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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2012 or tax year beginning , 2012, and ending , 20									, 20	
		of foundation						A Employer identif	fication number	
	THE	CARL VICTOR PAGE MEMORIAL F	OUNDA	TION				20-192295	57	
Number and street (or P O box number if mail is not delivered to street address) Room/suite								3 Telephone numb	per (see instruction	s)
		•		,				. (69	50) 210-5	000
	220	0 GENG ROAD, SUITE 100						(0 .	30, 2 10 0	000
_		r town state, and ZIP code								
	City	Town state, and zir code						If exemption applic	ation is	
	D 7 T	O NI WO ON 04202					1	pending check here	9	
_		O ALTO, CA 94303								<u> </u>
G	Che	eck all that apply Initial return	<u> </u>	Initial return	· · · · · · · · · · · · · · · · · · ·	oublic charit	y t	1 Foreign organiza	itions check here	. ▶∐
		Final return	ļ	Amended re				2 Foreign organiza 85% test, check		
_		Address change		Name chang			_	computation .		. ▶ 🔛
H	Che	eck type of organization $[X]$ Section 501(c)(3) ex	cempt private t	oundation			If private foundation	in status was termina	ted —
		Section 4947(a)(1) nonexempt charitable trust		ther taxable pr			_ `	•	o)(1)(A) check here	_ 1 1
- 1	Faii	market value of all assets at end JAcco	unting r	nethod 🔼 C	ash 🔙 Acc	rual	F	If the foundation is	in a 60-month termi	nation
	of y		ther (sp				_	under section 507(b)(1)(B), check here	. ▶ 🛄
	16)	▶ \$ 539,670,199. (Part I,	column	(d) must be or	cash basis)					
F	art	Analysis of Revenue and Expenses (The	(a) F	Revenue and	(fr.) \$1.54		1-1	A	(d) Disburs	
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		penses per	(b) Net inve	1	(C)	Adjusted net income	for chari	
		column (a) (see instructions))		books	1170011			meome	(cash basi	
_	1	Contributions, gifts grants etc., received (attach schedule) .	12	3,857,125.						
	2	if the foundation is not required to						-		
	3	Interest on savings and temporary cash investments		512.		512.		.,	ATCH 1	
	4	Dividends and interest from securities		1,970,905	1,97	0,905.		4	ATCH 2	
	1 .			<u> </u>	•	•				
	ı	Gross rents				1				
	l	Net rental income or (loss)	1	3,103,575.						
Jue		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 66, 671, 209.							 	
Revenue	_	assets on line 6a			51.23	4,704.			 	
æ	7	Capital gain net income (from Part IV, line 2) .			31,23	-				
	8	Net short-term capital gain							 	
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·								
		and allowances · · · · ·		•						
	ł	Less Cost of goods sold .		***					ļ	
		Gross profit or (loss) (attach schedule)		13,171.	-					
	11	Other income (attach schedule) ATCH 3	1 2 0	3,945,288.	52 20	6,121.			ļ	
_	12	Total Add lines 1 through 11		0,945,286.		6,121.				
	13	Compensation of officers, directors, trustees etc								
S	14	Other employee salaries and wages							 	
ı.	15	Pension plans, employee benefits		2 140		1 574				1 [74
cbe	16 a	Legal fees (attach schedule)		3,148.		1,574.			_	1,574
Û	b	Accounting fees (attach schedule)ATCH 4		31,330.		5,665.			ļ	15,665
ڇ.	С	Other professional fees (attach schedule) . *		48,729.	4	4,229.			ļ	4,500
徑	17	Interest ATCH 6		277.		277.				
S	18	Taxes (attach schedule) (see instructions) ATCH. 7		564,269.	2	9,269.		<u> </u>		
聋	19	Depreciation (attach schedule) and depletion.								
餐	15 Pension plans, employee benefits 16 a Legal fees (attach schedule) b Accounting fees (attach schedule)ATCH 4 c Other professional fees (attach schedule) *. 17 Interest ATCH 6 18 Taxes (attach schedule) (see instructions)ATCH 7 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) ATCH 8 24 Total operating and administrative expenses 25 Add lines 13 through 23 26 Total expenses and disbursements Add lines 24 and 25									
Ş	21	Travel, conferences, and meetings								
ā	22	Printing and publications								
<u>رة</u> ,	23	Other expenses (attach schedule) ATCH .8		2,225.		1,875.				350
rat	24	Total operating and administrative expenses								
βé	l	Add lines 13 through 23		649,978.	9	2,889.			1	22,089
7	25	Contributions, gifts grants paid	29	9,010,080.					29,0	10,080
2	26	Total expenses and disbursements Add lines 24 and 25	25	9,660,058.	9	2,889.		(29,0	32,169
	27	Subtract line 26 from line 12								
		Excess of revenue over expenses and disbursements	109	9,285,230.					1	
		Net investment income (if negative enter -0-)		· · · · · · · · · · · · · · · · · · ·	53,11	3,232.				
		Adjusted not magne (if positive enter 0.)		-,					İ	

