

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation

OMB No. 1545-0052

2003

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation
 Note: The organization may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2003, or tax year beginning **12/01**, 2003, and ending **11/30/2004**

G Check all that apply: Initial return Final return Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of organization: **THE SKOLL FOUNDATION**

Number and street (or P.O. box number if mail is not delivered to street address): **250 UNIVERSITY AVENUE, #200**

Room/suite: _____

City or town, state, and ZIP code: **PALO ALTO, CA 94301**

A Employer identification number: **11-3659133**

B Telephone number (see page 10 of the instructions): **(650) 331-1031**

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **223,823,781.**

J Accounting method: Cash Accrual
 Other (specify) _____ (Part I, column (d) must be on cash basis.)

C If exemption application is pending, check here

D 1. Foreign organizations, check here
 2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 10 of the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule). Check <input type="checkbox"/> if the foundation is not required to attach Sch. B	52,024,042.	STMT 1		
	2 Distributions from split-interest trusts				
	3 Interest on savings and temporary cash investments	1,450.	1,450.	N/A	STMT 2
	4 Dividends and interest from securities	2,828,693.	2,828,693.		STMT 3
	5a Gross rents				
	b (Net rental income or (loss))				
	6a Net gain or (loss) from sale of assets not on line 10	1,313,595.			
	b Gross sales price for all assets on line 6a	293,100,882.			
	7 Capital gain net income (from Part IV, line 2)		31,543,221.		
	8 Net short-term capital gain				
	9 Income modifications				
	10 a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	56,123.	78.		STMT 4	
12 Total. Add lines 1 through 11	56,223,903.	34,373,442.	N/A		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	93,750.			93,750.
	14 Other employee salaries and wages	560,940.			560,940.
	15 Pension plans, employee benefits	65,660.			65,660.
	16a Legal fees (attach schedule) STMT 5	63,729.	5,135.		58,594.
	b Accounting fees (attach schedule) STMT 6	124,130.	90,211.		33,919.
	c Other professional fees (attach schedule) STMT 7	577,741.	255,674.		322,067.
	17 Interest				
	18 Taxes (attach schedule) (see page 13 of the instructions)	** 256,691.	646.		
	19 Depreciation (attach schedule) and depletion	* 33,149.			
	20 Occupancy				
	21 Travel, conferences, and meetings	16,930.			16,930.
	22 Printing and publications				
	23 Other expenses (attach schedule) STMT 9	241,150.	10,188.		218,456.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,033,870.	361,854.		1,370,316.
	25 Contributions, gifts, grants paid	4,728,025.			4,728,025.
26 Total expenses and disbursements. Add lines 24 and 25	6,761,895.	361,854.		6,098,341.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	49,462,008.				
b Net investment income (if negative, enter -0-)		34,011,588.			
c Adjusted net income (if negative, enter -0-)			N/A		

18300

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box. **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print	Name of Exempt Organization THE SKOLL FOUNDATION	Employer identification number 11-3659133
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O SELLER & COMPANY, LLP-1100 MARSHALL STREET	For IRS use only
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. REDWOOD CITY, CA 94063	

Check type of return to be filed (File a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **SAME AS ABOVE**
- Telephone No. **650 365 4646** FAX No. **650 368 4055**
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until OCTOBER 15, 2005

5 For calendar year _____, or other tax year beginning 12/01/2003 and ending 11/30/2004

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension A COMPLETE AND ACCURATE RETURN CANNOT BE FILED AT THIS TIME BECAUSE CERTAIN INFORMATION IS UNAVAILABLE. THIS INFORMATION WILL AFFECT A SUBSTANTIAL PORTION OF THIS RETURN.WE REQUEST AN ADDITIONAL EXTENSION OF TIME TO FILE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **706,045**

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ **706,045**

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **NONE**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Norman M. Rubman, CPA Title Certified Public Accountants 94-1624276 Date JUL 14 2005

1100 MARSHALL STREET
REDWOOD CITY, CA 94063-2595

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

EXTENSION APPROVED
AUG 04 2005
- FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

Application for Extension of Time To File an Exempt Organization Return

708

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE SKOLL FOUNDATION	Employer identification number 11-3659133
	Number, street, and room or suite no. If a P.O. box, see instructions. 1100 MARSHALL STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. REDWOOD CITY, CA 94063	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ SAME AS ABOVE

Telephone No. ▶ 650 365 4646 FAX No. ▶ 650 368 4055

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 7/15 . 05 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning 12/1 , 2003 , and ending 11/30 , 2004 .

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 706,045

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 256,045

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 450,000 *

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

* EFT DEPOSIT

