing body (Part VI, line 1)	0)			11					
誤	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5		0					
츷	6	Total number of volunteers (estimate if necessary)		6		14					
ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a		0					
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	. 7b		0					
	1		Prior Y	ear	Current '	Year					
•	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	1,200,000	<u> </u>	1,500,819					
Ĭ	9	Program service revenue (Part VIII, line 2g)	L								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,582		5,749						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,202,582		1,506,568					
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	1,092,135		1,360,314					
	14	Benefits paid to or for members (Part IX, column (A), line 4)									
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1							
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶									
益	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u> </u>	581		553					
	18	Total expenses. Add lines 13–17 (must equal Part X: column (A), line 25)		1,092,716		1,360,867					
	19	Revenue less expenses. Subtract line 18 from line 12	<u> </u>	109.866		145,701					
	 -		Beginning of C		End of Y						
ets or	00										
SSS	20	Total assets (Latt X, line 10)	<u> </u>	2,018,332		2,164,033					
Net Asse	21	Total liabilities (i all M) limb 20/		2 242 222		2 4 6 4 6 2 2					
		Net assets or fund balances. Subtract line 21/1600 line 20 17		2,018,332		2,164,033					
	art II	Signature Block	AA	4b a la a a 4 a 4		al balas is in					
U	nder pena	alties of perjury. I declare that have examined this return, including accompanying schedules and sta it, and complete. Declaration of reparer tother than officer) is based on all information of which prepa	itements, and to i rer has anv know	tne best of n riedae	ny knowledge ar	io bellet, it is					
				<u> </u>	2-10						
C:		Surface of the surfac		ate	7-18						
	gn	Signature of officer Chia 5 Rings and 1 0555		ale							
не	ere	Jonathan Fayman / Chief Financial Offi	cer		_						
_		Type or print name and title	Date	1	PTIN						
Pá	aid	Print/Type preparer's name Preparer's signature	Date	Check [┛┪╽						
	epare	er		self-emp	pioyea						
	se On		Fin	m's EIN ▶							
		Firm's address ▶	Ph	one no							
Ma	ay the I	RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	<u></u>		s No					
Ea	- Daner	work Reduction Act Notice see the senarate instructions.	No. 11282Y		Form	990 (2017)					

orm 99	0 (2017) \ Pag	je 2
Part [*]		_
	Check if Schedule O contains a response or note to any line in this Part III	
1	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 which	
	(a) improve the quality of life and community (b) further the professional and educational interest of the legal profession	
	(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	—
2	prior Form 990 or 990-EZ?	۱۵
	If "Yes," describe these new services on Schedule O.	U
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	۱۵
	If "Yes," describe these changes on Schedule O.	U
	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported.	<i>3</i> 13,
	the total expenses, and levends, if any, for each program estimes reported.	
4a	(Code:) (Expenses \$ 1,360,314 including grants of \$ 1,360,314) (Revenue \$)	_
74	The Foundation has achieved its mission through grants awarded to two hundred twenty-six 501 (c)(3) organizations	
	The Foundation has achieved its mission unough grants awarded to two handled them? Six 901 (O/O) organizations	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Code) (Expenses \$\psi) (Expenses \$\psi	

	,	
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 ► 1,360,314	



Part	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? <i>If</i> "Yes," complete Schedule C, Part II	4		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		✓
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, VII, VIII, IX, or X as applicable.			4- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		\
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
f	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 .	11f		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		√
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	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		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		√
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		<u>·</u>
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

Part	· · · · · · · · · · · · · · · · · · ·			age 4
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		_
21	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		/
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			١,
	employees? If "Yes," complete Schedule J	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		/
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		 •
-	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	00		/
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		 •
21	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		✓
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
	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		/
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		7
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	330		
	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,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		<u> </u>
_	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
		For	n 990	(2017)