Doff!		Attached schedules and amounts in the	Beginning of year	i	End of year			
نيا	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value		
	1	Cash - non-interest-bearing	259.	226,1		226,148		
	2	Savings and temporary cash investments	7,750,804.	8,295,5	17.	8,295,517		
	3	Accounts receivable ►50.						
		Less allowance for doubtful accounts ▶			50.	50		
	4	Pledges receivable ▶						
		Less allowance for doubtful accounts ▶						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see instructions)						
	7	Other notes and loans receivable (attach schedule)		-				
		Less allowance for doubtful accounts ▶						
ts	8	Inventories for sale or use						
ssets	9	Prepaid expenses and deferred charges						
Ä		Investments - U.S. and state government obligations (attach schedule).						
	ь	Investments - corporate stock (attach schedule) ATCH 9	290,676,951.	355,612,7	02.	434,614,272		
	t .	Investments - corporate bonds (attach schedule)						
	11	Investments - land, buildings, and equipment basis						
		Less accumulated depreciation (attach schedule)	_					
	12	Investments - mortgage loans						
	13	Investments - other (attach schedule) ATCH 10	42,132,748.	93,741,6	78.	96,248,274		
	14	Land, buildings, and equipment basis						
	1	Less accumulated depreciation (attach schedule)						
	15	Other assets (describe ATCH 11)	96,181.	285,9	38.	285,938		
		Total assets (to be completed by all filers - see the						
		ınstructions Also, see page 1, item I)	340,656,943.	458,162,0	33.	539,670,199		
	17	Accounts payable and accrued expenses						
	18	Grants payable						
S	19	Deferred revenue						
Ě	20	Loans from officers, directors, trustees, and other disqualified persons						
iabilities	21	Mortgages and other notes payable (attach schedule)						
	22	Other liabilities (describe						
					1			
	23	Total liabilities (add lines 17 through 22)	0		0			
		Foundations that follow SFAS 117, check here ▶						
es		and complete lines 24 through 26 and lines 30 and 31.			ļ			
	24	Unrestricted						
or Fund Balanc	25	Temporarily restricted						
9	26	Permanently restricted		· · · · · · · · · · · · · · · · · · ·				
Ē		Foundations that do not follow SFAS 117,						
F		check here and complete lines 27 through 31. $\blacktriangleright X$						
S	27	Capital stock, trust principal, or current funds						
Assets	28	Paid-in or capital surplus or land, bldg, and equipment fund						
As	29	Retained earnings, accumulated income, endowment, or other funds	340,656,943.	458,162,0				
Net	30	Total net assets or fund balances (see instructions)	340,656,943.	458,162,0	33.			
~	31	Total liabilities and net assets/fund balances (see		_				
		instructions)	340,656,943.	458,162,0	33.			
		Analysis of Changes in Net Assets or Fund I						
1		$\ \ \text{net assets or fund balances at beginning of year - Part}$						
	end-	of-year figure reported on prior year's return)			1	340,656,943		
2	Ente	amount from Part I, line 27a			2	109,285,230		
3	Othe	r amount from Part I, line 27a r increases not included in line 2 (itemize) ► ATCH 12			3	8,219,860		
4	Add	ines 1, 2, and 3			4	458,162,033		
5	Decr	eases not included in line 2 (itemize) ▶		L	5			
6	Total	eases not included in line 2 (itemize) net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b)), line 30	6	458,162,033		

~	,
Page	

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
(a) List an	(b) How (c) Date acquired acquired (d) Da				
2-story b	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)		
1a SEE PART IV SCHE	DULE		ļ		
b			<u> </u>		ļ
_ <u>C</u>					-
<u>d</u>			ļ		
_e		(a) Cook or other have			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
	(5. 2)		 	(-) ()	(3/
<u>a</u> b			 		
			 		
d			 		
е					
	showing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less	than -0-) or
(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any]	Losses (from co	ol (h))
_a					
_b					
_c					
_d			ļ		
<u>e</u>		<u> </u>	├		
2 Capital gain net income or		gain, also enter in Part I, line 7		5.1	234,704.
	· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- in Part I, line 7	2	51,	234,704.
	n or (loss) as defined in sections 12 rt I, line 8, column (c) (see insti				
	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	3		0
		duced Tax on Net Investment I			
		e section 4940(a) tax on net investi		me)	
If "Yes," the foundation does 1 Enter the appropriate am (a)	not qualify under section 4940(e) ount in each column for each year	, see the instructions before making			Yes X No
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2011	13,138,542.	308,303,303.		(55. (5) 1	0.042616
2010	6,198,904.	168,834,169.			0.036716
2009	7,140,673.	126,603,548.			0.056402
2008	7,762,695.	143,292,494.			0.054174
2007	5,030,172.	157,479,431.			0.031942
		- -			
2 Total of line 1, column (d)			2	·	0.221850
•	for the 5-year base period - divide		1 1		
number of years the foun	dation has been in existence if less	than 5 years	3		0.044370
4 Enter the net value of nor	ncharitable-use assets for 2012 fro	m Part X, line 5	4	478,	135,005.
5 Multiply line 4 by line 3	5	21,	214,850.		
6 Enter 1% of net investme	6		531,132.		
7 Add lines 5 and 6			7	21,	745,982.
8 Enter qualifying distribution of are	ons from Part XII, line 4	n Part VI line 1b and complete t	8 hat part :	29,	032,169.
Part VI instructions	cater than the 7, Check the DOX I	and complete t	nat part l		
JSA 2E1430 1 000 09234G 517K				Form	n 990-PF (2012)

