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SCANNED SEP 2 2 2011

Return of Private Foundation

OMB No 1545-0052 or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Department of the Treasury , 2010, and ending For calendar year 2010, or tax year beginning Initial return of a former public charity G Check all that apply Initial return Final return Amended return Address change Name change Name of foundation A Employer identification number THE CARL VICTOR PAGE MEMORIAL FOUNDATION 20-1922957 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) 2200 GENG ROAD, SUITE 100 (650) 210-5000 City or town, state, and ZIP code If exemption application is pending, check here PALO ALTO, CA 94303 2 Foreign organizations meeting the 85% test, check here and attach | X | Section 501(c)(3) exempt private foundation H Check type of organization computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated J_Accounting method. | X | Cash | Fair market value of all assets at end under section 507(b)(1)(A), check here . of year (from Part II, col (c), line Other (specify) If the foundation is in a 60-month termination 253,770,261. (Part I, column (d) must be on cash basis) *16)* ▶ \$ under section 507(b)(1)(B) check here . Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment total of amounts in columns (b), (c), and (d) for charitable expenses per income ıncome may not necessarily equal the amounts in purposes books column (a) (see page 11 of the instructions) (cash basis only 88,353,080 2 10 - 4 May 1 1945 - 195 Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to the second attach Sch B 3 Interest on savings and temporary cash investments 13,340 13,340. ATCH Dividends and interest from securities **5 a** Gross rents b Net rental income or (loss) 1,388,017 Entitle Action 18 6 a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 9,474,492 44.1 assets on line 6a 9,474,487 Capital gain net income (from Part IV, line 2) THE PARTY OF THE P Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances - · · b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) - النائشية والإفالة إبراء OGDEN. Other income (attach schedule) 89,754,437 9,487,827 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages Expenses 15 Pension plans, employee benefits 2,648 1,324 1,324. 0 16a Legal fees (attach schedule) ATCH 17,500 8,750 0 8,750. **b** Accounting fees (attach schedule) ATCH 3 13,436. 26,871 13,435 Administrative c Other professional fees (attach schedule). *. 30,000 18 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion. 20 and 21 Travel, conferences, and meetings 22 Printing and publications perating 303 268 35. Other expenses (attach schedule) ATCH 6 23 24 Total operating and administrative expenses. 23,544. 77,322 23,778 0 Add lines 13 through 23 C 6,270,000. 6,270,000. 25 Contributions, gifts, grants paid 6,347,322 0. 6,293,544 23,778 26 Total expenses and disbursements Add lines 24 and 25 المراجع كالمراجد 27 Subtract line 26 from line 12

83,407,115

For Paperwork Reduction Act Notice, see page 30 of the instructions 0E1410 1 000 09234G 517K

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-).

> *ATCH 4 ATCH

9,464,049

Form 990-PF (2010)

	art II	Balanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End	of year	
L	artii	Balance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Ma	
П	1	Cash - non-interest-bear	ing	133,442.	13,7			13,791.
-			cash investments	11,124,391.	14,385,7	45.	14,	385,745.
			^	شد د مستجدید				
			btful accounts ▶			0.		0.
	4				,			-
			btful accounts ▶					
	5							
	6		officers, directors, trustees, and other					
			ach schedule) (see page 15 of the instructions)					
	7		receivable (attach schedule)					
			btful accounts ▶					
	8		e					
sets	9		eferred charges					
Ass	_	•	e government obligations (attach schedule)					
1			stock (attach schedule) ATCH 7	124,092,988.	204,359,5	93.	239,	369,910.
		·	bonds (attach schedule)					
	11	Investments - land, building and equipment basis	s,	تسين مافيده		٦		<u>.</u>
		Less accumulated depreca (attach schedule)	=======================================		· ·			
	12		loans				 	
	13 14	Investments - other (atta Land, buildings, and	ach schedule)	^^ ¥ x x	1 1 1		. ,	 ;
	' -	equipment basis Less accumulated deprecia			Charles Carried	~- <u></u>		
		(attach schedule)		1,208.		315.		815.
	15		► <u>ATCH 8</u>)	1,200.		,13.		013.
	16		completed by all filers - see the	135,352,829.	219 750 (111	253	770 261
			age 1, item I)	133,332,029.	210,739,3	744.	233,	110,201.
	17		accrued expenses	***			177	.
	18							*. *
iabilities	19						1	- 7
ij	20		ors, trustees, and other disqualified persons	(<u> </u>		3 5 × 1 th 1	
Lia		- -	otes payable (attach schedule)					19,3
	22	Other liabilities (describe	e ►)					`
	23	Total habilities (add line	es 17 through 22)			0.		"
_	23						,	
			low SFAS 117, check here ▶ 24 through 26 and lines 30 and 31.					1
Ś		•	-				1	
S	24	Unrestricted					1	
ala	25			-	1			* 1
or Fund Balance	26						- =	, ,
Ë		chack bere and com	not follow SFAS 117, pplete lines 27 through 31. ► X					,
ř	27		cipal, or current funds					
			r land, bldg, and equipment fund					1
Net Assets	29		ulated income, endowment, or other funds	135,352,829.	218,759,9	944.	1 . 1	-
As	30		fund balances (see page 17 of the				1	i
det	30			135,352,829.	218,759,9	944.		ļ
_	31	Total liabilities and ne	et assets/fund balances (see page 17					1
	•		· · · · · · · · · · · · · · · · · · ·	135,352,829.	218,759,9	944.		
	art		anges in Net Assets or Fund		· · · · · · · · · · · · · · · · · · ·		·	
			palances at beginning of year - Part		(must agree with			
•			d on prior year's return)			1	135,	352,829.
2			line 27a			2		407,115.
3	Othe	er increases not includ	led in line 2 (itemize) ▶			3		
						4	218,	759,944.
		reases not included in	line 2 (itemize) ▶			5		
			alances at end of year (line 4 minus			6	218,	759,944.
_								

