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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

A Fo	r the 20	09 calendar yea	r, or tax year beginning 09-01-2009 and ending 08-31-2010						
<b>B</b> Ch	eck if app	icable Please	C Name of organization STANFORD UNIVERSITY BOARD OF TRUSTEES	D Employer	identification number				
☐ Add	lress chan	ge use IRS label or	OF THE LELAND STANFORD JUNIOR UNIVERSITY  Doing Business As	94-1156 E Telephone					
Na <sub>l</sub>	ne chang		Dolling business as	E Telephone	numbei				
┌ Init	ıal return	Specific	Number and street (or P O box if mail is not delivered to street address)	(650) 72 Room/suite					
Г <sub>Тег</sub>	mınated	Instruc- tions.	3145 PORTER DRIVÈ	<b>G</b> Gross recei	ots \$ 12,855,504,094				
┌ Am	ended ret	urn	City or town, state or country, and ZIP + 4						
	olication p	ending	PALO ALTO, CA 94304						
		<b>F</b> Nar	ne and address of principal officer	<b>H(a)</b> Is this a group ret	urn for				
		John H	ennessy	affiliates?	⊤Yes <b>▽</b> No				
		Buildin Stanfor	g 10 d, CA 94305						
				H(b) Are all affiliates incl	·				
I Ta	x-exempt	status 🔽 501(c	(3) ◀ (insert no )	H(c) Group exemption	st (see instructions) number <b>⊩</b>				
J W	ebsite:	► WWW STANFO	ORD EDU						
		nization 🔽 Corporat	cion	L Year of formation 1885	<b>M</b> State of legal domicile CA				
Pa		Summary							
			e organization's mission or most significant activities ERSITY IS ONE OF A SELECT GROUP OF AMERICAN UNIV	/EDSITIES THAT HAVE	A CHIEVED EMINENCE				
			GRADUATE AND GRADUATE EDUCATION AND IN A BROA						
ညိ	<u>s</u>	СНО							
图	_								
Governance	_								
ŝ	<b>2</b> C	heck this box 🛏	if the organization discontinued its operations or disposed o	f more than 25% of its ne	et assets				
2 <b>6</b>	3 N	umber of voting r	nembers of the governing body (Part VI, line 1a)		3				
Activities &	4 N	umber of indeper	dent voting members of the governing body (Part VI, line 1b)		423				
₹	<b>5</b> T	otal number of er		530,318					
ਬ	6 T	otal number of vo	lunteers (estimate if necessary)		6				
	7a ⊺	otal gross unrela	ted business revenue from Part VIII, column (C), line 12 .		<b>7a</b>				
	<b>b</b> N	et unrelated busi	ness taxable income from Form 990-T, line 34		<b>7b</b> -105,034,800				
				Prior Year	Current Year				
a.			d grants (Part VIII, line 1h)	1,357,086,693	1,448,832,299				
Ĭ.		Program service	1,593,226,281	1,637,343,940					
Ravenue		Investment incor	-785,486,733	54,571,085					
ш.		Other revenue (P	66,346,005	54,051,297					
		Total revenue—a 12)	2,231,172,246	3,194,798,621					
	13	Grants and simila	ar amounts paid (Part IX, column (A), lines 1-3)	296,122,743	323,489,818				
	14	Benefits paid to c	r for members (Part IX, column (A), line 4)	С	0				
\$	I .	Salaries, other co 10)	ompensation, employee benefits (Part IX, column (A), lines 5-	1,995,888,847	2,064,373,137				
Expenses	16a	Professional fund	raising fees (Part IX, column (A), line 11e)	C	0				
ਡੌ	Ь.	Total fundraising exp	undraising expenses (Part IX, column (D), line 25) ▶ <u>74,365,200</u>						
_	17	Other expenses	1,102,835,223	1,187,138,858					
	18	Total expenses /	3,394,846,813	3,575,001,813					
	19	Revenue less exp	penses Subtract line 18 from line 12	-1,163,674,567	-380,203,192				
Net Assets or Fund Balances				Beginning of Current Year	End of Year				
See See	20	Total assets (Pai	t X, line 16)	22,671,549,045	24,553,320,653				
절	21	Total liabilities (F	Part X, line 26)	4,632,508,400	5,118,398,161				
žĒ	22	Net assets or fun	d balances Subtract line 21 from line 20	18,039,040,645	19,434,922,492				
	t II	Signature Bl							

#### Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete Declaration of preparer (other than o Sign Here Signature of officer M SUZANNE CALANDRA SENIOR ASSOCIATE VP FOR FINANCE Type or print name and title Preparer's signature Date PRICEWATERHOUSECOOPERS LLP Paid Preparer's Firm's name (or yours PricewaterhouseCoopers LLP if self-employed), address, and ZIP + 4 **Use Only** 125 High Street Boston, MA 02110

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

#### Part III Statement of Program Service Accomplishments

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 IN A BROAD RANGE OF ACADEMIC DISCIPLINES CONT'D SCH O

2	_	on undertake any signif O or 990-EZ?			which were not listed on	Yes ✓ No
	If "Yes," describe	these new services on	Schedule O			
3	Did the organizations services?	on cease conducting, o	r make sıgnıfıcar • • • •	nt changes in how it coi		Yes ✓ No
	If "Yes," describe	these changes on Sch	edule O			
4	Section 501(c)(3)		ations and section	on 4947(a)(1) trusts a	largest program services by ex re required to report the amoui service reported	•
4a	(Code INSTRUCTION AND D	) (Expenses \$ DEPARTMENTAL RESEARCH-	1,104,447,062 See Schedule O	including grants of \$	30,269,034 ) (Revenue \$	873,178,004 )
4b	(Code	) (Expenses \$	927,699,608	ıncludıng grants of \$	23,424,351 ) (Revenue \$	187,504,732 )
	ORGANIZED RESEAR	CH - REVENUE AMOUNT REI	PORTED ON LINE 4B	DOES NOT INCLUDE \$955,1	56,765 IN FEDERAL RESEARCH SUPP	ORT CONT'D SCH O
4c	(Code	) (Expenses \$	640,222,060	ıncludıng grants of \$	1,055,816 ) (Revenue \$	576,661,204 )
	UNIVERSITY AUXILIA	RY ACTIVITIES - See Schedu	ıle 0			
4d	Other program se	ervices (Describe in S	chedule O )			
	(Expenses \$	548,776,535 ı	ncluding grants o	of\$ 268,740,6	517 ) (Revenue \$	)
4e	Total program se	rvice expenses►\$	3,221,145,26	5		

art IV	Chec	klist o	f De	auired	Sche	dules
alt tv	CITEC	KIISL U	, RC	uun cu	30110	uuics

	one on nequine of constants			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12 <b>A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	990 (2009)			Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance			1
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable			
	1a 26,184			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
_	instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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	4a	Yes	
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
_	Financial Accounts			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		NO
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
h	organization solicit any contributions that were not tax deductible?			-
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
4	file Form 8282?	7c	Yes	
u	11 res, indicate the number of Forms 8282 med during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	-		<sub>N-</sub>
f	benefit contract?	7e 7f		No No
' a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	-/- 7g		110
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- 3		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a h	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del>                                     </del>
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

3145 PORTER DRIVE Palo Alto, CA 94304 (650) 725-1732

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 32			
b	Enter the number of voting members that are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10a		NO
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	100		
	That the digametation provided a copy of this form you to an included of its governing you, belief ining the form	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	Yes	
c	to conflicts?			
13	describe in Schedule O how this is done	12c	Yes	
13 14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	165	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	166		
Se	ection C. Disclosure	16b		
<u> </u>	List the States with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply on website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the CHRISTOPHER CANELLOS	ie orga	nızatıor	n <b>&gt;</b> -

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	/ curi	rent	or fo	rmer c	office	r, director, trustee	or key employee					
(A) Name and Title	(B) Average hours	(C)				Position (check all			Position (check all			( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations				
See add'l data														

Lb Total	▶-	14,583,404	0	2,573,138

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -3,823

			Yes	No
3	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>	3	Yes	
4	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? If "Yes," complete Schedule J for such individual			
	Individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B)	(C)						
name and business address	Description of services	Compensation						
THE WHITING-TURNER CONTRACTING CO PO BOX 17596	CONSTRUCTION	134,096,789						
BALTIMORE, MD 21297								
VANCE BROWN INC 3197 PARK BOULEVARD PALO ALTO, CA 94306	CONSTRUCTION	103,623,554						
HATHAWAY DINWIDDIE CONSTR CO 565 LAURDELWOOD ROAD SANTA CLARA, CA 95954	CONSTRUCTION	88,165,051						
TURNER CONSTRUCTION 1625 CLAY STREET OAKLAND, CA 94612	CONSTRUCTION	73,735,641						
DEVCON CONSTRUCTION INC 690 GIBRALTAR DRIVE MILPITAS, CA 94035	CONSTRUCTION	35,458,871						
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶554	Total number of independent contractors (including but not limited to those listed above) who received more than							

