

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

**A** For the **2020** calendar year, or tax year beginning **09/01, 2020**, and ending **08/31, 2021**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY			<b>D</b> Employer identification number 94-1156365		
	Doing Business As STANFORD UNIVERSITY			<b>E</b> Telephone number (650) 498-6259		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 485 BROADWAY MAIL CODE 8838					
	City or town, state or province, country, and ZIP or foreign postal code REDWOOD CITY, CA 94063			<b>G</b> Gross receipts \$ 24324295950.		
<b>F</b> Name and address of principal officer: MARC TESSIER-LAVIGNE BUILDING 10, STANFORD, CA 94305			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: ▶ WWW.STANFORD.EDU			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1885			<b>M</b> State of legal domicile: CA

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: STANFORD UNIVERSITY IS ONE OF A SELECT GROUP OF AMERICAN UNIVERSITIES THAT HAVE ACHIEVED EMINENCE IN BOTH UNDERGRADUATE AND GRADUATE EDUCATION AND RESEARCH - CONT'D SCH O.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 33.	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 30.	
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b> 36,782.	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 15,800.	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> -23,984,825.	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 2,451,185,732.	<b>Current Year</b> 2,732,161,169.
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,885,722,899.	2,881,918,687.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,324,414,192.	3,686,399,412.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	187,591,070.	197,221,997.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,848,913,893.	9,497,701,265.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	557,072,604.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,962,386,146.	4,038,223,346.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		77,306.	201,159.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,323,453.			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,997,076,403.	2,062,401,021.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,516,612,459.	6,677,255,686.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	332,301,434.	2,820,445,579.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 49933605804.	<b>End of Year</b> 60495171723.
	<b>21</b> Total liabilities (Part X, line 26)	9,628,223,338.	9,878,936,029.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	40305382466.	50616235694.

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROBERT W FRIZ	<i>Robert W Friz</i>	7/12/2022		P00438748
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶ 13-4008324			
Firm's address ▶ 2001 MARKET STREET, SUITE 1800 PHILADELPHIA, PA 19103		Phone no. 267-330-3000			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

STANFORD UNIVERSITY IS ONE OF A SELECT GROUP OF AMERICAN UNIVERSITIES THAT HAVE ACHIEVED EMINENCE IN BOTH UNDERGRADUATE AND GRADUATE EDUCATION AND RESEARCH - CONT'D SCH O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,066,150,742. including grants of \$ 50,669,731. ) (Revenue \$ 820,240,071. ) INSTRUCTION AND DEPARTMENTAL RESEARCH - SEE SCH O.

4b (Code: ) (Expenses \$ 1,349,043,581. including grants of \$ 25,140,672. ) (Revenue \$ 239,145,598. ) ORGANIZED RESEARCH - REVENUE AMOUNT REPORTED ON LINE 4B EXCLUDES \$1,280,476,772 IN GOVERNMENT RESEARCH SUPPORT, WHICH IS REPORTED AS CONTRIBUTION REVENUE ON LINE 1E OF PART VIII. CONT'D SCH O.

4c (Code: ) (Expenses \$ 548,909,595. including grants of \$ 30,464. ) (Revenue \$ 1,543,893,360. ) UNIVERSITY AUXILIARY ACTIVITIES - SEE SCH O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,898,667,482. including grants of \$ 500,589,293. ) (Revenue \$ 278,639,658. )

4e Total program service expenses 5,862,771,400.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .	X	
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> See instructions . . . . .	X	
<b>18</b> 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 "Yes," complete Schedule G, Part II</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J. . . . .</i>	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>25b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II. . . . .</i>	X	
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	X	
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II. . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>	X	
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
<b>2a</b>	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. <b>2a</b> 36,782		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	X	
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	X	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b> 14		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	X	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	X	

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (33), 1b (30), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, NY, OK,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID SHAW DIRECTOR OF FOOTBALL	50.00 0.					X	6,450,932.	0.	141,298.	
(2) ROBERT F. WALLACE CHIEF EXECUTIVE OFFICER, SMC	50.00 0.			X			4,005,290.	0.	825,151.	
(3) FRANK HANLEY CHIEF, PED CARDIOTHORACIC	50.00 0.					X	3,773,276.	0.	54,637.	
(4) ROBERT C. REIDY VP LAND, BUILDINGS & REAL EST	50.00 0.			X			2,549,689.	0.	375,164.	
(5) YIPING WOO PROF. & CHAIR, CARDIO SURGERY	50.00 5.60					X	2,648,649.	0.	97,200.	
(6) BERNARD MUIR ATHLETIC DIRECTOR	50.00 0.					X	2,178,655.	0.	337,757.	
(7) JAY KANG SR. MD, SMC	50.00 0.					X	2,079,623.	0.	232,184.	
(8) LLOYD B. MINOR DEAN, SCHOOL OF MEDICINE	50.00 4.30					X	1,926,649.	0.	363,150.	
(9) JOHN ETCEMENDY PROF H&S & FORMER PROVOST	50.00 0.					X	1,691,804.	0.	59,957.	
(10) MARC TESSIER-LAVIGNE PRESIDENT/TRUSTEE	50.00 0.	X		X			1,117,378.	0.	437,918.	
(11) MARTIN SHELL VP & CHIEF ERO	50.00 0.			X			1,153,932.	0.	243,091.	
(12) PERSIS DRELL PROVOST	50.00 0.			X			812,138.	0.	431,430.	
(13) RANDALL LIVINGSTON VP BUS AFFAIRS/CFO	50.00 4.00			X			822,917.	0.	362,655.	
(14) DEBRA ZUMWALT VP GENERAL COUNSEL	50.00 0.			X			775,897.	0.	159,057.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) ELIZABETH ZACHARIAS VP HUMAN RESOURCES	50.00 0.			X				836,689.	0.	58,082.
( 16) JON DENNEY VP DEVELOPMENT	50.00 0.			X				718,285.	0.	79,337.
( 17) JOHN HENNESSY PROF SOE & FORMER PRESIDENT	50.00 0.						X	627,852.	0.	63,966.
( 18) HOWARD WOLF PRES. OF STANFORD ALUM. ASSOC.	50.00 0.			X				528,679.	0.	157,617.
( 19) HOWARD B. PEARSON FORMER INTERIM VP DEVT.	40.00 0.						X	504,911.	0.	42,845.
( 20) FARNAZ KHADEM VP COMMUNICATION	50.00 0.			X				463,437.	0.	79,114.
( 21) RICHARD SALLER PROF & FORMER DEAN, SCH OF H&S	50.00 0.						X	411,674.	0.	46,727.
( 22) RYAN M. ADESNIK VP GOVT AFFRS, APPT. 11/1/2020	50.00 0.			X				378,893.	0.	71,938.
( 23) HARRY ELAM FORMER VP ARTS	50.00 0.						X	352,194.	0.	38,049.
( 24) BRADLEY HAYWARD FORMER INTERIM VP COMMUN.	50.00 0.						X	314,907.	0.	72,636.
( 25) FELIX J. BAKER TRUSTEE	2.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								37,124,350.	0.	4,830,960.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								37,124,350.	0.	4,830,960.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 9608

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 743



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) MARY T. BARRA ----- TRUSTEE, THROUGH 9/30/2020	2.00 ----- 0.	X						0.	0.	0.
( 27) ANEEL BHUSRI ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 28) DEANGELA J. BURNS-WALLACE ----- TRUSTEE, APPOINTED 10/1/2020	2.00 ----- 0.	X						0.	0.	0.
( 29) MICHAEL C. CAMUNEZ ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 30) MICHELLE R. CLAYMAN ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 31) ROANN COSTIN ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 32) DIPANJAN DJ DEB ----- TRUSTEE, THROUGH 9/30/2020	2.00 ----- 0.	X						0.	0.	0.
( 33) ROBERTA B. DENNING ----- TRUSTEE, APPOINTED 2/1/2021	2.00 ----- 0.	X						0.	0.	0.
( 34) KATHERINE B. DUHAMEL ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 35) HENRY A. FERNANDEZ ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 36) ANGELA S. FILO ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 9608**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) SAKURAKO D. FISHER ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 38) BRADLEY A. GEIER ----- TRUSTEE, THROUGH 9/30/2020	2.00 ----- 2.00	X						0.	0.	0.
( 39) JAMES D. HALPER ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 40) RONALD B. JOHNSON ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 41) MARC E. JONES ----- TRUSTEE	2.00 ----- 2.00	X						0.	0.	0.
( 42) LATONIA G. KARR ----- TRUSTEE	2.00 ----- 2.00	X						0.	0.	0.
( 43) SARAH H. KETTERER ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 44) CAROL C. LAM ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 45) CHRISTY O. MACLEAR ----- TRUSTEE, THROUGH 9/30/2020	2.00 ----- 0.	X						0.	0.	0.
( 46) MARC S. LIPSCHULTZ ----- TRUSTEE, APPOINTED 6/1/2021	2.00 ----- 0.	X						0.	0.	0.
( 47) KENNETH E. OLIVIER ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 9608**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) CARRIE W. PENNER ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 49) RUTH M. PORAT ----- TRUSTEE, THROUGH 9/30/2020	2.00 ----- 0.	X					0.	0.	0.	
( 50) LAURENE POWELL JOBS ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 51) JEFFREY S. RAIKES ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 52) VICTORIA B. ROGERS ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 53) MINDY B. ROGERS ----- TRUSTEE	2.00 ----- 4.30	X					0.	0.	0.	
( 54) LILY SARAFAN ----- TRUSTEE, APPOINTED 10/1/2020	2.00 ----- 0.	X					0.	0.	0.	
( 55) SRINIJA SRINIVASAN ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 56) JEFFREY E. STONE ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 57) GENE T. SYKES ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 58) ELIZABETH H. WEATHERMAN ----- TRUSTEE, APPOINTED 10/1/2020	2.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 9608

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59) MAURICE C. WERDEGAR ----- TRUSTEE, APPOINTED 10/1/2020	2.00 ----- 0.	X						0.	0.	0.
( 60) JERRY YANG ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 61) CHARLES D. YOUNG ----- PRESIDENT/TRUSTEE	2.00 ----- 0.	X		X				0.	0.	0.
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<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **9608**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>								
	<b>b</b>	Membership dues . . . . .	<b>1b</b>								
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>								
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	109,752,001.							
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	1,280,476,772.							
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	1,341,932,396.							
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 144,787,528.							
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		2,732,161,169.							
	<b>Program Service Revenue</b>	<b>2a</b>	STUDENT INCOME	Business Code	900099	847,863,760.	847,863,760.				
<b>b</b>		GOVT. & NON GOVT. CONTRACT		900099	239,145,598.	239,145,598.					
<b>c</b>		PATIENT CARE		900099	1,379,019,369.	1,379,019,369.					
<b>d</b>		SPECIAL PROGRAMS		900099	414,222,022.	414,222,022.					
<b>e</b>		DRIVING RANGE		713910	1,323,659.		1,323,659.				
<b>f</b>		All other program service revenue . . . . .			344,279.		344,279.				
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶			2,881,918,687.						
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶			171,697,701.		-49,617,178. 221,314,879.			
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			11,049.		11,049.				
	<b>5</b>	Royalties . . . . . ▶			8,214,258.		8,214,258.				
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real							
				(ii) Personal							
					205,726,443.						
	<b>b</b>	Less: rental expenses	<b>6b</b>		20,022,102.						
	<b>c</b>	Rental income or (loss)	<b>6c</b>		185,704,341.						
	<b>d</b>	Net rental income or (loss) . . . . . ▶			185,704,341.		185,704,341.				
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities							
				(ii) Other							
					18,315,425,263.	3,522,815.					
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>		14,803,066,304.	1,191,112.					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>		3,512,358,959.	2,331,703.					
<b>d</b>	Net gain or (loss) . . . . . ▶			3,514,690,662.		23,964,415. 3,490,726,247.					
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					0.				
			<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>			0.			
								0.			
			<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶			0.				
			<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					0.	
						<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>			0.
											0.
			<b>c</b>	Net income or (loss) from gaming activities. . . . . ▶			0.				
			<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					5,618,565.	
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						2,315,167.			
						<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶			3,303,398.	3,303,398.
<b>Miscellaneous Revenue</b>	<b>11a</b>	_____	Business Code								
	<b>b</b>	_____									
	<b>c</b>	_____									
	<b>d</b>	All other revenue . . . . .									
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			0.						
	<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			9,497,701,265.	2,880,250,749.	-23,984,825.	3,909,274,172.			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	26,441,252.	26,441,252.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	543,234,016.	543,234,016.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	6,754,892.	6,754,892.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	10,056,959.	3,519,936.	5,732,466.	804,557.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	3,967,069.	2,538,924.		1,428,145.
7 Other salaries and wages . . . . .	3,278,640,550.	2,954,736,762.	260,510,541.	63,393,247.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	210,485,881.	182,282,510.	22,876,977.	5,326,394.
9 Other employee benefits . . . . .	358,902,776.	310,688,315.	39,119,152.	9,095,309.
10 Payroll taxes . . . . .	176,170,111.	152,344,238.	19,344,472.	4,481,401.
11 Fees for services (nonemployees):				
a Management . . . . .	5,155,467.	5,106,705.	48,762.	
b Legal . . . . .	14,259,970.	2,116,533.	12,123,118.	20,319.
c Accounting . . . . .	2,383,241.	254,688.	2,127,990.	563.
d Lobbying . . . . .	80,538.	483.	80,028.	27.
e Professional fundraising services. See Part IV, line 17 . . . . .	201,159.			201,159.
f Investment management fees . . . . .	45,295,741.		45,295,741.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	319,435,158.	255,004,005.	60,368,984.	4,062,169.
12 Advertising and promotion . . . . .	5,369,456.	5,237,101.	69,304.	63,051.
13 Office expenses . . . . .	250,887,126.	237,879,284.	11,454,660.	1,553,182.
14 Information technology . . . . .	45,824,581.	23,637,302.	21,943,822.	243,457.
15 Royalties . . . . .	11,999,037.	8,183,773.	3,809,981.	5,283.
16 Occupancy . . . . .	273,698,728.	237,131,676.	34,259,043.	2,308,009.
17 Travel . . . . .	21,164,664.	17,847,575.	3,207,179.	109,910.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	4,515,324.	4,169,884.	295,161.	50,279.
20 Interest . . . . .	163,830,686.	152,654,157.	9,729,287.	1,447,242.
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	470,183,823.	409,785,513.	56,052,282.	4,346,028.
23 Insurance . . . . .	16,349,405.	7,497,862.	8,730,046.	121,497.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SLAC CONSTRUCTION	196,613,057.	196,421,739.	180,918.	10,400.
b RESEARCH SUBAWARDS	86,857,544.	86,857,544.		
c EQUIPMENT RENT & MAINTENANCE	33,018,972.	29,301,942.	3,562,599.	154,431.
d PRINTING & PUBLICATION	7,782,588.	6,152,284.	600,457.	1,029,847.
e All other expenses	87,695,915.	-5,009,495.	91,637,863.	1,067,547.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	6,677,255,686.	5,862,771,400.	713,160,833.	101,323,453.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	149,499.	<b>1</b>	191,073.
	<b>2</b> Savings and temporary cash investments. . . . .	1,153,153,844.	<b>2</b>	874,752,104.
	<b>3</b> Pledges and grants receivable, net . . . . .	1,369,416,525.	<b>3</b>	1,550,314,093.
	<b>4</b> Accounts receivable, net. . . . .	245,925,607.	<b>4</b>	284,546,560.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	9,368,246.	<b>5</b>	9,221,965.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	865,982,990.	<b>7</b>	925,575,136.
	<b>8</b> Inventories for sale or use . . . . .	4,312,828.	<b>8</b>	4,127,623.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	97,686,596.	<b>9</b>	86,946,820.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 13698600140.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 6,015,427,931.		
	<b>11</b> Investments - publicly traded securities. . . . .	7,685,709,977.	<b>10c</b>	7,683,172,209.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	8,238,932,202.	<b>11</b>	11361826202.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	29589041732.	<b>12</b>	37092706849.
	<b>14</b> Intangible assets . . . . .	0.	<b>13</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>14</b>	0.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	673,925,758.	<b>15</b>	621,791,089.	
	49933605804.	<b>16</b>	60495171723.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	1,558,716,255.	<b>17</b>	1,486,085,673.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	1,386,648,735.	<b>19</b>	1,620,905,461.
	<b>20</b> Tax-exempt bond liabilities. . . . .	2,005,553,000.	<b>20</b>	2,181,838,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,997,998,662.	<b>23</b>	2,962,010,680.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	1,679,306,686.	<b>25</b>	1,628,096,215.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	9,628,223,338.	<b>26</b>	9,878,936,029.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	22685294197.	<b>27</b>	27502213093.
	<b>28</b> Net assets with donor restrictions. . . . .	17620088269.	<b>28</b>	23114022601.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	40305382466.	<b>32</b>	50616235694.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	49933605804.	<b>33</b>	60495171723.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,497,701,265.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,677,255,686.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,820,445,579.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	40,305,382,466.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	7,370,112,740.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	120,294,909.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	50,616,235,694.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

Employer identification number 94-1156365

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2,355,413,071.	2,244,620,385.	2,249,756,512.	2,451,185,732.	2,732,161,169.	12,033,136,869.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	2,355,413,071.	2,244,620,385.	2,249,756,512.	2,451,185,732.	2,732,161,169.	12,033,136,869.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						21,405,263.
<b>6 Public support.</b> Subtract line 5 from line 4						12,011,731,606.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	2,355,413,071.	2,244,620,385.	2,249,756,512.	2,451,185,732.	2,732,161,169.	12,033,136,869.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	409,680,538.	410,995,420.	420,612,042.	433,166,523.	435,266,629.	2,109,721,152.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	4,224,132.	4,855,444.	4,766,678.	4,319,243.	5,618,565.	23,784,062.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						14,166,642,083.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	14,231,675,689.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	84.79%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	84.65%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ►

**b 33 1/3% support tests - 2019.** 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 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b>	Distributable amount for 2020 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2020			
<b>a</b>	From 2015 . . . . .			
<b>b</b>	From 2016 . . . . .			
<b>c</b>	From 2017 . . . . .			
<b>d</b>	From 2018 . . . . .			
<b>e</b>	From 2019 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2020 distributable amount			
<b>i</b>	Carryover from 2015 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2020 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2020 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2016 . . . .			
<b>b</b>	Excess from 2017 . . . .			
<b>c</b>	Excess from 2018 . . . .			
<b>d</b>	Excess from 2019 . . . .			
<b>e</b>	Excess from 2020 . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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ATTACHMENT 1

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## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
GROSS INCOME - FUNDRAISING	77,225.	75,164.	623,606.	95,107.		871,102.
GROSS INCOME - INVENTORY SALES	4,146,907.	4,780,280.	4,143,072.	4,224,136.	5,618,565.	22,912,960.
<b>TOTALS</b>	<u>4,224,132.</u>	<u>4,855,444.</u>	<u>4,766,678.</u>	<u>4,319,243.</u>	<u>5,618,565.</u>	<u>23,784,062.</u>



# Schedule of Contributors

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
-----------------------------------------------------------------------------------------------	----------------------------------------------

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY</b>	<b>Employer identification number</b> 94-1156365
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution									
1	N/A <hr/> <hr/> <hr/>	\$ 110,000,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;"><b>Person</b></td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>		<b>Payroll</b>	<input type="checkbox"/>		<b>Noncash</b>	<input type="checkbox"/>	
<b>Person</b>	<input checked="" type="checkbox"/>											
<b>Payroll</b>	<input type="checkbox"/>											
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2	N/A <hr/> <hr/> <hr/>	\$ 109,752,001.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;"><b>Person</b></td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>		<b>Payroll</b>	<input type="checkbox"/>		<b>Noncash</b>	<input type="checkbox"/>	
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3	N/A <hr/> <hr/> <hr/>	\$ 89,210,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;"><b>Person</b></td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>		<b>Payroll</b>	<input type="checkbox"/>		<b>Noncash</b>	<input type="checkbox"/>	
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<b>Payroll</b>	<input type="checkbox"/>											
<b>Noncash</b>	<input type="checkbox"/>											

Name of organization <b>THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY</b>	<b>Employer identification number</b> 94-1156365
--------------------------------------------------------------------------------------------	-----------------------------------------------------

**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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY**

Employer identification number  
**94-1156365**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
-------------------------------------------------------------------------------------------	----------------------------------------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (See instructions). . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .	X		
<b>c</b> Media advertisements? . . . . .	X		598.
<b>d</b> Mailings to members, legislators, or the public? . . . . .	X		129,690.
<b>e</b> Publications, or published or broadcast statements? . . . . .	X		48,307.
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		500,791.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .	X		42,063.
<b>i</b> Other activities? . . . . .	X		18,752.
<b>j</b> Total. Add lines 1c through 1i . . . . .			740,201.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? . . . . .	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . .	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year. . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) . . . . .	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## PART II-B - LOBBYING ACTIVITY EXPLANATION

AN INSUBSTANTIAL PORTION OF STANFORD UNIVERSITY'S TOTAL ACTIVITIES INVOLVED LEGISLATIVE AND REGULATORY MATTERS OF DIRECT CONCERN TO HIGHER EDUCATION OR OF COMPELLING IMPORTANCE TO STANFORD IN PARTICULAR. INSTITUTIONAL EFFORTS WITH REGARD TO LEGISLATION AND REGULATION ARE DIRECTED BY THE OFFICE OF GOVERNMENT AFFAIRS.

DURING FISCAL YEAR 2021, THE OFFICE CONSISTED OF SIX PROFESSIONAL STAFF MEMBERS AND TWO SUPPORT STAFF. ACTIVITIES BY THE OFFICE OF GOVERNMENT AFFAIRS STAFF INCLUDE CONTACTS BY LETTERS, PHONE CALLS AND MEETINGS WITH LEGISLATORS, MEMBERS OF THEIR STAFFS, OR OTHER GOVERNMENT OFFICIALS, AND MEETINGS WITH LOCAL CITIZENS REGARDING STANFORD ISSUES WITH LOCAL GOVERNMENT. IN FISCAL YEAR 2021, LEGISLATIVE, EXECUTIVE, AND LOCAL REGULATORY ISSUES HANDLED BY THE UNIVERSITY INCLUDED THE FOLLOWING:

LOCAL ISSUES: OPERATIONS, ZONING AND LAND USE RELATED TO PROPERTY OWNED BY THE UNIVERSITY AND CONTIGUOUS TO THE UNIVERSITY'S LAND AND ACADEMIC CAMPUSES; OTHER LOCAL REGULATORY ACTIONS; BUSINESS TAX CONSIDERATION.

STATE ISSUES: COLLEGE ATHLETICS, CAMPUS SAFETY, STUDENT AID AND ADMISSIONS, RESEARCH ACTIVITIES, AND HEALTHCARE SERVICES.

FEDERAL ISSUES: STUDENT AID, EDUCATION, COLLEGE ATHLETICS, RESEARCH, HEALTH CARE, INTELLECTUAL PROPERTY, TAXATION, AND IMMIGRATION POLICY ISSUES; FUNDING LEVELS OF RESEARCH (E.G., NIH, DOE, NASA, DOD, NSF, NEH) AND FEDERAL STUDENT AID PROGRAMS; AND FUNDING FOR THE STANFORD LINEAR



**Part IV** Supplemental Information (continued)

ACCELERATOR.

THE TOTAL BUDGET EXPENDED BY THE OFFICE OF GOVERNMENT AFFAIRS WAS \$2,205,860 AND INCLUDES SALARY AND BENEFITS FOR SIX PROFESSIONALS AND TWO SUPPORT STAFF, AS WELL AS OTHER COMPENSATION. THE ESTIMATED TOTAL EXPENSES IN LOBBYING, INCLUDING DIRECT PREPARATION TIME BY THE OFFICE OF GOVERNMENT AFFAIRS EMPLOYEES, AS DEFINED IN SECTION 501(C) OF THE INTERNAL REVENUE CODE AND ITS REGULATIONS, AND PAYMENTS OF TRAVEL OR ENTERTAINMENT EXPENSES FOR FEDERAL OR LOCAL OFFICIALS, ARE ESTIMATED AS FOLLOWS:

SALARIES, BENEFITS, OTHER COMPENSATION	\$412,279
GENERAL OFFICE OVERHEAD	\$234,593
PAID CONSULTANT, COALITION DUES	\$80,520
DUES TO MEMBER ORGANIZATIONS	\$12,809
TOTAL	\$740,201

THE TOTAL AMOUNT SPENT BY STANFORD IN LOBBYING REPRESENTS AN INSIGNIFICANT PART OF THE UNIVERSITY'S TOTAL EXPENDITURES, EVEN MAKING THE MOST GENEROUS ALLOWANCE FOR THE LOBBYING ACTIVITIES OF STANFORD UNIVERSITY EMPLOYEES OUTSIDE THE OFFICE OF GOVERNMENT AFFAIRS WORKING ON BEHALF OF THE UNIVERSITY.

AN INVESTMENT PARTNERSHIP IN WHICH THE UNIVERSITY HOLDS A NONCONTROLLING LIMITED PARTNERSHIP INTEREST MAY, FROM TIME TO TIME, INCUR A LOBBYING EXPENDITURE. THE UNIVERSITY'S SHARE OF SUCH PARTNERSHIP EXPENDITURES

**Part IV** Supplemental Information *(continued)*

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DURING THE TAX YEAR WAS \$4,134. NEITHER STANFORD, NOR ANY TRUSTEE OR OFFICER OF STANFORD, ENGAGED IN THE ACTIVITY CONDUCTED BY THE INVESTMENT PARTNERSHIPS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

Employer identification number 94-1156365

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for held at end of tax year, and various questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions about reporting art and historical treasures, including revenue and asset amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                                  | Amount    |
|--------------------------------------------------|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	28948111000.	27699834000.	26464912000.	24784943000.	22398130000.
<b>b</b> Contributions . . . . .	1408620000.	491,459,000.	212,211,000.	532,081,000.	694,190,000.
<b>c</b> Net investment earnings, gains, and losses . . . . .	8761609000.	2111876000.	2325746000.	2387634000.	2859022000.
<b>d</b> Grants or scholarships . . . . .	325,695,774.	309,759,498.	298,183,610.	281,036,268.	268,228,571.
<b>e</b> Other expenditures for facilities and programs . . . . .	1004457226.	1045298502.	1004851390.	958,709,732.	898,170,429.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	37788187000.	28948111000.	27699834000.	26464912000.	24784943000.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 46.4600 %
- b** Permanent endowment ▶ 21.0600 %
- c** Term endowment ▶ 32.4800 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>	X	
<b>3b</b>	X	

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		120,017,382.		120,017,382.
<b>b</b> Buildings . . . . .		10180691817.	3837693175.	6,342,998,642.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		2122469711.	1796565557.	325,904,154.
<b>e</b> Other . . . . .		1275421230.	381,169,199.	894,252,031.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				7,683,172,209.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other ATTACHMENT 1		
(A) CASH & CASH EQUIVALENTS	717,825,676.	FMV
(B) COLLATERAL FOR SECURITIES LOAN	9,846,772.	FMV
(C) DERIVATIVES	-5,463,618.	FMV
(D) FIXED INCOME	4,222,820,798.	FMV
(E) REAL ESTATE	9,101,686,654.	FMV
(F) NATURAL RESOURCES	1,685,967,981.	FMV
(G) PRIVATE EQUITIES	16913362525.	FMV
(H) ABSOLUTE RETURNS	6,758,760,796.	FMV
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	37092706849.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY AGREEMENTS	9,846,772.
(3) US GOVERNMENT REFUNDABLE LOAN	16,456,191.
(4) INCOME BENEFICIARY SHARE-SPLIT IN	728,530,334.
(5) LEASE LIABILITIES	640,206,168.
(6) CURRENT AND DEFERRED EXCISE TAX	233,056,750.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	1,628,096,215.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and values.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and values.

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Horizontal lines for supplemental information input.

**Part XIII Supplemental Information** *(continued)*

SCHEDULE D, PART I, COLUMN (B)

COLUMN (B) REPRESENTS FUNDS CREATED TO MAKE GRANTS ONLY WITHIN THE UNIVERSITY.

SCHEDULE D, PART I, LINE 2

INCLUDED IN AGGREGATE CONTRIBUTIONS TO FUNDS ARE NEW GIFTS AS WELL AS TRANSFERS FROM OTHER ACCOUNTS WITHIN THE UNIVERSITY.

