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DLN: 93493310015572

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection and ending 12-31-2011 A For the 2011 calendar year, or tax year beginning 01-01-2011 D Employer identification number **B** Check if applicable SKOLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION Address change 77-0528216 Doing Business As E Telephone number Name change (650) 455-5411 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 430,003,946 2440 WEST EL CAMÌNO REAL NO 300 Terminated Amended return City or town, state or country, and ZIP + 4 MOUNTAIN VIEW, CA 94040 Application pending Name and address of principal officer H(a) Is this a group return for SALLY OSBERG affiliates? 2440 WEST EL CAMINO REAL NO 300 MOUNTAIN VIEW, CA 94040 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ► Website: ► WWW SKOLLFOUNDATION ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1999 M State of legal domicile CA Part I Summary 1 Briefly describe the organization's mission or most significant activities THE SKOLL FUND IS A SUPPORTING ORGANIZATION ASSOCIATED WITH SILICON VALLEY COMMUNITY FOUNDATION TOGETHER WITH THE SKOLL FOUNDATION, A PRIVATE FOUNDATION, ITS MISSION IS TO DRIVE LARGE-SCALE CHANGE BY INVESTING IN, CONNECTING AND CELEBRATING SOCIAL ENTREPRENEURS AND OTHER INNOVATORS Activities & Governance DEDICATED TO SOLVING THE WORLD'S MOST PRESSING PROBLEMS 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 0 6 Total number of volunteers (estimate if necessary) 6 0 -274,210 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 -274,210 **7**b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 5,341,048 68,778,514 9 Program service revenue (Part VIII, line 2g) . 0 18,899,474 19,777,230 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,082 2,135 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 24,247,604 88,557,879 14,747,580 20,724,111 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 0 0 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines **Expenses** 0 0 5 - 10)0 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,396,481 3,817,182 17 18,144,061 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 24,541,293 Revenue less expenses Subtract line 18 from line 12 19 6,103,543 64,016,586 Not Assets or Fund Balances **Beginning of Current End of Year** Year 424,942,843 461,551,889 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 26,843,645 12,914,210 398,099,198 22 Net assets or fund balances Subtract line 21 from line 20 . 448,637,679 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-11-01 Signature of officer Date Sign Here RICHARD FAHEY TREASURER Type or print name and title Preparer's taxpayer identification number Date Check if Preparer's PAUL D KELLER self-(see instructions) sıgnature Paid employed F P00179519

Firm's name (or yours

address, and ZIP + 4

if self-employed),

MOSS ADAMS LLP

EUGENE, OR 97401

975 OAK STREET SUITE 500

May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer's

Use Only

EIN • 91-0189318

Phone no (541) 686-1040

Form	990	(2011)

age	2
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Form	1990 (2011)					Page 2
Par		Program Serve O contains a res		ishments estion in this Part II:		দ
1	Briefly describe the org	janization's missio	n			
SEE	SCHEDULE O					
2	Did the organization und the prior Form 990 or 9	• -	cant program se	rvices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these	new services on S	chedule O			
3	Did the organization cesservices?			t changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Sche	lule O			
4	expenses Section 501	(c)(3) and 501(c)(4) organizations	and section 4947 (a	nree largest program servic ((1) trusts are required to re ch program service reporte	eport the amount of
4a	(Code) (Expenses \$	8,374,205	including grants of \$	8,335,000) (Revenue \$)
					S FOUNDED AND/OR LED BY SOC POISED FOR GROWTH AND/OR	
4b	(Code) (Expenses \$	3,410,969	ıncludıng grants of \$	3,395,000) (Revenue \$)
	COMMUNITY FOR AND BY S	OCIAL ENTREPRENEUF	S OTHER ACTIVITE	S INCLUDE PROVIDING S	CIAL EDGE (WWW SOCIALEDGE OF JPPORT FOR ADVANCING THE FIE BROADCAST PARTNERSHIPS	RG), THE FIRST PUBLIC ONLINE ELD OF SOCIAL ENTREPRENEURSHIP
	(Code) (Expenses \$	7,238,889	including grants of \$	7,205,000) (Revenue \$)
		SCALE CHANGE BY INV	ESTING IN, CONNEC		IC OPPORTUNITIES THAT HELPED SOCIAL ENTREPRENEURS AND OT	ADVANCE THE FOUNDATION'S HER INNOVATORS DEDICATED TO
	(Code) (Expenses \$	1,797,526	ıncludıng grants of \$	1,789,111) (Revenue \$)
	INNOVATION INVESTMENTS					
	Other program service	es (Describe in Sc	hedule O)			
	(Expenses \$	1,797,526 in	cluding grants of	f\$ 1,789	,111) (Revenue \$)
4e	Total program service	expenses ⊁ \$	20,821,589)		
						5 000 (2011)

Part IV 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
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		No
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		No
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		No
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
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 $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
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		
d	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) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	.	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
_				
	1a 0			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a.	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			
L				
D	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)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
u	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	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 or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
_	If "Vec" to line 5a or 5h, did the organization file Form 9995-T2			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
-	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
•	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1				
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
h	Enter the aggregate amount of reserves the organization is required to maintain by			
ט	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodulo O			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection 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								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9									
Se	ection B. Policies (This Section B requests information about policies not required by the Internal								
Re	venue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	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?								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
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	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14									
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		No					
ь	15b		No						
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	16a		N o						
taxable entity during the year?									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Se	ection C. Disclosure	_00							
17									
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)								

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL STE 300 MOUNTAIN VIEW, CA 94040 (650) 450-5400