escribe the kind(s) of property sold (s k warehouse, or common stock, 200 s ULE		P-Purchase D-Donation	acquired	
ULE			(mo , day, yr)	(mo , day, yr)
		<u> </u>		
				<u> </u>
(f) Depreciation allowed	(g) Cost or other basis	 	(h) Gain or (ic	199)
(or allowable)	plus expense of sale		(e) plus (f) mini	
		 		
owing gain in column (h) and owner	d by the foundation on 12/31/69	a	Gains (Col. (h) g	ain minus
(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	than -0-) or
as of 12/31/69	over col (j), if any		Losses (from co	ol (h))
			•	
	goin also enter in Bort Lline 7	1		
		2	9.	474,487.
•	• • • • • • • • • • • • • • • • • • • •	-		
		3		
		ncome		
ave this part blank				
e section 4942 tax on the distrib	outable amount of any year in the b	ase perio	_	Yes X N
e section 4942 tax on the distrib it qualify under section 4940(e)	Do not complete this part		d?	Yes X N
e section 4942 tax on the distrib of qualify under section 4940(e) nt in each column for each year	Do not complete this part , see page 18 of the instructions b		d?	
e section 4942 tax on the distrib it qualify under section 4940(e)	Do not complete this part		d?	atio
e section 4942 tax on the distribut qualify under section 4940(e) nt in each column for each year (b) Adjusted qualifying distributions 7,140,673.	Do not complete this part see page 18 of the instructions b (c) Net value of nonchantable-use assets 126,603,548.		d?	atio (co) (c)) 0.056402
e section 4942 tax on the distributed qualify under section 4940(e) nt in each column for each year (b) Adjusted qualifying distributions 7,140,673. 7,762,695.	Do not complete this part , see page 18 of the instructions b (c) Net value of nonchantable-use assets 126,603,548. 143,292,494.		d? sing any entnes (d) Distribution ra (col (b) divided by	atio y col (c)) 0.056402 0.054174
e section 4942 tax on the distribut qualify under section 4940(e) nt in each column for each year (b) Adjusted qualifying distributions 7,140,673. 7,762,695. 5,030,172.	Do not complete this part , see page 18 of the instructions b (c) Net value of nonchantable-use assets 126,603,548. 143,292,494. 157,479,431.		d? sing any entnes (d) Distribution ra (col (b) divided by	atio (co) (c)) 0.056402 0.054174 0.031942
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e section 4942 tax on the distribut qualify under section 4940(e) Int in each column for each year (b) Adjusted qualifying distributions 7,140,673. 7,762,695. 5,030,172. 177,832. 30,471. In the 5-year base period - dividention has been in existence if less maritable-use assets for 2010 from the company of the column	Do not complete this part , see page 18 of the instructions b (c) Net value of nonchantable-use assets 126, 603, 548. 143, 292, 494. 157, 479, 431. 104, 141, 995. 6, 493, 938. et the total on line 2 by 5, or by the sthan 5 years om Part X, line 5	2 3 4 5 6 7	d? ling any entnes (d) Distribution ra (col (b) divided by 168, 5,	0.056402 0.056402 0.054174 0.031942 0.001708 0.004692 0.148918 0.029784 834,169. 028,557. 94,640.
	(j) Adjusted basis as of 12/31/69 et capital loss) f (loss) as defined in sections 12 ne 8, column (c) (see pages 13 e 8	as of 12/31/69 over col (j), if any et capital loss) {	(i) Adjusted basis as of 12/31/69 (k) Excess of cot (i) over col (j), if any et capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss) as defined in sections 1222(5) and (6). ne 8, column (c) (see pages 13 and 17 of the instructions)	(i) Adjusted basis as of 12/31/69 (ii) Excess of col (i) col. (k), but not less to over col (j), if any et capital loss) [If gain, also enter in Part I, line 7] If (loss), enter -0- in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) In e 8, column (c) (see pages 13 and 17 of the instructions) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) In e 8, column (c) (see pages 13 and 17 of the instructions) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he inst	tructio	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			t
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)	 ,	. .	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		94,6	40.
	here X and enter 1% of Part I, line 27b			, ,
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		94,6	40.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		94,6	40.
6	Credits/Payments	•		٠.
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 31,937.			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
С	Tax paid with application for extension of time to the (Form 6000).	•••	٠, ٠	
d	Backup withholding erroneously withheld	: <u>_</u>	56,9	37
7	Total credits and payments Add lines 6a through 6d		50,5	57.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		62,2	97
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		02,2	. 9 7 .
11				
	t VII-A Statements Regarding Activities		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	162	No X
	participate or intervene in any political campaign?	10		
b		1ь		Х
	of the instructions for definition)?	,,,,,,	1, 1	
	published or distributed by the foundation in connection with the activities	يردس ,		,
_		1c	J	X
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	1,7c;	F#{};*	
u	(1) On the foundation \$ (2) On foundation managers \$	7	ر . د . رو	,
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
·	on foundation managers > \$	w	er (den)	٠, ١
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
-	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	· /	ر ، ـ ـ ـ ا	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	_ ,	X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or	.		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	-	`- 	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8 a	· · · · · · · · · · · · · · · · · · ·		•••	,
	instructions) > CA,			
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		. <u></u> .	-^-
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8ь		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		~ ' -	-
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			Х
	27)? If "Yes," complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		-	х
	names and addresses	10	n DE	

at any time during the year?