SCHEDULE D, PART III, LINE 1A

WORKS OF ART, HISTORICAL TREASURES, LITERARY WORKS AND ARTIFACTS, WHICH ARE PRESERVED AND PROTECTED FOR EDUCATIONAL, RESEARCH AND PUBLIC EXHIBITION PURPOSES, ARE NOT CAPITALIZED. DONATIONS OF SUCH COLLECTIONS ARE NOT RECORDED FOR FINANCIAL STATEMENT PURPOSES. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS OPERATING EXPENSES IN THE PERIOD IN WHICH THEY ARE ACQUIRED. PROCEEDS FROM SALES OF SUCH ITEMS ARE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTIONS.

SCHEDULE D, PART III, LINE 4

THE CANTOR ARTS CENTER AT STANFORD UNIVERSITY IS A MUSEUM COMMITTED TO INTELLECTUAL EXPLORATION AND THE PURSUIT OF KNOWLEDGE, FOSTERING A SENSE OF DISCOVERY THROUGH DIRECT EXPERIENCES WITH WORKS OF ART. THE CENTER COLLECTS, PRESERVES, AND STUDIES ART FROM ALL CULTURES AND PERIODS, SERVING THE UNIVERSITY AND THE PUBLIC THROUGH EXHIBITIONS AND PROGRAMS THAT INSPIRE THE UNDERSTANDING AND ENJOYMENT OF ART.

THE ANDERSON COLLECTION IS AN OUTSTANDING ASSEMBLAGE OF MODERN AND CONTEMPORARY AMERICAN ART. THE COLLECTION IS ANCHORED IN THE WORK OF THE

**Part XIII** Supplemental Information (continued)

NEW YORK SCHOOL AND KEY MODERN AND CONTEMPORARY ARTISTS COLLECTED IN DEPTH, ACROSS MEDIA. MAJOR MOVEMENTS REPRESENTED INCLUDE ABSTRACT EXPRESSIONISM, COLOR FIELD PAINTING, POST-MINIMALISM, CALIFORNIA FUNK ART, BAY AREA FIGURATIVE ART, LIGHT AND SPACE, AND CONTEMPORARY PAINTING AND SCULPTURE. THE 121-WORK COLLECTION FEATURES 86 ARTISTS, INCLUDING JACKSON POLLACK, HELEN FRANKENTHALER AND RICHARD DIEBENKORN. ADMISSION TO THE MUSEUM IS FREE. THE COLLECTION, BUILT OVER 50 YEARS, WAS DONATED TO STANFORD BY HARRY W. AND MARY MARGARET ANDERSON AND MARY PATRICIA ANDERSON PENCE.

SCHEDULE D, PART V, LINES 1B & 1E

"CONTRIBUTIONS" (LINE 1B) INCLUDE CERTAIN INVESTMENT INCOME, CURRENT YEAR GIFTS TO ENDOWMENT, MATURED LIVING TRUSTS DIRECTED TO ENDOWMENT, AND CERTAIN OTHER FUNDS TRANSFERRED INTO THE ENDOWMENT. INCLUDED IN "OTHER EXPENDITURES FOR FACILITIES AND PROGRAMS" (LINE 1E) ARE FUNDS DISTRIBUTED ANNUALLY FROM ENDOWMENT INVESTMENT RETURN TO SUPPORT FACULTY, INSTRUCTIONAL SUPPORT AND UNIVERSITY INFRASTRUCTURE PRIMARILY BASED ON DONOR RESTRICTIONS. PLEASE SEE FURTHER DISCUSSION BELOW IN "INTENDED USES OF THE ENDOWMENT FUNDS".

SCHEDULE D, PART V, LINE 3A(II) AND LINE 3B

INCLUDED IN THE ENDOWMENT BALANCE ON LINE 1G ARE THE ASSETS OF SHR HOLDINGS, INC., A RELATED ORGANIZATION.



**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ENDOWMENT FUNDS

IN 1885, LELAND AND JANE LATHROP STANFORD SAID OF THEIR FOUNDING GRANT

"IT SHALL CONSTITUTE THE FOUNDATION AND ENDOWMENT FOR THE UNIVERSITY

HEREIN PROVIDED, AND UPON THE TRUST THAT THE PRINCIPAL THEREOF SHALL

FOREVER REMAIN INTACT, AND THAT THE RENTS, ISSUES, AND PROFITS THEREOF

SHALL BE DEVOTED TO THE FOUNDATION AND MAINTENANCE OF THE UNIVERSITY

HEREBY FOUNDED AND ENDOWED, AND THE USES AND PURPOSES HEREIN MENTIONED."

TODAY, STANFORD'S ENDOWMENT CONSISTS OF THOUSANDS OF INDIVIDUAL FUNDS,

MANY OF WHICH ARE RESTRICTED TO PARTICULAR USES (E.G., SCHOLARSHIP FUNDS

FOR UNDERGRADUATES, FELLOWSHIP FUNDS TO SUPPORT GRADUATE STUDENTS,

RESEARCH FUNDS DIRECTED TO MANY DIFFERENT AREAS, PROGRAM SUPPORT FUNDS,

FUNDS TO SUPPORT PROFESSORS, FUNDS TO SUPPORT LECTURES, FUNDS TO PROVIDE

BUILDING AND GROUND MAINTENANCE, FUNDS TO SUPPORT THE UNIVERSITY'S

MUSEUM, FUNDS TO SUPPORT THE ACQUISITION OF LIBRARY MATERIALS).

THE FUNDS ARE INVESTED IN PERPETUITY FOR LONG TERM GROWTH AND THE PAYOUT

IS USED FOR THE PURPOSE SET FORTH IN THE GIFT DOCUMENT. SOME ENDOWMENT

FUNDS DO NOT HAVE PURPOSE RESTRICTIONS AND THE PAYOUT FROM THESE FUNDS IS

USED TO SUPPORT THE GENERAL OPERATIONS AND INFRASTRUCTURE OF THE

UNIVERSITY AS WELL AS MANY OTHER PARTS OF THE UNIVERSITY.

ENDOWMENT PAYOUT IS A RELIABLE SOURCE OF CONTINUING SUPPORT AND IS

CRITICAL TO THE FUNDING OF THE MANY LONG TERM COMMITMENTS THAT THE

UNIVERSITY MUST MAKE. THE ENDOWMENT MAKES STANFORD LESS DEPENDENT ON

OTHER MORE VARIABLE SOURCES OF INCOME. THE ENDOWMENT PAYOUT COVERS

APPROXIMATELY 21% OF STANFORD'S OPERATING EXPENSES.

**Part XIII** Supplemental Information *(continued)*

STANFORD IS CURRENTLY DIRECTING CONSIDERABLE RESEARCH AND EDUCATION EFFORTS TOWARD ADDRESSING THE CHALLENGES CRITICAL TO THE WORLD. IN PARTICULAR, IT IS SEEKING SOLUTIONS TO SOME OF THE MOST CHALLENGING PROBLEMS IN HUMAN HEALTH, INTERNATIONAL PEACE AND SECURITY AND THE ENVIRONMENT AND SUSTAINABILITY.

ONE OF THE UNIVERSITY'S HIGHEST PRIORITIES IS TO REMAIN AFFORDABLE AND ACCESSIBLE TO THE MOST TALENTED STUDENTS, REGARDLESS OF THEIR FINANCIAL CIRCUMSTANCES. THE UNIVERSITY'S ADMISSION PROCESS FOR UNDERGRADUATE STUDENTS FROM THE UNITED STATES IS NEED-BLIND, WHICH MEANS THAT STUDENTS ARE ADMITTED IRRESPECTIVE OF THEIR ABILITY TO PAY; THE UNIVERSITY PROVIDES THE FINANCIAL AID NECESSARY TO MAKE STANFORD AFFORDABLE TO EVERY ADMITTED STUDENT. FOR INTERNATIONAL STUDENTS, THE UNIVERSITY IS NEED-AWARE: STANFORD ANALYZES THE NEED FOR AID AND AIMS TO MEET THE DETERMINED NEED.

SINCE 2000, THE UNIVERSITY HAS CONTINUED TO ENHANCE ITS FINANCIAL AID PROGRAMS FOR BOTH ITS UNDERGRADUATE AND GRADUATE STUDENTS. CURRENTLY, FAMILIES OF UNDERGRADUATE STUDENTS FROM THE U.S. WITH INCOMES BELOW \$150,000 AND ASSETS TYPICAL OF THAT INCOME LEVEL RECEIVE AT LEAST ENOUGH SCHOLARSHIP TO COVER THE COST OF TUITION. THOSE WITH INCOMES BELOW \$75,000 AND TYPICAL ASSETS RECEIVE ENOUGH SCHOLARSHIP ASSISTANCE TO COVER TUITION, ROOM AND BOARD, AND OTHER EXPENSES.

IN FY21, APPROXIMATELY 50% OF UNDERGRADUATES WERE AWARDED NEED-BASED FINANCIAL AID FROM STANFORD. GRADUATE STUDENT FINANCIAL AID AND OTHER

**Part XIII Supplemental Information** (continued)

SUPPORT IS AWARDED BASED ON ACADEMIC MERIT AND THE AVAILABILITY OF AID.

IN THE FACE OF DIMINISHING FEDERAL SUPPORT, STANFORD HAS ASSUMED MORE OF THE FINANCIAL WEIGHT OF SUPPORTING ITS GRADUATE STUDENTS. IN FY21, APPROXIMATELY 85% OF GRADUATE STUDENTS RECEIVED FINANCIAL SUPPORT.

FOR THE YEAR ENDED AUGUST 31, 2021, ENDOWMENT PAYOUT SUPPORT INCLUDED THE FOLLOWING BROAD FUNCTIONS OF THE UNIVERSITY:

INSTRUCTION AND RESEARCH	\$361,009,318
STUDENT FINANCIAL AID	\$325,695,774
LIBRARIES	\$21,031,275

SCHEDULE D, PART X, LINE 2

ASC 740 LIABILITY - IN ACCORDANCE WITH THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT REGULARLY EVALUATES ITS TAX POSITIONS AND DOES NOT BELIEVE THE UNIVERSITY HAS ANY UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE OR ADJUSTMENT TO THE FINANCIAL STATEMENTS.

<u>ATTACHMENT 1</u>		
<u>SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES</u>		
<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
ASSETS HELD BY OTHER TRUSTEES	149,531,750.	FMV
OTHER INVESTMENTS	706,970,168.	FMV
ASSETS LIMITED TO USE	453,452,235.	FMV
HOSPITAL FUNDS IN MERGED POOL	-3,622,054,888.	FMV
TOTALS	<u>37,092,706,849.</u>	

**SCHEDULE E  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY**

Employer identification number  
**94-1156365**

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	X	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	X	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II . . . . .	X	
<u>SEE SUPPLEMENTAL PAGE</u>		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		X
<b>b</b> Admissions policies? . . . . .		X
<b>c</b> Employment of faculty or administrative staff? . . . . .		X
<b>d</b> Scholarships or other financial assistance? . . . . .		X
<b>e</b> Educational policies? . . . . .		X
<b>f</b> Use of facilities? . . . . .		X
<b>g</b> Athletic programs? . . . . .		X
<b>h</b> Other extracurricular activities? . . . . .		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II . . . . .	X	

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E, LINE 3

STANFORD POSTS ITS NON-DISCRIMINATION POLICY ON ITS MAIN WEBSITE. IN ADDITION, ADMISSION AND FINANCIAL AID OFFICES OUTREACH PROGRAMS PUBLICIZE STANFORD UNIVERSITY'S ACADEMIC OPPORTUNITIES AT SECONDARY AND POST-SECONDARY SCHOOLS THROUGHOUT THE UNITED STATES.

SCHEDULE E, LINE 6A

STANFORD UNIVERSITY RECEIVED RESEARCH AND INSTRUCTIONAL GRANTS AND CONTRACTS, FELLOWSHIP AND STUDENT AID AWARDS, LIBRARY GRANTS, AND CONSTRUCTION AND CONTRACTS FROM VARIOUS FEDERAL AGENCIES.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

Employer identification number  
94-1156365

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	0.	0.	PROGRAM SERVICES	ATHLETICS	10,348.
(2) CENTRAL AMERICA AND THE CARIBB	0.	0.	PROGRAM SERVICES	CONFERENCES & SEMINARS	403.
(3) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	CONFERENCES & SEMINARS	125,020.
(4) EUROPE	0.	7.	PROGRAM SERVICES	CONFERENCES & SEMINARS	705,421.
(5) MIDDLE EAST AND NORTH AFRICA	0.	2.	PROGRAM SERVICES	CONFERENCES & SEMINARS	47,402.
(6) NORTH AMERICA	0.	2.	PROGRAM SERVICES	CONFERENCES & SEMINARS	99,810.
(7) RUSSIA AND NEIGHBORING STATES	0.	0.	PROGRAM SERVICES	CONFERENCES & SEMINARS	891.
(8) SOUTH AMERICA	0.	1.	PROGRAM SERVICES	CONFERENCES & SEMINARS	3,034.
(9) SOUTH ASIA	0.	0.	PROGRAM SERVICES	CONFERENCES & SEMINARS	52,903.
(10) SUB-SAHARAN AFRICA	0.	1.	PROGRAM SERVICES	CONFERENCES & SEMINARS	231,129.
(11) CENTRAL AMERICA AND THE CARIBB	0.	0.	PROGRAM SERVICES	EDUCATION	12,700.
(12) EAST ASIA AND THE PACIFIC	0.	26.	PROGRAM SERVICES	EDUCATION	315,823.
(13) EUROPE	0.	23.	PROGRAM SERVICES	EDUCATION	1,620,215.
(14) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	EDUCATION	486,523.
(15) NORTH AMERICA	0.	11.	PROGRAM SERVICES	EDUCATION	330,280.
(16) RUSSIA AND NEIGHBORING STATES	0.	0.	PROGRAM SERVICES	EDUCATION	9,299.
(17) SOUTH AMERICA	0.	2.	PROGRAM SERVICES	EDUCATION	85,012.
<b>3a Subtotal</b> . . . . .		75.			4,136,213.
<b>b Total from continuation sheets to Part I</b> . . . . .	15.	481.			19,470,686,377.
<b>c Totals (add lines 3a and 3b)</b>	15.	556.			19,474,822,590.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY**

Employer identification number  
**94-1156365**

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
<b>(1)</b> SOUTH ASIA	1.	12.	PROGRAM SERVICES	EDUCATION	792,994.
<b>(2)</b> SUB-SAHARAN AFRICA	2.	21.	PROGRAM SERVICES	EDUCATION	2,036,636.
<b>(3)</b> EAST ASIA AND THE PACIFIC	1.	0.	PROGRAM SERVICES	FOREIGN CENTER	1,600,106.
<b>(4)</b> EAST ASIA AND THE PACIFIC	0.	1.	PROGRAM SERVICES	FOREIGN TRAVEL	36,500.
<b>(5)</b> EUROPE	0.	1.	PROGRAM SERVICES	FOREIGN TRAVEL	223,134.
<b>(6)</b> MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	FOREIGN TRAVEL	226.
<b>(7)</b> NORTH AMERICA	0.	0.	PROGRAM SERVICES	FOREIGN TRAVEL	1,399.
<b>(8)</b> SOUTH ASIA	0.	2.	PROGRAM SERVICES	FOREIGN TRAVEL	47,604.
<b>(9)</b> SUB-SAHARAN AFRICA	0.	2.	PROGRAM SERVICES	FOREIGN TRAVEL	75,757.
<b>(10)</b> CENTRAL AMERICA AND THE CARIBB	0.	0.	PROGRAM SERVICES	INV. ADMINISTRATION	2,554.
<b>(11)</b> EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	INV. ADMINISTRATION	30,717.
<b>(12)</b> NORTH AMERICA	0.	0.	PROGRAM SERVICES	INV. ADMINISTRATION	22,650.
<b>(13)</b> CENTRAL AMERICA AND THE CARIBB	0.	3.	PROGRAM SERVICES	RESEARCH	144,146.
<b>(14)</b> EAST ASIA AND THE PACIFIC	1.	40.	PROGRAM SERVICES	RESEARCH	1,846,692.
<b>(15)</b> EUROPE	0.	95.	PROGRAM SERVICES	RESEARCH	6,587,473.
<b>(16)</b> MIDDLE EAST AND NORTH AFRICA	0.	6.	PROGRAM SERVICES	RESEARCH	288,066.
<b>(17)</b> NORTH AMERICA	0.	41.	PROGRAM SERVICES	RESEARCH	1,224,851.
<b>3a</b> Subtotal . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

Employer identification number  
94-1156365

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) RUSSIA AND NEIGHBORING STATES	0.	11.	PROGRAM SERVICES	RESEARCH	111,052.
(2) SOUTH AMERICA	0.	31.	PROGRAM SERVICES	RESEARCH	1,067,567.
(3) SOUTH ASIA	0.	34.	PROGRAM SERVICES	RESEARCH	840,643.
(4) SUB-SAHARAN AFRICA	0.	44.	PROGRAM SERVICES	RESEARCH	560,228.
(5) EAST ASIA AND THE PACIFIC	1.	7.	PROGRAM SERVICES	STUDY ABROAD	
(6) EUROPE	5.	117.	PROGRAM SERVICES	STUDY ABROAD	5,068,443.
(7) SOUTH AMERICA	1.	5.	PROGRAM SERVICES	STUDY ABROAD	470,360.
(8) SUB-SAHARAN AFRICA	1.	7.	PROGRAM SERVICES	STUDY ABROAD	
(9) EUROPE	0.	0.	PROGRAM SERVICES	STUDY TOURS	179,522.
(10) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY TOURS	360,840.
(11) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		16,887,323,398.
(12) EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		469,780,691.
(13) EUROPE	0.	0.	INVESTMENTS		765,500,623.
(14) NORTH AMERICA	0.	0.	INVESTMENTS		294,385,861.
(15) SOUTH AMERICA	0.	0.	INVESTMENTS		153,037,556.
(16) SUB-SAHARAN AFRICA	0.	0.	INVESTMENTS		824,551,863.
(17) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENT FEES		36,349,420.
<b>3a Subtotal</b> . . . . .					
<b>b Total from continuation sheets to Part I</b> . . . . .					
<b>c Totals (add lines 3a and 3b)</b>					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

Employer identification number  
94-1156365

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) SOUTH AMERICA	0.	0.	INVESTMENT FEES		8,712,907.
(2) EAST ASIA AND THE PACIFIC	0.	0.	INV. OPERATING SUBS		160,684.
(3) SOUTH AMERICA	0.	0.	INV. OPERATING SUBS		11,221.
(4) SOUTH ASIA	0.	0.	INV. OPERATING SUBS		468,677.
(5) CENTRAL AMERICA AND THE CARIBB	0.	0.	GRANTMAKING		4,930.
(6) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		203,172.
(7) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		92,500.
(8) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		4,942.
(9) EUROPE	0.	0.	GRANTMAKING		3,635,470.
(10) EUROPE	0.	0.	GRANTMAKING		66,074.
(11) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		184,803.
(12) NORTH AMERICA	0.	0.	GRANTMAKING		357,385.
(13) SOUTH AMERICA	0.	0.	GRANTMAKING		255,035.
(14) SOUTH AMERICA	0.	0.	GRANTMAKING		2,700.
(15) SOUTH ASIA	0.	0.	GRANTMAKING		877,425.
(16) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		923,681.
(17) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		146,775.
<b>3a Subtotal</b> . . . . .					
<b>b Total from continuation sheets to Part I</b> . . . . .					
<b>c Totals (add lines 3a and 3b)</b>					

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY**

Employer identification number  
**94-1156365**

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EAST ASIA AND THE PACIFIC	1.	0.	FUNDRAISING		677.
<b>(2)</b> EUROPE	1.	1.	FUNDRAISING		21,665.
<b>(3)</b> SOUTH AMERICA	0.	0.	FUNDRAISING		228.
<b>(4)</b> SOUTH ASIA	0.	0.	FUNDRAISING		5,854.
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFI	RESEARCH SUB	94,618.	CHECK/WIRE			
(2)			EAST ASIA AND THE PACIFI	RESEARCH SUB	74,204.	CHECK/WIRE			
(3)			EAST ASIA AND THE PACIFI	RESEARCH SUB	32,502.	CHECK/WIRE			
(4)			EUROPE	RESEARCH SUB	1,003,366.	CHECK/WIRE			
(5)			EUROPE	RESEARCH SUB	399,674.	CHECK/WIRE			
(6)			EUROPE	RESEARCH SUB	215,936.	CHECK/WIRE			
(7)			EUROPE	RESEARCH SUB	209,896.	CHECK/WIRE			
(8)			EUROPE	RESEARCH SUB	191,040.	CHECK/WIRE			
(9)			EUROPE	RESEARCH SUB	172,108.	CHECK/WIRE			
(10)			EUROPE	RESEARCH SUB	144,856.	CHECK/WIRE			
(11)			EUROPE	RESEARCH SUB	133,559.	CHECK/WIRE			
(12)			EUROPE	RESEARCH SUB	132,046.	CHECK/WIRE			
(13)			EUROPE	RESEARCH SUB	124,160.	CHECK/WIRE			
(14)			EUROPE	RESEARCH SUB	120,014.	CHECK/WIRE			
(15)			EUROPE	RESEARCH SUB	108,957.	CHECK/WIRE			
(16)			EUROPE	RESEARCH SUB	101,578.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	RESEARCH SUB	100,396.	CHECK/WIRE			
(2)			EUROPE	RESEARCH SUB	90,489.	CHECK/WIRE			
(3)			EUROPE	RESEARCH SUB	77,592.	CHECK/WIRE			
(4)			EUROPE	RESEARCH SUB	62,742.	CHECK/WIRE			
(5)			EUROPE	RESEARCH SUB	49,134.	CHECK/WIRE			
(6)			EUROPE	RESEARCH SUB	45,826.	CHECK/WIRE			
(7)			EUROPE	RESEARCH SUB	42,821.	CHECK/WIRE			
(8)			EUROPE	RESEARCH SUB	39,698.	CHECK/WIRE			
(9)			EUROPE	RESEARCH SUB	16,955.	CHECK/WIRE			
(10)			EUROPE	RESEARCH SUB	16,416.	CHECK/WIRE			
(11)			EUROPE	RESEARCH SUB	12,121.	CHECK/WIRE			
(12)			EUROPE	RESEARCH SUB	11,590.	CHECK/WIRE			
(13)			EUROPE	RESEARCH SUB	9,597.	CHECK/WIRE			
(14)			MIDDLE EAST AND NORTH AF	RESEARCH SUB	100,165.	CHECK/WIRE			
(15)			MIDDLE EAST AND NORTH AF	RESEARCH SUB	84,638.	CHECK/WIRE			
(16)			NORTH AMERICA	RESEARCH SUB	172,511.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			NORTH AMERICA	RESEARCH SUB	78,380.	CHECK/WIRE			
<b>(2)</b>			NORTH AMERICA	RESEARCH SUB	52,056.	CHECK/WIRE			
<b>(3)</b>			NORTH AMERICA	RESEARCH SUB	42,181.	CHECK/WIRE			
<b>(4)</b>			NORTH AMERICA	RESEARCH SUB	12,258.	CHECK/WIRE			
<b>(5)</b>			SOUTH AMERICA	RESEARCH SUB	150,084.	CHECK/WIRE			
<b>(6)</b>			SOUTH AMERICA	RESEARCH SUB	43,555.	CHECK/WIRE			
<b>(7)</b>			SOUTH AMERICA	RESEARCH SUB	32,000.	CHECK/WIRE			
<b>(8)</b>			SOUTH AMERICA	RESEARCH SUB	17,866.	CHECK/WIRE			
<b>(9)</b>			SOUTH AMERICA	RESEARCH SUB	11,635.	CHECK/WIRE			
<b>(10)</b>			SOUTH ASIA	RESEARCH SUB	453,994.	CHECK/WIRE			
<b>(11)</b>			SOUTH ASIA	RESEARCH SUB	274,470.	CHECK/WIRE			
<b>(12)</b>			SOUTH ASIA	RESEARCH SUB	89,561.	CHECK/WIRE			
<b>(13)</b>			SOUTH ASIA	RESEARCH SUB	54,190.	CHECK/WIRE			
<b>(14)</b>			SOUTH ASIA	RESEARCH SUB	5,210.	CHECK/WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	RESEARCH SUB	612,759.	CHECK/WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	RESEARCH SUB	140,076.	CHECK/WIRE			

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . **▶** \_\_\_\_\_

**3** Enter total number of other organizations or entities . . . . . **▶** \_\_\_\_\_

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	RESEARCH SUB	116,988.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	RESEARCH SUB	52,459.	CHECK/WIRE			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . **▶** 48.

3 Enter total number of other organizations or entities . . . . . **▶** 2.

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
<b>(1)</b> INTERNSHIP STIPENDS	CENT. AMERICA/CARIBBEAN	1.	4,930.	CHECK/EFT			
<b>(2)</b> INTERNSHIP STIPENDS	EAST ASIA/PACIFIC	1.	4,942.	CHECK/EFT			
<b>(3)</b> STIPENDS	SOUTH AMERICA	2.	2,700.	CHECK/EFT			
<b>(4)</b> STIPENDS	EUROPE/ICELAND/GREENLAND	3.	66,074.	CHECK/EFT			
<b>(5)</b> STIPENDS	SUB-SAHARAN AFRICA	4.	146,775.	CHECK/EFT			
<b>(6)</b> SCHOLARSHIPS	EAST ASIA/PACIFIC	12.	92,500.	CHECK/EFT			
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							
<b>(13)</b>							
<b>(14)</b>							
<b>(15)</b>							
<b>(16)</b>							
<b>(17)</b>							
<b>(18)</b>							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  **Yes**  **No**
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 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)* . . . . .  **Yes**  **No**
  
- 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
  
- 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**  **No**
  
- 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE UNITED STATES (US) ARE PRINCIPALLY GOVERNED BY THE PURPOSE FOR WHICH THE FUNDS WERE GRANTED. SUBAWARD GRANTS AND GRANTS PAID OUTSIDE OF THE US, OR FOR USE OUTSIDE THE US, FOR PROGRAMS WHICH HAVE A READILY IDENTIFIABLE FOREIGN COMPONENT AND ARE TRACKED SEPARATELY ARE REPORTED ON SCHEDULE F. (GRANTMAKING IS FURTHER DISCUSSED BELOW.)

FINANCIAL AID:

FINANCIAL AID AMOUNTS SUCH AS GRANTS, STIPENDS, FELLOWSHIPS AND SCHOLARSHIPS ARE PAID TO ENROLLED STUDENTS AND MAY BE USED FOR ACADEMIC ACTIVITIES ABROAD. STANFORD REQUIRES THAT STUDENTS WHO ARE RECEIVING FINANCIAL AID MAINTAIN THEIR REGISTRATION STATUS, AND BE ENROLLED FOR ACADEMIC CREDIT IN UNIVERSITY-APPROVED AND MONITORED PROGRAMS AND/OR RELATED ACADEMIC ACTIVITIES. ACCORDINGLY, THE UNIVERSITY DOES NOT CONSIDER FINANCIAL AID DISBURSEMENTS IN THE US TO ENROLLED STUDENTS AS "GRANTS TO FOREIGN INDIVIDUALS."

DURING THE YEAR ENDED AUGUST 31, 2021, THE COVID PANDEMIC IMPACTED STUDENTS WORLDWIDE AND MANY INTERNATIONAL STUDENTS WERE NOT ABLE TO TRAVEL TO THE US DUE TO TRAVEL BANS, INABILITY TO SECURE VISAS OR HEALTH AND SAFETY CONCERNS. FINANCIAL AID WAS CONTINUED FOR THESE

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

STUDENTS AND STANFORD DOES NOT CONSIDER THIS TEMPORARY SITUATION TO TRIGGER SCH F GRANTMAKING REPORTING OBLIGATIONS.

SUBAWARDS:

PROCEDURES FOR MONITORING SUBAWARDS (DISCUSSED FURTHER BELOW UNDER 3.GRANTMAKING) INCLUDE AN INITIAL RISK ASSESSMENT OF THE RECIPIENT TOGETHER WITH A REVIEW OF AUDIT/FINANCIALS. THIS ASSESSMENT DETERMINES THE SCOPE OF AGREEMENT TERMS TO ENSURE SAFE-HANDLING OF THE AWARD. IN ACCORDANCE WITH OFFICE OF MANAGEMENT AND BUDGET (OMB) UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS (UNIFORM GUIDANCE), SUB-RECIPIENTS WHO ARE NOT UNDER SINGLE AUDIT ARE REQUIRED TO ANNUALLY COMPLETE A QUESTIONNAIRE DESIGNED TO ASSESS CERTAIN ASPECTS OF THE SUB-RECIPIENT'S INTERNAL CONTROLS AND FINANCIAL STATUS. THIS INFORMATION IS COLLECTED AND REVIEWED BY UNIVERSITY SPONSORED RESEARCH SPECIALISTS. INVOICES SUBMITTED BY THE SUB-RECIPIENT TO THE UNIVERSITY ARE REVIEWED TO ENSURE THAT CHARGED EXPENSES MEET BOTH INTERNAL ACCOUNTING POLICIES, AS WELL AS FEDERAL STANDARDS. AWARDS ARE MONITORED ON AN ONGOING BASIS.