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstru	ctions	s)				
1 a	Exempt operating foundations described in section 4940(d)(2), check here							
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		531,	132.				
	here ► X and enter 1% of Part I, line 27b							
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)							
3	Add lines 1 and 2	!	531,	132.				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		531 , :	132.				
6	Credits/Payments							
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 566, 656.							
b	Exempt foreign organizations - tax withheld at source							
С	Tax paid with application for extension of time to file (Form 8868)							
d	, , , , , , , , , , , , , , , , , , ,		016	c				
7	Total credits and payments Add lines 6a through 6d		916,6	656.				
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	 -	205 1	E 0.4				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	,	385,	524.				
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 385, 524. Refunded ▶ 11							
	rt VII-A Statements Regarding Activities	т		T				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No X				
_	or intervene in any political campaign?	1a		 ^				
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	4.5		х				
	definition)?	1b		 				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		1]				
	distributed by the foundation in connection with the activities							
	c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							
u	(1) On the foundation > \$ (2) On foundation managers							
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on							
	foundation managers > \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х				
	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	'						
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х				
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X				
	If "Yes," attach the statement required by General Instruction T							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
	By language in the governing instrument, or							
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		.,	1				
	with the state law remain in the governing instrument?	6	X	ļ <u>-</u>				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	 				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) CA,							
b								
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	ļ				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or							
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete							
	Part XIV	9		X_				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and		1	,,				
	addresses	10	<u> </u>	X				
	F	orm 99	90-PF	(2012)				

	1000 (1 (2012)			. ugu •
P	art VII-A Statements Regarding Activities (continued)	·		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	_X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		X
	Website address ► N/A			
14	Telephone no ► 650-210	-500	0	
	Telephone no by HARVEY L. ARMSTRONG Telephone no by 650-210 Located at by 2200 GENG ROAD, SUITE 100 PALO ALTO, CA ZIP+4 by 94303 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		🕨	\cdot $lacksquare$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of	}		
	the foreign country	<u> </u>		L
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1	a During the year did the foundation (either directly or indirectly)			İ
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		, ;	
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			٠.,
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b_		X
	Organizations relying on a current notice regarding disaster assistance check here			1
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			.,
	were not corrected before the first day of the tax year beginning in 2012?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
	a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2012? Yes X No			
	If "Yes," list the years ►			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		'	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		1	Х
	all years listed, answer "No" and attach statement - see instructions)	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	•			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
	b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			v
	foundation had excess business holdings in 2012)	3 b		X
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

Total number of other employees paid over \$50,000

THE CARL VICTOR PAGE MEMORIAL FOUNDATION 20-1922957 Form 990-PF (2012) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (c) Compensation (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services. Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE

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3 NONE

All other program-related investments. See instructions

Total. Add lines 1 through 3.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions)	gn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	T	
	purposes		
а	Average monthly fair market value of securities	1a	478,759,145.
b	Average of monthly cash balances	1b	6,371,116.
С	Fair market value of all other assets (see instructions)	1c	285,988.
đ	Total (add lines 1a, b, and c)	1d	485,416,249.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	485,416,249.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
		4	7,281,244.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	478,135,005.
6	Minimum investment return. Enter 5% of line 5	6	23,906,750.
Pá	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	·	
	foundations and certain foreign organizations check here > and do not complete this part of the complete the complete this part of the complete this	part)	
1	Minimum investment return from Part X, line 6	1	23,906,750.
2a			
b		1	
С		2c	531,132.
3	Distributable amount before adjustments Subtract line 2c from line 1		23,375,618.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	23,375,618.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	23,375,618.
		· · · · · · · · · · · · · · · · · · ·	
Ŀć	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	29,032,169.
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	29,032,169.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	531,132.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	28,501,037.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal	lculating v	
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2012)

Pa	rt XIII Undistributed Income (see instru	uctions)			··
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
•	line 7				23,375,618.
2	Undistributed income, if any, as of the end of 2012				
ے a	Enter amount for 2011 only			9,727,564.	
а ь	Total for prior years 20 10 .20 09 .20 08				
3	Excess distributions carryover, if any, to 2012				
	From 2007				
	From 2008				
4	From 2010				
Δ.	From 2011				
	Total of lines 3a through e				
4	Qualifying distributions for 2012 from Part XII,				
·	line 4 ▶ \$ 29,032,169.				
а	Applied to 2011, but not more than line 2a			9,727,564.	
	Applied to undistributed income of prior years				
b	(Election required - see instructions)				
c	Treated as distributions out of corpus (Election				
·	required - see instructions)				
d	Applied to 2012 distributable amount				19,304,605.
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2012.				
	(If an amount appears in column (d), the same	,			
6	amount must be shown in column (a)) Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income. Subtract	-			
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2012 Subtract lines				
	4d and 5 from line 1 This amount must be				4,071,013.
	distributed in 2013				1,0,1,013.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
_					
8	Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
	Excess from 2008				
	Excess from 2009				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				

Part XV Supplementary Information (continued)									
Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Name and address (home or business) Recipient san individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Purpose of grant or contribution Amount										
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount						
Name and address (home or business)	or substantial contributor	recipient	contribution							
a Paid during the year										
45										
ATCH 15										
	į									
]							
			ļ							
		•								
				:						
				}						
Total		 .	▶ 3a	29,010,080.						
b Approved for future payment				į						
Total	· · · · · · · · · · · ·		▶ 3b							
	 		30	· · · · · · · · · · · · · · · · · · ·						

Form 990-PF (2012)					Page 12
Part XVI-A Analysis of Income-Produ			Te i i i	540 540 - 544	(e)
Enter gross amounts unless otherwise indicated .	(a)	(b)	(c)	y section 512, 513, or 514 (d)	Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a			_		
b					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			14	512.	
3 Interest on savings and temporary cash investments			14	1,970,905.	
Dividends and interest from securities Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property .					
7 Other investment income			1.0	12 102 575	
8 Gain or (loss) from sales of assets other than inventory			18	13,103,575.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory.11 Other revenue a					
b ATCH 16				13,171.	
С					
d					
e				15 000 163	
12 Subtotal Add columns (b), (d), and (e)				15,088,163.	15,088,163.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calc					
Part XVI-B Relationship of Activities		complishment of E	xempt Purp	oses	
Line No. Explain below how each activit	v for which	n income is reported	ın column (e	e) of Part XVI-A contribu	ted importantly to the
▼ accomplishment of the foundation					
					