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Form 990-PF (2010)

3 b

Х

Х

Х

Par	t VII-B Statements Regarding Activities fo	r Which Form 4	720 May Be Requi	ired (continued)	
5 a	During the year did the foundation pay or incur any amour (1) Carry on propaganda, or otherwise attempt to influence (2) Influence the outcome of any specific public election	ce legislation (section		Yes X No	
	directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or oth	er sımılar purposes?	· · · · · · · · · · · · · · · · · · ·		
	 (4) Provide a grant to an organization other than a charit section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitate 	see page 22 of the ins	structions)	Yes X No	•
_	purposes, or for the prevention of cruelty to children or If any answer is "Yes" to 5a(1)-(5), did any of the transa	anımals?			
a	Regulations section 53 4945 or in a current notice regarding Organizations relying on a current notice regarding disaster.	ng disaster assistanc	e (see page 22 of the	instructions)?	5b
С	If the answer is "Yes" to question 5a(4), does the founda because it maintained expenditure responsibility for the gr	tion claim exemption f ant?	from the tax	Yes X No	
	If "Yes," attach the statement required by Regulations section Did the foundation, during the year, receive any funds, do no a personal benefit contract?	rectly or indirectly, to		Yes X No	6b X
7 a	Did the foundation, during the year, pay premiums, direct If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a part.	ty to a prohibited tax	shelter transaction?	. Yes X No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Pai	If "Yes," did the foundation receive any proceeds or have t VIII Information About Officers, Directors, and Contractors	, Trustees, Foun	dation Managers,	Highly Paid Empl	
1	List all officers, directors, trustees, foundation management (a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (lif not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
AT	TACHMENT 9		0.	0.	0
	Compensation of five highest-paid employees (otl	her than those inc	luded on line 1 - se	ee page 23 of the ins	tructions).
(a	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	NONE				
			-		
					-
Tot	al number of other employees paid over \$50,000 .				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If n	one, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services ▶	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE	Allouik
1	:
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	

Рa	see page 24 of the instructions.)	gn roundatio	15,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	73-17 10-17	
	purposes	المعاشدا	160 502 010
а	Average monthly fair market value of securities	1a	160,503,919.
Ь	Average of monthly cash balances	1b	10,900,514.
	Fair market value of all other assets (see page 25 of the instructions)	1c	815.
d	Total (add lines 1a, b, and c)	1d	171,405,248.
е	Reduction claimed for blockage or other factors reported on lines 1a and	-	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	171,405,248.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	2,571,079.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	168,834,169.
6	Minimum investment return. Enter 5% of line 5	6	8,441,708.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here and do not complete this privations.		
1	Minimum investment return from Part X, line 6	1	8,441,708.
2 a	- - - - - - - - - -	300000	
b		70.43	
	···	2c	94,640.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	8,347,068.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	8,347,068.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		 , ,
	line 1	7	8,347,068.
	Qualifying Distributions (see page 25 of the instructions)	- Marie - American	<u> </u>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	A STATE OF THE PARTY OF THE PAR	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	6,293,544.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	6,293,544.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	94,640.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,198,904.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating whet	her the foundation

Form 990-PF (2010)

Pai	rt XIII Undistributed Income (see page	26 of the instruction	าร)	·	
		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	Distributable amount for 2010 from Part XI,	Ооград			8,347,068.
	line 7				• • • • • • • • • • • • • • • • • • • •
	Undistributed income, if any, as of the end of 2010	•	·	6,118,699.	
а	Enter amount for 2009 only			0/110/0000	
b	Total for pnor years 20_08_,20_07_,20_06_				
3	Excess distributions carryover, if any, to 2010		•	•	
а	From 2005			*	,
	From 2006			2	
С	From 2007			,	, ~ !
d	From 2008	i	•		
е	From 2009	0.	, 1		, constants
f	Total of lines 3a through e		- '-	11 244 , 1 4	
4	Qualifying distributions for 2010 from Part XII,	. 73	,		and of the
	line 4 [.] ▶ \$ 6,293,544.	••	= 44	6,118,699.	
а	Applied to 2009, but not more than line 2a			0,110,099.	
b	Applied to undistributed income of prior years (Election				· · · ·
	required - see page 26 of the instructions)	1 8			(1)
C	Treated as distributions out of corpus (Election		,	. <i>'</i>	, , , , , , , , , , , , , , , , , , , ,
	required - see page 26 of the instructions)		-	; oc	174,845.
d	Applied to 2010 distributable amount	U 2016 1. 17 18 1. 13 14 1. 13	the transfer of the transfer o	<u>, , , , , , , , , , , , , , , , , , , </u>	1,1,013.
е	Remaining amount distributed out of corpus	0.			0
5	Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same	J*1.5 €.15 €.2 €.2 €.2 €.2 €.2 €.2 €.2 €.2 €.2 €.2	- 1 mg - 2 mg -		3
	amount must be shown in column (a))		5 81 36 A	0	
6	Enter the net total of each column as	emples and the second	* Y	, ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	indicated below:	0.	1 21 - 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		क्षां क्षेत्र । क्षेत्र । विकास
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				344 33 19 19
þ	Prior years' undistributed income Subtract line 4b from line 2b	المنافق المنافق المنافق المنافق المنافقة		, , , ,	ON THE WAY
С	Enter the amount of prior years' undistributed	Carlotter and Carlotter		**************************************	5 1. F. F. 6.
	income for which a notice of deficiency has been			, , ,	* * * * · · · ·
	issued, or on which the section 4942(a) tax has been previously assessed	, ,			
	· · · · · · · · · · · · · · · · · · ·				,
a	Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions	,			المصني والمعاهد والمعادي
е	Undistributed income for 2009 Subtract line	frank i vie Miss	The state of the s		
	4a from line 2a Taxable amount - see page 27 of the instructions		a tun i		
f	Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be	The second second) / (* 19 / (* * *) / (*)	٠.	
	distributed in 2011	如溪湖北人野村。		, .	8,172,223.
7	Amounts treated as distributions out of corpus		or all are to		المراجعة ال المراجعة المراجعة ال
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the		1 to the state of	, , , , , , ,	्रिया विश्वेष्टिका _{विश्व} ेष्टि
	instructions)				7.7
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the		1 · · · · · · · · · · · · · · · · · · ·		· ^ ; '
	instructions)			·	
9	Excess distributions carryover to 2011.	_	b 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	
	Subtract lines 7 and 8 from line 6a	0.	- 1.0		*
10	Analysis of line 9	計算す 。 「心計	^ , _ ^		ويستاه والإن ويتعالم والميالي الأعمر ويديه المتالية
а	Excess from 2006	, , ,		1	*****
b	Excess from 2007	1 2 ,		1	
C	Excess from 2008	· · · · · · · · · · · · · · · · · · ·		1	1
d		ļ <i>^ .</i> *		•	1 1 1 1 1 1
_ e	Excess from 2010 0 .	1 1 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 7 3