PART I, LINE 3:

DETAILS FOR EACH TYPE OF ACTIVITY (1. PROGRAM SERVICES, 2. INVESTMENTS, 3. GRANTMAKING, 4. FUNDRAISING) CONDUCTED IN EACH REGION AND THE METHOD USED TO ACCOUNT FOR EXPENDITURES ON PART I, COLUMN (F):

AS A LEADING RESEARCH INSTITUTION, STANFORD UNIVERSITY CONDUCTS

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ACTIVITIES WORLDWIDE IN PURSUIT OF ITS ACADEMIC MISSION OF EDUCATION,  
RESEARCH AND PATIENT CARE. ITS STUDENTS, FACULTY AND ALUMNI COMMUNITIES  
ARE SIMILARLY INTERNATIONAL IN CHARACTER, AND SEEK TO COLLABORATE IN AN  
INTERDEPENDENT WORLD TO UNDERSTAND AND SOLVE GLOBAL CHALLENGES.

THE UNIVERSITY HAS REPORTED ON SCHEDULE F EXPENDITURES RELATING TO  
FOREIGN ACTIVITIES THAT ARE TRACKED IN THE ACCOUNTING SYSTEM, IN  
ACCORDANCE WITH U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

1. PROGRAM SERVICES:

PROGRAM SERVICES INCLUDE ACTIVITIES RELATING TO THE CORE INSTITUTIONAL  
MISSION OF TEACHING, RESEARCH AND HEALTH CARE.

FOR THE FISCAL YEAR ENDED AUGUST 31, 2021, AMOUNTS ASSOCIATED WITH  
PROGRAM SERVICES WERE SIGNIFICANTLY LOWER THAN IN PRIOR YEARS DUE TO THE  
CURTAILING IMPACT OF COVID ON NORMAL ACTIVITIES INVOLVING TRAVEL.

-TRAVEL STUDY: TRAVEL STUDY INCLUDES EXPENSES INCURRED IN REGION FOR  
STUDENTS TO EXAMINE GLOBAL ISSUES IN A FACULTY LED GROUP-LEARNING  
ENVIRONMENT.

-STUDY TOURS: STUDY TOURS INCLUDE EXPENSES INCURRED IN THE REGION FOR  
ALUMNI ASSOCIATION SPONSORED STUDY TRIPS.

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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-STUDY ABROAD: STUDY ABROAD INCLUDES OPERATING EXPENSES INCURRED IN THE REGION FOR PREDOMINANTLY STANFORD-RUN UNDERGRADUATE FOREIGN STUDY PROGRAMS. CONSISTENT WITH FINANCIAL STATEMENT TREATMENT, WHERE SALARIES ARE INCURRED, A COST ALLOCATION FOR FRINGE BENEFITS IS ADDED TO SALARIES FOR REPORTING PURPOSES.

-RESEARCH: RESEARCH INCLUDES CONTRACT PAYMENTS TO FOREIGN SUB-RECIPIENTS AND DIRECT COSTS INCURRED REGIONALLY FOR ACADEMIC RESEARCH PROJECTS, INCLUDING PAYMENTS FOR PROFESSIONAL SERVICES ENGAGED TO FURTHER THE RESEARCH PURPOSE.

-FOREIGN TRAVEL: FOREIGN TRAVEL IS CATEGORIZED SEPARATELY IN THE ACCOUNTING SYSTEM TO MEET COST PRINCIPLES OF OMB REQUIREMENTS.

-FOREIGN CENTER: REPRESENTS EXPENSES INCURRED FOR THE OPERATION, SUPPORT, MAINTENANCE, AND MANAGEMENT OF FACILITIES IN THE EAST ASIA/PACIFIC REGION TO HOUSE STANFORD FACULTY, STAFF, AND STUDENTS ENGAGED IN ACADEMIC ACTIVITIES.

-EDUCATION: INCLUDES PROGRAM FUNDING FOR US FACULTY AND STUDENTS FOR ACADEMIC ACTIVITIES CONDUCTED INTERNATIONALLY. STANFORD ALSO OFFERS EDUCATIONAL PROGRAMS TO NON-MATRICULATED STUDENTS.

-CONFERENCES AND SEMINARS: INCLUDE EXPENSES INCURRED FOR LODGING,

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

TRANSPORTATION AND MEALS FOR FACULTY AND STUDENTS TO ATTEND AND PRESENT  
ACADEMIC AND RESEARCH FINDINGS.

-ATHLETICS: INCLUDES EXPENSES INCURRED IN SUPPORT OF ATHLETICS PROGRAMS.

**2. INVESTMENTS:**

I) INVESTMENTS ARE REPORTED AS OF AUGUST 31, 2021 AT FAIR MARKET VALUE,  
DETERMINED IN ACCORDANCE WITH US GENERALLY ACCEPTED ACCOUNTING  
PRINCIPLES. INVESTMENT MANAGEMENT FEES ARE DIRECT FEES EXPENSED DURING  
FISCAL YEAR 2021. ON OCCASION THE UNIVERSITY WILL INVEST IN AN ENTITY  
THAT WILL REQUIRE A PREPAYMENT OF CERTAIN INVESTMENT MANAGEMENT RELATED  
FEES. THE UNIVERSITY INCLUDES SUCH FEES AS PART OF THE INITIAL INVESTMENT  
FOR ACCOUNTING PURPOSES. IN ACCORDANCE WITH IRS SPECIFIC SCHEDULE F  
INSTRUCTIONS AND CONSISTENT WITH UNIVERSITY ACCOUNTING POLICY TO INCLUDE  
SUCH FEES AS PART OF THE INITIAL INVESTMENT BASIS, THE PREPAYMENT OF  
INVESTMENT MANAGEMENT FEES AND THE SUBSEQUENT AMORTIZATION THEREOF IS  
EXCLUDED FROM PART I REPORTING.

THE REGION IN WHICH INVESTMENTS ARE REPORTED ON SCHEDULE F IS BASED ON  
THE INVESTMENT ENTITY'S LEGAL DOMICILE (I.E., COUNTRY WHOSE LAWS GOVERN  
THE ENTITY'S AFFAIRS) AND IS NOT INTENDED TO BE AN INDICATION OF WHERE  
THE INVESTMENT MANAGER DEPLOYS ASSETS. ACCORDINGLY, SUCH INFORMATION ON  
SCHEDULE F MAY NOT REFLECT THE REGIONS OF THE WORLD WHERE THE

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

UNIVERSITY'S ASSETS ARE ACTUALLY INVESTED.

STANFORD MANAGEMENT COMPANY ("SMC"), A DIVISION OF THE UNIVERSITY, ACTIVELY MANAGES THE UNIVERSITY'S MERGED POOL, WHICH COMPRISES THE SUBSTANTIAL MAJORITY OF STANFORD'S INVESTABLE ASSETS. THE PORTFOLIO IS CONSTRUCTED TO GENERATE ATTRACTIVE LONG-TERM RETURNS, ADJUSTED FOR RISK, SO THAT THE ENDOWMENT CAN PROVIDE MEANINGFUL ANNUAL SUPPORT TO THE OPERATING BUDGET OF THE UNIVERSITY WHILE PRESERVING PURCHASING POWER ACROSS GENERATIONS. STANFORD'S INVESTMENT PROGRAM IS CONSISTENT WITH ITS FIDUCIARY RESPONSIBILITIES UNDER THE CALIFORNIA UNIFORM PRUDENT INVESTOR ACT.

TO EXECUTE ITS INVESTMENT STRATEGY, STANFORD INVESTS THROUGH ONSHORE AND OFFSHORE INVESTMENT VEHICLES. OFTEN, WHEN ACCESSING INTERNATIONAL OPPORTUNITIES, THERE IS NO ONSHORE OPTION. STANFORD REPORTS ITS HOLDINGS TO THE IRS AND OTHER TAX AUTHORITIES AND MAKES EVERY EFFORT TO BE FULLY COMPLIANT WITH ALL APPLICABLE DOMESTIC AND FOREIGN LAWS. OFFSHORE VEHICLES ARE STILL SUBJECT TO US TAX PROVISIONS, SPECIFICALLY ON INCOME THAT IS EFFECTIVELY CONNECTED TO THEIR OPERATIONS IN THE U.S., AS WELL AS ON DIVIDENDS RECEIVED FROM OPERATIONS DOMICILED IN THE U.S.

IN SUMMARY, THE UNIVERSITY'S LONG-TERM INVESTMENT STRATEGY RELIES ON A PORTFOLIO DIVERSIFIED BY ASSET CLASS AND GEOGRAPHY, CONTINUALLY REFINED TO ACHIEVE DESIRED OVERALL RISK AND RETURN CHARACTERISTICS. COMBINED WITH

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

A DISCIPLINED PAYOUT POLICY, STANFORD'S TRUSTEES AIM TO PROVIDE ROBUST ANNUAL SUPPORT FOR THE CURRENT OPERATING ACTIVITIES AND TO PRESERVE THE PURCHASING POWER OF THE ENDOWMENT FOR FUTURE GENERATIONS OF STUDENTS AND SCHOLARS.

II) ALSO REPORTED AS INVESTMENTS ARE STANFORD'S INVESTMENTS IN RELATED OPERATING SUBSIDIARIES THROUGH WHICH THE UNIVERSITY CONDUCTS ONGOING PROGRAM ACTIVITIES IN CERTAIN FOREIGN COUNTRIES.

**3. GRANTMAKING:**

STANFORD UNIVERSITY IS NOT A "GRANT MAKER" PER SE IN THAT ITS FUNDAMENTAL MISSION, AND PURPOSE FOR TAX-EXEMPTION, RELATES TO TEACHING, RESEARCH AND HEALTH CARE ACTIVITIES. HOWEVER, IN THE COURSE OF THESE MISSION-BASED ACTIVITIES, THE UNIVERSITY DOES MAKE PAYMENTS THAT MEET THE CRITERIA FOR 'GRANTMAKING' AS DEFINED BY THE INSTRUCTIONS TO IRS 990 SCHEDULE F. ACCORDINGLY, THESE GRANTS ARE REPORTED ON SCHEDULE F, PART I, AND ALSO REPORTED ON PARTS II AND III AS REQUIRED BY THE INSTRUCTIONS.

FOR MOST U.S. INSTITUTIONS OF HIGHER EDUCATION, PROVISION OF FINANCIAL AID TO STUDENTS IS AN IMPORTANT ACTIVITY ENABLING QUALIFIED STUDENTS TO OBTAIN A COLLEGE EDUCATION AT THE UNDERGRADUATE, GRADUATE OR POSTDOCTORAL LEVEL. STANFORD IS COMMITTED TO A "NEED-BLIND" ADMISSION POLICY FOR U.S. CITIZENS, PERMANENT RESIDENTS AND UNDOCUMENTED STUDENTS; IT ADMITS QUALIFIED STUDENTS WITHOUT REGARD TO THEIR ABILITY TO PAY, AND

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PROVIDES A COMPREHENSIVE FINANCIAL AID PROGRAM FOR ALL ADMITTED US UNDERGRADUATE STUDENTS WHO HAVE UNIVERSITY-COMPUTED NEED, AND WHO MEET STATED FINANCIAL AID ELIGIBILITY REQUIREMENTS.

FOR THE FISCAL YEAR ENDED AUGUST 31, 2021 (FY 2021), 50% OF UNDERGRADUATE AND ABOUT 85% OF GRADUATE STUDENTS RECEIVED SOME FORM OF FINANCIAL AID, WITH A TOTAL OF \$704 MILLION OF FINANCIAL AID DISBURSED TO ALL STANFORD STUDENTS. APPROXIMATELY 45% OF THIS AID TOOK THE FORM OF TRANSFERS FROM INTERNAL UNIVERSITY FUNDS (OFTEN IN ACCORDANCE WITH DONOR TERMS) TO OFFSET TUITION AND OTHER UNIVERSITY CHARGES THAT WOULD OTHERWISE HAVE BEEN RECEIVED BY THE UNIVERSITY. THE BALANCE OF \$379 MILLION REPRESENTS DISBURSEMENTS, PRIMARILY TO GRADUATE STUDENTS, FOR STIPENDS, FELLOWSHIPS AND OTHER STUDENT AID IN SUPPORT OF ACADEMIC EFFORT.

GRANTS TO ORGANIZATIONS ARE PRIMARILY IN THE FORM OF RESEARCH SUBAWARDS. SUBAWARDS ARE PAYMENTS TO THIRD PARTY RECIPIENTS FOR PERFORMING A PORTION OF A STANFORD RESEARCH PROGRAM, MOST OFTEN A SPONSORED-RESEARCH PROJECT. MANY SUBAWARDS ARE AGREEMENTS FOR CONTRACTUALLY DEFINED DELIVERABLES, USUALLY REQUIRING HIGHLY SPECIFIC EXPERTISE. AS SUCH THEY COULD BE DESCRIBED AS RESEARCH CONTRACTS. HOWEVER, CERTAIN SUBAWARDS ARE CATEGORIZED AS GRANTS, DEPENDING ON THE NATURE OF THE ORIGINATING PRIME FUNDING SOURCE, SINCE THE TERMS AND CONDITIONS OF THE ORIGINATING FUNDING SOURCE GENERALLY FLOW THROUGH TO THE SUBAWARD. ACCORDINGLY, GRANT-FUNDED SUBAWARDS ARE REPORTED IN PART II. CONTRACT-FUNDED SUBAWARDS TO FOREIGN



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

RECIPIENTS ARE REPORTED IN PART I, LINE 3 AS PROGRAM SERVICES - RESEARCH.

GRANTS REPORTED ON SCHEDULE F ARE DIRECTLY TRACKED AND SOURCED FROM THE ACCOUNTING SYSTEM. IT IS CURRENTLY NOT POSSIBLE TO REPORT EXHAUSTIVELY ALL GRANTS TO FOREIGN INDIVIDUALS OR ORGANIZATIONS OR TO DOMESTIC INDIVIDUALS OR ORGANIZATIONS WITH DESIGNATED FOREIGN BENEFICIARIES. SEE BELOW FOR FURTHER EXPLANATION OF THE METHOD USED TO ACCOUNT FOR GRANTS ON PART II AND III.

**4. FUNDRAISING:**

FUNDRAISING INCLUDES EXPENSES DIRECTLY INCURRED IN THE REGION FOR FUNDRAISING ACTIVITIES.

PART II: METHOD USED TO ACCOUNT FOR GRANTS TO ORGANIZATIONS  
SUBAWARDS ARE SEPARATELY TRACKED IN THE ACCOUNTING SYSTEM WITH THE IDENTIFICATION OF THE FUNDING SOURCE OF THE SUBAWARD (I.E. GRANT VS. CONTRACT) SEPARATELY TRACKED IN THE UNIVERSITY'S SPONSORED RESEARCH SYSTEM. INCLUDED IN PART II ARE DIRECT GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS OUTSIDE THE US. THE UNIVERSITY DOES NOT TRACK WHETHER GRANTS TO ORGANIZATIONS WITHIN THE U.S. ARE MADE FOR THE PURPOSE OF PROVIDING GRANTS TO FOREIGN ORGANIZATIONS. SUBAWARDS ARE SUBJECT TO THE MONITORING PROCEDURES DISCUSSED IN PART V WITH RESPECT TO PART I, LINE 2 REGARDLESS OF WHETHER THE RECIPIENT WILL FURTHER SUBAWARD FUNDS IN ORDER TO ACCOMPLISH THE PURPOSES OF THE AWARD.

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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PART III: METHOD USED TO ACCOUNT FOR GRANTS TO INDIVIDUALS

PAYMENTS TO INDIVIDUALS OUTSIDE OF THE US ARE TRACKED IN THE PAYABLES

SUB-LEDGER OF THE ACCOUNTING SYSTEM. GRANT DISBURSEMENTS TO STUDENTS AND

FACULTY ARE TRACKED AT A SUMMARY LEVEL IN THE ACCOUNTING SYSTEM. THE

AWARDING AND MONITORING OF INDIVIDUAL GRANT FUNDS IS A DECENTRALIZED

ACADEMIC PROGRAM LEVEL RESPONSIBILITY. THE NUMBER OF RECIPIENTS REPORTED

IN PART III REFLECT IDENTIFIABLE ACTUAL RECIPIENTS OF THOSE PROGRAMS, OR

OTHER IDENTIFIED STUDENT RECIPIENTS.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

Employer identification number  
94-1156365

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....						201,159.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA, NY,

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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## 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
THE STELTER COMPANY  10435 NEW YORK AVENUE DES MOINES IA 50322	BROCHURES		X		39,715.	
BRUNSWICK GROUP LLC  245 PARK AVE, 14TH FL NEW YORK NY 10167	BRANDING		X		90,000.	
MARA MCCLELLAN  2842 ASHBY AVENUE BERKELEY CA 94705	CONSULTING		X		65,644.	
JOHN DAVID SCHRAMM II  702 LAS OVEJAS AVE SAN RAFAEL CA 94903	CONSULTING		X		5,800.	

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> AFS-USA INC 120 WALL ST 4TH FL NEW YORK, NY 10005	39-1711417	501(C)(3)	500,000.				GENERAL SUPPORT
<b>(2)</b> ALLIANCE FOR SCHOOL CHOICE INC 1020 19TH ST NW WASHINGTON, DC 20036	52-2111508	501(C)(3)	50,000.				GENERAL SUPPORT
<b>(3)</b> AMERICAN ASSOCIATES BEN-GURION UNIVERSITY O 1001 AVE OF THE AMERICAS NEW YORK, NY 10018	23-7270753	501(C)(3)	20,000.				SCHOLARSHIP SUPPORT
<b>(4)</b> AMERICAN FRIENDS OF BEIT HATFUTSOT 633 THIRD AVE 21ST FL NEW YORK, NY 10017	13-2928469	501(C)(3)	500,000.				GENERAL SUPPORT
<b>(5)</b> AMERICAN FRIENDS OF THE TEL AVIV UNIV. INC 8 WEST 40TH ST FL 8 NEW YORK, NY 10018	13-1996126	501(C)(3)	150,000.				BUSINESS SCHOOL SUPP
<b>(6)</b> AMERICAN FRIENDS OXFORD CNT. HEBREW /JEWISH CO 279 FRANKLIN ST NEWTON, MA 02458	13-2943469	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(7)</b> AMERICAN MUSEUM OF NATURAL HISTORY 200 CENTRAL PARK W NEW YORK, NY 10024	13-6162659	501(C)(3)	25,000.				CENTER SUPPORT
<b>(8)</b> AMERICAN SOCIETY OF THE UNIV. OF HAIFA 80 BROAD ST STE 2102 NEW YORK, NY 10004	13-6220819	501(C)(3)	500,000.				PROJECT SUPPORT
<b>(9)</b> AMERICA'S CHARITIES 14383 NEWBROOK DRIVE CHANTILLY, VA 20151	54-1517707	501(C)(3)	170,000.				PROJECT SUPPORT
<b>(10)</b> ASIAN ART MUSEUM FOUNDATION OF SF 200 LARKIN ST SAN FRANCISCO, CA 94102	94-1704765	501(C)(3)	250,000.				GENERAL SUPPORT
<b>(11)</b> BROOKINGS INSTITUTION 1775 MASS. AVE NW WASHINGTON, DC 20036	53-0196577	501(C)(3)	140,000.				PROJECT SUPPORT
<b>(12)</b> BUCK INSTITUTE FOR RESEARCH ON AGING 8001 REDWOOD BLVD NOVATO, CA 94945	94-3030609	501(C)(3)	272,000.				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

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Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY** Employer identification number **94-1156365**

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CALMATTERS 1017 L ST 261 9TH FL SACRAMENTO, CA 95814	47-2474086	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(2)</b> CAMPAIGN FOR HUMAN RIGHTS INC 137 MONTAGUE ST, S.384 SACRAMENTO, CA 95815	27-5305580	501(C)(3)	25,000.				CAMPAIGN ADS SUPPORT
<b>(3)</b> CANCER FOUNDATION OF SANTA BARBARA 601 W JUNIPERO ST SANTA BARBARA, CA 93105	95-2158727	501(C)(3)	50,000.				GENERAL SUPPORT
<b>(4)</b> CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE. PITTSBURGH, PA 15213	25-0969449	501(C)(3)	150,000.				INSTITUTE SUPPORT
<b>(5)</b> CARPINTERIA CHILDREN'S PROJECT 5201 8TH ST STE 100 CARPINTERIA, CA 93013	81-1407122	501(C)(3)	250,000.				GENERAL SUPPORT
<b>(6)</b> CARPINTERIA SKATE FOUNDATION, INC. PO BOX 65 CARPINTERIA, CA 93014	27-0394632	501(C)(3)	100,000.				GENERAL SUPPORT
<b>(7)</b> CENTER FOR THE ARTS PO BOX 860 JACKSON, WY 83001	83-0314362	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(8)</b> CHILDREN OF FALLEN PATRIOTS FOUNDATION 44900 PRENTICE DR DULLES, VA 20166	47-0902295	501(C)(3)	25,000.				EVENT SUPPORT
<b>(9)</b> CHILDREN'S HEALTH COUNCIL 650 CLARK WAY PALO ALTO, CA 94304	94-1312311	501(C)(3)	50,000.				MENTAL HEALTH INIT.
<b>(10)</b> CHINESE HOSPITAL ASSOCIATION 845 JACKSON ST SAN FRANCISCO, CA 94133	94-0382780	501(C)(3)	40,000.				GENERAL SUPPORT
<b>(11)</b> CORNELL UNIVERSITY 130 E SENECA ST ITHACA, NY 14850	15-0532082	501(C)(3)	100,000.				GENERAL SUPPORT
<b>(12)</b> CORO SOUTHERN CALIFORNIA INC 1000 N. ALAMEDA ST LOS ANGELES, CA 90012	95-4274561	501(C)(3)	500,000.				PROGRAM SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
-----------------------------------------------------------------------------------------------	----------------------------------------------

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CURIODYSSEY 1651 COYOTE POINT DR SAN MATEO, CA 94401	94-1262434	501(C)(3)	50,000.				GENERAL SUPPORT
<b>(2)</b> DIRECT RELIEF 6100 WALLACE BECKNELL RD	95-1831116	501(C)(3)	15,000.				GENERAL SUPPORT
<b>(3)</b> DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	100,000.				GENERAL SUPPORT
<b>(4)</b> FIDELITY INVESTMENTS CHARITABLE GIFT FUND 200 SEAPORT BLVD BOSTON, MA 02210	11-0303001	501(C)(3)	50,000.				GENERAL SUPPORT
<b>(5)</b> FIELD INSTITUTE OF TAOS PO BOX 486 ARROYO SECO, NM 87514	68-0204312	501(C)(3)	100,000.				GENERAL SUPPORT
<b>(6)</b> FIRE INC 510 WALNUT ST PHILADELPHIA, PA 19106	04-3467254	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(7)</b> GEORGIA TECH FOUNDATION INC 760 SPRING ST NW ATLANTA, GA 30308	58-6043294	501(C)(3)	830,000.				INTL. INITIATIVES
<b>(8)</b> GRACE LUTHERAN CHURCH 3149 WAVERLY ST PALO ALTO, CA 94306	94-1251133	501(C)(3)	15,000.				GENERAL SUPPORT
<b>(9)</b> GRADUATE THEOLOGICAL UNION 2400 RIDGE RD BERKELEY, CA 94079	94-1581707	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(10)</b> GREATER TWIN CITIES UNITED WAY 404 S EIGHTH ST MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(11)</b> HIGHER GROUND SUN VALLEY INC PO BOX 6791 KETCHUM, ID 83340	94-1518656	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(12)</b> HOLY CROSS HOSPITAL 1397 WEIMER RD TAOS, NM 87571	85-0289839	501(C)(3)	30,000.				PROGRAM SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**     **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> HOPEWELL FUND 1201 CONN. AVE NW WASHINGTON, DC 20036	47-3681860	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(2)</b> HOUSING CONSORTIUM OF THE EAST BAY 410 7TH ST STE 203 OAKLAND, CA 94607	94-3298156	501(C)(3)	250,000.				GENERAL SUPPORT
<b>(3)</b> INTL FOLLICULAR LYMPHOMA CHALLENGE INC 850 NEW BURTON RD STE 201 DOVER, DE 19904	84-2338899	501(C)(3)	100,000.				GENERAL SUPPORT
<b>(4)</b> J DAVID GLADSTONE INSTITUTES 1650 OWENS ST SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	122,000.				JOINT PROJECT
<b>(5)</b> J DAVID GLADSTONE INSTITUTES 1650 OWENS ST SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	660,000.				DISEASE SPECIFIC FUN
<b>(6)</b> KENNEBUNKPORT CLIMATE INITIATIVE PO BOX 7004 CAPE PORPOISE, ME 04014	84-4244790	501(C)(3)	90,000.				GENERAL SUPPORT
<b>(7)</b> KHAN ACADEMY PO BOX 1630 MOUNTAIN VIEW, CA 94042	26-1544963	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(8)</b> LUCILE PACKARD CHILDREN'S HOSP AT STANFORD 725 WELCH RD PALO ALTO, CA 94304	77-0003859	501(C)(3)	20,000.				GENERAL SUPPORT
<b>(9)</b> MAKE A WISH FDN. OF AMERICA 4742 N 24TH ST STE 400 PHOENIX, AZ 85016	86-0481941	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(10)</b> MAKING WAVES FOUNDATION INC 3045 RESEARCH DRIVE RICHMOND, CA 94806	68-0204312	501(C)(3)	100,000.				GENERAL SUPPORT
<b>(11)</b> MAKING WAVES FOUNDATION INC 3045 RESEARCH DRIVE RICHMOND, CA 94806	68-0204312	501(C)(3)	450,000.				CAP BAY AREA PROGRAM
<b>(12)</b> MARY GOERZ FUND FOR CHILDREN & ART AT LPCH 725 WELCH ROAD PALO ALTO, CA 94304	77-0003859	501(C)(3)	10,000.				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

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**Schedule I (Form 990) 2020**