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees 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, or 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 organiz	•	lated o	rganı	zatio	ons (compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee	
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			Average Position (do not check more than one box, unless person is both week an officer and a				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations	
(1) JEFFREY S SKOLL DIRECTOR	50	х						0	0	0	
(2) PETER HERO DIRECTOR	50	х						0	0	0	
(3) JAMES GB DEMARTINI III DIRECTOR	50	х						0	0	0	
(4) KIRK HANSON DIRECTOR	50	х						0	0	0	
(5) LARRY BRILLIANT DIRECTOR	50	х						0	0	0	
(6) RICHARD FAHEY TREASURER	50			Х				0	0	0	
(7) EDWARD DIENER SECRETARY	50			х				0	0	0	
(8) SALLY OSBERG PRESIDENT	50			х				0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n one son er ai	e bo ıs bo nd a	x, oth)		Repo compo fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estima mount o compens from t rganizati	ted f other sation the on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
1b	Sub-Total							•						
c d	Total from continuation sheets to Total (add lines 1b and 1c).			• •	•	•		>		0		0		0
2	Total number of individuals (inclusion) \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs		<u>a</u> bove) who	receive	d more tha	an .	<u> </u>		
													Yes	No No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch								r highes	t compens	ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.											4		No
5	Did any person listed on line 1a services rendered to the organiza										or individual for •	5		No
Se	ection B. Independent Cont	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax years.	highest comper the organizatio												
	-	(A) ne and business add	dress							Desc	(B) ription of services		(C) Compen	
												\perp		
												+		
	Total number of independent conti \$100,000 of compensation from t			ot lır	nited	to t	those	liste	d above)	who recei	ved more than			

Part v		Statement of Revenue					
40.15	145	Todovskod someowno		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
芸芸	1a	Federated campaigns 1a					
ਛੁੜ	ь	Membership dues 1b					
್ರಿ≣	c	Fundraising events 1c					
£a	d	Related organizations 1d					
ਰਾ≣							
る音	e	Government grants (contributions) 1e					
유플	f	All other contributions, gifts, grants, and 1f similar amounts not included above	68,778,514				
至基	g	Noncash contributions included in					
<u>∓</u> °		lines 1a-1f \$ ^{50,641,894}					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f		68,778,514			
O 10							
<u> </u>		_	Business Code				
<u>⊒</u>	2a						
Ž.	ь						
<u>.</u>	c						
ž	d						
æ							
E	e						
Program Serwce Revenue	f	All other program service revenue					
Ě	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends					
		and other similar amounts)	·	5,507,693		-274,210	5,781,903
	١,	Income from investment of tax-exempt bond pr	<u> </u>	, ,		,	, ,
	4		· · · · ·				
	5	Royalties					
	_	(ı) Real	(II) Personal				
	6a	Gross rents					
	Ь	Less rental expenses					
	c	Rental income					
	d	or (loss) Net rental income or (loss)	<u></u>				
	"	(i) Securities	(II) Other				
	7a	Gross amount 355,715,604	(II) O tilei				
	⁷	from sales of					
		assets other than inventory					
	ь	Less cost or 341,446,067					
		other basis and sales expenses					
	c	Gain or (loss) 14,269,537					
	d	Net gain or (loss)		14,269,537			14,269,537
	8a	Gross income from fundraising					
<u>•</u>		events (not including					
듄		\$of contributions reported on line 1c)					
ě		See Part IV, line 18					
ά		a					
Other Revenue	ь	Less direct expenses b					
₹	_ c	Net income or (loss) from fundraising ex	vents				
_	9a	Gross income from gaming activities	-				
		See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activi	ties				
	10a	Gross sales of inventory, less returns and allowances .					
		a					
	Ь	Less cost of goods sold b	ntory 🛌				
	С	Net income or (loss) from sales of inver					
	<u> </u>	Miscellaneous Revenue	Business Code	3 435			3 435
	11a	CLASS ACTION REFUNDS F	541100	2,135			2,135
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d		3.455			
	12	Total revenue. See Instructions		2,135			
	l	- Jan 121 211 211 21 21 21 21 21 21 21 21 21	-	88,557,879	0	-274,210	20,053,575

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 19,309,111 19,309,111 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United 1,415,000 1,415,000 States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Fees for services (non-employees) 11 Management 104,500 52,250 52,250 Legal Accounting 10,100 10,100 Professional fundraising See Part IV, line 17 . . Investment management fees 3,647,574 3,647,574 g 12 Advertising and promotion . . . Office expenses 280 280 13 14 Information technology 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings Interest 45,228 45,228 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 9,500 9,500 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) b d е All other expenses 25 Total functional expenses. Add lines 1 through 24f 24,541,293 20,821,589 3,719,704 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	773,767	2	1,567,317
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees highest compensated employees Complete Part II of	, and		
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1$ persons described in section $4958(c)(3)(B)$ Complete Part II of)) and		
Assets		Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
q.	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	424,169,076	12	459,984,572
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	424,942,843	16	461,551,889
	17	Accounts payable and accrued expenses .	58,561	17	
	18	Grants payable	18,106,889	18	12,914,210
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
o.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	8,678,195	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	26,843,645		12,914,210
_		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27			,,
φ		through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	398,099,198	27	448,637,679
80	28	Temporarily restricted net assets		28	
<u>=</u>	29	Permanently restricted net assets		29	
r Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	_
ASS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	398,099,198	33	448,637,679
Z	34	Total liabilities and net assets/fund balances	424 942 843	34	461 551 889

146	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		88	557,87
2	Total expenses (must equal Part IX, column (A), line 25)	2			541,29
3	Revenue less expenses Subtract line 2 from line 1	3			016,58
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		398,0	099,19
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-13,4	178,10
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		448,6	537,679
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990 Cash 🔽 Accrual 「Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Employer identification number