Da	rt XIV Private Oper	ating Foundations (see page 27 of the	instructions and Pa	rt VII-A guestion 9)	NOT APPLICABLE
			-			
1 a	If the foundation has				ating	
	foundation, and the ruling				. •	
b	Check box to indicate wh	ether the foundation is a	private operating found	lation described in section	4942(j)	(3) or 4942(j)(5)
22	Enter the leaser of the ed	Tax year		Prior 3 years		(e) Total
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(6) 10001
	I or the minimum investment		1-1			
	return from Part X for each					
	year listed					
b	85% of line 2a					,
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of	:		}		
	exempt activities. Subtract line					
3	2d from line 2c	<u> </u>				
3	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,	i e			İ	
	payments on securities					
	loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)			<u></u>		
	(3) Largest amount of sup-					
	port from an exempt					
	organization (4) Gross investment income					
Pa		ary Information (C	omplete this part	only if the found	ation had \$5,000	or more in assets
	at any time	during the year - se	e page 28 of the ir	structions.)		
1	Information Regardin					
а	List any managers of	the foundation who l	nave contributed mor	e than 2% of the tota	al contributions receive	ed by the foundation
	before the close of any	y tax year (but only if t	hey have contributed	more than \$5,000) (S	ee section 507(d)(2))	
	N/A					
_	List any managers of	the foundation who	own 10% or more o	f the stock of a corn	oration (or an equally	large portion of the
D	ownership of a partne					large portion of the
	ownership of a partne	iship of other endry) o	Winch the loundatio	ii iias a 1070 oi greatei	merest	
	/-					
	N/A		 			
2	Information Regardin	g Contribution, Gran	t, Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ► X If	the foundation only	makes contributions	to preselected chara	table organizations a	nd does not accept
	unsolicited requests	for funds If the four	idation makes gifts,	grants, etc (see page	28 of the instruction	ns) to individuals or
	organizations under of	ther conditions, compl	ete items 2a, b, c, and	l d		
a	The name, address, a	and telephone number	of the person to who	m applications should b	e addressed	
	The form in which in a	lipotione charity ha are	hmitted and informat	on and materials the	should include	.
D	The form in which app	meations should be su	munico ano imormat	on and materials they	Should illiciade	
_	Any submission dead	ines				· · · · · ·
C	rary submission ucaul					
	Any restrictions or I	imitations on awards	such as by geogr	aphical areas charita	able fields, kinds of i	nstitutions, or other
u	factors		, ,, 5009,	,	,	,

3 Grants and Contributions Paid Duri	continueu)			
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for I		
Recipient Name and address (home or business)	If recipient is an individual show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		<u> </u>
a raid during the year				
ATTACHMENT 10				
		1		
		!		
]			
	t 			
	{			
		l .		
	ļ			
		•		
		<u> </u>	<u> </u>	6,270,000.
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	0,210,000.
b Approved for future payment				
				1
		1		
		L	<u></u>	
Total			▶ 3b	

Part XVI-	A Analysis of Income-Produ	cing Activ	vities			
	amounts unless otherwise indicated		ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
a		-				
b				_		
С						
d						
е						
f						
-	and contracts from government agencies					
	ship dues and assessments					
	on savings and temporary cash investments			14	13,340.	
	Is and interest from securities	17 35 5 d - 2	් දික්විතය නොක්තා අත ද න ද ය		15/540.	e madagir qi
	al income or (loss) from real estate	1 · 1 · 1 · 1				220 32% 1 8
	-financed property					
	debt-financed property					
	I income or (loss) from personal property					
	vestment income			18	1,388,017.	
•	oss) from sales of assets other than inventory			10	1,300,017.	
	ome or (loss) from special events					
=	rofit or (loss) from sales of inventory					
_	venue a					
		<u> </u>				
C						
d						
d e		7 K-W1		<u> </u>	1.401.357.	
d e 12 Subtotal	Add columns (b), (d), and (e)			\$ 9	· · ·	
d e 12 Subtotal 13 Total. Ac	Add columns (b), (d), and (e)			 	1	
e12 Subtotal 13 Total. Ac (See worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 Relationship of Activities	to venfy calc	complishment of E	xempt Purp		1,401,357.
d e 12 Subtotal 13 Total Ac (See worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.
d e 12 Subtotal 13 Total. Ac (See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calc to the Ac	complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	1,401,357.