**SCHEDULE I  
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Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
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**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	1,500,000.				GENERAL SUPPORT
<b>(2)</b> MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	7,500,000.				FORUM SUPPORT
<b>(3)</b> MENLO SCHOOL 50 VALPARAISO AVE ATHERTON, CA 94027	94-3204137	501(C)(3)	1,000,000.				GENERAL SUPPORT
<b>(4)</b> NATIONAL PARK FOUNDATION 1500 K ST NW STE 700 WASHINGTON, DC 20005	52-1086761	501(C)(3)	50,000.				GENERAL SUPPORT
<b>(5)</b> NATIONAL WWII MUSEUM 945 MAGAZINE ST NEW ORLEANS, LA 70130	72-1200790	501(C)(3)	200,000.				GENERAL SUPPORT
<b>(6)</b> ONE MIND INSTITUTE PO BOX 680 NEW ORLEANS, LA 70130	68-0359707	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(7)</b> PACIFIC RESEARCH INSTIT. FOR PUBLIC POLICY 101 MONTGOMERY ST SAN FRANCISCO, CA 94104	94-2528433	501(C)(3)	125,000.				FUND SUPPORT
<b>(8)</b> PALO ALTO MEDICAL FOUNDATION 2350 EL CAMINO REAL MOUNTAIN VIEW, CA 94040	94-1156581	501(C)(3)	50,000.				CLINICAL RESEARCH
<b>(9)</b> PARS EQUALITY CENTER 1635 THE ALAMEDA STE 300 SAN JOSE, CA 95126	27-2969900	501(C)(3)	15,000.				EVENT SUPPORT
<b>(10)</b> PEN AMERICAN CENTER 588 BROADWAY STE 303 NEW YORK, NY 10012	13-3447888	501(C)(3)	25,000.				PROJECT SUPPORT
<b>(11)</b> PEN AMERICAN CENTER 588 BROADWAY STE 303 NEW YORK, NY 10012	13-3447888	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(12)</b> PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PKWY OAKLAND, CA 94612	94-3136771	501(C)(3)	145,000.				GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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<b>(1)</b> POSITIVE COACHING ALLIANCE 1001 N RENGSTORFF AV MOUNTAIN VIEW, CA 94043	77-0485946	501(C)(3)	10,000.				AWARD SUPPORT
<b>(2)</b> RAFIKI FOUNDATION INCORPORATED PO BOX 1988 EUSTIS, FL 32727	74-2477089	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(3)</b> REJOICE MINISTRIES INTERNATIONAL 4400 PIERCE DR NORFOLK, NE 68701	74-2758469	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(4)</b> SAINT JOHNS HOSPITAL & HEALTH CENTER FDN. 2121 SANTA MONICA BLVD. SANTA MONICA, CA 90404	95-6100079	501(C)(3)	60,000.				GENERAL SUPPORT
<b>(5)</b> SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVE SAN FRANCISCO, CA 94102	94-0836240	501(C)(3)	500,000.				FUND SUPPORT
<b>(6)</b> SAN FRANCISCO PARKS ALLIANCE 1663 MISSION ST SAN FRANCISCO, CA 94103	23-7131784	501(C)(3)	150,000.				PROJECT SUPPORT
<b>(7)</b> SAN FRANCISCO PARKS ALLIANCE 1663 MISSION ST SAN FRANCISCO, CA 94103	23-7131784	501(C)(3)	275,000.				GENERAL SUPPORT
<b>(8)</b> SAN FRANCISCO-KRAKOW SISTER CITIES ASSOCIAT 5659 N ARLINGTON BLVD SAN PABLO, CA 94806	27-1896292	501(C)(3)	15,000.				EVENT SUPPORT
<b>(9)</b> SANTA BARBARA EQUINE ASSISTANCE & EVACUATIO PO BOX 60535 SANTA BARBARA, CA 93160	31-1654184	501(C)(3)	100,000.				PROJECT SUPPORT
<b>(10)</b> SANTA FE JEWISH CENTER-CHABAD 230 W MANHATTAN AVE SANTA FE, NM 87501	85-0446049	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(11)</b> SHARKS FOUNDATION 525 W. SANTA CLARA ST SAN JOSE, CA 95113	77-0374062	501(C)(3)	50,000.				KIDS SPONSORSHIP
<b>(12)</b> SILICON VALLEY COMMUNITY FDN. 2440W EL CAMINO REAL MOUNTAIN VIEW, CA 94040	20-5205488	501(C)(3)	100,000.				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
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**Schedule I (Form 990) 2020**

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ST JOHNS UNIVERSITY NEW YORK 8000 UTOPIA PKWY QUEENS, NY 11439	11-1630830	501(C)(3)	33,000.				SCHOLARSHIP FUND
<b>(2)</b> ST NICHOLAS AND ST WILLIAM PARISH 473 LINCOLN AVE LOS ALTOS, CA 94022	94-2734503	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(3)</b> STANFORD HEALTH CARE 300 PASTEUR DRIVE STANFORD, CA 94305	94-6174066	501(C)(3)	10,000.				JEWISH SPIRITUAL CAR
<b>(4)</b> STANFORD HEALTH CARE 300 PASTEUR DRIVE STANFORD, CA 94305	94-6174066	501(C)(3)	20,000.				MAURICE WERDEGAR ART
<b>(5)</b> STANFORD HEALTH CARE 300 PASTEUR DRIVE STANFORD, CA 94305	94-6174066	501(C)(3)	28,000.				PROGRAM SUPPORT
<b>(6)</b> STANFORD HEALTH CARE 300 PASTEUR DRIVE STANFORD, CA 94305	94-6174066	501(C)(3)	60,000.				COVID 19 FUND
<b>(7)</b> STANFORD HEALTH CARE 300 PASTEUR DRIVE STANFORD, CA 94305	94-6174066	501(C)(3)	115,000.				HEALTH CARE PARTNERS
<b>(8)</b> STANFORD HEALTH CARE 12680 HIGH BLUFF DR SAN DIEGO, CA 92130	94-6174066	501(C)(3)	200,000.				FOSTER CARE FUND
<b>(9)</b> STANFORD HEALTH CARE 1401 SHORELINE BLVD MOUNTAIN VIEW, CA 94043	94-6174066	501(C)(3)	1,250,000.				BACHTEL FUND
<b>(10)</b> STANFORD HEALTH CARE 301 PASTEUR DRIVE STANFORD, CA 94306	94-6174066	501(C)(3)	2,550,000.				PEDIATRIC EMERGENCY
<b>(11)</b> STONY BROOK FOUNDATION INC 230 ADMIN. BLDG STONY BROOK, NY 11794	11-6077945	501(C)(3)	50,000.				GENERAL SUPPORT
<b>(12)</b> STORM KING ART CENTER 1 MUSEUM RD NEW WINDSOR, NY 12553	14-1457573	501(C)(3)	1,000,000.				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
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**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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<b>(1)</b> TAOS SPORTS ASSOCIATES INC. PO BOX 3011 TAOS, NM 87571	85-0241076	501(C)(3)	100,000.				PROGRAM SUPPORT
<b>(2)</b> TAU BETA PI ASSOCIATION INC PO BOX 2697 KNOXVILLE, TN 37901	62-0479545	501(C)(3)	15,000.				GRANT SUPPORT
<b>(3)</b> TECH MUSEUM OF INNOVATION 201 S MARKET ST SAN JOSE, CA 95113	94-2864660	501(C)(3)	50,000.				GENERAL SUPPORT
<b>(4)</b> THE CAROL KIMMELMAN ATHLETIC AND ACADEMIC C 12680 HIGH BLUFF DR SAN DIEGO, CA 92130	83-4368221	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(5)</b> THE COMPUTER HISTORY MUSEUM 1401 SHORELINE BLVD MOUNTAIN VIEW, CA 94043	77-0507525	501(C)(3)	100,000.				GENERAL SUPPORT
<b>(6)</b> THE FORWARD ASSOCIATION INC 125 MAIDEN LN 8TH FL NEW YORK, NY 10038	13-0623590	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(7)</b> THE GREENWICH LIBRARY 101 W PUTNAM AVE GREENWICH, CT 06830	06-6002281	501(C)(3)	100,000.				GENERAL SUPPORT
<b>(8)</b> THE INSEAD MANAGEMENT EDUCATION FDN PO BOX 7555 FDR STATION NEW YORK, NY 10150	13-6209297	501(C)(3)	60,956.				GENERAL SUPPORT
<b>(9)</b> THE KOSCIUSZKO FOUNDATION 15 E 65TH ST NEW YORK, NY 10065	13-1628179	501(C)(3)	150,000.				GENERAL SUPPORT
<b>(10)</b> THE PASEO PROJECT INC P O BOX 1075 TAOS, NM 87571	81-1852200	501(C)(3)	100,000.				GENERAL SUPPORT
<b>(11)</b> THE RONALD REAGAN PRESIDENTIAL FDN AND INST 1995 UNIVERSITY AVE BERKELEY, CA 94704	77-0054631	501(C)(3)	400,000.				FELLOWSHIP SUPPORT
<b>(12)</b> TIDES CENTER PO BOX 399385 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	203,380.				PROJECT SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
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<b>(1)</b> TIDES FOUNDATION PO BOX 399389 SAN FRANCISCO, CA 94139	51-0198509	501(C)(3)	500,000.				PROJECT SUPPORT
<b>(2)</b> TIPPING POINT COMMUNITY 220 MONTGOMERY ST SAN FRANCISCO, CA 94104	20-2121739	501(C)(3)	1,000,000.				GENERAL SUPPORT
<b>(3)</b> TOWN SCHOOL FOR BOYS 2750 JACKSON ST SAN FRANCISCO, CA 94115	94-1170412	501(C)(3)	25,000.				FUND SUPPORT
<b>(4)</b> TRINITY CHURCH SANTA BARBARA 1500 STATE ST SANTA BARBARA, CA 93101	95-1750018	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(5)</b> TWO CHAIRS INC 39 REMSEN ST 2A BROOKLYN, NY 11201	27-4115161	501(C)(3)	50,000.				PROJECT SUPPORT
<b>(6)</b> UCSF FOUNDATION 220 MONTGOMERY ST SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	1,050,000.				GENERAL SUPPORT
<b>(7)</b> UNIVERSITY OF CALIFORNIA BERKELEY FDN 1995 UNIVERSITY AVE BERKELEY, CA 94704	94-6090626	501(C)(3)	25,000.				FUND SUPPORT
<b>(8)</b> UNIVERSITY OF NOTRE DAME 1251 N EDDY ST STE 300 SOUTH BEND, IN 46617	35-0868188	501(C)(3)	10,000.				ATHLETIC SUPPORT
<b>(9)</b> UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE STE 410 EUGENE, OR 97403	93-6015767	501(C)(3)	4,000,000.				FUND SUPPORT
<b>(10)</b> UNIVERSITY OF ROCHESTER 910 GENESEE ST STE 200 ROCHESTER, NY 14611	16-0743209	501(C)(3)	30,000.				SCHOLARSHIP SUPPORT
<b>(11)</b> UNIVERSITY OF THE PEOPLE 595 COLORADO BLVD PASADENA, CA 91101	26-4078735	501(C)(3)	100,000.				GENERAL SUPPORT
<b>(12)</b> US OLYMPIC AND PARALYMPIC FOUNDATION 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	80-0939841	501(C)(3)	75,000.				FUND SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
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Employer identification number  
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<b>(1)</b> VILLANOVA UNIVERSITY 800 E LANCASTER AVE VILLANOVA, PA 19085	23-1352688	501(C)(3)	50,000.				ENGINEERING FUND
<b>(2)</b> WALLIN EDUCATION PARTNERS 5200 WILSON RD STE 209	20-8505156	501(C)(3)	80,000.				SCHOLAR SUPPORT
<b>(3)</b> WEST POINT ASSOCIATION OF GRADUATES 698 MILLS RD WEST POINT, NY 10996	14-1260763	501(C)(3)	45,000.				FUND SUPPORT
<b>(4)</b> WOMENONE LTD 19 E 88TH ST NEW YORK, NY 10128	26-3679243	501(C)(3)	75,000.				GENERAL SUPPORT
<b>(5)</b> WOMEN'S SPORTS FOUNDATION INC 247 W 30TH ST 5TH FL NEW YORK, NY 10001	23-7380557	501(C)(3)	25,000.				AWARD SUPPORT
<b>(6)</b> WOOD RIVER COMMUNITY YMCA INC PO BOX 6801 KETCHUM, ID 83340	82-0481436	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 114.

3 Enter total number of other organizations listed in the line 1 table ▶



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL AID TO STUDENTS	12,048.	543,234,016.			
2					
3					
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTS AND ASSISTANCE

PART I, LINE 2

ONE OF THE UNIVERSITY'S HIGHEST PRIORITIES IS TO REMAIN AFFORDABLE AND ACCESSIBLE TO THE MOST TALENTED STUDENTS, REGARDLESS OF THEIR FINANCIAL CIRCUMSTANCES. THE UNIVERSITY'S ADMISSION PROCESS FOR UNDERGRADUATE STUDENTS FROM THE UNITED STATES IS NEED-BLIND, WHICH MEANS THAT STUDENTS ARE ADMITTED IRRESPECTIVE OF THEIR ABILITY TO PAY; THE UNIVERSITY PROVIDES THE FINANCIAL AID NECESSARY TO MAKE STANFORD AFFORDABLE TO EVERY ADMITTED STUDENT. FOR INTERNATIONAL STUDENTS, THE UNIVERSITY IS NEED-AWARE: STANFORD ANALYZES THE NEED FOR AID AND AIMS TO MEET THE

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

DETERMINED NEED.

SINCE 2000, THE UNIVERSITY HAS CONTINUED TO ENHANCE ITS FINANCIAL AID PROGRAMS FOR BOTH ITS UNDERGRADUATE AND GRADUATE STUDENTS. CURRENTLY, FAMILIES OF UNDERGRADUATE STUDENTS FROM THE U.S. WITH INCOMES BELOW \$150,000 AND ASSETS TYPICAL OF THAT INCOME LEVEL RECEIVE AT LEAST ENOUGH SCHOLARSHIP TO COVER THE COST OF TUITION. THOSE WITH INCOMES BELOW \$75,000 AND TYPICAL ASSETS RECEIVE ENOUGH SCHOLARSHIP ASSISTANCE TO COVER TUITION, ROOM AND BOARD, AND OTHER EXPENSES. IN FY21, APPROXIMATELY 50% OF UNDERGRADUATES WERE AWARDED NEED-BASED FINANCIAL AID FROM STANFORD.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

STANFORD PROVIDES VALUABLE FINANCIAL SUPPORT TO ELIGIBLE GRADUATE STUDENTS WHICH ENABLES THEM TO PURSUE THEIR ADVANCED STUDIES. FUNDING MAY TAKE DIFFERENT FORMS, SUCH AS FELLOWSHIPS AND ASSISTANTSHIPS, AND THESE IN TURN FURTHER THEIR GRADUATE PROFESSIONAL DEVELOPMENT AND PROGRESS TO DEGREE COMPLETION. IN THE CASE OF GRADUATE RESEARCH AND TEACHING ASSISTANTSHIPS AS WELL AS FELLOWSHIPS, THE FUNDING COVERS PART OF STANFORD'S TUITION (WHICH IS FREE OF INCOME TAX), IN ADDITION TO PROVIDING A STIPEND OR SALARY THAT HELPS STUDENTS WITH THEIR LIVING EXPENSES. BOTH COMPONENTS ARE ESSENTIAL FOR DOCTORAL STUDENTS IN

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PARTICULAR, AS IT TAKES SEVERAL YEARS TO GAIN THEIR MASTERY OF  
SPECIALIZED SKILLS AND CONTENT KNOWLEDGE IN THEIR CHOSEN FIELDS. GRADUATE  
STUDENT FINANCIAL AID AND OTHER SUPPORT IS AWARDED BASED ON ACADEMIC  
MERIT AND THE AVAILABILITY OF AID. STANFORD HAS ASSUMED MORE OF THE  
FINANCIAL WEIGHT OF SUPPORTING ITS GRADUATE STUDENTS. IN FY21,  
APPROXIMATELY 85% OF GRADUATE STUDENTS RECEIVED FINANCIAL SUPPORT.

THE KNIGHT-HENNESSY SCHOLARS PROGRAM IS AN ADDITIONAL SOURCE OF  
GRADUATE STUDENT SUPPORT. THE PROGRAM PROVIDES FULL FUNDING FOR THREE  
YEARS TO ENABLE GRADUATE STUDENTS TO PURSUE ADVANCED DEGREES AND DEVELOP

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

THE CAPACITY TO LEAD AND BRING ABOUT POSITIVE CHANGES IN THE WORLD.

THE TOTAL FINANCIAL AID INCLUDES \$339,941,153 IN MERIT AND NEED-BASED SCHOLARSHIPS AND FELLOWSHIPS. AN ADDITIONAL \$203,610,785 REFLECTS AMOUNTS PAID FOR ADDITIONAL FINANCIAL SUPPORT TO STUDENTS, INCLUDING PAYMENTS FOR HEALTH INSURANCE, LIVING EXPENSES, AND SUPPORT OF POSTDOCTORAL FELLOWS. THESE AMOUNTS INCLUDE \$102,373 IN GRANTS TO INDIVIDUALS OUTSIDE THE UNITED STATES.

GRANTS LISTED IN PART II ARE PRIMARILY GRANTS MADE FROM DONOR ADVISED

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FUNDS (DAF). A DAF IS A GIVING ACCOUNT ESTABLISHED AT STANFORD WHICH  
 ALLOWS DONORS TO MAKE A CHARITABLE CONTRIBUTION TO THE UNIVERSITY AS A  
 PUBLIC CHARITY DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  
 CODE, AND THEN RECOMMEND GRANTS TO OTHER CHARITIES FROM THE ACCOUNT OVER  
 TIME. WHILE STANFORD HAS LEGAL CONTROL OVER THE FUNDS IN THE ACCOUNT, THE  
 DONOR RETAINS ADVISORY PRIVILEGES WITH RESPECT TO THE DISTRIBUTION OF  
 FUNDS. ANY GRANTS MADE AT THE REQUEST OF THE DONOR ARE REVIEWED AND  
 APPROVED BY SENIOR OFFICIALS IN THE UNIVERSITY OFFICE OF DEVELOPMENT  
 PRIOR TO DISBURSEMENT. ONLY GRANTS MADE DURING THE TAX YEAR ARE REPORTED  
 ON SCHEDULE I.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SUB-GRANTS

STANFORD OCCASIONALLY RECEIVES GRANT SUPPORT THAT IS DISBURSED TO OTHER INDIVIDUALS OR ENTITIES PER THE TERMS OF THE AWARD. IN MOST CASES, PRIOR TO THE GRANT TO STANFORD, THE UNIVERSITY WILL PROVIDE THE GRANTING ENTITY WITH A LIST OF SUCH CONTEMPLATED RECIPIENTS. GENERALLY, AS WORK ON THE GRANT PROGRESSES, CHANGES TO THESE RECIPIENTS MUST BE APPROVED BY THE GRANTING AGENCY. DUE TO THESE REVIEW REQUIREMENTS OF THE GRANTING AGENCY, STANFORD DOES NOT REPORT SUCH PAYMENTS ON FORM 990, SCHEDULE I.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

Employer identification number 94-1156365

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                                       |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence              |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees                |
| <input type="checkbox"/> Discretionary spending account            | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
  - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>	X	
<b>2</b>	X	
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	MARC TESSIER-LAVIGNE PRESIDENT/TRUSTEE	(i)	1,113,022.	4,356.	0.	272,733.	165,185.	1,555,296.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	RYAN M. ADESNIK VP GOVT AFFRS, APPT. 11/1/2020	(i)	333,893.	45,000.	0.	28,500.	43,438.	450,831.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	JON DENNEY VP DEVELOPMENT	(i)	596,485.	121,800.	0.	38,222.	41,115.	797,622.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	PERSIS DRELL PROVOST	(i)	812,138.	0.	0.	278,156.	153,274.	1,243,568.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	FARNAZ KHADEM VP COMMUNICATION	(i)	381,187.	50,000.	32,250.	43,706.	35,408.	542,551.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	RANDALL LIVINGSTON VP BUS AFFAIRS/CFO	(i)	752,069.	0.	70,848.	329,833.	32,822.	1,185,572.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	ROBERT C. REIDY VP LAND, BUILDINGS & REAL EST	(i)	549,973.	350,000.	1,649,716.	355,167.	19,997.	2,924,853.	644,444.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	MARTIN SHELL VP & CHIEF ERO	(i)	704,590.	250,000.	199,342.	147,000.	96,091.	1,397,023.	24,333.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	ROBERT F. WALLACE CHIEF EXECUTIVE OFFICER, SMC	(i)	856,993.	1,958,333.	1,189,964.	635,004.	190,147.	4,830,441.	461,847.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	HOWARD WOLF PRES. OF STANFORD ALUM. ASSOC.	(i)	451,566.	0.	77,113.	111,833.	45,784.	686,296.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	ELIZABETH ZACHARIAS VP HUMAN RESOURCES	(i)	409,547.	70,000.	357,142.	25,650.	32,432.	894,771.	225,928.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	DEBRA ZUMWALT VP GENERAL COUNSEL	(i)	759,032.	0.	16,865.	142,677.	16,380.	934,954.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	LLOYD B. MINOR DEAN, SCHOOL OF MEDICINE	(i)	1,565,758.	250,000.	110,891.	328,500.	34,650.	2,289,799.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	FRANK HANLEY CHIEF, PED CARDIOTHORACIC	(i)	1,756,924.	1,975,000.	41,352.	26,833.	27,804.	3,827,913.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	JAY KANG SR. MD, SMC	(i)	644,653.	1,177,536.	257,434.	191,516.	40,668.	2,311,807.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	BERNARD MUIR ATHLETIC DIRECTOR	(i)	1,419,754.	0.	758,901.	209,320.	128,437.	2,516,412.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DAVID SHAW DIRECTOR OF FOOTBALL	(i) 5,246,186.	600,000.	604,746.	95,420.	45,878.	6,592,230.	434,515.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	YIPING WOO PROF. & CHAIR, CARDIO SURGERY	(i) 1,518,423.	1,130,226.	0.	24,955.	72,245.	2,745,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	HARRY ELAM FORMER VP ARTS	(i) 346,907.	0.	5,287.	28,500.	9,549.	390,243.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	JOHN ETCHEMENDY PROF H&S & FORMER PROVOST	(i) 409,934.	160,275.	1,121,595.	28,500.	31,457.	1,751,761.	700,783.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	BRADLEY HAYWARD FORMER INTERIM VP COMMUN.	(i) 259,227.	25,000.	30,680.	27,110.	45,526.	387,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	JOHN HENNESSY PROF SOE & FORMER PRESIDENT	(i) 627,352.	0.	500.	28,500.	35,466.	691,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	HOWARD B. PEARSON FORMER INTERIM VP DEVT.	(i) 413,377.	71,184.	20,350.	28,500.	14,345.	547,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	RICHARD SALLER PROF & FORMER DEAN, SCH OF H&S	(i) 411,674.	0.	0.	28,313.	18,414.	458,401.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A

FIRST-CLASS, COMPANION AND CHARTER TRAVEL

STANFORD UNIVERSITY TRAVEL POLICY GENERALLY REQUIRES ALL EMPLOYEES, INCLUDING PERSONS LISTED ON FORM 990, PART VII, LINE 1A, TO USE THE MOST ECONOMICAL MODE OF TRANSPORTATION AVAILABLE CONSISTENT WITH THE AUTHORIZED BUSINESS PURPOSE OF THE TRAVEL. FIRST CLASS TRAVEL IS AUTHORIZED IN SOME INSTANCES, SUCH AS ON INTERNATIONAL FLIGHTS OVER A CERTAIN LENGTH, IF NO BUSINESS CLASS SERVICE IS AVAILABLE ON THE FLIGHT. FIRST CLASS TRAVEL IS ALSO AUTHORIZED IN CASE OF A MEDICAL NEED OR OTHER EXIGENCY APPROVED BY THE PROVOST. IN ADDITION, THE PRESIDENT HAS PERMISSION TO FLY FIRST CLASS ON CERTAIN DOMESTIC FLIGHTS DEPENDING ON LENGTH.

OCCASIONALLY, THE UNIVERSITY MAY PURCHASE CHARTERED AIRCRAFT SERVICES WHEN DEEMED APPROPRIATE FOR THE CONDUCT OF UNIVERSITY BUSINESS AND PURSUANT TO UNIVERSITY POLICY RELATED TO CHARTER TRAVEL.

IN COMPLIANCE WITH THE UNIVERSITY'S TRAVEL POLICY DESCRIBED ABOVE, NO INDIVIDUALS LISTED ON PART VII USED CHARTERED AIRCRAFT SERVICES OR FIRST

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

CLASS TRAVEL SERVICES DURING CALENDAR YEAR 2020.

IN GENERAL, COMPANION TRAVEL IS REIMBURSABLE ONLY IF THE ACCOMPANYING PERSON HAS A POSITION WITH THE UNIVERSITY AND IS TRAVELING TO MAKE A SIGNIFICANT CONTRIBUTION IN FURTHERANCE OF UNIVERSITY BUSINESS.

EXCEPTIONS TO THIS POLICY ARE RARE AND MUST BE APPROVED IN ADVANCE OF TRAVEL BY THE PROVOST. NO INDIVIDUALS LISTED ON PART VII RECEIVED COMPANION TRAVEL DURING CALENDAR YEAR 2020 THAT WAS IN FURTHERANCE OF UNIVERSITY'S BUSINESS AND CONSIDERED NON-TAXABLE.

NON-TAXABLE HOUSING/PERSONAL SERVICES

AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY, THE PRESIDENT, THE PROVOST AND THE ATHLETIC DIRECTOR ARE REQUIRED TO LIVE ON CAMPUS. THESE RESIDENCES ARE USED FREQUENTLY FOR UNIVESITY BUSINESS INCLUDING OFFICIAL GATHERINGS OF FACULTY, STAFF, STUDENTS, ALUMNI, DONORS AND THEIR FAMILIES. WHERE APPLICABLE AND AS PART OF A PROGRAM OF APPROPRIATE AND REGULAR MAINTENANCE OF THESE HOUSES, THE UNIVERSITY PROVIDES CLEANING SERVICE FOR THE PUBLIC AND PRIVATE AREAS.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE UNIVERSITY HAS INCLUDED AS NONTAXABLE COMPENSATION IN COLUMN D THE ESTIMATED RENTAL VALUE OF HOUSING BASED UPON THE PREVAILING RENTAL RATES IN THE LOCAL AREA, AND WHERE APPLICABLE, ACTUAL COSTS OF RELATED SERVICES, INCLUDING MAINTENANCE AND UTILITIES DURING CALENDAR YEAR 2020.

THE FOLLOWING INDIVIDUALS RECEIVED TAXABLE HOUSING BENEFITS DURING CALENDAR YEAR 2020: HARRY ELAM, FARNAZ KHADEM, JOHN ETCHEMENDY, FRANK HANLEY, LLOYD B. MINOR, MARTIN SHELL, ROBERT F. WALLACE, BRADLEY HAYWARD AND ELIZABETH ZACHARIAS. THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINE 4B DEFERRED COMPENSATION PLAN PROVISIONS CERTAIN OFFICERS AND OTHERS LISTED IN PART VII, SECTION A, LINE 1A PARTICIPATE IN A DEFERRED COMPENSATION PLAN. AMOUNTS ARE CREDITED TO THE PLAN BASED ON PERFORMANCE AND CERTAIN OTHER FACTORS. PLAN BALANCES ARE SUBJECT TO FORFEITURE AND/OR PAYMENT IF CERTAIN CONDITIONS ARE MET. CERTAIN BONUS AMOUNTS MAY BE DEFERRED AND PAID IN A LATER YEAR SUBJECT TO

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

IRC SECTION 457(F).

IN GENERAL, PER THE INSTRUCTIONS FOR SCHEDULE J, PART II, COLUMN (C), DEFERRED COMPENSATION IS TREATED AS EARNED RATABLY OVER THE PERIOD OF SERVICE REQUIRED FOR VESTING. A MONTHLY CONVENTION HAS BEEN USED TO PRORATE AMOUNTS OVER THE APPLICABLE VESTING PERIOD. COLUMN (C) DOES NOT INCLUDE AMOUNTS DEFERRED IN A CALENDAR YEAR TO A DATE ON OR BEFORE MARCH 15TH OF THE FOLLOWING CALENDAR YEAR. THE NET EFFECT OF APPLYING THE FOREGOING RULES AND CONVENTIONS, AND DIFFERING VESTING SCHEDULES, IS THAT DEFERRED COMPENSATION REPORTED IN COLUMN (C) FOR AN INDIVIDUAL MAY VARY OVER TIME.

DEFERRED COMPENSATION IS REPORTED IN SCHEDULE J, PART II, COLUMN (C), AS DESCRIBED ABOVE, AND IS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) AND COLUMN (F) IN THE YEAR OF PAYMENT, IF APPLICABLE. FOR JOHN ETCEHEMENDY, THE AMOUNT REPORTED IN COLUMN F REPRESENTS ONE THIRD OF THE TOTAL AMOUNT REPORTED AS DEFERRED COMPENSATION ON PRIOR YEAR FORMS 990. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM THEIR DEFERRED

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION ACCOUNT DURING CALENDAR YEAR 2020: JOHN ETCHEMENDY,  
\$1,106,376; DAVID SHAW, \$602,906; ROBERT F. WALLACE, \$1,168,484; ROBERT  
C. REIDY, \$1,509,641; MARTIN SHELL, \$78,770; ELIZABETH ZACHARIAS,  
\$329,193; JAY KANG, \$257,434; BERNARD MUIR, \$751,993.

## SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS (SERPS)

THE UNIVERSITY PROVIDES PRESIDENT MARC TESSIER-LAVIGNE WITH A  
SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO SUPPLEMENT HIS OTHER  
RETIREMENT BENEFITS. THE SERP WILL BE EARNED GRADUALLY OVER HIS TERM OF  
SERVICE AS PRESIDENT. BY CONTINUING TO SERVE AS PRESIDENT IN FY2021, THE  
PRESIDENT BECAME ELIGIBLE TO RECEIVE A BENEFIT EQUAL IN VALUE TO AN  
ANNUAL PAYMENT FOR LIFE OF 10% OF HIS HIGHEST THREE YEAR AVERAGE BASE PAY  
AS PRESIDENT. THIS SERP BENEFIT REMAINS SUBJECT TO FORFEITURE IF CERTAIN  
CONDITIONS ARE NOT MET. THE VALUE OF THE BENEFIT ACCRUED UNDER THE SERP  
FOR THE YEAR ENDED DECEMBER 31, 2020 WAS \$249,933.