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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
20	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	·	1
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		_
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		:	Ì
	(FBAR).	ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	qifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	L		
	and services provided to the payor?	7a_		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		1
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
g 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		
9	Sponsoring organizations maintaining donor advised funds.			
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:	l		
a	Initiation fees and capital contributions included on Part VIII, line 12	l		,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	l		!
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			'
a b	Gross income from members or shareholders			
-	against amounts due or received from them.)	Ì		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		i J
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>L</u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1.0		
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	900	(2017)
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Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S								
<u>C4:</u>	Check if Schedule O contains a response or note to any line in this Part VI	• •	<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 11		165	140					
10	If there are material differences in voting rights among members of the governing body, or	ł							
	if the governing body delegated broad authority to an executive committee or similar		i	1					
	committee, explain in Schedule O.	!							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	}							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			L					
	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			١.					
_	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? Did the organization become aware during the year of a significant diversion of the organization's assets?	4		/					
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		├ ॅ					
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	 -	_	 					
	one or more members of the governing body?	7a	1						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		\vdash					
	stockholders, or persons other than the governing body?	7b		1					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:	ļ		ļ					
а	The governing body?	8a	<u> </u>						
ь 9	Each committee with authority to act on behalf of the governing body?	8b							
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	<u> </u>					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		1					
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	√	<u> </u>					
b 12a	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	1						
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	▼	\vdash					
c	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	✓_	L					
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?	45-							
a b	The organization's CEO, Executive Director, or top management official	15a 15b		 					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		- 7					
16a			İ						
	with a taxable entity during the year?	16a	_	✓					
þ	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			ļ,					
Casti	organization's exempt status with respect to such arrangements?	16b							
17	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	5016	c)(3)s	onlv)					
	available for public inspection. Indicate how you made these available. Check all that apply.	1	,,-,-	• • • • • • •					
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest _l	oolicy	, and					
	financial statements available to the public during the tax year.	_							
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	•						
	Gail McFall, Wilson Sonsini Goodrich & Rosati PC, 650 Page Mill Road, Palo Alto, CA 94304 (650) 493-9300								

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Form 990 (2017)

PartsVII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				•	C)					
(A)	(B)			neck		e than o		(D)	(E)	(F)
Name and Title	Average hours per	box,	unles er and	s pe	rson lizect	ıs both or/trusi	an ee)	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related	-		Officer	-		Former	from the organization	related organizations (W-2/1099-MISC)	other compensation from the
	organizations below dotted line)		Institutional trustee]	Key employee	Highest compensated employee) 	(W-2/1099-MISC)		organization and related organizations
(1) David S. Steuer	part time							ļ		
Chairman		✓		✓				o	0	
(2) Allison Spinner	part time	,	1	١.,						
Secretary (1/1/17 - 6/19/17)	<u> </u>	/	<u> </u>	✓	<u> </u>		L	0	0	
(3) Suzanne Bell	part time	1		 						
Secretary (7/6/17 - 12/31/17) (4) David Thomas	port time			ř	-	_		0	0	
Treasurer	part time	1	1	1				٥	σ	
(5) Jonathan Fayman	part time		\Box							<u> </u>
Chief Financial Officer		1		✓				o	o	
(6) Colleen Bal	part time									
Director		/		✓				0	0	
(7) David Berger	part time	١.								
Director		<u> </u>	L_	✓				0	0	
(8) Mark Fitzgerald	part time									
Director	ļ	/		✓				0	0	
(9) Katharine Martin	part time			,						
Director	<u> </u>	/		✓	L		_	0	0	
(10) Vern Norviel	part time	1		1						_
Director (11) Chul Pak	part time	 •	\vdash	Ť	H		-	0		
Director	part une	1		1				0	0	
(12) Robert Suffoletta	part time	H		Ť			_	<u>_</u>		
Director	Parc arriv	1		1				o	0	
(13) Gregory Watts	part time									
Director	1	1		✓	ا ا			o	o	
(14) Gail McFall	part time									
Vice-President and Foundation Administrator	<u> </u>			✓				0	o	

Pàrt	Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees	(contin	ued)		
	(A) Name and title	(B) Average hours per week (list any	unles	Pos ieck is pe	rson	than o	an	Reportable	(E) Reportab compensation related	on from	(F) Estimated amount of other			
		hours for related organizations below dotted line)	Individual trustee or director	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	on d
(15)														
(16)														
(17)				-										
(18)								-						
(19)														
(20)								-			\dashv			
(21)														
(22)						<u> </u>		_						
(23)								-						
(24)								<u> </u>						
(25)			_					-						
1b c	Sub-total			•	•		•	<u> </u>	0 0		0			0
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) w				0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	est compe		d	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$1	50,	000	? //	f "Ye	s, "	complete Sch				_	1
5	Did any person listed on line 1a receive of for services rendered to the organization													-/-
Secti	on B. Independent Contractors												·	<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress	_	_		-			(B) Description of se	ervices		(C) Compens	ation	
Non	3													
													_	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Par	VIII	Check if Schedule O contains a response or note to	any line in this	Dart VIII		
		Officer is confedence of contains a response of flore to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats its	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
s, G	С	Fundraising events 1c				
ar.	d	Related organizations 1d				
ī, C	е	Government grants (contributions) 1e				
r Si	f	All other contributions, gifts, grants,				
t t		and similar amounts not included above 1f 1,500,819				
	g	Noncash contributions included in lines 1a-1f. \$				
SE	h	Total. Add lines 1a–1f	1,500,819			,
		Business Code				
Ž.	2a					
æ	b					
<u>i</u>	С					
Šen	d					
Ē	e					-
Program Service Revenue	f	All other program service revenue .				
Ž.	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	5,749			
	4	Income from investment of tax-exempt bond proceeds ▶	Ī			
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents			1	
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other	-			
		assets other than inventory				1
	b	Less: cost or other basis				
		and sales expenses .				'
	С	Gain or (loss)				
	d	Net gain or (loss)				
•						
enne	8a	Gross income from fundraising				
Š		events (not including \$				
Other Rev		of contributions reported on line 1c).				
ЭĒ		See Part IV, line 18 a				
₹		Less: direct expenses b				
		Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less	ļ			
		returns and allowances a	1			
	b	Less: cost of goods sold b				
	<u> </u>	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11a					<u>-</u>
	b					· · · · · · · · · · · · · · · · · · ·
	С				ļ	
	d	All other revenue				
	е	Total. Add lines 11a–11d ▶				
	12	Total revenue. See instructions ▶	1,506,568			