					
					
					
					

THE CARL VICTOR PAGE MEMORIAL FOUNDATION

Part	XVII	Information R Exempt Organ		nsfers To a	and Transac	ctions a	nd Relatio	nships V	Vith None	hari	table	e
ır o	n secti organiz	organization direct on 501(c) of the Co ations? ers from the reportin	ode (other than :	section 501(c)(3) organızatı	ons) or in	section 527,				Yes	No
(1) Cas	h								1a(1)		X
b Other transactions									1a(2)			
	(2) Purchases of assets from a noncharitable exempt organization							1b(1)		X		
									1b(2) 1b(3)		$\frac{x}{x}$	
		ntal of facilities, equi mbursement arrang								1b(3)		X
		ns or loan guarantee								1b(5)		X
		formance of service								1b(6)		X
•	•	of facilities, equipn								1c		Х
V	alue o	inswer to any of the f the goods, other any transaction of (b) Amount involved	assets, or servior r sharing arrang	ces given by	the reporting in column (d)	foundation the value	n If the four	idation red ds, other a	eived less issets, or s	than ervice	fair n s rec	narket eived
		N/A				N/A						
		foundation directly ed in section 501(c)						pt organiz	ations		pog X	No
		" complete the follo		ner man secu	.011 30 1(0)(3))	or in secti	011 327			'`		
		(a) Name of organization		(b) Ty	pe of organization			(c) Descript	on of relations	hip		
	-											
			,									
——Sign	Under	penalties of penjury, I declar, and complete Declaration of	are that I have examin f preparer (other than ta	ied this return, incl expayer) is based on	luding accompanying all information of whi	schedules ar	nd statements, and is any knowledge	I to the best of				_
Here	Sign	ature of officer or trustee		Date	10/13	Title	csident		May the IRS with the pro	parer	shown	
Paid Prepa	arer	Print/Type preparer's Cristina Firm's name HA	Rosadi RRIS MYCFO	Preparer's .		ouds	Date 9/27		eck if Femployed 1			39
Use C	Only	Firm's address ▶ 22	00 GENG RO	AD, SUITE	100		4202		650 0			
		PA	LO ALTO,	CA		9	4303	Phone no	650 2			

Schedule B

(Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization	Employer identification number							
THE CARL VICTOR PAGE	20-1922957							
Organization type (check one)								
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation						
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II	or more (in money or						
Special Rules								
under sections 509(a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to 1/(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form II	e year, a contribution of						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III								
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.								
Caution. An organization that is 990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2 of its Form 990, or check the box on line H F, to certify that it does not meet the filing requirements of Schedule B (For	chedule B (Form 990, of its Form 990-EZ or on						

Name of organization THE CARL VICTOR PAGE MEMORIAL FOUNDATION

Employer identification number 20-1922957

			20-1922957
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1-	LAWRENCE PAGE 2200 GENG ROAD, SUITE 100 PALO ALTO, CA 94303	\$\$\$	Person X Payroll X Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is

Name of organization THE CARL VICTOR PAGE MEMORIAL FOUNDATION

Employer identification number 20-1922957

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	200,000 SHARES OF GOOGLE INC.	\$ 123,857,125.	VARIOUS
		\$123,857,125.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number 20-1922957

Dort III	Evolucivaly religious, charitable, etc.	individual contribu	itions to socti	on 501(c)(7) (8) or (10) organizations				
	Exclusively religious, charitable, etc., that total more than \$1,000 for the y For organizations completing Part III, e	ear. Complete colur	nns (a) throug	h (e) and the following line entry				
	contributions of \$1,000 or less for the							
	Use duplicate copies of Part III if addition			, , , , , , , , , , , , , , , , , , , ,				
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transi	er of gift					
	Transferen's name address as	od 71D ± 4	P.	lationship of transferor to transferee				
	Transferee's name, address, at	Id ZIP + 4	Re	nationship of transferor to transferee				
(a) No.			L,					
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transf	er of gift					
	Transferee's name, address, a	Re	lationship of transferor to transferee					
(a) No. from Part i	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
-								
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee				
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee				

THE CARL VICTOR PAGE MEMORIAL FOUNDATION

FORM 990-PF - PART IV

Kınd of P	Kind of Property Description			or D	D acquired			
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL LONG- PARTNERSHIP ESTATES OR	, S CORPORA	TION, AND			450.	
		TOTAL CAPIT	AL GAIN DIS	TRIBUTIONS			252,358.	
:		80,700 SHS				D	09/04/1998	VARIOUS
50961502.		25.					50961477.	
		SS #MY2761 PROPERTY TY				Р	VARIOUS	VARIOUS
458,864.		456,932.					1,932.	
		SS #MY2761 PROPERTY TY				Р	VARIOUS	VARIOUS
77,507.		77,169.					338.	
		SS #MY2761 PROPERTY TY				Р	VARIOUS	VARIOUS
3,159,424.		3,196,468.				:	-37,044.	
		SS #MY2762 PROPERTY TY				Р	VARIOUS	VARIOUS
26,183.		26,115.	IB. BECKII	100			68.	
		SS #MY2762 PROPERTY TY				Р	VARIOUS	VARIOUS
6,598,541.		6,425,096.	IL. BECOMIT	165			173,445.	
		SS #MY2762 PROPERTY TY				Р	VARIOUS	VARIOUS
4,940,555.		5,059,047.	FE. SECORII	165			-118,492.	
		SS #MY2763				Р	VARIOUS	VARIOUS
195,825.		PROPERTY TY 195,653.	PE: SECURII	165			172.	
OTAL GAIN(LO	oss)						51234704.	
							1	