THE UNIVERSITY ALSO PROVIDED FORMER PROVOST JOHN ETCHEMENDY WITH A  
SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO SUPPLEMENT HIS SOCIAL

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SECURITY AND 403(B) RETIREMENT BENEFITS. THE SERP WAS EARNED GRADUALLY THROUGH HIS TERM OF SERVICE AS PROVOST. BY REMAINING IN HIS POSITION THROUGH AUGUST 31, 2015, THE FORMER PROVOST BECAME ELIGIBLE TO RECEIVE A BENEFIT EQUAL IN VALUE TO AN ANNUAL PAYMENT FOR LIFE OF 42% OF HIS HIGHEST THREE YEAR AVERAGE BASE PAY, OFFSET BY THE ANNUITY EQUIVALENT OF HIS ANTICIPATED SOCIAL SECURITY BENEFIT AND AMOUNTS CONTRIBUTED BY THE UNIVERSITY DIRECTLY TO HIS 403(B) DEFINED CONTRIBUTION RETIREMENT PLAN WHILE HE WAS AN OFFICER. THIS SERP WAS AMENDED ON APRIL 11, 2017 TO INCREASE THE 42% BENEFIT BY 3% FOR EACH OF FY2016 AND FY2017, BRINGING THE BENEFIT TO AN AMOUNT EQUAL IN VALUE TO AN ANNUAL PAYMENT FOR LIFE OF 48% OF HIGHEST THREE YEAR AVERAGE PAY. THIS SERP BENEFIT REMAINS SUBJECT TO FORFEITURE IF CERTAIN CONDITIONS ARE NOT MET.

PART I, LINE 7 AND PART II, COLUMN (B) (II)

VARIABLE COMPENSATION OF SCHOOL OF MEDICINE FACULTY  
TOTAL COMPENSATION FOR FACULTY IN THE SCHOOL OF MEDICINE IS MADE UP OF THE FOLLOWING INTEGRAL COMPONENTS: SALARY AND BENEFITS, ADMINISTRATIVE SUPPLEMENTS, AND BONUSES AWARDED UNDER DEPARTMENTAL PLANS. BASE SALARY IS BASED ON ACADEMIC RANK (E.G., PROFESSOR, ASSISTANT PROFESSOR). A VARIABLE



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPONENT OF SALARY IS DETERMINED BY THE CONTRIBUTION OF THE INDIVIDUAL TO THE DEPARTMENT/DIVISION AND THE CLINICAL SPECIALTY OF THE FACULTY MEMBER. OTHER SALARY SUPPLEMENTS ARE OCCASIONALLY USED TO PROVIDE FOR COMPENSATION GIVEN UP BY A FACULTY MEMBER WHEN ASSUMING A POSITION AT STANFORD. ADMINISTRATIVE SUPPLEMENTS ARE PAID TO FACULTY WHO TAKE ON DUTIES WHICH ARE OUTSIDE THEIR USUAL FACULTY RESPONSIBILITIES AND OUTSIDE NORMAL COMMITTEE WORK. INCENTIVE BONUSES ARE CONSIDERED A FUNDAMENTAL COMPONENT OF TOTAL COMPENSATION. THEY ARE PAID OUT BY THE DEPARTMENTS BASED ON THE DEPARTMENTS' INCENTIVE BONUS PLAN MEASURING THE FACULTY MEMBER'S EFFORTS IN ADMINISTRATIVE LEADERSHIP, CLINICAL, RESEARCH, AND/OR TEACHING AREAS AS DEFINED BY THE PLAN. IN ADDITION, THE DEAN HAS A BONUS PLAN FOR CLINICAL CHAIRS BASED ON ACHIEVEMENT OF LEADERSHIP GOALS. SOME DEPARTMENTS HAVE "ON-CALL" AND "COVERAGE" BONUSES TO PROVIDE COMPENSATION FOR A FACULTY MEMBER'S PROVIDING OFF-HOURS COVERAGE.

VARIABLE COMPENSATION OF INVESTMENT PROFESSIONALS

A PORTION OF THE COMPENSATION PAID TO EACH LISTED INVESTMENT PROFESSIONAL AT STANFORD MANAGEMENT COMPANY (SMC) IS BASED ON A COMBINATION OF THREE

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FACTORS: MERGED POOL ANNUALIZED PERFORMANCE VERSUS A BENCHMARK PORTFOLIO,  
MERGED POOL ANNUALIZED PERFORMANCE VERSUS THE PERFORMANCE OF CERTAIN  
OTHER COLLEGE AND UNIVERSITY ENDOWMENT INVESTMENT POOLS IN THE UNITED  
STATES, AND INDIVIDUAL PERFORMANCE.

VARIABLE COMPENSATION OF ATHLETICS PROFESSIONALS  
LISTED ATHLETICS PROFESSIONALS ARE ELIGIBLE TO RECEIVE BONUSES AND  
INCENTIVE COMPENSATION BASED ON FACTORS INCLUDING THE ACADEMIC  
PERFORMANCE OF THE STUDENT-ATHLETES, ATHLETIC PERFORMANCE, ATTENDANCE AT  
ATHLETIC EVENTS, AND/OR LEADERSHIP, AS PROVIDED IN THE PROFESSIONALS'  
COMPENSATION AGREEMENTS.

VARIABLE COMPENSATION OF DEVELOPMENT PROFESSIONALS  
LISTED DEVELOPMENT PROFESSIONALS ARE ELIGIBLE TO RECEIVE BONUSES AND  
INCENTIVE COMPENSATION BASED ON PERFORMANCE AGAINST METRICS INCLUDING NEW  
DEVELOPMENT ACTIVITY, THREE-YEAR AVERAGE CASH RESULTS, AND ONE-YEAR CASH  
RESULTS.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## VARIABLE COMPENSATION OF OFFICERS AND OTHERS

OFFICERS AND OTHERS ARE ELIGIBLE TO RECEIVE BONUSES AND INCENTIVE COMPENSATION BASED ON PERFORMANCE. CURRENT YEAR BONUS AMOUNTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN B(II). CERTAIN BONUS AMOUNTS MAY BE DEFERRED AND PAID IN A LATER YEAR SUBJECT TO IRC SECTION 457(F). SUCH AMOUNTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN (C) RATABLY OVER THE PERIOD OF TIME REQUIRED FOR VESTING AND REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) AND COLUMN (F) IN THE YEAR OF PAYMENT, IF APPLICABLE.

## PART II, COLUMN (B) (III)

OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)(III) INCLUDES HOUSING ASSISTANCE AND OTHER MISCELLANEOUS COMPENSATION. THIS DOES NOT INCLUDE VARIOUS ITEMS OF "LISTED PROPERTY" (E.G., COMPUTERS AND PERIPHERALS) THAT STANFORD HAS PROVIDED TO THE ABOVE LISTED EMPLOYEES PRINCIPALLY FOR THEIR BUSINESS USE AND NOT AS COMPENSATION.

## PART II, COLUMNS (C) AND (D)

LISTED PERSONS ACCRUE FUTURE BENEFITS THAT ARE AVAILABLE TO ALL STANFORD EMPLOYEES, SUCH AS POST-RETIREMENT MEDICAL INSURANCE AND TUITION

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BENEFITS, AND LISTED PERSONS WHO ARE ALSO FACULTY OR OFFICERS ACCRUE FUTURE BENEFITS SUCH AS SABBATICAL. THESE BENEFITS ARE SUBJECT TO CERTAIN ELIGIBILITY REQUIREMENTS SUCH AS AGE, YEARS OF SERVICE, AND EMPLOYEE CLASSIFICATION. FOR SOME BENEFIT PLANS, THE UNIVERSITY RESERVES THE RIGHT TO CHANGE ELIGIBILITY REQUIREMENTS AND/OR THE NATURE AND EXTENT OF THE BENEFIT BEING PROMISED. THE VALUE OF THESE BENEFITS IS REPORTED FOR EACH LISTED PERSON IN THE YEAR, IF ANY, SUCH BENEFITS ARE RECEIVED.

PART II, COLUMN (F)

AMOUNTS APPEARING IN COLUMN (F) ARE DEFERRED COMPENSATION PAYMENTS REPORTED IN COLUMN (C) IN PRIOR YEARS AND THAT ARE REPORTED (A SECOND TIME) IN COLUMN (B)(III) IN THE CURRENT YEAR.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY** Employer identification number **94-1156365**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY S	52-1705592	130175P89	06/24/2004	181,196,530.	SEE SCHEDULE O		X		X		X
<b>B</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY T-1&3	52-1705592	130178JD9	06/19/2007	153,277,097.	SEE SCHEDULE O		X		X		X
<b>C</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY T-5	52-1705592	130178TQ9	08/04/2009	59,147,724.	SEE SCHEDULE O		X		X		X
<b>D</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-1	52-1705592	130178VU7	05/05/2010	251,631,228.	SEE SCHEDULE O		X		X		X

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired . . . . .	9,790,000.							
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	182,429,497.		156,107,342.		59,148,032.		251,878,327.	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .	1,198,734.		595,440.				1,310,928.	
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	992,205.		661,216.		1,644.		1,631,228.	
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	147,790,592.		64,355,560.				112,489,072.	
<b>11</b> Other spent proceeds . . . . .	32,447,966.		90,495,126.		59,146,388.		136,447,099.	
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2006		2009		2003		2012	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X			X	X	
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X	X			X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2020

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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Department of the Treasury  
Internal Revenue Service

Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY** Employer identification number **94-1156365**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-2	52-1705592	130178M86	04/17/2012	99,193,766.	SEE SCHEDULE O		X		X		X
<b>B</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-3	52-1705592	130178X76	05/15/2013	351,795,122.	SEE SCHEDULE O		X		X		X
<b>C</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-4	52-1705592	130178X84	05/15/2013	52,773,978.	SEE SCHEDULE O		X		X		X
<b>D</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-6	52-1705592	1301783W4	05/14/2014	350,002,728.	SEE SCHEDULE O		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .								
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	99,194,474.		351,884,550.		52,773,989.		350,612,045.	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .			7,095,560.				4,390,142.	
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	572,646.		1,247,028.		193,613.			
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .			337,716,685.				342,603,940.	
<b>11</b> Other spent proceeds . . . . .	98,621,828.		5,825,277.		52,580,376.		3,617,963.	
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2003		2013		2003			
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X			X	X	
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X	X			X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2020

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

**2020**

▶ **Attach to Form 990.**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY** Employer identification number **94-1156365**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-7	52-1705592	130179GV0	06/22/2016	250,000,550.	SEE SCHEDULE O		X		X		X
<b>B</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY V-1	52-1705592	130179SD7	04/04/2019	599,999,105.	SEE SCHEDULE O		X		X		X
<b>C</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY V-2	52-1705592	130179TN4	04/28/2021	374,997,928.	SEE SCHEDULE O		X		X		X
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .								
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	252,402,872.	602,254,637.	375,008,972.					
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .	6,606,403.	11,283,625.	2,463,844.					
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .								
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	243,394,147.	338,966,293.	31,248,707.					
<b>11</b> Other spent proceeds . . . . .	2,402,322.	252,004,719.	224,115,000.					
<b>12</b> Other unspent proceeds . . . . .			117,181,421.					
<b>13</b> Year of substantial completion . . . . .								
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X	X		X			
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X		
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X			X		X		
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2020

**Part III Private Business Use** TAX-EXEMPT BONDS 1

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X				X	
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X				X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .	X		X				X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X				X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .	X		X				X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X				X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X		X		X



**Part III Private Business Use** TAX-EXEMPT BONDS 2

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .				X				X
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .			X				X	
3a Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .			X				X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .			X				X	
c Are there any research agreements that may result in private business use of bond-financed property? . . . . .			X				X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .			X				X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		%		%		%		%
6 Total of lines 4 and 5 . . . . .		%		%		%		%
7 Does the bond issue meet the private security or payment test? . . . . .				X				X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X				X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .			X				X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? . . . . .		X		X		X		X
b Exception to rebate? . . . . .		X		X		X		X
c No rebate due? . . . . .	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3 Is the bond issue a variable rate issue? . . . . .		X		X		X		X

**Part III Private Business Use** TAX EXEMPT BONDS 3

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X			
3a Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .	X		X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6 Total of lines 4 and 5 . . . . .								
7 Does the bond issue meet the private security or payment test? . . . . .		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? . . . . .		X	X		X			
b Exception to rebate? . . . . .		X		X		X		
c No rebate due? . . . . .	X		X			X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3 Is the bond issue a variable rate issue? . . . . .		X		X		X		

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge. . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? . . . . .	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

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**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge. . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? . . . . .	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

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**Part VI** Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

## SCHEDULE K

## TAX-EXEMPT BONDS

FOR MORE THAN 40 YEARS, STANFORD AND THE MANY COMMUNITIES AND CONSTITUENCIES IT SERVES HAVE BENEFITED FROM TAX-EXEMPT BORROWING THROUGH THE CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY. THE UNIVERSITY USES GENEROUS DONOR GIFTS, UNIVERSITY RESERVES AND TAXABLE DEBT, IN ADDITION TO PROCEEDS FROM TAX EXEMPT BORROWING, TO FUND THE CONSTRUCTION OF ACADEMIC BUILDINGS, RESEARCH SUPPORT FACILITIES, RESIDENCES AND OTHER CAMPUS HOUSING, ROADS AND INFRASTRUCTURE.

THESE FACILITIES HAVE, IN TURN, ENABLED THE UNIVERSITY TO ATTRACT OUTSTANDING FACULTY AND STUDENTS AND TO MORE EFFECTIVELY PERFORM INTERDISCIPLINARY RESEARCH DESIGNED TO ADDRESS FUNDAMENTAL WORLD PROBLEMS. THE NEW FACILITIES PROVIDE THE STANFORD COMMUNITY WITH THE MOST ADVANCED TECHNOLOGY AND ENVIRONMENT FOR TEACHING, LEARNING AND RESEARCH. THE FUNDING ALSO HAS PLAYED A KEY ROLE IN ENABLING STANFORD TO MEET SEISMIC AND OTHER FEDERAL AND STATE BUILDING REQUIREMENTS. THE FOLLOWING ARE EXAMPLES OF BUILDINGS FUNDED IN PART THROUGH TAX-EXEMPT DEBT:

I. THE YANG YAMAZAKI ENVIRONMENTAL AND ENERGY BUILDING (Y2E2) IS THE HUB OF STANFORD'S ENVIRONMENTAL SUSTAINABILITY TEACHING AND RESEARCH. IT IS A

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

MODEL FOR SUSTAINABILITY BUILDING STANDARDS, USING 37% LESS ENERGY AND 90% LESS POTABLE WATER THAN A TRADITIONALLY CONSTRUCTED BUILDING OF ITS SIZE. Y2E2 WAS THE FIRST CAMPUS BUILDING TO ACHIEVE LEED-EBOM (EXISTING BUILDING: OPERATIONS AND MAINTENANCE) PLATINUM CERTIFICATION.

II. THE LI KA SHING CENTER FOR LEARNING AND KNOWLEDGE BRINGS TOGETHER CUTTING-EDGE MEDICINE, MODERN EDUCATION AND ADVANCED TECHNOLOGY TO TRAIN THE PHYSICIANS OF TOMORROW. MEDICAL STUDENTS PRACTICE LIFE-SAVING SKILLS IN REALISTIC SIMULATIONS AND LEARN TO APPLY RESEARCH TO BEDSIDE TREATMENTS. THE CENTER IS A GATHERING PLACE FOR MEDICAL EXPERTS TO SHARE RESEARCH AND HEALTH CARE INSIGHTS AND TO BRING THEIR COMBINED EXPERTISE TO BEAR ON THE WORLD'S GREATEST HEALTH CHALLENGES.

III. THE JAMES AND ANNA MARIE SPILKER ENGINEERING AND APPLIED SCIENCES BUILDING FOSTERS COLLABORATIVE DEVELOPMENT IN THE BURGEONING FIELD OF NANOTECHNOLOGY. RESEARCH ACTIVITIES SPAN A BROAD RANGE OF AREAS FROM PHOTONICS AND QUANTUM ENGINEERING TO SINGLE-MOLECULE BIOPHYSICS AND EXPLORATION OF NANOSCALE PROPERTIES AND DEVICES WITH POTENTIAL APPLICATIONS AS DIVERSE AS WATER PURIFICATION, ENERGY CONSERVATION, DRUG DELIVERY AND NATIONAL SECURITY.

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

IV. THE HUANG ENGINEERING CENTER HOUSES THE SCHOOL OF ENGINEERING, WHOSE TIES TO THE HIGH-TECHNOLOGY INDUSTRY CONTINUE TO FUEL THE GROWTH AND ECONOMY OF SILICON VALLEY AND NORTHERN CALIFORNIA. THE SCHOOL OF ENGINEERING IS WORLD RENOWNED FOR PUSHING THE FRONTIERS OF MODERN SCIENCE AND ENGINEERING, ESPECIALLY IN THE FIELDS OF COMPUTER SCIENCE, BIOENGINEERING AND ENVIRONMENTAL SUSTAINABILITY.

V. THE LORRY I. LOKEY STEM CELL RESEARCH BUILDING IS THE LARGEST DEDICATED STEM CELL RESEARCH BUILDING IN THE COUNTRY. THE BUILDING HOUSES THE STANFORD STEM CELL BIOLOGY AND REGENERATIVE MEDICINE INSTITUTE, WHICH INTEGRATES RESEARCHERS FROM CANCER, NEUROSCIENCE, CARDIOVASCULAR MEDICINE, TRANSPLANTATION, IMMUNOLOGY, BIOENGINEERING AND DEVELOPMENTAL BIOLOGY. ALL ARE FOCUSED ON MAKING DISCOVERIES IN STEM CELL RESEARCH AND QUICKLY TRANSLATING THEM INTO PRECLINICAL APPLICATIONS, INNOVATIVE THERAPIES AND TREATMENTS.

VI. THE MUNGER GRADUATE RESIDENCE IS A FIVE-BUILDING, 358 UNIT RESIDENTIAL COMPLEX FOR APPROXIMATELY 600 STANFORD LAW AND OTHER GRADUATE STUDENTS. IT IS A SIGNIFICANT INVESTMENT BY STANFORD IN MITIGATING TRAFFIC AND OTHER ENVIRONMENTAL CONCERNS AS IT GREATLY REDUCES THE NUMBER OF PEOPLE DRIVING TO CAMPUS DAILY.



**Part VI** Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

VII. THE WILLIAM H. NEUKOM BUILDING, WHICH HOUSES THE CLINICS OF THE STANFORD LAW SCHOOL, OPENED IN 2011 AND WAS BUILT TO SATISFY THE EQUIVALENT OF A LEED GOLD CERTIFICATION FOR SUSTAINABILITY. THE BUILDING USES 30% LESS ENERGY THAN REQUIRED BY CODE. THE BUILDING HOUSES THE MILLS LEGAL CLINIC, WHICH INCLUDES 11 CLINICS THAT TEACH THROUGH EXPERIENTIAL EDUCATION. LAW STUDENTS LEARN THE PRACTICE OF LAW BY REPRESENTING, FOR INSTANCE, LOW-INCOME OR INDIGENT PEOPLE IN CIVIL AND CRIMINAL LITIGATIONS, AND BY PROVIDING LEGAL COUNSEL ON ENVIRONMENTAL ISSUES, INTELLECTUAL PROPERTY, HUMAN RIGHTS, IMMIGRATION, NONPROFIT CORPORATE GOVERNANCE, EDUCATION, AND RELIGIOUS FREEDOM.

VIII. STANFORD ENERGY SYSTEM INNOVATIONS (SESI) IS A STATE-OF-THE-ART ENERGY SYSTEM EMPLOYING HEAT RECOVERY, RENEWABLE ELECTRICITY, AND ADVANCED CONTROLS TO SERVE THE POWER, HEATING AND COOLING NEEDS OF THE UNIVERSITY. IT INCLUDES A CENTRAL ENERGY FACILITY AND ELECTRICAL SUBSTATION, ENERGY DISTRIBUTION INFRASTRUCTURE AND MARKET-BASED ENERGY PROCUREMENT PROGRAM. SESI REDUCES STANFORD'S GREENHOUSE GAS EMISSIONS BY 68% AND WATER USE BY 15%. SESI HAS RECEIVED THE HIGHEST HONORS AT THE REGIONAL, STATE AND NATIONAL LEVELS FOR ENERGY ECONOMICS, EFFICIENCY AND SUSTAINABILITY, INCLUDING THE STATE OF CALIFORNIA GOVERNOR'S ENVIRONMENT

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

AND ECONOMIC LEADERSHIP AWARD AND THE ENERGY EFFICIENCY GLOBAL FORUM,  
ALLIANCE TO SAVE ENERGY: ENERGY EFFICIENCY VISIONARY AWARD, AMONG OTHERS.

IX. THE SAPP CENTER FOR TEACHING AND LEARNING OFFERS ADAPTIVE CLASSROOMS  
FOR CHEMISTRY AND BIOLOGY, RECOGNIZING THEIR INEXTRICABLE LINK IN LIFE  
SCIENCES' RESEARCH AND IN MEDICINE. IT ALLOWS STUDENTS TO BUILD STRONG  
FOUNDATIONS IN THESE SCIENCES AND LEARN TO THINK CREATIVELY ACROSS  
DISCIPLINES. THE 60,000 SQUARE FOOT BUILDING INCLUDES A 300 SEAT  
AUDITORIUM, LABORATORY SPACE, A SCIENCE LIBRARY COMBINING THE  
UNIVERSITY'S BIOLOGY, CHEMISTRY, MATHEMATICS, STATISTICS AND CHEMICAL  
ENGINEERING COLLECTIONS AND AMPLE STUDY SPACE.

X. STANFORD'S LARGEST-EVER HOUSING DEVELOPMENT, ESCONDIDO VILLAGE  
GRADUATE RESIDENCES (EVGR) HAVE FOUR BUILDINGS LOCATED ON THE EAST SIDE  
OF CAMPUS. THE COMPLEX PROVIDES OVER 2,400 GRADUATE AND UNDEGRADUATE  
STUDENT BEDS. THIS SIGNIFICANTLY HELPS MEET THE DEMAND FOR SUBSIDIEZ  
ON-CAMPUS HOUSING.

FORM 990, SCHEDULE K, PART I, COLUMN F

DESCRIPTION OF PURPOSE FOR TAX-EXEMPT BONDS

A. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY S - CAPITAL EXPENDITURES

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

FOR EDUCATIONAL FACILITIES. REFUND CEFA SERIES L-8 ISSUED 10/31/2000,  
REFUND CEFA SERIES L-9 ISSUED 10/31/2000, REFUND CEFA TAX EXEMPT  
COMMERCIAL PAPER REVENUE NOTES ISSUED 3/18/2003. CONVERSION OF SERIES S  
BONDS ON MAY 15, 2013 FROM VARIABLE RATE TO FIXED RATE AND CANCELLATION  
OF \$9,790,000 AGGREGATE PRINCIPAL AMOUNT OF THE BONDS. COSTS OF ISSUANCE.

B. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY T-1 AND T-3 - CAPITAL  
EXPENDITURES FOR EDUCATIONAL FACILITIES, CAPITAL EQUIPMENT, LAND  
IMPROVEMENTS, UTILITIES AND SYSTEMS. REFUND CEFA TAX EXEMPT COMMERCIAL  
PAPER NOTES ISSUED ON VARIOUS DATES. COSTS OF ISSUANCE.

C. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY T-5 - ADVANCE REFUND  
\$59,180,000 OF CEFA SERIES P REVENUE BONDS - ISSUED MARCH 30, 1999.

D. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-1 - CAPITAL EXPENDITURES  
FOR EDUCATIONAL FACILITIES, CAPITAL EQUIPMENT, LAND IMPROVEMENTS,  
UTILITIES AND SYSTEMS. REFUND CEFA TAX EXEMPT COMMERCIAL PAPER NOTES  
ISSUED ON VARIOUS DATES. COSTS OF ISSUANCE.

E. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-2 - REFUND TAXABLE  
COMMERCIAL PAPER NOTES ISSUED ON VARIOUS DATES THAT WERE USED TO REFUND

**Part VI** Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

CEFA SERIES Q ISSUED ON 5/3/2001. COSTS OF ISSUANCE.

F. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-3 - CAPITAL EXPENDITURES FOR EDUCATIONAL FACILITIES, CAPITAL EQUIPMENT, LAND IMPROVEMENTS, UTILITIES AND SYSTEMS. REFUND CEFA TAX EXEMPT COMMERCIAL PAPER NOTES ISSUED ON VARIOUS DATES. COSTS OF ISSUANCE.

G. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-4 - ADVANCE REFUND CEFA SERIES P BONDS ISSUED ON 3/30/1999 AND PAY COSTS OF ISSUANCE.

H. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-6 - CAPITAL EXPENDITURES FOR EDUCATIONAL FACILITIES, CAPITAL EQUIPMENT, LAND IMPROVEMENTS, UTILITIES AND SYSTEMS. REFUND TAX EXEMPT COMMERCIAL PAPER NOTES ISSUED ON VARIOUS DATES.

I. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-7 - CAPITAL EXPENDITURES FOR EDUCATIONAL FACILITIES, CAPITAL EQUIPMENT, LAND IMPROVEMENTS, UTILITIES AND SYSTEMS.

J. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY V-1 - CAPITAL EXPENDITURES FOR EDUCATIONAL FACILITIES, CAPITAL EQUIPMENT, LAND IMPROVEMENTS,

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

UTILITIES AND SYSTEMS. REFUND TAX EXEMPT COMMERCIAL PAPER NOTES ISSUED ON  
VARIOUS DATES. REFUND PRIOR TAXABLE BONDS.

K. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY V-2 - CAPITAL EXPENDITURES  
FOR EDUCATIONAL FACILITIES, CAPITAL EQUIPMENT, LAND IMPROVEMENTS,  
UTILITIES AND SYSTEMS. REFUND TAX EXEMPT COMMERCIAL PAPER. NOTES ISSUED  
ON VARIOUS DATES. REFUND CEFA U-5.

FORM 990, SCHEDULE K, PART II, LINE 3

TOTAL PROCEEDS

THE DIFFERENCE BETWEEN LINE 3 AND SCHEDULE K, PART I, COLUMN (E) AMOUNTS  
REPRESENTS INVESTMENT EARNINGS.

FORM 990, SCHEDULE K, PART III

REFINANCING

CEFA SERIES T-5, U-2, U-4 PROCEEDS WERE USED TO REFINANCE DEBT  
ISSUED PRIOR TO JANUARY 1, 2003. ACCORDINGLY, PART III IS NOT COMPLETED  
FOR THESE ISSUES.

FORM 990, SCHEDULE K, PART III, LINES 4-5

PRIVATE BUSINESS USE

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

STANFORD UNIVERSITY FINANCES ITS FACILITIES WITH A COMBINATION OF TAX-EXEMPT DEBT, TAXABLE DEBT, GIFTS AND OTHER UNIVERSITY FUNDS. OCCASIONALLY, SOME OF THESE FACILITIES WILL HOUSE ACTIVITIES THAT MAY CONSTITUTE "PRIVATE BUSINESS USE", AS DEFINED IN IRC SECTION 141. FOR INSTANCE, STANFORD MAY RENT A SMALL PORTION OF A FACILITY TO A FOR-PROFIT OPERATOR OF CAFETERIAS (PRIMARYLY FOR THE CONVENIENCE OF FACULTY, STAFF, STUDENTS AND THEIR GUESTS). IN OTHER SITUATIONS, STANFORD MAY RECEIVE A GENEROUS CORPORATE GIFT TO FUND A PORTION OF A BUILDING AND MAY CHOOSE TO ACKNOWLEDGE SUCH GENEROSITY BY NAMING A CLASSROOM, LIBRARY OR AUDITORIUM IN HONOR OF THE CORPORATE DONOR. IN SUCH CASES, STANFORD ELECTS THE "UNDIVIDED PORTION ALLOCATION METHOD" DESCRIBED IN TREASURY REGULATION SECTION 1.141-6, AND THUS ALLOCATES SUCH "PRIVATE BUSINESS USE" FIRST TO THAT PORTION OF THE FACILITY FUNDED BY TAXABLE DEBT, GIFTS OR OTHER UNIVERSITY FUNDS. ACCORDINGLY, STANFORD REPORTS 0% AS THE PERCENTAGE OF FINANCED PROPERTY USED IN PRIVATE BUSINESS USE (PART III, QUESTION 4).