Inspection

KOLL	FUND (CO SILICO	ON VALLEY COMMUN	ITY FOUNDATION					77-052821	6			
Par	tΙ	Reas	on for Public	Charity Status	(All organ	ızatıons m	ust comple						
				undation because it	<u> </u>								
1	Γ	A chur	ch, convention o	f churches, or assoc	ciation of chi	urches sect	ion 170(b)(1)(A)(i).					
2	Γ	A scho	ool described in s	section 170(b)(1)(A)(ii). (Attac	h Schedule	E)						
3	Γ	A hosp	oital or a coopera	itive hospital servic	e organizatio	on describe	d in section :	170(b)(1)(A	(iii).				
4	Γ		ıcal research org al's name, cıty, a	janization operated i ind state	ın conjunctıc	on with a hos	spital descri	bed ın secti	on 170(b)(1)(A)(iii). En	ter the		
5	Γ			ed for the benefit of		university o	wned or ope	rated by a g	jovernmenta	l unit descr	ıbed ın		
	_			i v). (Complete Part 1									
6				al government or gov									
7	ı	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)											
8	Г			cribed in section 17 0		vi) (Comple	ete Part II)						
9	_			rmally receives (1)				om contribu	tions, memb	ership fees.	and gross		
	•			related to its exem									
		ıts sup	port from gross	investment income a	and unrelate	d business	taxable ınco	me (less se	ction 511 ta	ax) from bus	inesses		
		acquir	ed by the organiz	zatıon after June 30,	1975 See	section 509	(a)(2). (Con	nplete Part 1	III)				
10	\sqcap	An org	anızatıon organız	zed and operated ex	clusively to	test for pub	lic safety S	ee section 5 0	09(a)(4).				
11	∀	one or the bo	more publicly su	zed and operated expoperated expoperted organization the type of supporting the Type II	ns described ng organi <u>za</u> t	d in section ion and con	509(a)(1) o	r section 50 11e through)9(a)(2) Se	e section 50			
е	▽	other t	han foundation n n 509(a)(2)	certify that the orga nanagers and other t	than one or r	more publicl	y supported	organizatio	ns describe	d in section	509(a)(1) or		
f g		check	this box	erved a written deter 5, has the organizati						I supporting	g organization,		
			ng persons?										
				ly or indirectly contr				rsons descr	ibed in (ii)		Yes No		
			-	erning body of the th		_	n /			11g(i			
			•	a person described entity of a person de			10.2			11g(i 11g(i			
h				formation about the						119(1			
•		1 10 114	e the following in	iormation about the	Supported o	rgamzacion	(3)						
s	(i) Name uppor ganiza	ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e ion in ted in erning	(v) Did you no organizat col (i) of suppo	ion in your	(vi) Is th organizat col (i) org in the U	e ion in anized	(vii) A mount of support?		
				instructions))	Yes	No	Yes	No	Yes	No			
(A) S\	/CF		205205488	7	Yes						310,000		

Total

310,000

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test-					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493310015572

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Supplemental Financial Statements

Open to Public

itema	Revenue Service	orm 990. ► See separate instructions.	Inspection
	me of the organization OLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION		Employer identification number
			77-0528216
Pa	TT Organizations Maintaining Donor Ad		inds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a, b oner darried rande	(D) : unas una sensi associate
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the	3	or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		·
Pa	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation
	casement on the last day of the tax year	Γ	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	quired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🛌		
4	Number of states where property subject to conserva	ition easement is located ►	<u></u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year
	▶ \$		
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financial	
Par	Organizations Maintaining Collection Complete if the organization answered	ns of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	h in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶ -\$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
			- T

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	torio	cal Tr	easur	es, or O	ther	Similar A	sset	(con	tinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	_		_		e of its colle	ction		
а	Public exhibition		d	Γ	Loan	or excha	ange progi	ams				
b	Scholarly research		e	\sqcap	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	v they	furthe	er the org	ganızatıon	's exe	empt purpose	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	Γ γ ₆	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y€	s" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	force	ontribu	itions or	other ass	ets n	ot	Γ γ	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	ible		Г	ı				
_							ŀ	-		moun		
C C	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo		e 21?							Γ Ye	es	∏ No
	If "Yes," explain the arrangement in Part XIV							_				
Pa	Endowment Funds. Complete	f the organization (a)Current Year		were Prior Y			orm 990, Years Back		IV, line 10 hree Years Back		our Vos	are Back
la	Beginning of year balance	(a)Current rear	(0)	PHOL	ear	(c) I WO	Tears back	(a)	niee rears back	(е)г	our rea	ars Back
b	Contributions											
c	Investment earnings or losses							+				
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon t	that a	re held	d and ad	mınıstere	d for t	he	[·	Yes	No
	(i) unrelated organizations								3	a(i)		
	(ii) related organizations								38	a(ii)		
	If "Yes" to 3a(II), are the related organizatio									3b		
4	Describe in Part XIV the intended uses of th											
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	irt X,	line 1	10.						
	Description of property					or other estment)	(b) Cost or basis (ot		(c) Accumula depreciation		(d) Bo	ok value
1a	_and		•									
b	Buildings		•									
	_easehold improvements											
С												
	Equipment		•									
d	Equipment	<u>.</u>										

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		ouse of end of year market value
(2)Closely-held equity interests		
(3)Other (A)HEDGE FUNDS	48,187,934	F
(B) PRIVATE EQUITY	240,131,101	
(C) REAL ASSET/REALESTATE	26,487,527	
(D) CASH AND CASH EQUIVALENTS	39,128,086	F
(E) FIXED INCOME	38,800,224	F
(F) EQUITIES	66,147,157	F
(G) DERIVATIVES	1,102,543	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	459,984,572	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		cost of that of year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, II		
(a) Descri		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	45.\	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
<u>-</u>	(b) Amount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial	₁	
2	statements		
z a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information	<u> </u>	
للنقيص	And be a management and a management		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN	PART X	THE COMMUNITY FOUNDATION AND ITS SUPPORTING
TAX POSITIONS UNDER FIN 48		ORGANIZATIONS ARE TAX-EXEMPT ORGANIZATIONS AND
		ARE NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES,
		EXCEPT FOR UNRELATED BUSINESS INCOME, IN
		ACCORDANCE WITH SECTION 501(A) OF THE INTERNAL
		REVENUE CODE IN ADDITION, THE COMMUNITY
		FOUNDATION AND ITS SUPPORTING ORGANIZATIONS
		QUALIFIED FOR THE CHARITABLE CONTRIBUTION
		DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAVE
		BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT
		PRIVATE FOUNDATIONS UNRELATED BUSINESS INCOME
		TAX, IF ANY, IS IMMATERIAL AND NO TAX PROVISION HAS
		BEEN MADE IN THE ACCOMPANYING CONSOLIDATED
		FINANCIAL STATEMENTS THE COMMUNITY FOUNDATION
		AND ITS SUPPORTING ORGANIZATIONS DO NOT HAVE
		ANY UNCERTAIN TAX POSITIONS THE COMMUNITY
		FOUNDATION AND ITS SUPPORTING ORGANIZATIONS DO
		FILE INCOME TAX RETURNS IN THE U.S. FEDERAL AND
		CALIFORNIA JURISDICTIONS THE COMMUNITY
		FOUNDATION AND ITS SUPPORTING ORGANIZATIONS
		ARE NOT SUBJECT TO U S FEDERAL OR STATE AND LOCAL
		INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR
		YEARS BEFORE 2008 AND 2007 FOR ITS STATE FILINGS

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SKOLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION

DLN: 93493310015572

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

77-0528216

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

		,				
1	For grantmakers. Does the assistance, the grantees' eligible grants or assistance?	gibility for the	grants or ass	sistance, and the selec	ction criteria used to awa	
2	For grantmakers. Describe in Pa United States	art V the organi	zation's proced	ures for monitoring the u	se of grant funds outside th	e
3	Activites per Region (Use Part	V if additional :	space is needed	i)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	EUROPE			GRANTS TO RECIPIENTS LOCATED IN REGION	SKOLL AWARDS FOR SOCIAL ENTREPRENEURSHIP	100,000
	CENTRAL AMERICA AND THE CARRIBEAN			INVESTMENTS		141,568,519
	EUROPE			INVESTMENTS		29,446,549
	SUB-SAHARAN AFRICA			INVESTMENTS		6,046,202
	NORTH AMERICA			INVESTMENTS		3,512,588
	EAST ASIA AND THE PACIFIC			GRANTS TO RECIPIENTS LOCATED IN REGION	SKOLL AWARDS FOR SOCIAL ENTREPRENEURSHIP	1,315,000
	Sub-total	0	0			181,988,858
	Total from continuation sheets to Part I Totals (add lines 3a and 3b)	0	0			181,988,858

			y recipient who red I space is needed.	ceived more than \$5,00	00. Check this box	if no one recipient	received more than	\$5,000	▶ ┌
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	SOCIAL ENTREPRENEURSHIP INITIATIVES	150,000	WIRE TRANSFER	0		
			EAST ASIA AND THE PACIFIC	SKOLL AWARDS FOR SOCIAL ENTREPRENEURSHIP	1,015,000	WIRE TRANSFER	0		
			EAST ASIA AND THE PACIFIC	SOCIAL ENTREPRENEURSHIP INITIATIVES	150,000	WIRE TRANSFER	0		
			EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL ENTREPRENEURSHIP INITIATIVES	100,000	WIRE TRANSFER	0		
2				sted above that are relee or counsel has prov					
3			_	ntities					

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u> </u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	✓	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	ি	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	অ	Νo

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

information.		
Identifier	ReturnReference	Explanation
Identifier PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S	ReturnReference	Explanation SCHEDULE F, PART I, LINE 2 INTERNATIONAL MONITORING INTERNATIONAL ORGANIZATIONS MUST BE PRE-DETERMINED TO BE EQUIVALENT TO DOMESTIC 501 (C)(3) ORGANIZATIONS FOR THE COMMUNITY FOUNDATION TO CONSIDER THEM ELIGIBLE TO RECEIVE GRANTS BY ACCEPTING THE GRANT, GRANTEES MUST AGREE TO THE FOLLOWING STIPULATIONS - ALL GRANT FUNDS, AND INCOME EARNED ON THOSE FUNDS, MUST BE SPENT ONLY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES, - INDIVIDUALS CONNECTED WITH THE GRANT RECOMMENDATION WILL RECEIVE NO BENEFITS, GOODS OR SERVICES IN EXCHANGE FOR THE GRANT, - THE GRANT WILL NOT BE USED TO SATISFY THE PAYMENT OF A PRE-EXISTING PLEDGE OR OTHER FINANCIAL OBLIGATION, - THE GRANT WILL BE USED SOLELY FOR THE PURPOSE SPECIFIED IN THE GRANT AGREEMENT AND IS NOT FOR THE PERSONAL BENEFIT OF AN INDIVIDUAL, - ANY FUNDS NOT USED FOR
		THE PURPOSES SPECIFIED IN THE GRANT AGREEMENT WILL BE RETURNED TO THE FOUNDATION
-		
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Schedule I

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

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

OMB No 1545-0047

DLN: 93493310015572

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

SKOLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION

Employer identification number

77-0528216

1 Does the organization maintain the selection criteria used to av 2 Describe in Part IV the organiz	records to substantia ward the grants or ass	ate the amount of the g					✓ Yes
Part II Grants and Other A Form 990, Part IV, lin Part IV and Schedule	ne 21 for any recipi	ent that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 5	01(c)(3) and governn	nent organizations list	ed in the line 1 table .				60
3 Enter total number of other orga	anizations listed in th	-				- _	0

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	·	SCHEDULE I, PART I, LINE 2 ADVISED GRANTS TO 501(C)(3) ORGANIZATIONS BY ACCEPTING THE GRANT, GRANTEES MUST AGREE TO THE FOLLOWING STIPULATIONS - ALL GRANT FUNDS, AND INCOME EARNED ON THOSE FUNDS, MUST BE SPENT ONLY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES, - INDIVIDUALS CONNECTED WITH THE GRANT RECOMMENDATION WILL RECEIVE NO BENEFITS, GOODS OR SERVICES IN EXCHANGE FOR THE GRANT, - THE GRANT WILL NOT BE USED TO SATISFY THE PAYMENT OF A PRE-EXISTING PLEDGE OR OTHER FINANCIAL OBLIGATION, - THE GRANT WILL BE USED SOLELY FOR THE CHARITABLE PURPOSE AND IS NOT FOR THE PERSONAL BENEFIT OF AN INDIVIDUAL - ANY FUND NOT USED FOR THE CHARITABLE PURPOSES WILL BE RETURNED TO THE SKOLL FUND ALL GRANTS TO NON-501(C)(3) ORGANIZATIONS GRANTEES MUST SEND A REPORT ON THE USE OF THE GRANTED FUNDS TO THE SKOLL FUND

Software ID: Software Version:

EIN: 77-0528216

Name: SKOLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITYGIFTS PROCESSING OFFICE 326 GALVEZ STREET STANFORD,CA 943056015	94- 1156365	501(C)(3)	5,050,000				SPECIAL OPPORTUNITY AND OTHER
RURAL DEVELOPMENT INSTITUTE1424 FOURTH AVENUE SUITE 300 SEATTLE, WA 981012204	91- 1158970	501(C)(3)	1,515,000				SKOLL AWARDS FOR SOCIAL ENTREPRENEURSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRATHAM USA 5890 POINT W DR HOUSTON,TX 77036	76- 0620808	1 5017631	1,235,000				SKOLL AWARDS FOR SOCIAL ENTREPRENEURSHIP
HEALTH LEADS INC 2 OLIVER STREET TENTH FLOOR BOSTON, MA 02109	45- 0484533	1 501(0)(3)	1,225,000				SKOLL AWARDS FOR SOCIAL ENTREPRENEURSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW TEACHER CENTER725 FRONT STREET SUITE 400 SANTA CRUZ, CA 950604538	26- 2427526	501(C)(3)	1,215,000				SKOLL AWARDS FOR SOCIAL ENTREPRENEURSHIP
WATER FOR PEOPLE6666 WEST QUINCY AVENUE DENVER, CO	84- 1166148	1 501(0)(3)	1,115,000				SKOLL AWARDS FOR SOCIAL ENTREPRENEURSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROXIMITY DESIGNS1107 FAIR OAKS AVENUE SUITE 802 SOUTH PASADENA, CA 91030	26- 4382215	501(C)(3)	1,015,000				SKOLL AWARDS FOR SOCIAL ENTREPRENEURSHIP
SUNDANCE INSTITUTEPO BOX 684429 PARK CITY,UT 840684429	87- 0361394	501(C)(3)	1,000,000				SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMAZON CONSERVATION TEAM4211 NORTH FAIRFAX DRIVE ARLINGTON, VA 22203	54- 1915987	1 501(0)(3)	798,983				INNOVATION INVESTMENTS
CERES INC99 CHAUNCY STREET SIXTH FLOOR BOSTON, MA 021111741	22- 3053747	1 5017637	750,000				INNOVATION INVESTMENTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESIDENT-BOARD OF TRUSTEES SANTA CLARA DEVELOPMENT OFFICE 500 EL CAMINO REAL SANTA CLARA, CA 950534345	94- 1156617	1 501763731	750,000				SPECIAL OPPORTUNITY AND OTHER
SILICON VALLEY COMMUNITY FOUNDATION2440 WEL CAMINO REAL SUITE 300 MOUNTAIN VIEW,	20- 5205488	1 5017037	300,000				SPECIAL OPPORTUNITY AND OTHER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTER WORLD FUND1800 MASSACHUSETTS AVENUE NW SUITE 400 WASHINGTON, DC 200361806	58- 2366765	501(C)(3)	250,000				SPECIAL OPPORTUNITY AND OTHER
NATIONAL PUBLIC RADIO INC DEVELOPMENT DIVISION 635 MASSACHUSE TS AVENUE NW WASHINGTON, DC 200013753	52- 0907625	1 501(0)(3)	250,000				SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSERVATION STRATEGY FUND 7151 WILTON AVENUE SUITE 203 SEBASTOPOL, CA 95472	94- 3294843	1 501(0)(3)	240,128				INNOVATION INVESTMENTS
COLLEGE SUMMIT INC2600 VIRGINIA AVENUE NORTHWEST 303 WASHINGTON, DC 20037	52- 2007028	1 501(0)(3)	200,000				SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENT SECTOR1602 L STREET SUITE 900 WASHINGTON, DC 200365682	52- 1081024	501(C)(3)	200,000				SPECIAL OPPORTUNITY AND OTHER
AVINA AMERICAS INC1314 RHODE ISLAND AVENUE 2 NW WASHINGTON, DC 20005	26- 3525897	501(C)(3)	160,000				SPECIAL OPPORTUNITY AND OTHER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMAZON CONSERVATION TEAM4211 NORTH FAIRFAX DRIVE ARLINGTON, VA 22203	54- 1915987	1 5017(03)	150,000				SOCIAL ENTREPRENEURSHIP INITIATIVES
ARZU INC875 N MICHIGAN AVENUE SUITE 2250 CHICAGO,IL	84- 1636816	1 501(C)(3)	150,000				SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIGITAL DIVIDE DATA115 WEST 30TH STREET SUITE 400 NEW YORK, NY 10001	20- 1148452	501(C)(3)	150,000				SOCIAL ENTREPRENEURSHIP INITIATIVES
HALF THE SKY FOUNDATION715 HEARST AVENUE SUITE 200 BERKELEY, CA 947101327	95- 4714047	501(C)(3)	150,000				SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	` '	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIVA MICROFUNDS 2180 BRYANT STREET SUITE 106 SAN FRANCISCO,CA 94110	71- 0992446	501(C)(3)	150,000				SOCIAL ENTREPRENEURSHIP INITIATIVES
MOTHERS2MOTHERS INTERNATIONAL INC 7441 WEST SUNSET BOULEVARD SUITE 205 LOS ANGELES, CA	30- 0545760	501(C)(3)	150,000				SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEACEWORKS NETWORK FOUNDATIONPO BOX 1577 - OLD CHELSEA STATION NEW YORK, NY 10113	30- 0102398	501(C)(3)	150,000				SOCIAL ENTREPRENEURSHIP INITIATIVES
CENTER FOR INVESTIGATIVE REPORTING INC 2130 CENTER STREET SUITE 103 BERKELEY, CA	94- 2434026	501(C)(3)	100,000				SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD SPINE CARE801 NORTH TUSTIN AVENUE SUITE 202 SANTA ANA,CA 927053600	27- 0360389	1 501(C)(3)	100,000				SPECIAL OPPORTUNITY AND OTHER
VERITE INC44 BELCHERTOWN ROAD AMHERST, MA	04- 3304538	1 5017631	75,000				SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JOSE CHILDREN'S DISCOVERY MUSEUM180 WOZ WAY SAN JOSE, CA 951102722	94- 2870828	501(C)(3)	60,000				SPECIAL OPPORTUNITY AND OTHER
CONCERN WORLDWIDE US INC355 LEXINGTON AVENUE 19TH FLOOR NEW YORK, NY 100176603	13- 3712030	501(C)(3)	50,000				SPECIAL OPPORTUNITY AND OTHER