PART I - INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF,

NET INVESTMENT INCOME	63. 1. 448.	512.
REVENUE AND EXPENSES PER BOOKS	63. 1. 448.	512.
		TOTAL
DESCRIPTION	AMERIGAS PARTNERS, LP TRANSMONTAIGNE PARTNERS, LP COMPASS DIVERSIFIED HOLDINGS	

ATTACHMENT 1

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

NET INVESTMENT INCOME	167. 981,491. 941,645. 47,041.	1,970,905.
REVENUE AND EXPENSES PER BOOKS	167. 981,491. 941,645. 47,041.	1,970,905.
		TOTAL
DESCRIPTION	SSB #MSW0004 SSB #MY2761 SSB #MY2762 SSB #MY2763 COMPASS DIVERSIFIED HOLDINGS	

20-1922957

ATTACHMENT

INCOME	
OTHER	
ı	
H	i
PART	
990PF,	
FORM	

TOTALS

	NET	INVESTMENT	INCOME			-437.	-492.	929.	
REVENUE	AND	EXPENSES	PER BOOKS	13,579.	1,955.	-1,541.	-1,736.	929.	-15.

20-1922957

ATTACHMENT 4

NTING FEES
- ACCOUNTI
PART I
990PF,
FORM

CHARITABLE	15,665.	15,665.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	15,665.	15,665.
REVENUE AND EXPENSES PER BOOKS	31,330.	31,330.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT 5

11
FEES
PROFESSIONAL
OTHER
'
PART I
990PF,
FORM

		1 11
NET INVESTMENT INCOME	39,729. 4,500.	44,229.
REVENUE AND EXPENSES PER BOOKS	39,729.	48,729.
		TOTALS
DESCRIPTION	MANAGEMENT FEES AUDIT FEES	

4,500.

CHARITABLE PURPOSES ဖ

20-1922957

DESCRIPTION

NUE	ND	NSES	BOOKS	
REVE	A	EXPE	PER	

NET	ESTMENT	NCOME

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ATTACHMENT

ATTACHMENT 7

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FOVO	144
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	NET	INVESTMENT	INCOME		29,269.		29.269
REVENUE	AND	EXPENSES	PER BOOKS	535,000.	29,269.	•	564 269
							R.TATOT
			DESCRIPTION	FEDERAL TAXES	I NE		

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ATTACHMENT

EXPENSES
- OTHER
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PART
990PF,
FORM

NET INVESTMENT	INCOME		1,385. 250.	1,875.
REVENUE AND EXPENSES	PER BOOKS 300.	233.	1,385. 250.	2,225.
	DESCRIPTION RRF-1 FEE CA FEE	BANK FEES MISCELLANEOUS EXPENSE	BREITBURN - SEC 59(E)(2) EXP COMPASS - PORTFOLIO DEDUCTION	TOTALS

CHARITABLE
PURPOSES
300.

09234G 517K

N C C E C
CORPORATE
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דא עם דא אם
99005
PORM

DESCRIPTION

614,400 SHS GOOGLE

ENDING BOOK VALUE

ENDING FMV

20-1922957

ATTACHMENT 9

434,614,272.

434,614,272.

TOTALS

355,612,702.

355,612,702.

20-1922957

ATTACHMENT 10

09234G 517K

ER INVESTMENTS	
- OTHER	
II	
, PART	
990PF	
FORM	

DES(DESCRIPTION	TIOI	7		
SSB	MY276	761	ı	MUTUAL	FUNDS
SSB	MY276	762	F	MUTUAL	FUNDS
SSB	MY2763	763	ı	MUTUAL	FUNDS
SSB	MY2764	764	ı	MUTUAL	FUNDS
SSB	MY2765	765	ı	MUTUAL	FUNDS
AMEF	AMERIGAS	3 PZ	IRI	PARTNERS,	L.P.
TRAN	TRANSMONTAIGNE	NTA]	S	IE PARTNERS	NERS, L.P.
BREI	BREITBURN	NN.	H	ENERGY PA	PARTNERS, L.P
COMPASS	ASS	DI	/EF	DIVERSIFIED	HOLDINGS

TOTALS

96,248,274.

93,741,678.

ENDING <u>FMV</u>	22,857,172. 55,748,721. 3,239,046. 3,891,117. 10,372,443. 32,735. 20,884. 64,091.
ENDING BOOK VALUE	22, 622, 676. 53, 353, 664. 3, 290, 986. 3, 923, 464. 10, 413, 917. 18, 195. 63, 802. 22, 266.

20-1922957

ATTACHMENT 11

09234G 517K

ASSETS	
OTHER	
- 1	
ΙΙ	
PART	
990PF,	
ORM	

FORM 990PF, PART II DESCRIPTION

ENDING BOOK VALUE

ENDING
<u>FMV</u>
285,938.

DIVIDEND RECEIVABLE

TOTALS

285,938.

285,938.

285,938.

ATTACHMENT 12

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAIN ON STOCK GIFTED TO DAF

8,219,860.