	10 (2017) .				Page 10				
	IX Statement of Functional Expenses								
Section	n 501(c)(3) and 501(c)(4) organizations must con								
	Check if Schedule O contains a response or note to any line 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	1,360,314	1,360,314						
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 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 8	Other salaries and wages								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
а	Management								
b	Legal				_ .				
C	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17				****				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) .								
12	Advertising and promotion								
13	Office expenses	392		392					
14	Information technology				· · · · · ·				
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .								
23	Insurance								
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	Filing Fee	11		11					
b	Registration Fee	150		150					
С									
d									
e	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	1,360,867	1,360,314	553					
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 following SOP 98-2 (ASC 958-720)								

27

28

30

31

32

33

Total liabilities and net assets/fund balances . . .

complete lines 30 through 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds .

Paid-in or capital surplus, or land, building, or equipment fund . . .

Form 990 (2017) Page **11** art X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (B) Beginning of year End of year 1 2,872 7,126 2 Savings and temporary cash investments 2 2,015,460 2,156,907 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 7 8 9 Prepaid expenses and deferred charges . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 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 14 Other assets. See Part IV, line 11 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,018,332 2,164,033 Accounts payable and accrued expenses 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 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 25 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34.

Form 990 (2017)

2,164,033

2,164,033

2,164,033

27

28

29

30

31

32

33

34

2,018,332

2,018,332

2,018,332

0rm 990	(2017)			Pac	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			6,568
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,36	0,867
3	Revenue less expenses. Subtract line 2 from line 1	3		14	5,701
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		2,01	8,332
	Net unrealized gains (losses) on investments	5			
	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		2,16	4,033
Part :	Financial Statements and Reporting				
-	Check if Schedule O contains a response or note to any line in this Part XII				
				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?		2a		✓
	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:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	20		

If the organization changed either its oversight process or selection process during the tax year, explain in

3a

3ь

Form **990** (2017)

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.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2017

Open to Public Inspection

Internal Revenue Service Name of the organization Employer Identification number The Wilson Sonsini Goodrich & Rosati Foundation 77-0276529 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/8% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization an ein (III) Type of organization (iv) is the organization (v) Amount of monetan (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A	(Form 990 or 990-EZ) 2017						Page
Part II	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	
Section	A. Public Support						
Calendar	r year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
m	fts, grants, contributions, and embership fees received. (Do not clude any "unusual grants.")	1,266,667	1,333,333	1,100,000	1,200,000	1,500,819	6,400,8
2 Ta	x revenues levied for the						

•	membership fees received. (Do not include any "unusual grants.")	1,266,667	1,333,333	1,100,000	1,200,000	1,500,819	6,400,819
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,266,667	1,333,333	1,100,000	1,200,000	1,500,819	6,400,819
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)						38,640
6_	Public support. Subtract line 5 from line 4						6,362,179
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,266,667	1,333,333	1,100,000	1,200,000	1,500,819	6,400,819
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	852	1,524	2,477	2,582	5,749	13,184
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						6,414,003
12	Gross receipts from related activities, etc.	•				12	- 504(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						<u>· · · - L</u>
14	Public support percentage for 2017 (line 6			1, column (f))		14	99.19 %
15	Public support percentage from 2016 Sch					15	99.19 %
16a	331/3% support test-2017. If the organia						
	box and stop here. The organization qual	•	•	•			
b	331/3% support test—2016. If the organization						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	and stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c s-and-circums	circumstances" stances" test.	test, check t The organization	his box and son qualifies as	top here. a publicly
18	Private foundation. If the organization die						

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

(Complete only if you checked the box on line 10 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.)