(a) Name and address of organization or government	(b) EIN	1	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS IN HEALTH A NONPROFIT CORPORATION888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON,MA 02215	04- 3567502	1 5017637	50,000				SOCIAL ENTREPRENEURSHIP INITIATIVES
SEED FOUNDATION INC1776 MASSACHUSETTS AVENUE NW SUITE 600 WASHINGTON, DC 20036	54- 1850819	1 5017(**)(3)	50,000				SPECIAL OPPORTUNITY AND OTHER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEACH FOR AMERICA INC315 W 36TH STREET 7TH FLOOR NEW YORK, NY 10018	13- 3541913	1 5017637	45,000				SOCIAL ENTREPRENEURSHIP INITIATIVES
YOUTHBUILD USA INC58 DAY STREET SOMERVILLE, MA 02144	22- 3076454	501(C)(3)	45,000				SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALO ALTO MEDICAL FOUNDATION FOR HEALTH CARE RESEARCH & EDUC 795 EL CAMINO REAL PALO ALTO,CA 943012302	94- 1156581	501(C)(3)	40,000				SPECIAL OPPORTUNITY AND OTHER
TOSTAN INC2121 DECATUR PLACE NW WASHINGTON, DC 20008	98- 0118876	501(C)(3)	40,000				SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KICKSTART - INTERNATIONAL INC2435 POLK STREET SUITE 20 SAN FRANCISCO, CA 941091600	06- 1613235	501(C)(3)	35,000	Surer,		SOCIAL ENTREPRENEURSHIP INITIATIVES
CHICAGO COUNCIL ON GLOBAL AFFAIRS332 SOUTH MICHIGAN AVENUE SUITE 1100 CHICAGO,IL	36- 2181969	501(C)(3)	30,000			SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZEN SCHOOLS INC CHILDRENS WHARF 308 CONGRESS STREET FIFTH FLOOR BOSTON, MA 022101027	04- 3259160	1 5017631	25,000				SOCIAL ENTREPRENEURSHIP INITIATIVES
EVERYONE DESERVES A ROOF INC1015 GAYLEY AVENUE SUITE 357 LOS ANGELES, CA 90024	26- 0561594	1 5017(*)(3)	25,000				SPECIAL OPPORTUNITY AND OTHER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE ACRE FUND 1742 TATUM STREET FALCON HEIGHTS, MN 55113	20- 3668110	1 5017731	25,000			SOCIAL ENTREPRENEURSHIP INITIATIVES
SALMAN AND SAMINA GLOBAL WELLNESS INITIATIVE LTD 210 OLD TAPPAN ROAD TAPPAN,NY 10983	26- 2373169	1 501((*)(3)	25,000			SPECIAL OPPORTUNITY AND OTHER

							1
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` -	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ASPEN INSTITUTE INC ONE DUPONT CIRCLE NW SUITE 700 WASHINGTON, DC 200361133	84- 0399006	501(C)(3)	25,000				SPECIAL OPPORTUNITY AND OTHER
AVINA AMERICAS INC1314 RHODE ISLAND AVENUE 2 NW WASHINGTON, DC 20005	26- 3525897	501(C)(3)	15,000				SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIAL VENTURE PARTNERS INTERNATIONAL 1601 SECOND AVENUE SUITE 615 SEATTLE, WA 981011539	68- 0492186	1 501(0)(3)	15,000				SPECIAL OPPORTUNITY AND OTHER
BENEFICENT TECHNOLOGY INC 480 SOUTH CALIFORNIA AVENUE SUITE 201 PALO ALTO, CA 943061609	77- 0555413	1 501(0)(3)	10,000				SOCIAL ENTREPRENEURSHIP INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF VIAPO BOX 82556 PITTSBURGH, PA 152180556	82- 0546000	501(C)(3)	10,000				SPECIAL OPPORTUNITY AND OTHER
SILICON VALLEY COMMUNITY FOUNDATION2440 WEL CAMINO REAL SUITE 300 MOUNTAIN VIEW, CA 940401498	20- 5205488	501(C)(3)	10,000				SPECIAL OPPORTUNITY AND OTHER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD HOSPITAL AND CLINICSSTANFORD OFFICE OF HOSPITAL DEVELOPMENT 3330 HILLVIEW AVENUE 2N PALO ALTO, CA 94304	94- 6174066	1 501(0)(3)	10,000				SPECIAL OPPORTUNITY AND OTHER
CATHOLIC CHARITIES OF SANTA CLARA COUNTY2625 ZANKER ROAD SUITE 200 SAN JOSE, CA	94- 2762269	1 501(C)(3)	5,000				SPECIAL OPPORTUNITY AND OTHER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATING HOPE INTERNATIONAL INCPO BOX 1058 DEARBORN, MI 481211058	38- 3288402	501(C)(3)	5,000				SPECIAL OPPORTUNITY AND OTHER
FRANKLIN- MCKINLEY SCHOOL DISTRICT645 WOOL CREEK DRIVE SAN JOSE, CA 95112	77- 0059025	PUBLIC AGENCY/GOVERN	5,000				SPECIAL OPPORTUNITY AND OTHER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF CHIKUMBUSO INC 350B COSSADUCK HILL ROAD NORTH STONINGTON, CT 063591044	27- 0414264	501(C)(3)	5,000				SPECIAL OPPORTUNITY AND OTHER
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH400 HAMILTON AVENUE SUITE 340 PALO ALTO, CA 943011805	77- 0440090	501(C)(3)	5,000				SPECIAL OPPORTUNITY AND OTHER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYON-MARTIN HEALTH SERVICES INC1748 MARKET STREET SUITE 201 SAN FRANCISCO, CA 94102	94- 2597707	501(C)(3)	5,000				SPECIAL OPPORTUNITY AND OTHER
MILLS-PENINSULA HEALTH SERVICES C/O MILLS- PENINSULA FOUNDATION 1501 TROUSDALE DRIVE BURLINGAME, CA 940104506	94- 1156265	501(C)(3)	5,000				SPECIAL OPPORTUNITY AND OTHER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEVA FOUNDATION 1786 FIFTH STREET BERKELEY, CA 947101716	38- 2231279	501(C)(3)	5,000			SPECIAL OPPORTUNITY AND OTHER
TOWER FOUNDATION OF SAN JOSE STATE UNIVERSITY DIVISION OF UNIVERSITY ADVANCEMENT ONE WASHINGTON SQUARE SAN JOSE, CA 951920256	83- 0403915	501(C)(3)	5,000			SPECIAL OPPORTUNITY AND OTHER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURN 2 FOUNDATION INC 215 PARK AVENUE SOUTH SUITE 1905 NEW YORK, NY 10003	34- 1847687	501(C)(3)	5,000				SPECIAL OPPORTUNITY AND OTHER
VILLAGE ENTERPRISE FUND INC751 LAUREL STREET PMB 222 SAN CARLOS, CA 940703113	22- 2852248	501(C)(3)	5,000				SPECIAL OPPORTUNITY AND OTHER