TOTAL 8,219,860.

ATTACHMENT 13

FORM 990PF, PART VII-A -DISTRIBUTION TO A DONOR ADVISE

ON 11/9/2012, THE CARL VICTOR PAGE MEMORIAL FOUNDATION MADE NON-CASH DISTRIBUTION OF \$29,010,080 TO THE VANGUARD CHARITABLE ENDOWMENT PROGRAM (44,000 SHARES OF GOOGLE, INC.: FMV AVERAGE PRICE 11/9/2012; BOOK VALUE \$20,790,220 AVERAGE PRICE 11/10/2006) TO BE ADDED TO A DONOR-ADVISED FUND OVER WHICH THE FOUNDATION HAS ADVISORY PRIVILEGES. THIS AMOUNT HAS BEEN TREATED BY THE FOUNDATION AS A QUALIFYING DISTRIBUTION.

VANGUARD CHARITABLE ENDOWMENT PROGRAM IS A 501(C)(3) AND 509(A)(1) PUBLIC CHARITY ORGANIZED AND OPERATED TO MAKE DONATIONS EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES. THE PAGE FOUNDATION HAS ONLY ADVISORY PRIVILIGES AND DOES NOT HAVE LEGAL OWNERSHIP OF THE DONOR-ADVISED FUND ASSETS. ANY GRANTS RECOMMENDEDBY THE CARL VICTOR PAGE MEMORIAL FOUNDATION TO BE MADE FROM THE DONOR-ADVISED FUND WILL BE MADE ONLY UPON APPROVAL BY VANGUARD CHARITABLE ENDOWMENT PROGRAM AND THEN ONLY TO QUALIFIED NON-PROFITS WHO ARE ALSO 501(C)(3) OR 509(A)(1) OR (2) PUBLIC CHARITIES. THE DISTRIBUTION TO VANGUARD CHARITABLE ENDOWMENT PROGRAM WILL ACCOMPLISH THE PURPOSES DESCRIBED IN INTERNAL REVENUE CODE SECTION 170(C)(2)(B).

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BUTIONS PAID DURING THE YEAR	
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CONTRIBUTOR
SUBSTANTIAL
5 F
RELATIONSHIP

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

29,010,080.

AMOUNT

ATTACHMENT 15

VANGUARD CHARITABLE ENDOWMENT PROGRAM P O BOX 55766

RECIPIENT NAME AND ADDRESS

NONE

GENERAL CHARITABLE PURPOSE

BOSTON, MA 02205-5766

PUBLIC CHARITY

TOTAL CONTRIBUTIONS PAID

29,010,080.

ATTACHMENT 15

20-1922957

ATTACHMENT 16

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

	BUSINESS		EXCLUSION		RELATED OR EXEMPT
DESCRIPTION	CODE	AMOUNT	CODE	AMOUNT	FUNCTION INCOME
NONDIVIDEND DISTRIBUTIONS			19	15,534.	
AMERIGAS PARTNERS - ORD. BUSINESS LOSS			19	-1,541.	
BREITBURN ENERGY - SEC 1231 LOSS			13	-15.	
BREITBURN ENERGY - ORD, BUSINESS INCOME			19	929.	
TRANSMONTAIGNE PARTNERS - ORD. BUSINESS LOSS			19	-1,736.	
TOTALS			•	13.171	

SCHEDULE D (Form 1041)

Employer identification number

OMB No 1545-0092

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

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

	THE CARL VICTOR PAGE MEMORIAL	FOUNDATION	1		20-19229	57	
Note	e: Form 5227 filers need to complete only Pa	rts I and II					
Pai	t I Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
			-				
b	Enter the short-term gain or (loss), if any, f	rom Schedule D	-1, line 1b		- 	1b	175,955.
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partners	hips. S corporal	tions, and other	estates or trusts		3	
4	Short-term capital loss carryover Enter	the amount, if	f any, from li	ne 9 of the 2011	Capital Loss		
5	Carryover Worksheet	lines 1a throug	gh 4 in colum	n (f) Enter here an	d on line 13,	4	, , , , , , , , , , , , , , , , , , , ,
	column (3) on the back				<u></u>	5	175,955.
Pal	t II Long-Term Capital Gains and Lo			nan One Year	T		(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see instructio		the entire year Subtract (e) from (d)
6a							
					<u> </u>		
b	Enter the long-term gain or (loss), if any, from	om Schedule D-	1, line 6b			6b	50,805,941.
7	Long-term capital gain or (loss) from Form	s 2439, 4684, 6	6252, 6781, an	nd 8824		7	
8	Net long-term gain or (loss) from partnersh	nips, S corporati	ons, and other	estates or trusts		8	450.
9	Capital gain distributions					9	252,358.
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter t	he amount, if	any, from lin	e 14 of the 2011	Capital Loss		(
12	Carryover Worksheet	nes 6a through	11 in column	n (f) Enter here and	on line 14a,	11	51 050 740
or 5	column (3) on the back			<i></i> <u></u> .		12	51,058,749. e D (Form 1041) 2012