		Exempt Orga	niza <u>tions</u>								
1 D	d the	organization directly	y or indirectly	engage in any of the	e following	with a	any other organ	zation described		Yes	No
เท	secti	on 501(c) of the C	ode (other than	section 501(c)(3) org	janizations)	or in	section 527, rela	ating to political		-	·
or	ganıza	tions?								'	
a Tr	ansfer	s from the reporting f	oundation to a no	oncharitable exempt organ	nization of				'		- ::
(1) Cash	٠							1a(1)		X
(2) Othe	er assets	<i></i>						1a(2)		X
		ansactions:							ļ ·.		
				organization					1	I .	X
				exempt organization					1	I .	X
(3) Ren	tal of facilities, equipm	ent, or other asse	ts					1b(3)		X
											X
•		=									X
•	-			fundraising solicitations							X
	-		-	ther assets, or paid emplo	-					<u> </u>	L
				Yes," complete the fo							
		•	•	ices given by the re							
				gement, show in colu				otner assets, or transactions, and sha			
(a) Line	no	(b) Amount involved N/A	(c) Name or i	nonchantable exempt organi	zation	N/A	cription of transiers,	, transactions, and sna	ing arra	ngeme	its
	-	N/A		 	+	14711					
		· 									
	-										
					1						
											
							·	<u>-</u> .			
								•			-
				-· ·							
							•				
											-
			-				•	•		•	
							• • •				
		,	•	ffiliated with, or relat han section 501(c)(3)) or	•					_{ss} []	₹ _{No}
		complete the following	•								-
		(a) Name of organizatio	n	(b) Type of org	anızatıon		(c) {	Description of relation	ship		
		-									
								··· · · · · · · · · · · · · · · · · ·			
	Under	r penalties of perjury, I d	eclare that I have	examined this return, included of preparer (other than taxp.	ding accompa	inying sch	nedules and stateme	ents, and to the best	of my k	nowled	ge and
Sign	Dellei,	, it is tide correct, and cor	Implete Declaration	or preparer (other than taxp.	ayer or iluucia	/ _ I	sa on all miormation	.	any Kii	owicagi	-
Here	N -			<u> </u>	9	<u> </u>		resident			
	Sı	gnature of officer or truste	e		Date	•	Title				
		Print/Type preparer's	s name	Preparer's signature	•		Date		PTIN		
Paid		Cirtin 0		17,14	0	1	9/6/11	Check if			
Prepa	arer	UISINIA PA	osaas	un Ma	- jena	do	1/10//		P001		39
		1 111110 1101110	ARRIS MYCFO		-		Fı	ırm's EIN ▶ 81-0	5730	56	
Use C	niy	Firm's address ▶ 22					202	650.0	• • •	000	
		L	PALO A	ALTO, CA		94	303 P	hone no 650 2	10-5	000	

THE CARL VICTOR PAGE MEMORIAL FOUNDATION

FORM 990-PF - PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME Date Date sold Description Kind of Property acquired FMV Excess of Gain Gross sale Depreciation Cost or Adj basis FMV over price less allowed/ other as of as of allowable 12/31/69 adı basıs (loss) 12/31/69 expenses of sale basis 09/04/1998 VAR GOOGLE INC. - 17,000 SHS 5. 9,474,487. 9,474,492. 9,474,487. TOTAL GAIN (LOSS)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of the organization		Employer identification number					
THE CARL VICTOR PAGE MEN	MORIAL FOUNDATION	20-1922957					
Organization type (check one)							
Filers of: Se	ection:						
Form 990 or 990-EZ 501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion					
	501(c)(3) taxable private foundation						
General Rule X For an organization filing F	or (10) organization can check boxes for both the General Rule and a S						
property) from any one co Special Rules	ntributor Complete Parts I and II.						
For a section 501(c)(3) or sections 509(a)(1) and 17	ganization filing Form 990 or 990-EZ that met the 331/3% support tes 0(b)(1)(A)(vi), and received from any one contributor, during the year 2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990	, a contribution of the					
the year, aggregate contri	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III						
the year, contributions for aggregate to more than \$ year for an exclusively religables to this organization	B), or (10) organization filing Form 990 or 990-EZ that received from a use exclusively for religious, charitable, etc., purposes, but these con 1,000. If this box is checked, enter here the total contributions that we grous, charitable, etc., purpose. Do not complete any of the parts unless in because it received nonexclusively religious, charitable, etc., contributions.	tributions did not ere received during the ss the General Rule outions of \$5,000 or more					
Caution. An organization that is not a 990-EZ, or 990-PF), but it must answ	covered by the General Rule and/or the Special Rules does not file Sower "No" on Part IV, line 2 of its Form 990, or check the box on line H that it does not meet the filing requirements of Schedule B (Form 990,	chedule B (Form 990, of its Form 990-EZ, or on					

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

Name of organization	THE	CARL	VICTOR	PAGE	MEMORIAL	FOUNDATION

Page of of Part I
Employer identification number
20-1922957

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	LAWRENCE PAGE 2200 GENG ROAD, SUITE 100 PALO ALTO, CA 94303	\$88,353,080.	Person X Payroll X Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization THE CARL VICTOR PAGE MEMORIAL FOUNDATION

Employer identification number 20-1922957

Part	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	165,000 SHARES GOOGLE, INC.	\$\$88,353,080.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

PART I - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PE,

NET INVESTMENT INCOME	12,305. 72. 963.	13,340.
REVENUE AND EXPENSES PER BOOKS	12,305. 72. 963.	13,340.
DESCRIPTION	SSB #MY2760 SSB #MSW0004 SSB #MY2760-US GOVT INT REPORTED AS DIV	TOTAL