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DLN: 93493310015572

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization SKOLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Part IV	Business	Transactions	Involvina	Interested	Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization	Cialisaction		Yes	No
(1) JEFF SKOLL	OWNER OF CAPRICORN	1,770,986	DONATED SERVICES		No
					
					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
PART IV COL (D)		JEFF SKOLL OWNS MORE THAN 35% OF CAPRICORN INVESTMENT GROUP CAPRICORN INVESTMENT GROUP PERFORMS INVESTMENT MANAGEMENT SERVICES TO THE SKOLL FUND THESE SERVICES ARE PERFORMED AT NO COST TO THE FUND

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493310015572

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Open to Public Inspection

Name of the organization SKOLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION

Employer identification number

77-0528216

Pa	rt I	Types of Property							
			(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of de contribution	etermı	_	
1	Art—Wo	rks of art			- 5				
		storical treasures .							
3	Art—Fra	actional interests							
4	Books a	nd publications							
5	Clothing	g and household							
	_								
_		d other vehicles							
		nd planes							
		tual property							
		es—Publicly traded .	X	1	50,641,894	FMV			
		es—Closely held stock .							
	or trust	es—Partnership, LLC, interests							
		es—Miscellaneous							
13	contrib	d conservation ution—Historic res							
14	Qualifie	d conservation							
4-		ution—Other							
		tate—Residential .							
		tate—Commercial							
		tate—Other bles							
		entory							
		nd medical supplies .							
		my							
		al artıfacts							
		ic specimens							
		ogical artifacts							
		()							
		()							
	Other▶	·							
28	O ther ▶	()							
29				anızatıon durıng the tax yea 3283, Part IV, Donee Ackn		29			
	_							Yes	No
30a	_				rty reported in Part I, lines				
					on, and which is not required	d to be used			
		mpt purposes for the enti					30a		No
b	If "Y es	," describe the arrangeme	ent in Part 1	I					
31	Does t	he organization have a gif	t acceptano	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a		he organization hire or use utions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If"Yes	," describe in Part II							
33	If the o	rganızatıon dıd not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,	i I		
	describ	e in Part II							

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization SKOLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION

Employer identification number

77-0528216

ldentifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	THE SKOLL FUND IS A SUPPORTING ORGANIZATION ASSOCIATED WITH SILICON VALLEY COMMUNITY FOUNDATION TOGETHER WITH THE SKOLL FOUNDATION, A PRIVATE FOUNDATION, IT'S MISSION IS TO DRIVE LARGE-SCALE CHANGE BY INVESTING IN, CONNECTING AND CELEBRATING SOCIAL ENTREPRENEURS AND OTHER INNOVATORS DEDICATED TO SOLVING THE WORLD'S MOST PRESSING PROBLEMS
	FORM 990, PART VI, SECTION A, LINE 2	JEFF SKOLL, JAMES DEMARTINI AND LARRY BRILLIANT ALL HAVE BUSINESS RELATIONSHIPS WITH SALLY OSBERG, EDWARD DIENER, AND RICHARD FAHEY JEFF SKOLL AND JAMES DEMARTINI HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER
	FORM 990, PART VI, SECTION A, LINE 3	THE EMPLOYEES OF SILICON VALLEY COMMUNITY FOUNDATION, THE CONTROLLING EXEMPT ORGANIZATION, PERFORMED THE DAY TO DAY OPERATIONS OF THE SKOLL FUND THE COMMUNITY FOUNDATION WAS REIMBURSED FOR THESE SERVICES THE SKOLL FOUNDATION PERFORMS THE DAY TO DAY ACTIVITIES RELATING TO MONITORING THE PROGRAMS
	FORM 990, PART VI, SECTION B, LINE 11	990 FORM IS PLACED ON SECURED WEB SITE OR SENT BY EMAIL FOR GOVERNING BODY TO REVIEW AND COMMENT REVIEW IS VERIFIED BY EMAIL
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY EACH BOARD MEMBER OF THE SKOLL FUND AND SUPPORTED/SUPPORTING ORGANIZATIONS COMPLETES "FORM 990 QUESTIONAIRE" THAT REPORTS OBLIGATIONS AND DOCUMENTS DISCLOSURES THAT ARE NECESSARY TO COMPLY WITH FORM 990 REQUIREMENTS
	FORM 990, PART VI, SECTION C, LINE 19	THE SKOLL FUND IS INCLUDED AS PART OF THE AUDITED FINANCIAL STATEMENTS OF SILICON VALLEY COMMUNITY FOUNDATION SILICON VALLEY COMMUNITY FOUNDATION MAKES COPY AVAILABLE ON THEIR WEBSITE ANNUALLY AFTER APPROVAL BY THEIR BOARD OF DIRECTORS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	UNREALIZED LOSSES -13,401,000 ADJUSTMENT TO PRESENT VALUE OF CRT -77,105 TOTAL TO FORM 990, PART XI, LINE 5 -13,478,105
	PART XII, LINE 2C	NO CHANGES

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SCHEDULE R
(Form 990) | Related Or

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493310015572

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SKOLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION					lentification number		
Part I Identification of Disregarded Entities (Comple	ete if the organization	on answered "Yes	" on Form 990, Pa	77-052821 art IV, line 33.)	16		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the second control of the secon		ıf the organization	n answered "Yes"	on Form 990, Pa	art IV, line 34 becau	ise it had	l one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)		(g) Section 512(b) controlled organizatio	
See Additional Data Table						Yes	No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	pre for Form 990	Cat No 5	01257		Schedule R (Eorm 990) 2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No			
												i		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

chedule K (101111 990) 2011						Page 3		
Part V Transactions With Related Organizations (Complete if the organization	answered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 35	5A, or 36.)				
Note. Complete line 1 if any entity is listed in Parts II, III or IV					Ye	s No		
1 During the tax year, did the organization engage in any of the following transactions with one or m	ore related org	anızatıons lısted ın Part	s II-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No		
b Gift, grant, or capital contribution to related organization(s)				1b	Ye	s		
c Gift, grant, or capital contribution from related organization(s)				1c		No		
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)				1e		No		
f Sale of assets to related organization(s)				1f	<u> </u>	No		
g Purchase of assets from related organization(s)				1 g		No		
h Exchange of assets with related organization(s)				1h		No		
i Lease of facilities, equipment, or other assets to related organization(s)								
j Lease of facilities, equipment, or other assets from related organization(s)				1j	+	No		
k Performance of services or membership or fundraising solicitations for related organization(s)				1k		No		
Performance of services or membership or fundraising solicitations by related organization(s)				11				
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	1	No		
n Sharing of paid employees with related organization(s)				1n	+	No		
a Sharing of para employees with related organization(s)						+		
• Reimbursement paid to related organization(s) for expenses				10	Ye	s		
P Reimbursement paid by related organization(s) for expenses				1p		No		
q Other transfer of cash or property to related organization(s)				1 q	+	No		
r Other transfer of cash or property from related organization(s)				1r	_	No		
2 If the answer to any of the above is "Yes," see the instructions for information on who must com	plete this line,	including covered relat	ionships and transacti	on thresholds				
(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ Involve		amount		
1) SILICON VALLEY COMMUNITY FOUNDATION		В	310,000					
2)								
			1					