IN ADDITION TO THE CONSTRUCTION COST OF BUILDINGS, TAX-EXEMPT DEBT ALSO FUNDED A SIGNIFICANT PORTION OF THE UNIVERSITY'S INFRASTRUCTURE, INCLUDING ROADS AND UNDERGROUND UTILITIES. THE PORTION OF THE FUNDING OF THESE IMPROVEMENTS BY SOURCES OTHER THAN TAX-EXEMPT DEBT AS A PERCENTAGE OF TOTAL FUNDING WAS WELL IN EXCESS OF THE MEASURED AMOUNT OF PRIVATE

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

BUSINESS USE TO TOTAL USE.

ACCORDINGLY, THE AMOUNTS REPORTED ON PART III, LINES 4 AND 5, FOR THE PERCENTAGE OF FINANCED PROPERTY USED IN PRIVATE BUSINESS USE BY OTHER ENTITIES AND AS A RESULT OF AN UNRELATED TRADE OR BUSINESS ACTIVITY, RESPECTIVELY, ARE ZERO.

BOND ISSUANCE COSTS (BIC) AS A PERCENTAGE OF THE TOTAL PROCEEDS BY BOND ISSUE ARE:

ISSUE:	BIC%
CEFA SERIES S	0.5476%
CEFA SERIES T-1	0.4314%
CEFA SERIES T-5	0.0028%
CEFA SERIES U-1	0.6483%
CEFA SERIES U-2	0.5773%
CEFA SERIES U-3	0.3551%
CEFA SERIES U-4	0.3625%
CEFA SERIES U-6	0.0000%
CEFA SERIES U-7	0.0000%
CEFA SERIES V-1	0.0000%
CEFA SERIES V-2	0.0000%

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

FORM 990, SCHEDULE K, PART IV

FORM 8038-T:

DURING THE PERIODS SINCE THESE BONDS WERE ISSUED, THE INTEREST COST ON THE BONDS HAS EXCEEDED THE INVESTMENT RETURN ON ANY UNSPENT PROCEEDS. ACCORDINGLY, NO FORM 8038-T HAS BEEN ISSUED.

FORM 990, SCHEDULE K, PART IV, LINE 2(C)

REBATE CALCULATIONS

A. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES S HAD A REBATE CALCULATION PERFORMED ON DECEMBER 3, 2007.

B. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES T-1 AND T-3 HAD A REBATE CALCULATION PERFORMED ON JULY 21, 2010.

C. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES T-5 HAD A REBATE CALCULATION PERFORMED ON AUGUST 9, 2010.

D. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES U-1 HAD A REBATE CALCULATION PERFORMED ON JUNE 21, 2013.



**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

E. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES U-2 HAD A REBATE  
CALCULATION PERFORMED ON JANUARY 19, 2016.

F. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES U-3 HAD A REBATE  
CALCULATION PERFORMED ON JANUARY 19, 2016.

G. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES U-4 HAD A REBATE  
CALCULATION PERFORMED ON JANUARY 19, 2016.

H. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES U-6 HAD A REBATE  
CALCULATION PERFORMED ON JANUARY 11, 2019.

I. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES U-7 HAD A REBATE  
CALCULATION PERFORMED ON JANUARY 11, 2019.

J. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES V-1 HAD A REBATE  
CALCULATION PERFORMED ON DECEMBER 24, 2020

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2020**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY**

Employer identification number  
**94-1156365**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			ATTACHMENT 1									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . .						\$ 9,221,965.						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KEITH M. BAKER	SEE PART V	369,003.	COMPENSATION		X
(2) JEANNE MARIE DAVILA	SEE PART V	223,016.	COMPENSATION		X
(3) ROBERT HASSAN EHSAN	SEE PART V	104,107.	COMPENSATION		X
(4) MICHELE ELAM	SEE PART V	310,150.	COMPENSATION		X
(5) MARY HYNES	SEE PART V	35,137.	COMPENSATION		X
(6) TANYA LUHRMANN	SEE PART V	253,742.	COMPENSATION		X
(7) LISA PEARSON	SEE PART V	62,468.	COMPENSATION		X
(8) JAMES WELCH	SEE PART V	199,998.	COMPENSATION		X
(9) KATHERINE L. WOLF	SEE PART V	15,250.	COMPENSATION		X
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II

LOANS TO/FROM INTERESTED PERSONS:

IN A PROGRAM TO ATTRACT AND RETAIN EXCELLENT FACULTY AND SENIOR STAFF, THE UNIVERSITY PROVIDES HOME MORTGAGE FINANCING ASSISTANCE, PRIMARILY IN THE FORM OF SUBORDINATED LOANS, TYPICALLY IN CONJUNCTION WITH FIRST MORTGAGE LOANS PROVIDED BY PRIVATE LENDERS. THESE LOANS ARE COLLATERALIZED BY DEEDS OF TRUST ON PROPERTIES IN THE REGION SURROUNDING THE UNIVERSITY. DEPENDING ON CIRCUMSTANCES, THE BORROWER WILL RECEIVE A COMBINATION OF LOANS WITH VARYING INTEREST RATE AND PRINCIPAL PAYMENT TERMS. ELIGIBLE FACULTY AND SENIOR STAFF MAY ALSO RECEIVE A TAXABLE STIPEND TO ASSIST IN SERVICING THEIR MORTGAGE DEBT. FROM TIME TO TIME, CERTAIN OFFICERS AND KEY EMPLOYEES OF THE UNIVERSITY MAY BE ELIGIBLE FOR SUCH SUPPORT. EACH LOAN TO AN INTERESTED PERSON IS MADE FROM STANFORD TO THE INDIVIDUAL (COLUMN D). NONE OF THE LOANS IS IN DEFAULT (COLUMN G). ALL LOANS HAVE BEEN APPROVED BY THE BOARD OF TRUSTEES (COLUMN H). FOR EACH LOAN ISSUED, THERE EXISTS A WRITTEN AGREEMENT BETWEEN STANFORD AND THE BORROWER (COLUMN I). MORTGAGE TERMS GOVERN THE CALCULATION AND PAYMENT OF INTEREST WHICH APPROXIMATE MARKET RATES.

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART III

GRANTS TO INTERESTED PERSONS:

THE ONLY GRANT RELATED TRANSACTIONS ARE THOSE IN WHICH AN INTERESTED PERSON PAYS TUITION, ROOM AND/OR BOARD COSTS OR RECEIVES FINANCIAL AID, WORK/STUDY ASSISTANCE, AND/OR RESEARCH GRANTS FOR A STUDENT AT THE UNIVERSITY. SUCH AMOUNTS WOULD BE IN ACCORDANCE WITH FINANCIAL AID OR GRANT PRACTICES AT ARM'S LENGTH, AND ARE PROTECTED UNDER FERPA, THEREFORE, THEY CAN NOT BE DISCLOSED ON PART III.

SCHEDULE L, PART IV

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS:

CERTAIN STANFORD EMPLOYEES HAVE A FAMILY RELATIONSHIP WITH A LISTED PERSON. GENERALLY, SUCH EMPLOYEES WERE EITHER HIRED PRIOR TO THE LISTED PERSON'S EMPLOYMENT WITH STANFORD OR PRIOR TO THEIR APPOINTMENT AS AN OFFICER, TRUSTEE, OR KEY EMPLOYEE OF STANFORD. IN SOME INSTANCES, THE FAMILY MEMBER WAS HIRED CONCURRENTLY WITH THE LISTED PERSON'S EMPLOYMENT AT STANFORD, SUCH AS HIRING BOTH SPOUSES IN ONE RECRUITMENT. IN NO CASE WAS THE LISTED PERSON RESPONSIBLE FOR OR INVOLVED IN THE HIRING OF THE RELATED EMPLOYEE. NEITHER WERE THEY RESPONSIBLE FOR THE COMPENSATION,

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

DIRECTION, EVALUATION OR CONTINUED EMPLOYMENT OF THE RELATED EMPLOYEE.

(A) NAME OF THE INTERESTED PERSON: KEITH M. BAKER

(B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION:

FATHER OF TRUSTEE FELIX J. BAKER

(C) AMOUNT OF TRANSACTION: \$312,493 IN CASH COMPENSATION AND \$56,510 IN BENEFITS DURING FISCAL YEAR 2021 EARNED IN HIS POSITION AS PROFESSOR OF HISTORY AT STANFORD.

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF THE INTERESTED PERSON: JEANNE MARIE DAVILA

(B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION:

SISTER OF FORMER PROVOST JOHN ETCEMENDY

(C) AMOUNT OF TRANSACTION: \$187,120 IN CASH COMPENSATION AND \$35,896 IN BENEFITS DURING FISCAL YEAR 2021 EARNED IN HER FULL TIME STAFF POSITION AT STANFORD.

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF THE INTERESTED PERSON: ROBERT HASSAN EHSAN

(B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION:

STEPBROTHER OF TRUSTEE LILY SARAFAN

(C) AMOUNT OF TRANSACTION: \$91,010 IN CASH COMPENSATION AND \$13,097 IN

BENEFITS DURING FISCAL YEAR 2021 EARNED IN HIS POSITION AS ASSISTANT

COACH OF MEN'S BASKETBALL.

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF THE INTERESTED PERSON: MICHELE ELAM

(B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION:

SPOUSE OF VP ARTS, HARRY ELAM

(C) AMOUNT OF TRANSACTION: \$273,255 IN CASH COMPENSATION AND \$36,895 IN

BENEFITS DURING FISCAL YEAR 2021 EARNED IN HER POSITION AS PROFESSOR OF

ENGLISH AT STANFORD.

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF THE INTERESTED PERSON: MARY HYNES

(B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION:

SPOUSE OF PRESIDENT AND TRUSTEE, MARC TESSIER-LAVIGNE

(C) AMOUNT OF TRANSACTION: \$35,137 IN CASH COMPENSATION DURING FISCAL YEAR 2021 EARNED IN HER POSITION AS ASSOCIATE PROFESSOR (RESEARCH) OF BIOLOGY AT STANFORD.

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF THE INTERESTED PERSON: TANYA LUHRMANN

(B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION:

SPOUSE OF FORMER DEAN RICHARD SALLER

(C) AMOUNT OF TRANSACTION: \$219,195 IN CASH COMPENSATION AND \$34,547 IN BENEFITS DURING FISCAL YEAR 2021 EARNED IN HER POSITION AS PROFESSOR OF ANTHROPOLOGY AT STANFORD.

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF THE INTERESTED PERSON: LISA PEARSON

(B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION:

SPOUSE OF FORMER INTERIM OFFICER, HOWARD B. PEARSON

(C) AMOUNT OF TRANSACTION: \$46,743 IN CASH COMPENSATION AND \$15,725 IN BENEFITS DURING FISCAL YEAR 2021 EARNED IN HER POSITION AS LECTURER AT LAW SCHOOL AT STANFORD.

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF THE INTERESTED PERSON: JAMES WELCH

(B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION:

SPOUSE OF PROVOST, PERSIS DRELL

(C) AMOUNT OF TRANSACTION: \$179,518 IN CASH COMPENSATION AND \$20,480 IN BENEFITS DURING FISCAL YEAR 2021 EARNED IN HIS POSITION AS PHYSICIST AT SLAC NATIONAL ACCELERATOR LABORATORY - STANFORD.

(D) DESCRIPTION OF TRANSACTION: COMPENSATION



**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF THE INTERESTED PERSON: KATHERINE L. WOLF

(B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION:

SPOUSE OF PRESIDENT OF STANFORD ALUMNI ASSOCIATION HOWARD WOLF

(C) AMOUNT OF TRANSACTION: \$15,250 IN CASH COMPENSATION DURING FISCAL YEAR 2021 EARNED THROUGH HER BUSINESS KATALYST COACHING WITH STANFORD

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(E) SHARING OF ORGANIZATION'S REVENUES? NO

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1

SCHEDULE L, PART II

NAME HARRY ELAM  
 RELATIONSHIP WITH ORGANIZATION FORMER OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 600,000.  
 BALANCE DUE 600,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

NAME HARRY ELAM  
 RELATIONSHIP WITH ORGANIZATION FORMER OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 150,000.  
 BALANCE DUE 150,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

NAME HARRY ELAM  
 RELATIONSHIP WITH ORGANIZATION FORMER OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 235,000.  
 BALANCE DUE 70,500.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1 (CONT'D)

SCHEDULE L, PART II

NAME HARRY ELAM  
 RELATIONSHIP WITH ORGANIZATION FORMER OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 350,000.  
 BALANCE DUE 350,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

NAME JOHN ETCHEMENDY  
 RELATIONSHIP WITH ORGANIZATION FORMER OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 1,710,000.  
 BALANCE DUE 1,710,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

NAME LLOYD B. MINOR  
 RELATIONSHIP WITH ORGANIZATION KEY EMPLOYEE  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 780,534.  
 BALANCE DUE 780,534.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1 (CONT'D)

SCHEDULE L, PART II

NAME LLOYD B. MINOR  
 RELATIONSHIP WITH ORGANIZATION KEY EMPLOYEE  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 719,466.  
 BALANCE DUE 102,781.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

NAME RICHARD SALLER  
 RELATIONSHIP WITH ORGANIZATION FORMER KEY EMPLOYEE  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 25,000.  
 BALANCE DUE 25,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

NAME MARTIN SHELL  
 RELATIONSHIP WITH ORGANIZATION OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 1,000,000.  
 BALANCE DUE 325,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1 (CONT'D)

SCHEDULE L, PART II

NAME ROBERT F. WALLACE  
 RELATIONSHIP WITH ORGANIZATION OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 200,000.  
 BALANCE DUE 200,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

NAME ROBERT F. WALLACE  
 RELATIONSHIP WITH ORGANIZATION OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 100,000.  
 BALANCE DUE 40,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

NAME ROBERT F. WALLACE  
 RELATIONSHIP WITH ORGANIZATION OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 3,000,000.  
 BALANCE DUE 3,000,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1 (CONT'D)

SCHEDULE L, PART II

NAME ELIZABETH ZACHARIAS  
 RELATIONSHIP WITH ORGANIZATION OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 700,000.  
 BALANCE DUE 700,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

NAME ELIZABETH ZACHARIAS  
 RELATIONSHIP WITH ORGANIZATION OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 250,000.  
 BALANCE DUE 250,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

NAME ELIZABETH ZACHARIAS  
 RELATIONSHIP WITH ORGANIZATION OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 100,000.  
 BALANCE DUE 100,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1 (CONT'D)

SCHEDULE L, PART II

NAME ELIZABETH ZACHARIAS  
 RELATIONSHIP WITH ORGANIZATION OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 100,000.  
 BALANCE DUE 50,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

NAME FARNAZ KHADEM  
 RELATIONSHIP WITH ORGANIZATION OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 512,100.  
 BALANCE DUE 512,100.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

NAME FARNAZ KHADEM  
 RELATIONSHIP WITH ORGANIZATION OFFICER  
 PURPOSE OF LOAN HOUSING  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 170,700.  
 BALANCE DUE 170,700.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

**Part IV Business Transactions Involving 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1 (CONT'D)

SCHEDULE L, PART II

NAME	FARNAZ KHADEM	
RELATIONSHIP WITH ORGANIZATION	OFFICER	
PURPOSE OF LOAN	HOUSING	
LOAN TO OR FROM THE ORG.?	TO	X FROM
ORIGINAL PRINCIPAL AMOUNT	85,350.	
BALANCE DUE	85,350.	
IN DEFAULT?	YES	X NO
APPROVED BY BOARD OR COMMITTEE	X YES	NO
WRITTEN AGREEMENT?	X YES	NO



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY**

Employer identification number  
**94-1156365**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	18 .	0 .	N/A
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .	X	1 .	75,602 .	FAIR MARKET VALUE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	1,141 .	111,730,702 .	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .	X	3 .	1,025,484 .	FAIR VALUE
11 Securities - Partnership, LLC, or trust interests . . . . .	X	11 .	24,238,222 .	FAIR VALUE
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .	X	1 .	2,600,000 .	APPRAISAL
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .	X	4 .	0 .	N/A
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .		25 .	5,117,518 .	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 34 .

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE M, PART I

IN COLUMN B, STANFORD IS REPORTING THE NUMBER OF CONTRIBUTIONS.

LINE 32A, USE OF THIRD-PARTY - STANFORD MAY, FROM TIME TO TIME, ENGAGE THIRD PARTIES (E.G., REAL ESTATE BROKERS) TO SELL CERTAIN NON-CASH CONTRIBUTIONS.

LINE 33, NON-CASH CONTRIBUTIONS - WORKS OF ART, HISTORICAL TREASURES, LITERARY WORKS, ARTIFACTS, AND THE LIKE, WHICH ARE PRESERVED AND PROTECTED FOR EDUCATIONAL, RESEARCH AND PUBLIC EXHIBITION PURPOSES, ARE NOT CAPITALIZED. DONATIONS OF SUCH COLLECTIONS ARE NOT RECORDED FOR FINANCIAL STATEMENT PURPOSES.

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
COMPUTERS AND ACCESSORIES	X	3.	201,708.	FAIR MARKET VALUE
OTHER EQUIPMENT	X	6.	548,819.	FAIR MARKET VALUE
GOLD COINS	X	2.	221,373.	FAIR MARKET VALUE
DIGITAL CURRENCY	X	8.	4,132,169.	FAIR MARKET VALUE
MUSICAL INSTRUMENTS	X	5.	13,449.	FAIR MARKET VALUE
HORSES	X	1.	0.	N/A
TOTALS		<u>25.</u>	<u>5,117,518.</u>	

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD  
JUNIOR UNIVERSITY

Employer identification number  
94-1156365

FORM 990, PAGE 1, LINE K

FORM OF ORGANIZATION

THE LELAND STANFORD JUNIOR UNIVERSITY WAS FOUNDED BY SENATOR AND MRS.  
LELAND STANFORD ON NOVEMBER 11, 1885, IN MEMORY OF THEIR ONLY CHILD,  
LELAND, JR. THE FOUNDING WAS ACCOMPLISHED BY A GRANT OF ENDOWMENT, KNOWN  
AS THE FOUNDING GRANT, WHICH CONVEYED IN TRUST TO A BOARD OF TRUSTEES  
CERTAIN PROPERTIES, DIRECTED THAT A UNIVERSITY BE ESTABLISHED AND  
OUTLINED THE OBJECTIVES AND GOVERNMENT OF THE UNIVERSITY. SUBSEQUENT  
LEGISLATION IN THE STATE OF CALIFORNIA GRANTED THE UNIVERSITY CORPORATE  
POWERS EFFECTIVE 1901. ACCORDINGLY, STANFORD HAS ELECTED TO BE TREATED AS  
A CORPORATION FOR THE PURPOSES OF THE ADMINISTRATION OF FEDERAL AND STATE  
INCOME TAX LAW.

FORM 990, PART I, LINE 6

VOLUNTEERS

THERE ARE THOUSANDS OF ALUMNI AND FRIENDS OF STANFORD UNIVERSITY WHO  
VOLUNTEERED THEIR SERVICES TO STANFORD OVER THE COURSE OF THE YEAR.  
EXAMPLES OF THE WIDE SPECTRUM OF VOLUNTEER SERVICES INCLUDE SERVING AS A  
MEMBER OF THE BOARD OF TRUSTEES OF THE UNIVERSITY, SERVING ON A  
FUNDRAISING COMMITTEE, AND SERVING ON AN ADVISORY BOARD OF AN INSTITUTE.  
WHILE STANFORD DOES NOT FORMALLY TRACK THE TOTAL NUMBER OF VOLUNTEERS, IT  
ESTIMATES THAT APPROXIMATELY 15,800 ALUMNI AND OTHER INDIVIDUALS  
VOLUNTEERED DURING THE TAX YEAR.

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD  
JUNIOR UNIVERSITY

Employer identification number  
94-1156365

FORM 990, PARTS I AND III, LINE 1

ORGANIZATION'S MISSION - CONTINUED FROM PART I, LINE 1 & PART III, LINE 1  
STANFORD IS INTERNATIONALLY RECOGNIZED FOR THE QUALITY OF ITS TEACHING  
AND RESEARCH, ITS DISTINGUISHED FACULTY, AND ITS OUTSTANDING STUDENT  
BODY. IN THE YEARS SINCE ITS FOUNDING IN 1885, STANFORD HAS GROWN TO OVER  
2,288 FACULTY MEMBERS AND AN ENROLLMENT OF APPROXIMATELY 7,645  
UNDERGRADUATE AND 9,292 GRADUATE STUDENTS.

THE OBJECTIVE AND PURPOSES OF STANFORD UNIVERSITY, JANE AND LELAND  
STANFORD WROTE IN THEIR FOUNDING GRANT IN 1885, ARE "TO QUALIFY ITS  
STUDENTS FOR PERSONAL SUCCESS, AND DIRECT USEFULNESS IN LIFE; ... TO  
PROMOTE THE PUBLIC WELFARE BY EXERCISING AN INFLUENCE ON BEHALF OF  
HUMANITY AND CIVILIZATION, TEACHING THE BLESSINGS OF LIBERTY REGULATED BY  
LAW, AND INCULCATING LOVE AND REVERENCE FOR THE GREAT PRINCIPLES OF  
GOVERNMENT AS DERIVED FROM THE INALIENABLE RIGHTS OF MAN TO LIFE,  
LIBERTY, AND THE PURSUIT OF HAPPINESS."

FORM 990, PART III, LINE 4A

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

(EXPENSES \$2,066,150,742 INCLUDING GRANTS OF \$50,669,731; REVENUE  
\$820,240,071)

INSTRUCTION AND DEPARTMENTAL RESEARCH: INCLUDES THE SALARIES, FRINGE  
BENEFITS AND SUPPLIES NECESSARY TO TEACH 16,937 STUDENTS, INCLUDING 7,645  
UNDERGRADUATE AND 9,292 GRADUATE AND PROFESSIONAL SCHOOL STUDENTS.  
STANFORD'S 2,288-PERSON FACULTY INCLUDES 20 NOBEL LAUREATES AND 4

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
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PULITZER PRIZE WINNERS. STANFORD HAS SEVEN SCHOOLS: BUSINESS, EARTH, ENERGY & ENVIRONMENTAL SCIENCES, EDUCATION, ENGINEERING, HUMANITIES AND SCIENCES, LAW, AND MEDICINE. UNDERGRADUATES CHOOSE AMONG 69 MAJORS AND ARE ENCOURAGED TO LEARN CRITICAL THINKING SKILLS THROUGH RESEARCH. SEVEN SCHOOLS ON ONE CAMPUS OFFER STUDENTS BOUNDLESS OPPORTUNITIES TO PURSUE THEIR PASSIONS AND COLLABORATE ON SOLVING COMPLEX GLOBAL PROBLEMS. IN CLOSE INTERACTION WITH FACULTY, STANFORD STUDENTS CREATE AND APPLY KNOWLEDGE BY THINKING AND DOING, PREPARING FOR LEADERSHIP IN A RAPIDLY CHANGING WORLD.

FORM 990, PART III, LINE 4B

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

(EXPENSES \$1,349,043,581 INCLUDING GRANTS OF \$25,140,672; \$239,145,598 REPORTED REVENUE EXCLUDES FEDERAL RESEARCH SUPPORT.)

ORGANIZED RESEARCH: RESEARCH IS INTEGRAL TO THE EDUCATIONAL MISSION OF STANFORD AND INVOLVES FACULTY, GRADUATE STUDENTS, AND UNDERGRADUATES WHO SEEK NEW KNOWLEDGE IN SERVICE TO HUMANITY. STANFORD FACULTY MEMBERS HAVE CONTRIBUTED TO ADVANCEMENTS IN HIGH TECH, INCLUDING THE CREATION OF DIGITAL SUBSCRIBER LINES, IDENTITY-BASED ENCRYPTION, GLOBAL POSITIONING SYSTEMS AND THE REDUCED INSTRUCTION SET COMPUTER, AMONG OTHER DISCOVERIES; DISEASE IDENTIFICATION AND MANAGEMENT, INCLUDING PROGRAMS USED BY MORE THAN 500 ORGANIZATIONS WORLDWIDE CONCERNED WITH CHRONIC HEALTH PROBLEMS SUCH AS ARTHRITIS AND HIV/AIDS; AND GENOME SEQUENCING, INCLUDING DISCOVERIES THAT CREATED THE FIELD OF GENETIC ENGINEERING. TODAY'S STANFORD FACULTY MEMBERS ARE LEADERS IN NEUROSCIENCE, ENERGY,

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD  
JUNIOR UNIVERSITY

Employer identification number  
94-1156365

STEM CELL RESEARCH, ARTIFICIAL INTELLIGENCE, NANOTECHNOLOGY,  
BIOENGINEERING, COMPUTING TECHNOLOGY, REFORM OF OUR NATION'S SCHOOLS AND  
ENVIRONMENTAL SUSTAINABILITY. THROUGH BOTH BASIC AND APPLIED RESEARCH,  
STANFORD IS COMMITTED TO PROVIDING NEW KNOWLEDGE THAT FUELS OUR NATIONAL  
ECONOMY AND TO TRAINING GRADUATE STUDENTS WHO WILL BECOME TOMORROW'S  
TEACHERS AND RESEARCHERS.

ENTREPRENEURIAL STANFORD FACULTY MEMBERS ARE KNOWN FOR THEIR ABILITY TO  
CROSS INTERDISCIPLINARY BOUNDARIES TO CREATE TEAMS OF RESEARCHERS ABLE TO  
PROVIDE NEW INSIGHTS TO COMPLEX, WORLDWIDE PROBLEMS.

FORM 990, PART III, LINE 4C

STATEMENT OF PROGRAM SERVICES ACCOMPLISHMENTS

(EXPENSES \$548,909,595 INCLUDING GRANTS OF \$30,464; REVENUE  
\$1,543,893,360.)

UNIVERSITY AUXILIARY ACTIVITIES: INCLUDES AMONG OTHERS HEALTH CARE,  
RESIDENTIAL & DINING ENTERPRISES, AND INTER-COLLEGIATE ATHLETIC PROGRAMS.

STANFORD SCHOOL OF MEDICINE FACULTY MEMBERS ARE HEALTH-CARE PRACTITIONERS  
AS WELL AS TEACHERS, COMBINING EXPERTISE HONED BY RESEARCH WITH THE MOST  
ADVANCED TECHNOLOGY TO TREAT PATIENTS AT STANFORD HEALTH CARE AND THE  
LUCILE PACKARD CHILDREN'S HOSPITAL. STANFORD FACULTY PROVIDE  
APPROXIMATELY 90% OF THE PATIENT CARE AT STANFORD HEALTH CARE AND 95% OF  
THE PEDIATRIC CARE AT LUCILE PACKARD CHILDREN'S HOSPITAL.

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD  
JUNIOR UNIVERSITY

Employer identification number  
94-1156365

RESIDENTIAL & DINING ENTERPRISES (R&DE) IS THE STEWARD OF 5 MILLION SQ FT OF PHYSICAL PLANT (APPROXIMATELY 1/3 OF CAMPUS) AND GENERATES REVENUE PRIMARILY THROUGH STUDENT ROOM AND BOARD. R&DE HOUSES 13,000 STUDENTS AND FAMILIES. R&DE COMPLEMENTS STANFORD'S ACADEMIC PROGRAMS WITH A ROBUST RESIDENTIAL LIVING AND LEARNING ENVIRONMENT. THE UNIVERSITY HAS BEEN INVESTING IN THE RESIDENTIAL EDUCATION PROGRAM TO FOSTER AN ENVIRONMENT OF INTELLECTUAL, EDUCATIONAL, AND COMMUNITY-BUILDING ACTIVITIES IN STUDENT RESIDENCES.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

(EXPENSES \$1,898,667,482 INCLUDING GRANTS OF \$500,589,293; REVENUE \$278,639,658.)

STUDENT FINANCIAL AID: INCLUDES MERIT AND NEED-BASED SCHOLARSHIPS AND FELLOWSHIPS.

SLAC CONSTRUCTION AND OTHER: THE UNIVERSITY MANAGES AND OPERATES THE SLAC NATIONAL ACCELERATOR LABORATORY FOR THE U.S. DEPARTMENT OF ENERGY ("DOE") UNDER A MANAGEMENT AND OPERATING CONTRACT. REVENUES AND EXPENDITURES ARE INCLUDED IN STANFORD'S FINANCIAL STATEMENTS; ASSETS AND LIABILITIES ARE OWNED BY DOE AND THEREFORE EXCLUDED ON STANFORD'S BALANCE SHEET. ACCORDINGLY, CONSTRUCTION EXPENDITURES ARE RECORDED AS EXPENDITURES HEREIN.



Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD  
JUNIOR UNIVERSITY

Employer identification number  
94-1156365

COVID-19 IMPACT

THROUGHOUT FISCAL YEAR 2021, STANFORD NAVIGATED THE CHALLENGES AND UNPRECEDENTED PRESSURES STEMMING FROM THE COVID-19 PANDEMIC - A CRISIS THAT REQUIRED A REIMAGINING OF THE UNIVERSITY'S OPERATIONS FROM THE GROUND UP. DURING THIS TIME, WE FOCUSED ON THREE OVERARCHING GOALS: SUSTAINING OUR MISSION OF RESEARCH, EDUCATION, AND HEALTH CARE; CONTRIBUTING TO THE GLOBAL RESPONSES TO THE PANDEMIC AND RACIAL INJUSTICE; AND SUPPORTING OUR STANFORD COMMUNITY.

SUSTAINING OUR UNIVERSITY'S MISSION REQUIRED THE TIRELESS EFFORTS OF OUR ENTIRE COMMUNITY, ALONG WITH THE SWIFT RE-DEPLOYMENT OF RESOURCES AND FUNDING TO SUPPORT THESE EFFORTS. OUR FACULTY ADAPTED COURSES INTO CREATIVE ONLINE FORMATS TO SUPPORT STUDENTS FROM A DISTANCE. STAFF MEMBERS SUPPORTED OUR RESEARCH RESTART AND LAUNCHED OUR TESTING PROTOCOLS, ALL WHILE CONTINUING THE MANY OTHER VITAL DAY-TO-DAY OPERATIONS OF THE UNIVERSITY. OUR STUDENTS, BOTH REMOTE AND ON-CAMPUS, SHOWED REMARKABLE FLEXIBILITY IN ENGAGING WITH THE NEW MODES OF LEARNING, AND FOUND NEW WAYS TO CONNECT WITH ONE ANOTHER. AT THE END OF A DIFFICULT YEAR, WE WERE DELIGHTED TO CELEBRATE AN IN-PERSON COMMENCEMENT CEREMONY FOR OUR GRADUATING SENIORS, ADVANCED DEGREE RECIPIENTS, AND THEIR LOVED ONES.

AS MANY OF OUR OPERATIONS MOVED ONLINE, WE EXTENDED OUR REACH AND BROADENED ACCESS TO STANFORD'S RESOURCES IN HEALTH CARE, EDUCATION, RESEARCH, THE ARTS, AND MORE. TELEMEDICINE VISITS HAVE ACCELERATED

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD  
JUNIOR UNIVERSITY

Employer identification number  
94-1156365

DRAMATICALLY: BEFORE THE PANDEMIC, STANFORD MEDICINE PROVIDED 2,800  
TELEHEALTH CONSULTS A MONTH; BY THE PEAK OF THE PANDEMIC, IT WAS  
PROVIDING 60,000 A MONTH. STANFORD ARTS MOVED CONTENT AND RESOURCES  
ONLINE, MAKING ACCESS TO THE ARTS BROADLY AVAILABLE AT A TIME WHEN PEOPLE  
IN OUR COMMUNITY AND BEYOND NEEDED THE MEANING AND COMFORT THAT THE ARTS  
CAN PROVIDE.

SECOND, EVEN AS WE WORKED TO SUSTAIN AND BROADEN THE REACH OF OUR  
MISSION, WE FOCUSED ON CONTRIBUTING TO THE GLOBAL RECOVERY. AT STANFORD  
MEDICINE, CLINICIANS, RESEARCHERS, AND STAFF HAVE WORKED TIRELESSLY TO  
CARE FOR PATIENTS, STUDY THE DISEASE, DEVELOP TREATMENTS AND THERAPIES,  
AND PROVIDE TESTING AND VACCINATION FOR OUR COMMUNITY. OUTSIDE OF  
MEDICINE, RESEARCHERS IN THE HUMANITIES, SOCIAL SCIENCES, AND OTHER  
FIELDS WORKED TO IMPROVE REMOTE EDUCATION, REDUCING THE SPREAD OF  
COVID-19 AMONG INCARCERATED POPULATIONS, AND UNDERSTAND HOW PANDEMICS  
EXACERBATE DISPARITIES AND INEQUITIES.

OVER THE PAST YEAR, WE'VE TAKEN MEANINGFUL STEPS TOWARD OUR GOALS OF  
ADVANCING A MORE JUST SOCIETY THROUGH EDUCATION AND RESEARCH AND  
COUNTERING RACISM WITHIN OUR OWN COMMUNITY. THIS WORK IS LED THROUGH OUR  
INCLUSION, DIVERSITY, EQUITY, AND ACCESS IN A LEARNING ENVIRONMENT  
(IDEAL) INITIATIVE, WHICH IS THE FOCAL POINT OF OUR EFFORTS TO ACHIEVE  
CHANGE. THESE EFFORTS HAVE INCLUDED SELECTING OUR FIRST COHORT OF IDEAL  
PROVOSTIAL FELLOWS - A GROUP OF PROMISING YOUNG SCHOLARS IN RACE AND  
ETHNICITY - AND ESTABLISHING A COMMUNITY BOARD ON PUBLIC SAFETY TO ENSURE

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
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THAT THE UNIVERSITY'S PUBLIC SAFETY POLICIES AND PRACTICES ARE CONSISTENT WITH OUR VALUES.

IN APRIL 2021, STANFORD ALSO BECAME THE FIRST U.S. COLLEGE OR UNIVERSITY TO ISSUE BONDS CARRYING DUAL CLIMATE AND SUSTAINABILITY DESIGNATIONS. THE BONDS ARE ROOTED IN OUR COMMITMENT TO PROMOTING ACCESS AND INCLUSION AND TACKLING ENVIRONMENTAL CHALLENGES. THEY ARE HELPING FINANCE PROJECTS THAT SUPPORT THE UNIVERSITY'S DIVERSITY AND EQUITY GOALS, IMPROVE ACCESS TO HEALTHCARE AND HOUSING, AND ACHIEVE OUR SUSTAINABILITY GOALS.

PROVIDING SUPPORT FOR OUR STANFORD COMMUNITY HAS BEEN A CRITICAL PRIORITY THIS YEAR. THE PANDEMIC HAS DEEPLY AFFECTED ALL OF US, BUT IT HAS HIT SOME MEMBERS OF OUR COMMUNITY HARDER THAN OTHERS. AT A UNIVERSITY LEVEL, WE'VE INCREASED FINANCIAL SUPPORT FOR STUDENTS AND FAMILIES WHO HAVE BEEN PARTICULARLY AFFECTED BY THE PANDEMIC. WE HAVE ALSO TAKEN STEPS TO MITIGATE THE DISPARITIES BY EXTENDING THE TENURE CLOCK, ADDING A POST-PANDEMIC RESEARCH QUARTER FOR JUNIOR FACULTY, AND EXPANDING LEAVE TIME FOR CAREGIVING AND WELLNESS.

OUR COMMUNITY HAS EMBRACED A SPIRIT OF COLLECTIVE RESPONSIBILITY TO KEEP ONE ANOTHER SAFE AND TO MAKE OUR WORLD BETTER OVER THE LAST YEAR - FROM OUR COVID-19 RESPONSE; TO OUR COMMITMENT TO DIVERSITY, INCLUSION, AND EQUITY; TO OUR WORK TO PREPARE OUR STUDENTS TO BE ENGAGED CITIZENS AND PURPOSEFUL LEADERS. THOUGH THIS HAS BEEN A TIME OF GREAT CHALLENGE, THE CRISIS HAS ADDED MOMENTUM TO THE UNIVERSITY'S MISSION AND DEMONSTRATED

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
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HOW SCHOLARSHIP, INNOVATION, EDUCATION, AND PATIENT CARE CAN CONTRIBUTE  
TO A BETTER WORLD FOR ALL.

FORM 990 PART IV, LINES 12A AND 12B

AUDIT OF FINANCIAL STATEMENTS

STANFORD'S CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS  
ENDED AUGUST 31, 2021 AND AUGUST 31, 2020 WERE AUDITED BY THE ACCOUNTING  
FIRM OF PRICEWATERHOUSECOOPERS ("PWC"). AS REQUIRED BY GENERALLY ACCEPTED  
ACCOUNTING PRINCIPLES, THE UNIVERSITY'S FINANCIAL STATEMENTS ARE PREPARED  
ON A CONSOLIDATED BASIS AND REFLECT THE COMBINED FINANCIAL POSITION AND  
RESULTS OF THE UNIVERSITY, STANFORD HEALTH CARE AND LUCILE SALTER PACKARD  
CHILDREN'S HOSPITAL AT STANFORD, INCLUDING THEIR RESPECTIVE CONTROLLED  
AFFILIATES. IN ADDITION, THE FINANCIAL STATEMENTS PRESENT CONSOLIDATING  
STATEMENTS THAT DISCLOSE SEPARATELY THE ACCOUNTS OF THE UNIVERSITY AND  
ITS CONSOLIDATED SUBSIDIARIES. UNDER SEPARATE COVER, THE CONTROLLED  
AFFILIATES PROVIDE AUDITED FINANCIAL STATEMENTS OF THEIR OWN ACCOUNTS.  
PWC UTILIZES SEPARATE AUDIT TEAMS TO CONDUCT THE AUDIT ENGAGEMENTS OF  
STANFORD AND EACH OF THE CONSOLIDATED SUBSIDIARIES. EACH AUDIT IS  
CONDUCTED BY QUALIFIED PROFESSIONAL ACCOUNTANTS WITH AUDIT PLANS DESIGNED  
FROM THE SEPARATE ACCOUNTS FOR THE RESPECTIVE ENTITIES, IN ACCORDANCE  
WITH GENERALLY ACCEPTED AUDITING STANDARDS.

FORM 990, PART V, LINE 4B

STANFORD HAS AN INTEREST IN OR SIGNATURE AUTHORITY OVER BANK AND/OR  
INVESTMENT ACCOUNTS IN THE FOLLOWING COUNTRIES: CAYMAN ISLANDS; CHILE;  
CHINA; FRANCE; GERMANY; GHANA; HONG KONG; INDIA; ITALY; JAPAN; JERSEY;

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
-----------------------------------------------------------------------------------------------	----------------------------------------------

KENYA; MAURITIUS; SOUTH AFRICA; SOUTH KOREA; SPAIN; UNITED KINGDOM.

FORM 990, PART VI, SECTION A, LINE 2

BUSINESS RELATIONSHIPS

THE FOLLOWING INDIVIDUALS LISTED ON PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER:

- ANEEL BHUSRI IS THE CEO OF WORKDAY, INC., WHERE JERRY YANG ALSO SERVES AS A BOARD MEMBER.

- KAVITARK RAM SHRIRAM IS A DIRECTOR OF ALPHABET INC. AND GOOGLE INC., WHERE RUTH PORAT SERVES AS CHIEF FINANCIAL OFFICER.

- MICHAEL C. CAMUNEZ SERVES AS A BOARD MEMBER OF AMPLIFY, INC., WHICH IS MAJORITY OWNED BY AN AFFILIATE OF EMERSON COLLECTIVE, OWNED BY LAURENE POWELL-JOBS.

FORM 990, PART VI, SECTION A, LINE 5

DURING FISCAL YEAR ENDED AUGUST 31, 2021, A FORMER UNIVERSITY EMPLOYEE PLEADED GUILTY TO FEDERAL CHARGES RELATED TO ONE COUNT OF FEDERAL PROGRAM THEFT, RELATED TO THE THEFT OF LAPTOPS FROM STANFORD UNIVERSITY. THE UNIVERSITY COOPERATED WITH THE INVESTIGATION BY LAW ENFORCEMENT AND ADDITIONALLY CONDUCTED A THOROUGH INTERNAL INVESTIGATION. STANFORD ESTIMATES THE TOTAL LOSS TO BE \$4.9 MILLION. BASED UPON THE RESULTS OF THE INTERNAL INVESTIGATION THE UNIVERSITY HAS UNDERTAKEN CORRECTIVE ACTIONS, INCLUDING AN ETHICS AND COMPLIANCE DISCUSSION TRAINING FOCUSING ON THE UNIVERSITY'S CODE OF CONDUCT, THE HELPLINE, AND THE IMPORTANCE OF SPEAKING UP, AND THE LAUNCH OF A UNIVERSITY-WIDE PROGRAM TO ENGAGE IN CONTINUOUS IMPROVEMENT OF ITS FINANCIAL STEWARDSHIP INFRASTRUCTURE.

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
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FORM 990, PART VI, SECTION B, LINES 11A & B

REVIEW OF THE FORM 990

THE FORM 990 IS PREPARED BY THE UNIVERSITY'S TAX DEPARTMENT IN CONSULTATION WITH STAKEHOLDERS INTERNAL TO FINANCIAL MANAGEMENT SERVICES AND ACROSS THE UNIVERSITY INCLUDING OFFICE OF DEVELOPMENT, THE OFFICE OF GENERAL COUNSEL, STANFORD MANAGEMENT COMPANY AND UNIVERSITY HUMAN RESOURCES. THE RETURN IS REVIEWED BY EXTERNAL ACCOUNTANTS, OUTSIDE COUNSEL, AND INTERNALLY WITH SENIOR MANAGEMENT INCLUDING THE SENIOR ASSOCIATE VICE PRESIDENT FOR FINANCE, THE CONTROLLER, THE TREASURER AND STANFORD MANAGEMENT COMPANY. THE RETURN IS THEN DISTRIBUTED TO THE BOARD COMMITTEE ON AUDIT, COMPLIANCE AND RISK FOR THEIR REVIEW IN ADVANCE OF THE COMMITTEE MEETING. THE COMMITTEE IS OFFERED AN OPPORTUNITY TO ASK QUESTIONS BOTH AT THE MEETING AND ANYTIME THEREAFTER. SUBSEQUENT TO THE MEETING, A COMPLETE COPY OF THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST

MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES ("TRUSTEES"), OFFICERS AND FACULTY MAY, FROM TIME TO TIME, BE ASSOCIATED, EITHER DIRECTLY OR INDIRECTLY, WITH ENTITIES DOING BUSINESS WITH THE UNIVERSITY. THE UNIVERSITY HAS CONFLICT OF INTEREST POLICIES THAT ARE STRICTLY ENFORCED TO ENSURE THAT ALL TRANSACTIONS WITH THESE PARTIES ARE ARM'S LENGTH, AND THERE IS NO FAVORABLE TREATMENT AS A RESULT OF THESE RELATIONSHIPS. CONFLICTS OF INTEREST ARE REGULARLY MONITORED, AND APPLICABLE POLICY IS CONSISTENTLY ENFORCED. UNIVERSITY-WIDE COMPLIANCE INITIATIVES INCLUDE

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD  
JUNIOR UNIVERSITY

Employer identification number  
94-1156365

TRAINING AND DOCUMENTATION, REQUIRED ANNUAL DISCLOSURE AND FOLLOW-UP;  
MANAGEMENT CONTROLS; ENTERPRISE RISK MANAGEMENT; REGULAR INTERNAL AND  
EXTERNAL AUDITS; WHISTLE-BLOWER PROVISIONS; SUPERVISION; AND REVIEW.  
PERCEIVED VIOLATIONS WOULD BE INVESTIGATED AND ADDRESSED AS APPROPRIATE  
THROUGH VARIOUS SANCTIONS, INCLUDING FINANCIAL PENALTIES AND TERMINATION,  
DEPENDING UPON THE NATURE AND DEGREE OF THE CONFLICT.

FOR OFFICERS, THE UNIVERSITY REQUIRES ANNUAL DISCLOSURE OF SIGNIFICANT  
FINANCIAL INTERESTS IN EMPLOYMENT OR CONSULTING RELATIONSHIPS WITH  
ENTITIES DOING BUSINESS WITH THE UNIVERSITY. THESE ANNUAL DISCLOSURES  
COVER BOTH OFFICERS AND THEIR IMMEDIATE FAMILY. WHEN SUCH ASSOCIATIONS  
EXIST, MEASURES ARE TAKEN TO APPROPRIATELY MANAGE, IN THE BEST INTERESTS  
OF THE UNIVERSITY, ANY ACTUAL OR PERCEIVED CONFLICT.

FACULTY MUST COMPLY WITH THE FACULTY CONFLICT OF INTEREST POLICY, WHICH  
REQUIRES ANNUAL CERTIFICATION OF COMPLIANCE WITH THE POLICY AND  
DISCLOSURE OF INTERESTS IN OUTSIDE ENTITIES THAT ARE SPONSORS OF THEIR  
TEACHING OR RESEARCH OR OTHER TRANSACTIONS WITH THE UNIVERSITY IN WHICH  
THEY ARE INVOLVED. ALL PERSONAL FINANCIAL INTERESTS RELATED TO STANFORD  
ACTIVITIES MUST BE REPORTED, REGARDLESS OF DOLLAR AMOUNT.

FOR TRUSTEES, THE UNIVERSITY HAS A WRITTEN CONFLICT OF INTEREST POLICY  
THAT REQUIRES, AMONG OTHER THINGS, THAT NO MEMBER OF THE BOARD OF  
TRUSTEES IS PERMITTED TO PARTICIPATE IN ANY DECISION RELATING TO AN  
ENTITY IN WHICH HE OR SHE (OR AN IMMEDIATE FAMILY MEMBER) HAS A MATERIAL

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
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FINANCIAL INTEREST. THE CONFLICT OF INTEREST POLICY ALSO PRECLUDES THE UNIVERSITY FROM ENTERING INTO CERTAIN TRANSACTIONS WITH AN ENTITY IN WHICH A TRUSTEE HAS A MATERIAL FINANCIAL INTEREST UNLESS MEASURES ARE TAKEN TO MITIGATE ANY ACTUAL OR PERCEIVED CONFLICT. NAMELY, THE POLICY REQUIRES THAT SUCH TRANSACTIONS ARE CONDUCTED AT ARM'S LENGTH, FOR GOOD AND SUFFICIENT CONSIDERATION, BASED ON TERMS THAT ARE FAIR AND REASONABLE TO AND FOR THE BENEFIT OF THE UNIVERSITY, AND OTHERWISE IN ACCORDANCE WITH SOUND CONFLICT MANAGEMENT PRACTICES. THE CONFLICT OF INTEREST POLICY REQUIRES EACH TRUSTEE TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15

COMPENSATION DETERMINATION

THE ANNUAL PROCESS FOR DETERMINING COMPENSATION OF BOTH THE TOP MANAGEMENT OFFICIAL (PRESIDENT OF THE UNIVERSITY) AND OF OTHER OFFICERS/KEY EMPLOYEES INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, USE OF COMPARABILITY DATA AND CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATION AND DECISION. IN THE CASE OF THE UNIVERSITY'S PRESIDENT, THE VICE PRESIDENT FOR HUMAN RESOURCES, AT A PRELIMINARY MEETING WITH A SUBCOMMITTEE OF THE BOARD COMMITTEE ON COMPENSATION, INCLUDING NON-EMPLOYEE TRUSTEES, PRESENTS AN ANALYSIS OF CURRENT RELEVANT MARKET DATA, CONTAINING SALARY INFORMATION OF INDIVIDUALS SERVING IN A COMPARABLE POSITION, OBTAINED FROM AN INDEPENDENT HUMAN RESOURCE CONSULTING FIRM. THE SAME MATERIALS ARE SENT TO THE FULL COMMITTEE. AT THE MEETING OF THE FULL COMMITTEE AND IN THE ABSENCE OF THE PRESIDENT, DISCUSSION OCCURS PRIOR TO A VOTE. MINUTES OF ALL MEETINGS ARE ON FILE IN



Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
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THE OFFICE OF THE VICE PRESIDENT FOR HUMAN RESOURCES. IN THE CASE OF OTHER OFFICERS/KEY EMPLOYEES, PER GUIDELINES IN THE COMMITTEE'S EXECUTIVE COMPENSATION POLICY AND PROCEDURES DOCUMENT, EACH YEAR THE VICE PRESIDENT FOR HUMAN RESOURCES PROVIDES CURRENT RELEVANT MARKET DATA AND THE HISTORICAL PAY INFORMATION RELATING TO THESE PERSONS TO THE PRESIDENT OR TO THE PROVOST BASED ON THE REPORTING STRUCTURE. THE PRESIDENT AND PROVOST PROPOSE CHANGES IN COMPENSATION BASED ON EACH INDIVIDUAL'S PERFORMANCE AND ON THE MARKET DATA. THE COMMITTEE ON COMPENSATION REVIEWS THE RECOMMENDATIONS AND, FOLLOWING DISCUSSION, APPROVES THE RECOMMENDATIONS AS SUBMITTED OR WITH MODIFICATIONS. MINUTES OF THE MEETING ARE ON FILE IN THE OFFICE OF THE VICE PRESIDENT FOR HUMAN RESOURCES.

FORM 990, PART VI, SECTION C, LINE 19

STANFORD UNIVERSITY MAKES ITS FOUNDING GRANT, FACULTY AND STAFF CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC THROUGH STANFORD'S WEBSITE, AND UPON REQUEST TO THE OFFICE OF UNIVERSITY COMMUNICATIONS.

FORM 990, PART VII, SECTION A, COLUMN B

HOURS FOR RELATED ORGANIZATIONS

IN CONNECTION WITH THEIR POSITIONS AT STANFORD, CERTAIN LISTED INDIVIDUALS MAY, FROM TIME TO TIME, PARTICIPATE IN ACTIVITIES OF A RELATED ORGANIZATION. WHERE THE LISTED INDIVIDUALS ARE TRUSTEES, DIRECTORS, OFFICERS, OR EMPLOYEES OF THE RELATED ORGANIZATION, THE TIME DEVOTED TO THE RELATED ORGANIZATION BY SUCH INDIVIDUALS IS GENERALLY

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD  
JUNIOR UNIVERSITY

Employer identification number  
94-1156365

REPORTED AS RELATED ORGANIZATION HOURS IN PART VII, SECTION A, LINE 1A,  
COLUMN (B), BELOW THE DOTTED LINE. IN ALL OTHER CASES, THE HOURS IN  
CONNECTION WITH SUCH PARTICIPATION ARE INCLUDED IN THE HOURS REPORTED FOR  
THE INDIVIDUALS' POSITIONS AT STANFORD UNIVERSITY IN PART VII, SECTION A,  
LINE 1A, COLUMN (B), ABOVE THE DOTTED LINE.

FORM 990, PART VII, SECTION B

INDEPENDENT CONTRACTORS

IN THE PRESENTATION OF THE DATA APPEARING IN FORM 990, PART VII, SECTION  
B, STANFORD REPORTS DIRECT CASH COMPENSATION PAID TO PROFESSIONAL  
INDEPENDENT CONTRACTORS. COMMISSIONS, DISCOUNTS, AND MANAGEMENT FEES  
EMBEDDED IN AND/OR DEDUCTED FROM INVESTMENT RETURNS AND AMOUNTS PROVIDED  
TO VENTURE CAPITAL, PRIVATE EQUITY, AND HEDGE FUND GENERAL PARTNERS DUE  
TO THEIR "CARRIED INTEREST" IN PARTNERSHIPS IN WHICH STANFORD  
PARTICIPATES ARE NOT CONSIDERED IN THIS REPORTING.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN POST RETIREMENT BENEFIT OBLIGATION	\$101,474,000
CHANGE IN VALUE OF SPLIT INTEREST	(119,226,920)
NET HOSPITAL TRANSFERS	150,026,714
CHANGE IN VALUE OF SWAP AGREEMENTS	7,077,469
CHANGE IN NON-CONTROLLING INTEREST	(19,056,354)
	-----
	\$120,294,909

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
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ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
VANCE BROWN INC 3197 PARK BOULEVARD PALO ALTO, CA 94306	CONSTRUCTION	127,058,719.
LEVEL 10 CONSTRUCTION LP 1050 ENTERPRISE WAY STE 250 SUNNYVALE, CA 94089	CONSTRUCTION	96,544,740.
THE WHITING-TURNER CONTRACTING CO PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	52,512,620.
HILLHOUSE CAPITAL ADVISORS, LTD. 190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN CAYMAN ISLANDS KY1-9008	INVESTMENT MGMT	38,333,985.
DEVCON CONSTRUCTION INC 690 GIBRALTAR DR MILPITAS, CA 95035	CONSTRUCTION	37,848,731.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY** Employer identification number **94-1156365**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> 200 GREGORY STREET, LLC 415 BROADWAY REDWOOD CITY, CA 94063 94-1156365	REAL ESTATE	CO	0.	0.	STANFORD
<b>(2)</b> ANTS AT WORK, LLC 485 BROADWAY, MAILCODE 8838 REDWOOD CITY, CA 94063 94-1156365	RESEARCH	NM	0.	0.	STANFORD
<b>(3)</b> ARCOLA LLC 635 KNIGHT WAY STANFORD, CA 94305 20-4222260	REAL ESTATE	DE			ARCOLA VENTU
<b>(4)</b> ARCOLA RESIDENTIAL DEVELOPMENT LLC 635 KNIGHT WAY STANFORD, CA 94305 80-0804754	REAL ESTATE	DE			ARCOLA VENTU
<b>(5)</b> ARCOLA RETAIL DEVELOPMENT LLC 635 KNIGHT WAY STANFORD, CA 94305 80-0804058	REAL ESTATE	DE			ARCOLA VENTU
<b>(6)</b> ATFIV DIRECT, LLC 635 KNIGHT WAY STANFORD, CA 94305 94-1156365	INVESTMENTS	DE	0.	0.	STANFORD

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> FUNDACION STANFORD UNIVERSITY EN CHILE AV. CONDELL 189, PROVIDENCIA SANTIAGO, CI	EDUCATION	CI	501(C)(3)		STANFORD		
<b>(2)</b> HOSPITAL COMMITTEE FOR THE L-P AREAS 1111 E. STANLEY BLVD. LIVERMORE, CA 94550 94-1429628	HOSPITAL	CA	501(C)(3)	3	SHC	X	
<b>(3)</b> JAEDAN BUPIN STANFORD CENTER IN THE REPU 119 YEONSUMUNHWA-RO YEONSU-GU	RESEARCH	KR	501(C)(3)	N/A	STANFORD	X	
<b>(4)</b> LUCILE PACKARD FOUNDATION FOR CHILDREN'S 400 HAMILTON AVENUE, SUITE 340 PALO ALTO, CA 94301 77-0440090	HEALTHCARE	CA	501(C)(3)	7	LPCH	X	
<b>(5)</b> LUCILE SALTER PACKARD CHILDRENS HOSPITAL 725 WELCH ROAD MC 5553 PALO ALTO, CA 94304 77-0003859	HEALTHCARE	CA	501(C)(3)	3	STANFORD	X	
<b>(6)</b> PACIFIC 12 CONFERENCE 1350 TREAT BOULEVARD WALNUT CREEK, CA 94597 94-1459048	EDUCATION	CA	501(C)(3)	12A, I	N/A		X
<b>(7)</b> PACKARD CHILDREN'S HEALTH ALLIANCE 725 WELCH ROAD, MC5551 PALO ALTO, CA 94304 32-0359189	HEALTHCARE	CA	501(C)(3)	3	LPCH	X	

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Schedule R (Form 990) 2020

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization	THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number	94-1156365
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CANES VENATICI LLC 635 KNIGHT WAY STANFORD, CA 94305 94-1156365	INVESTMENTS	DE	0.	13,494,986.	STANFORD
(2) CYPRESS MARINA HEIGHTS AHU, LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	CA			CYPRESS
(3) CYPRESS MARINA PARTNERS LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	CA	0.	0.	STANFORD
(4) G318 LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	CA	0.	0.	STANFORD
(5) GRE PROPERTIES II, LLC 415 BROADWAY REDWOOD CITY, CA 94063 94-1156365	REAL ESTATE	DE	-1,457.	-2,649.	STANFORD
(6) GRE PROPERTIES, LLC 485 BROADWAY, MAILCODE 8838 REDWOOD CITY, CA 94063 94-1156365	REAL ESTATE	DE	-1,935.	-31,999.	STANFORD