Sche	edule D (Form 1041) 2012				Page 2
Pa	rt Summary of Parts I and II Caution: Read the instructions before completing this	part	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13			175,955.
14	Net long-term gain or (loss):				
а	Total for year	14a			51,058,749.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
С	28% rate gain	14c			
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		 	51,234,704.
gains	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 s, go to Part V, and do not complete Part IV. If line 15, column (3), is a n ssary	(or Foi et loss	m 990-T, Part I, line 4 , complete Part IV an	la) If lines 14a and d the <mark>Capital Loss C</mark>	15, column (2), are ne Carryover Worksheet, as
Pa	rt IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F				
a Note	The loss on line 15, column (3) or b \$3,000 e: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041,			16 (s complete the Capita
Loss	Carryover Worksheet in the instructions to figure your capital loss carryover	page	, lille 22 (OI FOITH 990	7-1, IIIIE 34), IS a 103.	s, complete the Capita
Pa	rt V Tax Computation Using Maximum Capital Gains Rate	s			
Forr	n 1041 filers. Complete this part only if both lines 14a and 15 in col	umn (2) are gains, or an a	mount is entered ii	n Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor				
	tion: Skip this part and complete the Schedule D Tax Worksheet in the i other line 14b, col. (2) or line 14c, col. (2) is more than zero, or	ınstruc	tions if		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero	•			
	m 990-T trusts. Complete this part only if both lines 14a and 15 a	re dai	ns, or qualified divid	dends are included	I in income in Part
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part				
ıf eıt	her line 14b, col (2) or line 14c, col (2) is more than zero				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17		
18	Enter the smaller of line 14a or 15 in column (2)				
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 19		_		
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 21		- _		
22	Subtract line 21 from line 20 If zero or less, enter -0-		· -		
23	Subtract line 22 from line 17 If zero or less, enter -0	• • •	. 23		
24	Enter the smaller of the amount on line 17 or \$2,400		24		
25	Is the amount on line 23 equal to or more than the amount on line 24		• 24		
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box				
	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24				
27	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30 go to line 31 No. Enter the smaller of line 17 or lin	ie 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
	Enter the amount from the 25 (if the 25 is blank, offer 5)	• • • •	. 20		
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% (15)			30	
31	Figure the tax on the amount on line 23 Use the 2012 Tax Rate	e Sche	edule for Estates an		
	(see the Schedule Ginstructions in the instructions for Form 1041)			31	
32	Add lines 30 and 31			32	
33	Figure the tax on the amount on line 17 Use the 2012 Tax Rate	e Sche	edule for Estates an	d Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)		<u>, <u>.</u> <u></u></u>	33	·
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 h	nere a	nd on Form 1041, S	schedule	

Schedule D (Form 1041) 2012

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

Attach to Schedule D to list additional transactions for lines 1a and 6a. ▶ Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

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

Employer identification number

THE CARL VICTOR PAGE MEMOR	RIAL FOUNDATI	ON		20-1922957	
Part I Short-Term Capital Gains a	nd Losses - Asse	ets Held One Yea	r or Less		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
SS #MY2761 (SEE STMT A)	VARIOUS	VARIOUS	458,864.	456,932.	1,932.
SS #MY2761 (SEE STMT A)	VARIOUS	VARIOUS	77,507.	77,169.	338.
SS #MY2762 (SEE STMT B)	VARIOUS	VARIOUS	26,183.	26,115.	68.
SS #MY2762 (SEE STMT B)	VARIOUS	VARIOUS	6,598,541.	6,425,096.	173,445.
SS #MY2763 (SEE STMT C)	VARIOUS	VARIOUS	195,825.	195,653.	172.
			,		
	<u> </u>	,			

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b

Schedule D-1 (Form 1041) 2012

JSA 2F1221 2 000 0 92 34 G 517 K

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

Employer identification number

Par	Long-Term Capital Gains a	nd Losses - Asse	ts Held More Th	an One Year		
	(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a	0,700 SHS GOOGLE INC.	09/04/1998	VARIOUS	50,961,502.	25.	50,961,477.
s	S #MY2761 (SEE STMT A)	VARIOUS	VARIOUS	3,159,424.	3,196,468.	-37,044.
S	S #MY2762 (SEE STMT B)	VARIOUS	VARIOUS	4,940,555.	5,059,047.	-118,492.
				ŕ		
		-				
	,					
					-	
						<u> </u>
·						
						
						· · · · · · · -
Sb To	stat. Combine the amounts in column	(f) Enter here and	on Schedule D. lin	e 6h		50,805,941.

ATTACHMENT 14

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LAWRENCE PAGE 2200 GENG ROAD, SUITE 100 PALO ALTO, CA 94303	DIRECTOR, CHAIRMAN & PRESIDENT	0	0	0
LUCINDA SOUTHWORTH PAGE 2200 GENG ROAD, SUITE 100 PALO ALTO, CA 94303	CFO & SECRETARY	0	0	0
GLORIA PAGE 2200 GENG ROAD, SUITE 100 PALO ALTO, CA 94303	DIRECTOR	0	0	0