0	if the organization fails to qualify	under the te	sis listed bei	ow, please co	implete Part	··· <i>)</i>	
	on A. Public Support	(a) 0040	(h) 004.4	(-) 0045	(4) 0040	(-) 0047	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,
2	Gross receipts from admissions, merchandise						/
-	sold or services performed, or facilities	ı				/	
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose					<i></i>	ļ
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						ļ
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						_
b	Amounts included on lines 2 and 3				/		
	received from other than disqualified				/		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			/			
_	• 1			/			
8	Add lines 7a and 7b			/			-
U	line 6.)						
Secti	on B. Total Support						<u> </u>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(4) 2010	(5) 2014	/ (6) 2010	(u) 2010	(0) 2017	(i) rotal
10a	Gross income from interest, dividends,		1				<u> </u>
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less		1				
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		1				
11	Net income from unrelated business		/				
-	activities not included in line 10b, whether	f	ľ				
	or not the business is regularly carried on	<i>,</i>					
12	Other income. Do not include gain or	/					
	loss from the sale of capital assets						
	(Explain in Part VI.)	/		<u> </u>			
13	Total support. (Add lines 9, 10c, 11,	/					
	and 12.)						
14	First five years. If the Form 990 is for the	, -	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he	<u>/</u>					- 🗀
Secti	on C. Computation of Public Suppoi						
15	Public support percentage for 2017 (line to					15	
16	Public support percentage from 2016 Sch			<u></u>		16	%
	on D. Computation of Investment In				(0)	1 4= 1	
17	Investment income percentage for 2017 (17	<u>%</u>
18	Investment income percentage from 2016					18	<u>%</u>
19a	331/3% support tests – 2017. If the organ						
_	17 is not more than 33½%, check this box		-				_
b	331/3% support tests - 2016. If the organiz						
	line 18 is not more than 331/2%, check this		_		-	-	=
20	Private foundation, If the organization di	а пот спеска.	DOX OF IME 14	. 198. OF 190. (THECK THIS DOX	and see instit	iciions 🗩 📗

Part FV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** 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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

		Yes	No
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Schedu	le A (Form 990 or 990-EZ) 2017		- 1	⊃age 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ز ندر ہا۔
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations			
	<i>y</i>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ'''	.03	.,,,
•	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		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
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,	i		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
Jecu	on c. Type it supporting organizations		V	Na
_			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			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Г		
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	1		
	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.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	S).
а	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.			
С	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.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	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,			1
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		,
_	•	20		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more]		!
	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.	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		
	··· ·	, 3 2		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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 Type III Non-Functionally Integrated 509(a)(3) Supporting Organical 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 Type III Non-Functionally Integrated 509(a)(3) Supporting Organical 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 Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Funct	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Section	ns 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			
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		<u> </u>
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):	Ļ.,		
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):	<u> </u>		
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-functionall	y int	egrated Type III supporting	g organization (see
instructions).			

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.		·	
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.		i.	
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
a_	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			L
c_	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
<u>d</u>	Excess from 2016			
е	Excess from 2017			

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer Identification number

The Wilson Sonsini Goodrich & Rosati Foundation Part I General Information on Grants and Assista	ti Foundation	Assistance					77-0276529	
Does the s	ain records to subs	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ince?	tance, and	9
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring	he use of grant fu	nds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ssistance to Do for any recipient	mestic Organiz	ations and Dorrore than \$5,000.	nestic Governm Part II can be d	ients. Complete if unlicated if addition	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form eived more than \$5,000. Part II can be duplicated if additional space is needed.	nswered "Yes" or	. Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	of grant ance
(1) See Attachment		-				ļ		
(2)								
(6)								
(4)						į		
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(9)						:		
(2)								
(8)								
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(11)								
12)								
2 Enter total number of section 501(c)(3) and government organizat 3 Enter total number of other organizations listed in the line 1 table	1 501(c)(3) and gov	ernment organizat	organizations listed in the line 1 table	ne 1 table			46	46
Pap	see the Instructions	s for Form 990.			Cat No 50055P		Schedule I (Fo	Schedule I (Form 990) (2017)

Schedule I (Form 990	orm 990) (2017)
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV
	Dort III can be diminated if additional ename is needed

	rari III cari de dupilicated il additionial space is rieeded.	space is needed				•
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other additi	onal information.

The primary recipients of funding from The Wilson Sonsini Goodrich & Rosati Foundation are non-profit legal services organizations that have received funding for several years and with whom we have a continuing relationship. Accordingly, the Foundation continually monitors the status of grants to our largest grantees. The other recipients of funding from The Wilson Sonsini Goodrich & Rosati Foundation are typically smaller grants to the non-profit organizations for general operating support that are not multi-year grants.

Schedule I (Form 990) (2017)

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 Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

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 & Ro	osati, PC
11b The 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 members of the Board of Directors of the Foundation disclose annually.	
19 The Foundation's governing documents, conflict of interest policy, and financial statements ar	re available upon request.
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