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SHR HOLDINGS, INC. 485 BROADWAY, MAILCODE 8838 REDWOOD CITY, CA 94063 94-3187167	REAL ESTATE	CA	501(C)(25)	N/A	STANFORD	X	
(2) STANFORD FACULTY CLUB PO BOX 7229 STANFORD, CA 94309 94-1187089	FAC INTERACT.	CA	501(C)(7)	N/A	STANFORD	X	
(3) STANFORD FEDERAL CREDIT UNION 1860 EMBARCADERO RD. PALO ALTO, CA 94303 94-1492212	CREDIT UNION	CA	501(C)(1)	N/A	STANFORD	X	
(4) STANFORD HABITAT CONSERVATION BOARD 415 BROADWAY REDWOOD CITY, CA 94063 46-1882243	CONSERVATION	CA	501(C)(3)	7	STANFORD	X	
(5) STANFORD HEALTH CARE 300 PASTEUR DRIVE MC 5555 STANFORD, CA 94305 94-6174066	HEALTHCARE	CA	501(C)(3)	3	STANFORD	X	
(6) STANFORD HEALTH CARE ADVANTAGE 1221 BROADWAY, 3RD FLOOR OAKLAND, CA 94612 46-4071746	HEALTHCARE	CA	501(C)(3)	12A, I	SHC	X	
(7) STANFORD PROGRAMME (CAPE TOWN) NPC WAVERLY BUSINESS PARK, BLDG 11 CAPE TOWN, SF	EDUCATION	SF	501(C)(3)	N/A	STANFORD	X	

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Schedule R (Form 990) 2020

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

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Department of the Treasury  
Internal Revenue Service

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GREGORY STREET ACQUISITION, LLC 94-1156365 415 BROADWAY REDWOOD CITY, CA 94063	REAL ESTATE	CO	-164.	4,168,069.	STANFORD
(2) HP OUTLAWS, LLC 94-1156365 415 BROADWAY REDWOOD CITY, CA 94063	REAL ESTATE	DE	0.	0.	STANFORD
(3) JPS NO. 1, LLC 94-1156365 415 BROADWAY REDWOOD CITY, CA 94063	REAL ESTATE	DE	0.	0.	STANFORD
(4) JPS NO. 2, LLC 94-1156365 415 BROADWAY REDWOOD CITY, CA 94063	REAL ESTATE	DE	0.	0.	STANFORD
(5) KAPPA CYGNI LLC 94-1156365 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	14,270,916.	STANFORD
(6) NYMERIA LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	23,594,724.	STANFORD

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) STANFORD UNIVERSITY BOOKSTORE 94-0894150 BLDG 60, MAIN QUAD, NO. 105 STANFORD, CA 94305	SUPPORT	CA	501(C)(3)	12A, I	STANFORD	X	
(2) SU EMP. BEN TRUST POST RET/EMPYNT BEN 94-3246199 485 BROADWAY, MAILCODE 8838 REDWOOD CITY, CA 94063	BENEFITS	CA	501(C)(9)	N/A	STANFORD	X	
(3) THE DUDLEY E CHAMBERS FOUNDATION 38-6841793 JP MORGAN CHASE, PO BOX 3038 MILWAUKEE, WI 53201	SUPPORT	NY	501(C)(3)	12D, III-O	STANFORD	X	
(4) THE FREIDENRICH SUPPORT FOUNDATION 30-0519583 485 BROADWAY, MAILCODE 8838 REDWOOD CITY, CA 94063	SUPPORT	CA	501(C)(3)	12A, I	STANFORD	X	
(5) THE HONG KONG/SU CHARITABLE TRUST 98-6078093 1401 CAROLINE CENTER, 28 PING CAUSEWAY, HK	SUPPORT	HK	501(C)(3)	N/A	STANFORD	X	
(6) THE STANFORD TRUST 65 HIGH STREET OXFORD, UK OX1 46L	SUPPORT	UK	501(C)(3)	N/A	STANFORD	X	
(7) UNIVERSITY HEALTHCARE ALLIANCE 94-3192446 7999 GATEWAY BLVD, STE 300 NEWARK, CA 94560	HEALTHCARE	CA	501(C)(3)	3	SHC	X	

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Schedule R (Form 990) 2020

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY** Employer identification number **94-1156365**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> RED 238 LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	16,789,667.	STANFORD
<b>(2)</b> RED ALPINE LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	0.	STANFORD
<b>(3)</b> RED ALTA LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	3,256,741.	STANFORD
<b>(4)</b> RED ALVARADO LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	12,395,090.	STANFORD
<b>(5)</b> RED ARBORETUM LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	56,977,802.	STANFORD
<b>(6)</b> RED ARDENWOOD LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	1,085,907.	STANFORD

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> VALLEYCARE MEDICAL FOUNDATION, INC. 1111 E. STANLEY BLVD. LIVERMORE, CA 94550 26-2593526	SR. FACILITY	CA	501(C)(3)	PF	HOSP CMTE LP	X	
<b>(2)</b> VALLEYCARE SENIOR HOUSING 1111 E. STANLEY BLVD. LIVERMORE, CA 94550 94-3382224	SR. FACILITY	CA	501(C)(3)	12A, I	HOSP CMTE LP	X	
<b>(3)</b>							
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							

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Schedule R (Form 990) 2020

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

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Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Employer identification number 94-1156365
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RED BART LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	10,200,085.	STANFORD
(2) RED BROADWAY LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	59,702,679.	STANFORD
(3) RED CAMINO LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	4,887,266.	STANFORD
(4) RED CLOSE UP LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	36,087,188.	STANFORD
(5) RED DECOTO LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	19,789,244.	STANFORD
(6) RED DISH LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	269,611.	STANFORD

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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Schedule R (Form 990) 2020



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Internal Revenue Service

Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY** Employer identification number **94-1156365**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> RED FOOTHILLS LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	114474066.	STANFORD
<b>(2)</b> RED HILLSIDE LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	269360944.	STANFORD
<b>(3)</b> RED LOMITA LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	7,752,018.	STANFORD
<b>(4)</b> RED MARINA LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	2,300,000.	STANFORD
<b>(5)</b> RED MARINERS LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	0.	STANFORD
<b>(6)</b> RED MOTHERBOARD LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	9,909.	STANFORD

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b>							
<b>(2)</b>							
<b>(3)</b>							
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization JUNIOR UNIVERSITY	THE BOARD OF TRUSTEES OF THE LELAND STANFORD	Employer identification number 94-1156365
-----------------------------------------------	----------------------------------------------	----------------------------------------------

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RED POPLAR LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	17,268.	STANFORD
(2) RED RIDGE LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	134641223.	STANFORD
(3) RED SANDHILL LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	2,492,377.	STANFORD
(4) RED SKYLINE LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	468,568.	STANFORD
(5) RED VELD LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	0.	STANFORD
(6) ROCKY HILL PROPERTY LLC 45-4672921 485 BROADWAY, MAILCODE 8838 REDWOOD CITY, CA 94063	REAL ESTATE	CA	0.	0.	STANFORD

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

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Department of the Treasury  
Internal Revenue Service

Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY** Employer identification number **94-1156365**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> SAA SIERRA PROGRAMS, LLC 80-0313657 485 BROADWAY, MAILCODE 8838 REDWOOD CITY, CA 94063	ALUM RELATION	CA	-1,132,949.	9,832,112.	STANFORD
<b>(2)</b> SAND HILL INVESTMENTS GP LLC 41-2262027 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	0.	STANFORD
<b>(3)</b> SAND HILL INVESTMENTS LP 37-1557441 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE			SAND HILL IN
<b>(4)</b> SHOPS AT ARCOLA CENTER LLC 635 KNIGHT WAY STANFORD, CA 94305	REAL ESTATE	DE			SHOPS AT ARC
<b>(5)</b> SHOPS AT ARCOLA MEMBER LLC 635 KNIGHT WAY STANFORD, CA 94305	REAL ESTATE	DE			ARCOLA VENTU
<b>(6)</b> SHR HOTEL, LLC 41-2277925 485 BROADWAY, MAILCODE 8838 REDWOOD CITY, CA 94063	REAL ESTATE	CA	-1,331,641.	105939752.	STANFORD

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b>							
<b>(2)</b>							
<b>(3)</b>							
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							

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Schedule R (Form 990) 2020

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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Department of the Treasury  
Internal Revenue Service

Name of the organization **THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY** Employer identification number **94-1156365**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SPECIALTY EVENTS LLC 27-3665473 485 BROADWAY, MAILCODE 8838 REDWOOD CITY, CA 94063	GEN. BUS. OPS	CA	0.	0.	STANFORD
(2) STANFORD UNIVERSITY GLOBAL LLC 94-1156365 485 BROADWAY, MAILCODE 8838 REDWOOD CITY, CA 94063	EDUCATION	CA	3,761,091.	2,445,989.	STANFORD
(3) STANFORD UNIVERSITY POWER LLC 94-1156365 485 BROADWAY, MAILCODE 8838 REDWOOD CITY, CA 94063	ENERGY RESOUR	DE	0.	0.	STANFORD
(4) SU ACQUISITION, LLC 94-1156365 485 BROADWAY, MAILCODE 8838 REDWOOD CITY, CA 94063	REAL ESTATE	DE	-145,198.	2,000,000.	STANFORD
(5) TZOLKIN LLC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	DE	0.	0.	STANFORD
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 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)	(d) Direct controlling entity	(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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ADOM PARTNERS, L.P. 81-3083288 1350 6TH AVE, #1610 NEW YORK,	INVESTMENTS	DE	STANFORD	EXCLUDED	-4,572,755.	271,939,309.		X	0.		X	97.5487
(2) ALBUS SELECT FUND, L.P. 81-206 750 MENLO AVE, #380 MENLO PARK	INVESTMENTS	DE	STANFORD	EXCLUDED	-89,183,413.	25,193,592.		X	0.		X	99.7111
(3) ARCOLA VENTURE LLC 37-1689632 635 KNIGHT WAY STANFORD, CA 94	RE DEVELOPMENT	DE	STANFORD	UNRELATED	-4,650,789.	62,703,020.	X		-4,650,789.		X	80.0000
(4) CANARY SC FUND, L.P. 47-566214 399 PARK AVE NEW YORK, NY 1002	INVESTMENTS	DE	STANFORD	EXCLUDED	11,950,149.	90,046,695.		X	-412,729.		X	99.6111
(5) CANARY SC MASTER FUND, L.P. 98 89 NEXUS WAY, CAMANA BAY GRAND	INVESTMENTS	CJ	CANARY SC FUND	N/A				X				
(6) CARLSBAD CO-INVEST, LP 47-1702 40 BEECHWOOD RD SUMMIT, NJ 079	INVESTMENTS	DE	STANFORD	UNRELATED	-1,056,149.	7,769,380.		X	-1,056,151.		X	63.6943
(7) CHP GTS BLOCKER HOLDINGS A, L. 888 BOYLSTON STREET BOSTON, MA	INVESTMENTS	DE	STANFORD	EXCLUDED	0.	8,200,681.		X	0.		X	59.5917

**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) Primary 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) THE ADM MACULUS FUND III L.P. 98-0508924 4/FL, WILLOW HOUSE, CRICKET SQUARE GRAND CAYMAN, CJ KY1-	INVESTMENTS	CJ	STANFORD	C CORP		694,994.	58.2800	X	
(2) BREP VII ALBERTA FDR (OFFSHORE) TE.7 LP 98-1066351 345 PARK AVENUE NEW YORK, NY 10154	INVESTMENTS	CA	STANFORD	C CORP	0.	1,431,296.	51.7200	X	
(3) BREP VII ALBERTA FDR (OFFSHORE) TE.7-NQ 98-1066355 345 PARK AVENUE NEW YORK, NY 10154	INVESTMENTS	CA	STANFORD	C CORP	109,979.	7,309,781.	51.7200	X	
(4) CANARY SC FUND, LTD 98-1268195 89 NEXUS WAY, CAYMANA BAY GRAND CAYMAN, CJ KY1-9009	INVESTMENTS	CJ	STANFORD	C CORP	0.	337,190,113.	99.7300	X	
(5) CLAT (15)	CHARITABLE TR	CA	STANFORD	TRUST					
(6) CLUT (2)	CHARITABLE TR	CA	STANFORD	TRUST					
(7) CRT (556)	CHARITABLE TR	CA	STANFORD	TRUST					

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 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)	(d) Direct controlling entity	(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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CYPRESS MARINA HEIGHTS LLC 95-635 KNIGHT WAY STANFORD, CA 94	INVESTMENTS	CA	CYPRESS MARINA	N/A				X				
(2) DGD INVESTMENT, LP 635 KNIGHT WAY STANFORD, CA 94	INVESTMENTS	CJ	STANFORD	EXCLUDED	0.	75,021,939.		X	0.		X	100.0000
(3) ER-S JV LLC 83-4068077 1670 OLD COUNTRY RD, #227 PLAI	INVESTMENTS	DE	STANFORD	EXCLUDED	348.	72,489,360.		X	0.		X	100.0000
(4) ER-S REIT LLC 83-4068725 1670 OLD COUNTRY RD, #227 PLAI	INVESTMENTS	DE	ER-S JV LLC	N/A				X				
(5) ER-S INVESTOR LLC 83-4068357 1670 OLD COUNTRY RD, #227 PLAI	INVESTMENTS	DE	ER-S REIT LLC	N/A				X				
(6) ER PROPERTIES FUND LLC 83-4260 1670 OLD COUNTRY RD, #227 PLAI	INVESTMENTS	DE	ER-S INVESTOR L	N/A				X				
(7) EZP OPPORTUNITY, L.P. 81-45629 160 BOVET RD, STE 300 SAN MATE	INVESTMENTS	DE	STANFORD	EXCLUDED	0.	3,986,542.		X	0.		X	99.0708

**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) Primary 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) EAST SAIL C/O INT'L FS, INC., IFS COURT TWENTYEIGHT, CYBERCITY, EBE	INVESTMENTS	MP	STANFORD	C CORP	0.	127.	100.0000	X	
(2) GAVEA INVESTMENT FUND II-C LP 98-0537952 100 KING STREET WEST, SUITE 6000 TORONTO, CA M5X 1E2	INVESTMENTS	CA	STANFORD	C CORP	3,471,925.	417,021.	53.1900	X	
(3) HHBG SF LIMITED 89 NEXUS WAY, CAYMANA BAY GRAND CAYMAN, CJ KY1-1205	REAL ESTATE	CJ	STANFORD	C CORP	3,938,061.	321,981,164.	100.0000	X	
(4) KAIZEN FUND 2ND FL, MIDTOWN PLAZA, PO BOX 448, GRAND CAYMAN, CJ KY1-	INVESTMENTS	CJ	STANFORD	C CORP	37,357,698.	1,311,365,115.	100.0000	X	
(5) LS ALBERTA III, LP 98-0493425 C/O LASALLE INV MGMT, ONE CURZON ST LONDON, UK W1J 5HD	INVESTMENTS	UK	STANFORD	C CORP	0.	449,552.	100.0000	X	
(6) OTHER (5)	CHARITABLE TR	CA	STANFORD	TRUST					
(7) PIF (2)	CHARITABLE TR	CA	STANFORD	TRUST					

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 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)	(d) Direct controlling entity	(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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FORTRESS IW COINVESTMENT (FUND 1345 AVE OF THE AMERICAS NEW Y	INVESTMENTS	CJ	STANFORD	EXCLUDED	0.	513,214.		X	0.		X	71.6414
(2) FOUR CROSSINGS INSTITUTIONAL P ONE MARITIME PLAZA #200 SAN FR	INVESTMENTS	DE	STANFORD	EXCLUDED	27,614,038.	719,018,593.		X	0.		X	94.4324
(3) FOXLANE, LP 81-3314647 550 E WATER ST, #888 CHARLOTTE	INVESTMENTS	DE	STANFORD	EXCLUDED	121,794,404.	683,567,251.		X	0.		X	97.5535
(4) HHBG-II INVESTMENT, LP 89 NEXUS WAY, CAMANA BAY, PO B	INVESTMENTS	CJ	HHBG SF LIMITED	N/A				X				
(5) KEB INVESTORS II, LP WASHINGTON MALL, STE 304, 7 RE	INVESTMENTS	BD	STANFORD	EXCLUDED	883.	-258,313.		X	0.		X	63.8200
(6) LSF V DHB HOLDINGS LP 27-28586 2711 N HASKELL AVE, #1700 DALL	INVESTMENTS	DE	STANFORD	EXCLUDED	0.	0.		X	0.		X	61.8750
(7) NGP CENTENNIAL FOLLOW-ON, LLC 2850 N. HARWOOD STREET, 19TH F	INVESTMENTS	DE	STANFORD	EXCLUDED	-2,262,432.	0.		X	-125,193.		X	64.9351

**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) Primary 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PEPPERTREE CAPITAL CAYMAN ISLAND FUND LP 98-1235268 57 E. WASHINGTON STREET CHAGRIN FALLS, OH 44022	INVESTMENTS	CJ	STANFORD	C CORP	0.	22,721,447.	100.0000	X	
(2) PROFESSIONAL EXCHANGE ASSURANCE COMPANY 90-0897686 201 MERCHANT STREET, SUITE 2400 HONOLULU, HI 96813	INSURANCE	HI	UHA	C CORP					X
(3) SBFF LTD. SUITE 5B201, 2ND FL, ONE NEXUS WAY, GRAND CAYMAN, CJ KY1	INVESTMENTS	CJ	STANFORD	C CORP	92,155,841.	1,461,366,142.	100.0000	X	
(4) STANFORD (BEIJING) CNSLTNG CO LTD (WFOE) #527,5TH FL,BLDG C,ACADEMY SOUTH RD BEIJING, CH	EDUCATION	CH	SU GLOBAL LLC	C CORP	1,829,341.	1,763,858.			X
(5) STANFORD IN JAPAN GODO KAISHA DOSHIHA UNIVERSITY, MEITOKUKAN-NAI KYOTO-SHI, JA	EDUCATION	JA	SU GLOBAL LLC	C CORP	533,524.	3,354,594.			X
(6) STANFORD INDIA PVT. LTD 333, 3RD FLOOR, DEVIKA TOWER, 6 NEH DELHI, IN	EDUCATION	IN	SU GLOBAL LLC	C CORP	858,014.	893,870.			X
(7) STANFORD MEDICINE INTL (HONG KONG) CO LT 833 CHEUNG SHA WAN ROAD KOWLOON, HK	PATIENT SRVC	HK	SHC	C CORP					X

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 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)	(d) Direct controlling entity	(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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) OLIFANT FUND, LTD. 98-0404442 635 KNIGHT WAY STANFORD, CA 9	INVESTMENTS	CJ	SBFF LTD.	N/A	158,514,466.	4,300,588,761.		X				
(2) ONCOLOGY SOLUTIONS VENTURE, LL 300 PASTEUR DRIVE STANFORD, CA	HEALTHCARE	CA	SHC	N/A				X	0.	X		60.0000
(3) OUTLAWS CASINO LTD. 84-1457498 415 BROADWAY REDWOOD CITY, CA	HOLDING COMPANY	CO	HP OUTLAWS, LLC	N/A				X				
(4) PALO ALTO, LP 98-1126622 13 CASTLE STREET ST. HELIER,	INVESTMENTS	JE	STANFORD	EXCLUDED	-4,837,163.	13,797,144.		X	0.	X		93.4430
(5) SANDOVAL LP 37-1873346 4640 ADMIRALTY WAY, 5TH FL MAR	INVESTMENTS	DE	STANFORD	EXCLUDED	-66,188,653.	82,966,425.		X	0.	X		99.4423
(6) SANDPIPER FUND, LP 26-0341626 2000 MCKINNEY AVE, STE 2125 DA	INVESTMENT	TX	STANFORD	EXCLUDED	69,005.	10,890,195.		X	0.	X		83.2531
(7) SAROFIM MULTIFAMILY PARTNERS, 2525 MCKINNON STREET, STE 530	RE DEVELOPMENT	TX	STANFORD	EXCLUDED	-12,256.	7,134,763.		X	0.	X		63.7500

**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) Primary 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) STANFORD SG/GS EUROPE, INC 13-1684331 UGLAND HOUSE, S CHURCH ST, PO BOX 3 GEORGE TOWN, CJ	INVESTMENTS	CJ	STANFORD	C CORP	0.	25,656.	100.0000	X	
(2) STANFORD UNIV MED NETWORK RISK AUTHORITY 46-1132002 1400 PAGE MILL RD MSC 5713 PALO ALTO, CA 94304	RISK MGMT CON	CA	SUMIT HLDG INT.	C CORP					X
(3) THE RUBRUM FUND 7 CLIFFORD STREET LONDON, UK W1S 2FT	INVESTMENTS	UK	STANFORD	C CORP	67,986,197.	593,951,713.	100.0000	X	
(4) TVC MATSU FUND 89 NEXUS WAY, CAYMANA BAY GRAND CAYMAN, CJ KY1-9009	INVESTMENTS	CJ	STANFORD	C CORP	2,179,687.	51,080,890.	100.0000	X	
(5) VERMILION PEAK FUND 98-1333885 PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	INVESTMENTS	CJ	STANFORD	C CORP	0.	31,474,633.	100.0000	X	
(6) WOODBOURNE CANADA PARTNERS II - CAYMAN, 98-0705321 190 ELGIN AVENUE GRAND CAYMAN, CJ GRAND CAYMAN	INVESTMENTS	CJ	STANFORD	C CORP	4,959,548.	101,498,256.	60.0000	X	
(7)									



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 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)	(d) Direct controlling entity	(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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SCP REAL ASSETS FUND (A), L.P. 2498 SAND HILL RD MENLO PARK,	INVESTMENTS	DE	STANFORD	EXCLUDED	-622,217.	5,186,953.		X	-29,197.		X	62.7321
(2) SEQUOIA MFM OPERATING COMPANY 770 WELCH ROAD LPCH PALO ALTO,	MFM PROGRAM	CA	LPCH	N/A				X				
(3) SP SMC PARTNERS LLC 47-3103791 PO BOX 5377 NEW YORK, NY 10185	INVESTMENTS	DE	STANFORD	EXCLUDED	-607,321.	90,735,100.		X	-229,103.		X	99.9000
(4) STANFORD EMANUEL RADIATION ONC 825 DELBON AV TURLOCK, CA 9538	RADIOLOGY	CA	SHC	N/A				X				
(5) STANFORD PET-CT, LLC 61-142341 300 PASTEUR DR STANFORD, CA 94	MED. DIAGNOSTIC	CA	STANFORD	RELATED	11,785,276.	12,252,182.		X	0.		X	50.0000
(6) STANFORD-STARTX FUND, LLC 46-4 485 BROADWAY REDWOOD CITY, CA	INVESTMENTS	DE	STANFORD	EXCLUDED	36,743,130.	95,651,238.		X	-5,807.	X		66.6600
(7) SUMIT HOLDING INTERNATIONAL, L 1400 PAGE MILL RD PALO ALTO, C	HOLDING COMPANY	DE	SHC	N/A				X				

**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) Primary 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 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)	(d) Direct controlling entity	(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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TESSERA IONIC, LP 83-0896257 P.O. BOX 194170 SAN FRANCISCO,	INVESTMENTS	DE	STANFORD	EXCLUDED	-47,607,212.	419,953,621.		X	0.		X	99.7544
(2) VEDA INVESTORS FUND L.P. 81-18 ONE FAWCETT PL GREENWICH, CT 0	INVESTMENTS	DE	STANFORD	EXCLUDED	-8,399,232.	480,601,529.		X	0.		X	100.0000
(3) VERMILION PEAK MASTER FUND 98- 635 KNIGHT WAY STANFORD, CA 9	INVESTMENTS	DE	VERMILION PEAK	N/A				X				
(4) WREP III A, L.P. (FKA WOLFF RE 6710 E. CAMELBACK RD, #100 SCO	INVESTMENTS	DE	STANFORD	EXCLUDED	-3,450,116.	97,767,969.		X	959,113.		X	92.1659
(5)												
(6)												
(7)												

**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) Primary 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALBUS SELECT FUND LP	S	49,419,205.	BANK RECORDS
(2) ARCOLA VENTURE LLC	B	628,931.	BANK RECORDS
(3) ARCOLA VENTURE LLC	S	6,400,000.	BANK RECORDS
(4) CANARY SC FUND, LTD	B	40,000,000.	BANK RECORDS
(5) CARLSBAD CO-INVEST, LP	B	141,306.	BANK RECORDS
(6) ER-S JV LLC	B	68,272,529.	BANK RECORDS

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ER-S JV LLC	S	4,084,788.	BANK RECORDS
(2) LSF V DHB HOLDINGS LP	S	10,734,768.	BANK RECORDS
(3) PALO ALTO, LP	S	630,000.	BANK RECORDS
(4) PEPPERTREE CAPITAL CAYMAN ISLAND FUND LP	B	162,500.	BANK RECORDS
(5) SANDOVAL LP	S	71,332,791.	BANK RECORDS
(6) SAROFIM MULTIFAMILY PARTNERS, LP	S	191,250.	BANK RECORDS

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SBFF LTD.	B	100,000,000.	BANK RECORDS
(2) SCP REAL ASSETS FUND (A), L.P.	S	165,772.	BANK RECORDS
(3) SP SMC PARTNERS LLC	B	1,511,831.	BANK RECORDS
(4) SP SMC PARTNERS LLC	S	6,011,831.	BANK RECORDS
(5) STANFORD SG/GS EUROPE, INC	S	264,950.	BANK RECORDS
(6) TESSERA IONIC, LP	S	50,000,000.	BANK RECORDS

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE RUBRUM FUND	B	35,274,000.	BANK RECORDS
(2) TVC MATSU FUND	B	89,849,419.	BANK RECORDS
(3) WREP III A, L.P. (F/K/A WOLFF REAL ESTATE PAR	B	1,048,418.	BANK RECORDS
(4) WREP III A, L.P. (F/K/A WOLFF REAL ESTATE PAR	S	23,963,937.	BANK RECORDS
(5) LUCILE SALTER PACKARD CHILDRENS HOSPITAL	L	375,550,860.	BOOK
(6) LUCILE SALTER PACKARD CHILDRENS HOSPITAL	M	4,319,790.	BOOK

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LUCILE SALTER PACKARD CHILDRENS HOSPITAL	N	3,062,693.	BOOK
(2) LUCILE SALTER PACKARD CHILDRENS HOSPITAL	S	47,997,390.	BOOK
(3) STANFORD HEALTH CARE	L	1,019,047,756.	BOOK
(4) STANFORD HEALTH CARE	M	80,826,136.	BOOK
(5) STANFORD HEALTH CARE	N	10,069,792.	BOOK
(6) STANFORD HEALTH CARE	R	3,228,085.	BOOK

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) STANFORD HEALTH CARE	S	102,254,150.	BOOK
(2) PACKARD CHILDREN'S HEALTH ALLIANCE	L	199,108.	BOOK
(3) STANFORD PET-CT LLC	L	2,404,604.	BOOK
(4) STANFORD PET-CT LLC	S	12,577,240.	BOOK
(5) SHR HOLDINGS, INC.	C	24,623,305.	BOOK
(6) SHR HOLDINGS, INC.	Q	2,628,768.	BOOK



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) STANFORD (BEIJING) CONSULTING CO. LTD (WFOE)	M	1,824,641.	BOOK
(2) STANFORD EMANUEL RAD ONCOLOGY CENTER	L	634,964.	BOOK
(3) STANFORD FACULTY CLUB	Q	94,713.	BOOK
(4) STANFORD FEDERAL CREDIT UNION	A	310,501.	BOOK
(5) STANFORD FEDERAL CREDIT UNION	L	1,541,197.	BOOK
(6) STANFORD IN JAPAN GODO KAISHA	M	533,524.	BOOK

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) STANFORD INDIA PVT. LTD.	M	765,676.	BOOK
(2) STANFORD PROGRAMME(CAPE TOWN) NPC	B	878,319.	BOOK
(3) STANFORD UNIVERSITY EMPLOYEE BENEFITS TRUST	R	10,722,604.	BOOK
(4) THE DUDLEY E CHAMBERS FOUNDATION	C	2,393,141.	BOOK
(5) THE HONG KONG/STANFORD UNIVERSITY CHARITABLE	C	7,223,035.	BOOK
(6) THE STANFORD TRUST	C	597,967.	BOOK

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VERMILION PEAK	S	24,202,334.	BOOK
(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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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SCHEDULE R, PART IV, LINE (5)

CHARITABLE LEAD ANNUITY TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA.

SCHEDULE R, PART IV, LINE (6)

CHARITABLE LEAD UNITRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA.

SCHEDULE R, PART IV, LINE (7)

CHARITABLE REMAINDER TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA.

SCHEDULE R, PART IV, LINE (6)

OTHER TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA.

SCHEDULE R, PART IV, LINE (7)

POOLED INCOME FUNDS ARE PRINCIPALLY DOMICILED IN CALIFORNIA.

SCHEDULE R, PART V, LINE (3)

AMOUNTS REPORTED FOR STANFORD UNIVERSITY BOOK STORE WERE DETERMINED USING  
STANFORD UNIVERSITY BOOK STORE'S BOOKS, WHICH WERE PREPARED ON A FISCAL  
YEAR ENDING JUNE 2021.