GRAND TOTALS

09234G 517K

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue		► File a	separate a	pplication for each return.			
If you are	filing for an	Automatic 3-Month Extension, c	omplete o	nly Part I and check th	is box		X
		Additional (Not Automatic) 3-Mo					,
=	•	inless you have already been grai			,	•	58 .
a corporation 8868 to req Return for	n required (Juest an ext Transfers A	You can electronically file Form to to file Form 990-T), or an addition tension of time to file any of the associated With Certain Persona details on the electronic filing of th	ial (not au forms liste l Benefit (tomatic) 3-month extented in Part I w Contracts, which must	ision of time. You can ith the exception of F t be sent to the IRS	electronica orm 8870, in paper	Illy file Form Information format (see
						inies a Noi	ipionis
		-Month Extension of Time. On		 			
•	-	to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and co	mplete	. 🗀
Part I only						. <i>.</i>	▶⊔
		including 1120-C filers), partnersh	ips, REMIC	is, and trusts must use I	· ·		
to file incom					Enter filer's identify		
Type or	Name of ex	cempt organization or other filer, see in	structions.		Employer identification r	number (EIN)	or
print		ni wikanan nigi imwaniii		MTOV	00 10000	ra	
THE CARL VICTOR PAGE MEMORIAL FOUNDATION 20-1922957 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)							
due date for			c, see instruc	zions.	Social security number (SSN)	
filing your	g your 2200 GENG ROAD, SUITE 100						
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
PALO ALTO, CA 94303							
Enter the Re	eturn code f	for the return that this application f	s for (file a	a separate application fo	or each return)	· • • • • •	. 0 4
Application			Return	Application			Return
ls For			Code	Is For			Code
Form 990 or	Form 990-	EZ	01	Form 990-T (corporat	ion)		07
Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A					08		
						09	
Form 4720- (individual) 03 Form 4720 09						10	
						11	
Form 990-T			06	Form 8870	······································		12
Telephone If the orga If this is for the whole a list with the	e No. anization do or a Group F e group, che e names an	care of HARVEY L. ARMS' 650 210-5000 Des not have an office or place of the Return, enter the organization's four eck this box. Ad EINs of all members the extensionatic 3-month (6 months for a contact of the conta	business in ur digit Gro it is for pa on is for poration re	oup Exemption Number (art of the group, check t equired to file Form 990	ck this box	If the last	
until		08/15 , 20 13 , to file the	exempt or	ganization return for the	e organization named a	above. The	extension is
		on's return for:					
		ear 20 12 or	00			20	
▶∟」	tax year be	eginning	, 20	, and ending		, 20	
	-	ered in line 1 is for less than 12 m ecounting period	onths, ched	ck reason: Initial re	eturn Final retu	rn	
		is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less any	1 1.	016 656
		edits See instructions.	4720	6060 onto 000	fundable credite and		916,656.
		n is for Form 990-PF, 990-T,				I 1	566,656.
		ments made Include any prior yea					
		tract line 3b from line 3a. Include Il Tax Payment System). See instru		en with this form, if fe	quired, by using EP1PS		350,000.
Caution. If you	u are going t	o make an electronic fund withdrawal	with this F	orm 8868, see Form 8453	-EO and Form 8879-EO f	or payment i	nstructions.
		rwork Reduction Act Notice, see Instr					(Rev. 1-2013)

Form 8868 (Re	ev 1-2013)				Page 2
 If you are 	e filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part	Il and check this box	► X
	complete Part II if you have already been gra				
	filing for an Automatic 3-Month Extension,				
Part II	Additional (Not Automatic) 3-Month E			ginal (no copies needed).	
				nter filer's identifying number, se	ee instructions
	Name of exempt organization or other filer, see in	nstructions.	•• • • • • • • • • • • • • • • • • • • •	Employer identification number (
Type or					
print	THE CARL VICTOR PAGE MEMORIA	L FOUND	ATION	20-1922957	
	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions	Social security number (SSN)	
File by the due date for	2200 GENG ROAD, SUITE 100			Ì	
filing your	City, town or post office, state, and ZIP code. Fo	r a foreign ad	dress, see instructions		
return See instructions	PALO ALTO, CA 94303				
Enter the R	eturn code for the return that this application	ıs for (file a	a separate application for e	ach return)	0 4
Application		Return	Application		Return
ls For		Code	ls For		Code
Form 990 o	r Form 990-EZ	01		** A. 14 . Z. T.	
Form 990-B		02	Form 1041-A		08
Form 4720		03	Form 4720		09
Form 990-P		04	Form 5227		10
	(sec 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
	not complete Part II if you were not already	granted a		nsion on a previously filed Fo	
	s are in the care of HARVEY L. ARMS				
	ne No. ▶ 650 210-5000		FAX No ▶ 650 210-	-5010	
	anization does not have an office or place of			his box	▶□
	for a Group Return, enter the organization's fo				his is
	le group, check this box				ttach a
	names and EINs of all members the extension		J , ,		
4 I reque	est an additional 3-month extension of time u	ıntil		11/15 , 20 13 .	
-	alendar year 2012, or other tax year beginn			nd ending	, 20 .
	tax year entered in line 5 is for less than 12 n				
	Change in accounting period	•			
7 State	in detail why you need the extension TAXPA	AYER IS	WAITING FOR INFOR	MATION FROM THIRD	
	IES AND ADDITIONAL TIME IS NEE				
ACCU	RATE TAX RETURN				
8a If this	application is for Form 990-BL, 990-PF, 9	90-T, 4720	, or 6069, enter the ten	tative tax, less any	
nonref	fundable credits. See instructions.			8a \$	531,490.
b If this	application is for Form 990-PF, 990-T,	4720, oi	6069, enter any refur	ndable credits and	
estima	ated tax payments made. Include any pr	nor year o	verpayment allowed as	a credit and any	
amour	nt paid previously with Form 8868			8b \$	916,656.
c Balan	ce Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if requi	red, by using EFTPS	
(Electi	ronic Federal Tax Payment System). See instru	uctions		8c \$	0
	Signature and Verific	ation mu	st be completed for F	Part II only.	
Under penaltre	s of perjury, I declare that I have examined this form,				dge and belief,
it is true, correc	ct, and complete, and that I am authorized to prepare this for	orm			
	(1, -1 // /		NON	-1-	1 -
Signature ▶	is la friedo		Title ▶ C7	Date ▶ 7/23	-113
	' 1			Form 8868	(Rev 1-2013)