FEES
LEGAL
ı
ы
PART
990PF,
FORM

CHARITABLE	1,324.	1,324.
ADJUSTED NET INCOME		0.
NET INVESTMENT INCOME	1,324.	1,324.
REVENUE AND EXPENSES PER BOOKS	2,648.	2,648.
		TOTALS
DESCRIPTION	LEGAL FEES	

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE	8,750.	8,750.
ADJUSTED NET INCOME		0.
NET INVESTMENT INCOME	8,750.	8,750.
REVENUE AND EXPENSES PER BOOKS	17,500.	17,500.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

PART I - OTHER PROFESSIONAL FEES FORM 990PF,

13,436. 26,871. AND EXPENSES PER BOOKS REVENUE MANAGEMENT FEES DESCRIPTION

NET INVESTMENT INCOME

13,435.

CHARITABLE PURPOSES

TOTALS

26,871.

13,436.

13,435.

ATTACHMENT 4

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

DESCRIPTION

20 000

FEDERAL TAXES

30,000.

TOTALS

30,000.

20-1922957

- OTHER EXPENSES PART I FORM 990PE,

	NET	INVESTMENT	INCOME			268.
REVENUE	AND	EXPENSES	PER BOOKS	25.	10.	268.
			DESCRIPTION	RRF-1 FEE	FTB FEE	BANK FEES

25. 10.

CHARITABLE PURPOSES

35.

268.

TOTALS

THE CARL VICTOR PAGE MEMORIAL FOUNDATION

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

403,000 SHS GOOGLE

TOTALS

ENDING BOOK VALUE

ENDING

239,369,910.

204,359,593.

204,359,593.

239, 369, 910.

ATTACHMENT 7

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

DIVIDEND RECEIVABLE

TOTALS

ENDING BOOK VALUE

ENDING FMV

815.

815.

815.

815.

EXPENSE ACCT AND OTHER ALLOWANCES	Ö		• 0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	0
COMPENSATION	.0	.0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRMAN & PRESIDENT	CFO/SECRETARY	GRAND TOTALS
NAME AND ADDRESS	LAWRENCE PAGE 2200 GENG ROAD, SUITE 100 PALO ALTO, CA 94303	CARL BENJAMIN PAGE 2200 GENG ROAD, SUITE 100 PALO ALTO, CA 94303	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SCHOLARSHIP AMERICA ONE SCHOLARSHIP WAY SAINT PETER, MN 56082	NONE PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	10,000.
KQED 2601 MARIPOSA ST. SAN FRANCISCO, CA 94110	NONE PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,000.
CLINTON HAITI RELIEF FUND 55 WEST 125TH ST. NEW YORK, NY 10027	NONE PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,000.
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH ST. NEW YORK, NY 10011	NONE PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	5,000.
PUEBLO COUNTY HISTORICAL SOCIETY 201 "B" ST. PUEBLO, CO 81003	NONE PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,000.
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAWARONECK AVE., SUITE 310 NEW YORK, NY 10605	NONE PUBLIC CHARITY	GENERAL CHARITABLE PURPOSE	1,000.

ATTACHMENT 10 (CONT'D)

TON	1,000.	. 000, 000	6,200,000.
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL CHARITABLE PURPOSE	GENERAL CHARITABLE PURPOSE	GENERAL CHARITABLE PURPOSE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE
	PUBLIC CHARITY	PUBLIC CHARITY	PUBLIC CHARITY
RECIPIENT NAME AND ADDRESS	VELOSTREET, INC.	STEPPING STONES INTERNATIONAL	NATIONAL PHILANTROPHIC TRUST
	P.O BOX 5873	693 17TH AVE.	165 TOWNSHIP LINE ROAD, SUITE 150
	SANTA ROSA, CA 95402	SALT LAKE CITY, UT 84103	JENKINTOWN, PA 19046

TOTAL CONTRIBUTIONS PAID 6.270.000.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

Employer identification number

Т	HE CARL VICTOR PAGE MEMORIA	L FOUNDALIO	IN		20-1922957	
Note	Form 5227 filers need to complete only P	arts I and II				
Par			Held One Ye	ar or Less		
rai	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basi (see instructions)	s (f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a						
					-	
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b		11	b
2	Short-term capital gain or (loss) from For	ms 4684, 6252,	6781, and 882	4	2	
-						
3 4	Net short-term gain or (loss) from partner Short-term capital loss carryover Enter the					
	Carryover Worksheet				<u>4</u>	()
5	column (3) on the back	<u></u>			i i	
Par		es - Assets Held	i More Than Or	ne Year		
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce	(e) Cost or other basi (see instructions)	s (f) Gain or (loss) for the entire year Subtract (e) from (d)
6a			-			
		_				
]				
b	Enter the long-term gain or (loss), if any,	from Schedule D	-1, line 6b		61	9,474,487.
7	Long-term capital gain or (loss) from Fore	ms 2439, 4684,	6252, 6781, aı	nd 8824		
8	Net long-term gain or (loss) from partners	ships, S corporat	ions, and other	estates or trusts		
9	Capital gain distributions				9	
10	Gain from Form 4797, Part I				10	0
11	Long-term capital loss carryover Enter the Carryover Worksheet	e amount, if any	, from line 14 o	of the 2009 Capital Lo	ss	1 (
12	Net long-term gain or (loss). Combine line	es 6a through 11	I in column (f).	Enter here and on li	ne 14a,	0 474 407
	column (3) on the back			· · · · · · · · · · · · · · · · · · ·		5/3/3/30/.