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determining amount involved
(1) SILICON VALLEY COMMUNITY FOUNDATION	В	310,000	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514)		section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section total section 501(c)(3) organizations?		Predominant come(related, unrelated, xcluded from tax under ections 512-514) Predominant Are all partners section socion organizations?		(f) Share of Share of total income assets		(h) Disproprtionate allocations?		Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No							

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 77-0528216

Name: SKOLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Id	endineadon or k	ciated rax-i	-xempt orgu	IIIZutions		
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
CILICON VALLEY COMMUNITY						
SILICON VALLEY COMMUNITY FOUNDATION						
FOUNDATION	GRANTS &		F01/C)			
2440 WEST EL CAMINO REAL 300 MOUNTAIN VIEW, CA 94040 20-5205488	COMMUNITY LEADERSHIP	CA	501(C) (3)	7	N/A	No
WILLIAM H CILKER FAMILY						
FOUNDATION	GRANTS &					
2440 WEST EL CAMINO REAL 300 MOUNTAIN VIEW, CA 94040 77-0479067	COMMUNITY LEADERSHIP	CA	501(C) (3)	11A-I	SVCF	No
DRISCOLL FAMILY FOUNDATION						
	GRANTS &		F04(G)		SV S F	
2440 WEST EL CAMINO REAL 300 MOUNTAIN VIEW, CA 94040 77-0430921	COMMUNITY LEADERSHIP	CA	501(C) (3)	11A-I	SVCF	No
THE DIRK AND CHARLENE KABCENELL						
FOUNDATION	GRANTS &]
2440 WEST EL CAMINO REAL 300 MOUNTAIN VIEW, CA 94040 72-1563142	COMMUNITY LEADERSHIP	CA	501(C) (3)	11A-I	SVCF	No
THE BERNARD A NEWCOMB						
FOUNDATION	GRANTS &					
	COMMUNITY	CA	501(C)	11A-I	SVCF	No
2440 WEST EL CAMINO REAL 300	LEADERSHIP		(3)	1101		
MOUNTAIN VIEW, CA 94040						
77-0505640 RAISING A READER						
RAISING A READER	GRANTS &					
2440 WEST EL CAMINO REAL 300	COMMUNITY	CA	501(C)	11A-I	SVCF	No
MOUNTAIN VIEW, CA 94040	LEADERSHIP		(3)	110-1		
94-3390149						
THE REAL ESTATE TRUST						
	GRANTS &		501(C)		SVCE	
2440 WEST EL CAMINO REAL 300	COMMUNITY	CA	(3)	11A-I	5 0 0 1	No
MOUNTAIN VIEW, CA 94040	LEADERSHIP					
04-3701887 REDDERE FOUNDATION						
REDDERETOONDATION	GRANTS &					
2440 WEST EL CAMINO REAL 300	COMMUNITY	CA	501(C)	11A-I	SVCF	No
MOUNTAIN VIEW, CA 94040	LEADERSHIP		(3)			
77-0557056						
THE SOBRATO FOUNDATION						
2440 WEST EL CAMINO REAL 300	GRANTS & COMMUNITY	CA	501(C)	11A-I	SVCF	No
MOUNTAIN VIEW, CA 94040	LEADERSHIP		(3)	114-1		
80-0091312						
THE PETER AND NORA STENT FAMILY						
FOUNDATION	GRANTS &		F01/6;		cve=	
2440 WEST EL CAMINO REAL 300	COMMUNITY	CA	501(C) (3)	11A-I	SVCF	No
MOUNTAIN VIEW, CA 94040	LEADERSHIP		(3)			
94-3356052			<u> </u>			<u> </u>
CHONG-MOON LEE FOUNDATION						
2442 WEGT TO STANFORD THE STANFO	GRANTS &		501(C)	11A-I	SVCF	[.
2440 WEST EL CAMINO REAL 300	COMMUNITY	CA	(3)	11A-I		No
MOUNTAIN VIEW, CA 94040 77-0414442	LEADERSHIP					
STAR HILL FUND			<u> </u>			
	GRANTS &		E01/C)		SVCE	
2440 WEST EL CAMINO REAL 300	COMMUNITY	CA	501(C) (3)	11A-I	SVCF	Νo
MOUNTAIN VIEW, CA 94040	LEADERSHIP		(5)			
94-3338689			-			
STARTUP EDUCATION FOUNDATION	GRANTS &]
2440 WEST EL CAMINO REAL 300	COMMUNITY	CA	501(C)	11A-I	SVCF	No
MOUNTAIN VIEW, CA 94040	LEADERSHIP		(3)			
27-3533876						
GOOD VENTURES						
2440 MEST EL CAMANO DEST. 200	GRANTS &		501(C)	11A-I	SVCF	
2440 WEST EL CAMINO REAL 300 MOUNTAIN VIEW, CA 94040	COMMUNITY LEADERSHIP	CA	(3)	11A-1		No
45-2757586]
<u></u>		•	•	•	•	

TY 2011 Functional Currency and Exchange Rate QBU Statement

Name: SKOLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION

QBU Id	Country of Operation	Functional Currency
US DOLLAR		0.00000

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QBU Id	Country of Operation	Functional Currency
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TY 2011 Functional Currency and Exchange Rate QBU Statement

Name: SKOLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION

QBU Id	Country of Operation	Functional Currency
EURO		1

TY 2011 Functional Currency and Exchange Rate QBU Statement

Name: SKOLL FUND CO SILICON VALLEY COMMUNITY FOUNDATION

QBU Id	Country of Operation	Functional Currency
US DOLLAR		0.00000

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