Schedule D (Form 1041) 2010				Page 2
Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	
Caution: Read the instructions before completing	this part	(see instr)	or trust's	(3) Total
3 Net short-term gain or (loss)	13			
4 Net long-term gain or (loss):			:	
a Total for year	14a			9,474,487.
b Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
c 28% rate gain	14c	<u> </u>		
Total net gain or (loss). Combine lines 13 and 14a				9,474,487.
Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4	(or Form 990-	T, Part I, line 4a) If line	s 14a and 15, column	(2), are net gains, go
o Part V, and do not complete Part IV If line 15, column (3), is a net loss, com	piete Part IV ai	no the Capital Loss Car	ryover vvorksneet, as r	necessary
Part IV Capital Loss Limitation				
6 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 9				,
a The loss on line 15, column (3) or b \$3,000		22 (or Form 000 T li	ne 34) is a loss com	lete the Canital Loss
Canyover Worksheet on page 7 of the instructions to figure your capital loss ca	n, page 1, iine arryover	5 22 (OF FORM 990-1, III	116 34), is a loss, comp	nete the Capital Loss
Part V Tax Computation Using Maximum Capital Gains	Rates			
Form 1041 filers. Complete this part only if both lines 14a and 15 ii	n column (2)) are gains, or an am	ount is entered in I	Part I or Part II and
here is an entry on Form 1041, line 2b(2), and Form 1041, line 22,				
Caution: Skip this part and complete the worksheet on page 8 of the	instructions i	f.		
Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g are more than	7er0			
Form 990-T trusts. Complete this part only if both lines 14a and		s or qualified divide	ends are included i	n income in Part I
of Form 990-T, and Form 990-T, line 34, is more than zero. Skip the				
either line 14b, col (2) or line 14c, col (2) is more than zero	•	,	. •	
7 Enter taxable income from Form 1041, line 22 (or Form 990-T	. line 34)	17		*******
8 Enter the smaller of line 14a or 15 in column (2)	,			
but not less than zero		\		
19 Enter the estate's or trust's qualified dividends				
from Form 1041, line 2b(2) (or enter the qualified		15 50		
dividends included in income in Part I of Form 990-T)		-\$2-m-1	15.	
20 Add lines 18 and 19		a = 1	\$ F \$	
21 If the estate or trust is filing Form 4952, enter the				
amount from line 4g; otherwise, enter -0 ▶ 21			ا ع	
Subtract line 21 from line 20. If zero or less, enter -0		. 22	-u a	
Subtract line 22 from line 17 If zero or less, enter -0		. 23		
Enter the smaller of the amount on line 17 or \$2,300		24		
25 Is the amount on line 23 equal to or more than the amount on			7,7	
Yes. Skip lines 25 and 26, go to line 27 and check the "N				
No. Enter the amount from line 23				
Subtract line 25 from line 24	· · · · · · ·	26	———— 1	
Are the amounts on lines 22 and 26 the same?		27		
Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line	a 17 or line 22	27		
28 Enter the amount from line 26 (If line 26 is blank, enter -0-)		28	- 0	
Enter the amount from the 20 th the 20 is blank, enter -0-7		- 20		
29 Subtract line 28 from line 27		29		
30 Multiply line 29 by 15% (.15)		·	30	
31 Figure the tax on the amount on line 23 Use the 2010 Ta	x Rate Sche	edule for Estates an	nd Trusts	
(see the Schedule Ginstructions in the instructions for Form 10			1 1	
,	· • • • • •	· · · · · · · · · · · · · ·		***
32 Add lines 30 and 31			32	
33 Figure the tax on the amount on line 17 Use the 2010 Ta			· · · · · 	
(see the Schedule Ginstructions in the instructions for Form 10			i i	
34 Tax on all taxable income. Enter the smaller of line 32 or lin				
G line 1a (or Form 990-T line 36)			34	

Employer identification number

Schedule D-1 (Form 1041) 2010

THE CARL VICTOR PAGE MEMOR	RIAL FOUNDATI	ON		20-19229	57
Part II Long-Term Capital Gains an	d Losses - Asse	ts Held More Th	an One Year		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
GOOGLE INC 17,000 SHS	09/04/1998	VAR	9,474,492.	5.	9,474,487
		}			
	-				
· · · · · · · · · · · · · · · · · · ·					
					· · · · · · · · · · · · · · · · · · ·
					: :
	-				· · · · · · · · · · · · · · · · · · ·
					· · · · · · · · · · · · · · · · · · ·
	10.5				0 474 407
6b Total. Combine the amounts in colum	nn (1) Enter here a	na on Schedule D	, iine op	. <i>.</i> . <i></i>	9,474,487.

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

JSA 0F1222 1 000

Form 8868

(Rev January 2011)

Department of the Treasury

Application for Extension of Time To . ile an Exempt Organization Return

OMB No. 1545-1709

Internal Revenu	e Service	► File a	separate a	application for each return.			
				only Part I and check this box			
 If you are 	filing for an	Additional (Not Automatic) 3-M	onth Exter	nsion, complete only Part II (on page	e 2 of this form)		
Do not comp	olete Part II u	<i>inless</i> you have already been gra	nted an au	utomatic 3-month extension on a pre-	viously filed Forr	n 8868	
a corporatio 8868 to rec Return for instructions)	n required to quest an ext Transfers A . For more c	to file Form 990-T), or an addition ension of time to file any of the associated With Certain Personal details on the electronic filing of the	nal (not au forms list al Benefit nis form, vi	ou need a 3-month automatic extension atic) 3-month extension of time ed in Part I or Part II with the exception Contracts, which must be sent to list www.irs.gov/efile and click on e-ri	You can electr ption of Form 8 the IRS in pa	onically file Form 870, Information aper format (see	
		Month Extension of Time. Or					
-	•	, -		atic 6-month extension - check this b		,	
Part I only .				<u>.</u>	<i>.</i>	▶ 🗀	
	•	· · · · · · · · · · · · · · · · · · ·	ups, REMI	Cs, and trusts must use Form 7004 to	request an exter	nsion of time	
to file incom					F11-141	f Ai	
Type or	4	empt organization			Employer identification number		
print		RL VICTOR PAGE MEMORIA			20-1922957		
File by the	1	reet, and room or suite no. If a P O bo	x, see instru	ctions.			
due date for filing your	L	ENG ROAD, SUITE 100					
return See	1 '	or post office, state, and ZIP code. For	a foreign ac	idress, see instructions.			
instructions	PALO A	LTO, CA 94303					
Enter the Re	eturn code f	or the return that this application	is for (file a	a separate application for each return)	·	0 4	
Application			Return	Application		Return	
Is For			Code	Is For		Code	
Form 990			01	Form 990-T (corporation)		07	
Form 990-BL			02	Form 1041-A		08	
Form 990-E2	7		03	Form 4720		09	
Form 990-PF	•		04	Form 5227		10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T			06	Form 8870		12	
		eare of ► HARVEY L. ARMS					
		550 210-5000		FAX No. ► 650 210-5010			
						▶ 📘	
		eturn, enter the organization's fou				. If this is	
				art of the group, check this box	▶ ar	nd attach	
		I EINs of all members the extension					
1 I reques	st an autom			equired to file Form 990-T) extension or ganization return for the organization		The extension is	
for the organization's return for.							
► X	► X calendar year 20 10 or						
▶ 1	tax year beg	ginning	, 20	, and ending	, 20	·	
2 If the ta	x year ente			ek reason: Initial return F			
3a If this a	application i	s for Form 990-BL, 990-PF, 990	0-T, 4720	, or 6069, enter the tentative tax,	less anv		
		its See instructions.	.,0	, ===, =::::: :::: ::::::::::::::::::::	3a \$	256,937.	
			4720 or	6069, enter any refundable cree			
		ents made. Include any prior year			3b \$	31,937.	
				ent with this form, if required, by usin		31,331.	
		-		ent with this form, if required, by using	*	225 000	
		Tax Payment System). See instruc		with this Form 8868, and Farm 84	[3c \$	225,000.	
	_	y to make an electronic fund w	illiurawal	with this Form 8868, see Form 84	53-EU and For	III 88/9-EO IOI	
payment instr		Act Notice, see Instructions.		 		969 (D	
. SI Faherwork	Heduction /	act notice, see instructions.			⊢orm 8	868 (Rev 1-2011)	

~ Form 8868 (Re	v' 1-2011)		•		Page 2	
	filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part II and che	ck this box		
	complete Part II if you have already been gra					
	filing for an Automatic 3-Month Extension,					
Part II	Additional (Not Automatic) 3-Month E.			copies needed).		
Type or	Name of exempt organization		1,	Employer identification number		
print	THE CARL VICTOR PAGE MEMORIA	T FOUND	PATION	20-1922957		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions					
extended	2200 GENG ROAD, SUITE 100					
due date for filing your	City, town or post office, state, and ZIP code For a foreign address, see instructions					
return See	PALO ALTO, CA 94303					
instructions	11120 111107 011 31303					
Enter the Re	eturn code for the return that this application	is for (file a	separate application for each return))	. 04	
Application		Return	Application		Return	
Is For		Code	Is For		Code	
Form 990		01	Bright Street Street Street	rough a might of the property of the contract		
Form 990-BL		02	Form 1041-A		08	
Form 990-E2	<u> </u>	03	Form 4720		09	
Form 990-PF	: 	04	Form 5227		10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	(trust other than above)	06	Form 8870		12	
	ot complete Part II if you were not already		automatic 3-month extension on a	a previously filed Forn	n 8868.	
 The books 	s are in the care of MARVEY L. ARMS					
Telephone			FAX No. ► 650 210-5010			
	inization does not have an office or place of I				▶ 🔲	
	or a Group Return, enter the organization's for				ıs is	
for the whole	group, check this box \ldots \blacktriangleright $lacksquare$. If	it is for pa	rt of the group, check this box	▶ and atta	ach a	
	ames and EINs of all members the extension					
	st an additional 3-month extension of time ur		11/15_, 2			
	endar year <u>2010</u> , or other tax year beginnii		, 20 , and ending		20	
CI	x year entered in line 5 is for less than 12 m nange in accounting period			Final return		
7 State in	detail why you need the extension TAXPA	YER IS	WAITING FOR INFORMATION	FROM THIRD		
PARTI	ES AND ADDITIONAL TIME IS NEE	DED IN	ORDER TO FILE A COMPLETE	E AND		
ACCUR	ATE TAX RETURN					
8a If this a	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the tentative tax,	less any		
	ndable credits. See instructions.				56,937.	
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cre	edits and		
estimati	ed tax payments made. Include any pri	or year o	verpayment allowed as a credi			
	paid previously with Form 8868.				56,937.	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS						
(Electro	nic Federal Tax Payment System). See instruc	ctions.		8c \$	0.	
	Sign	ature and	d Verification	_ .		
	of perjury, I declare that I have examined this form, I and complete, and that I am authorized to prepare this for		empanying schedules and statements, and to	the best of my knowledg	e and belief,	
	1.1.		4.0 A	1.1		
Signature > /	In Maksado	_	Title > CA	Date ► 8/3/1 Form 8868 (1	
				Form 8868 (Rev 1-2011)	