Form 99			( D					Page <b>9</b>
Part V	<b>/</b>	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ots	1a	Federated cam	paigns 1a					
a Ta	b	Membership du	es <b>1b</b>					
ું≝	С	Fundraising eve	ents <b>1c</b>					
<u>≅</u> ,≅	d	Related organiz	ations 1d					
έŒ	e	Government grants	s (contributions) 1e	955,156,765				
er s	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	493,675,534				
ēξ	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts	L .	lines 1a-1f \$ _	s 1a-1f	<b>.</b>	1,448,832,299			
ပ္က	h	iotai. A dd iines	5 1a-11		1,440,032,233			
Elle	2a	STUDENT INCOME		Business Code 900,099	657,714,588	657,714,588		
Program Serwce Revenue	ь	NONGOVERNMENT	RESEARCH	900,099	187,504,732	187,504,732		
or GE	c	PATIENT CARE	- RESEARCH	900,099	454,191,839	454,191,839		
Z Z	d	SPECIAL PROGRAM	ıs	900,099	337,070,631	337,070,631		
33	e	DRIVING RANGE		713,910	517,784	337,070,031	517,784	
Za E	f		am service revenue	713,910	344,366		344,366	
್ರಿ L	•				344,300		344,300	
	g		s 2a – 2f		1,637,343,940			
	3		ome (including dividendar ar amounts)	. t	166,210,263		-36,470,266	202,680,529
	4		transition is a strain of tax-exempt bond		144		55, 5,255	144
	5			▶	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	59,041,653					
	b	Less rental expenses	7,886,679					
	c	Rental income	51,154,974					
	d	or (loss) Net rental incoi	me or (loss)		51,154,974			51,154,974
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	9,500,119,638	38,807,000				
	b	than inventory Less cost or other basis and sales expenses	9,616,010,852	34,555,108				
	с	Gain or (loss)	-115,891,214	4,251,892				
	d		s)		-111,639,322		5,729,537	-117,368,859
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding 0 reported on line 1c)	442.946				
je.	ь	less directex	penses b	112,816 353,619				
ᅙ	с		· (loss) from fundraising ·	· · · · · · · · · · · · · · · · · · ·	-240,803			-240,803
	9a	Gross income f See Part IV, lin						
	ь		a penses b					
	10a	Gross sales of	loss) from gaming acti	vities	0			
	100	returns and allo		5,036,341				
	b c	Net income or (	oods sold <b>b</b> (loss) from sales of inve		3,137,126			3,137,126
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	C .	A.II						
	d	All other revenu						
	е	iotal. Add lines	s 11a-11d		О			
	12	Total revenue.	See Instructions .	▶	2 104 700 624	1 626 404 700	20.070.570	120 202 111
	1				3,194,798,621	1,636,481,790	-29,878,579	139,363,111 Form <b>990</b> (2009)

Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations m other organizations must complete column (A) but are not required to include amounts reported on lines 6b, 9b, and 10b of Part VIII.	•			
other organizations must complete column (A) but are not required to include amounts reported on lines 6b,	complete column	ns (B), (C), and (		
include amounts reported on lines 6b,				
	Total expenses	Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,338,500	1,338,500		<u> </u>
Grants and other assistance to individuals in the U.S. See Part IV, line 22	311.594.917	311.594.917		
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	10,556,401	10,556,401		
Benefits paid to or for members	0			
Compensation of current officers, directors, trustees, and key employees	7,395,703	1,379,046	5,153,640	863,017
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
Other salaries and wages	1,649,772,247	1,515,890,647	95,112,319	38,769,281
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	99,563,499	88,130,774	8,459,297	2,973,428
Other employee benefits	213,937,990	189,237,131	18,309,535	6,391,324
·	93,703,698	82,760,527	8,118,609	2,824,562
	214,209		214,209	
-			· +	
	<u> </u>		<del>' '  </del>	_
			· · ·	
• •	0		,	
	27.836.201		27.836.201	
		113.443.969	<del>' '  </del>	7,051,941
		,	<del>'''</del>	84,712
Office expenses	· ·	185,031,739	14,280,484	4,355,055
Information technology		, ,	5,959,790	322,809
Royalties	5,962,772	1,642,403	4,320,155	214
·		, ,	· · ·	1,719,163
ravel			<del>                                     </del>	1,329,913
Payments of travel or entertainment expenses for any federal, state, or local public officials	0	· ·	, ,	· · ·
Conferences, conventions, and meetings	7,445,356	7,135,325	271,579	38,452
Interest	60,419,549	52,699,077	7,325,782	394,690
Payments to affiliates	0			
Depreciation, depletion, and amortization	234,016,796	198,413,007	33,774,101	1,829,688
Insurance	17,368,180	12,725,262	4,627,321	15,597
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
EQUIPMENT RENTAL & MAINTENANCE	4,444,999	3,728,439	580,974	135,586
PRINTING & PUBLICATION	10,551,863	8,337,751	1,224,676	989,436
SLAC NON-SALARY EXPENSE	175,819,173	175,757,682	61,491	_
RESEARCH SUBAWARDS	54,367,858	54,367,858		
EMPLOYEE RELATED EXPENSES	36,925,666	29,534,252	3,757,653	3,633,761
All other expenses	-341,996	11,468,874	-12,453,441	642,571
Total functional expenses. Add lines 1 through 24f	3,575,001,813	3,221,145,265	279,491,348	74,365,200
Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				· ·
	an the U.S. See Part IV, line 21  Grants and other assistance to individuals in the U.S. See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  Genefits paid to or for members  Compensation of current officers, directors, trustees, and every employees.  Compensation not included above, to disqualified persons as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(8).  Chert salaries and wages  Pension plan contributions (include section 401(k) and section 403(b) employer contributions).  Chert employee benefits  Payroll taxes  Personation for included above, to disqualified persons described in section 4958(c)(3)(8).  Chert salaries and wages  Pension plan contributions (include section 401(k) and section 403(b) employer contributions).  Chert employee benefits  Payroll taxes  Personation plan contributions  Chert employee benefits  Personation for services (non-employees)  Annagement  Personation for services (non-employees)  Chert employee benefits  Personation for services (non-employees)  Annagement  Personation for services (non-employees)  Annage	1,338,500  Frants and other assistance to individuals in the J S See Part IV, line 22  311,594,917  Frants and other assistance to governments, programizations, and individuals outside the U S See Part IV, lines 15 and 16  Parentits paid to or for members  Compensation of current officers, directors, trustees, and tey employees  Compensation of current officers, directors, trustees, and tey employees  Compensation of current officers, directors, trustees, and tey employees  Compensation of current officers, directors, trustees, and tey employees  Compensation of current officers, directors, trustees, and tey employees  Compensation of current officers, directors, trustees, and tey employees  Compensation of current officers, directors, trustees, and tey employees  as defined under section 4958 (f)(11) and persons  Bescribed in section 4968 (f) and persons  Bescribed in section 4918 (f) and persons  Bescribed in secti	the US See Part IV, line 21  Srants and other assistance to individuals in the US See Part IV, line 22  Srants and other assistance to governments, granuzations, and individuals outside the US See Part IV, line 22  Srants and other assistance to governments, granuzations, and individuals outside the US See Part IV, line 12 (1), 555,401  Start IV, lines 15 and 16  Samefits paid to or for members 0  Compensation of current officers, directors, trustees, and See Part IV, line 17 (1), 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	arish to U.S. Sae Part I.V., line 21  Srants and other assistance to individuals in the SS See Part IV, line 22  Srants and other assistance to governments.  regionalizations and individuals outside the U.S. See  Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 15 and 16  see Part I.V., lines 17  see Part I.V., lines 18  see Part I.V., lines 17  see Part I.V., lines 18  see Part I.V., lines 18

		(2009)			Page <b>11</b>
Pa	rt X	Balance Sheet			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	290,086	1	221,835
	2	Savings and temporary cash investments	1,334,855,154	2	1,529,632,970
	3	Pledges and grants receivable, net	782,522,827	3	764,662,131
	4	Accounts receivable, net	238,554,287	4	305,908,025
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L	3,808,771	5	4,706,059
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
Assets	7	Notes and loans receivable, net	489,618,017	7	513,055,135
SS	8	Inventories for sale or use	6,359,196	8	6,594,431
٧	9	Prepaid expenses and deferred charges	45,235,898	9	41,183,139
	10a	Land, buildings, and equipment cost or other basis Complete 6,340,800,781  Part VI of Schedule D 6,340,800,781			
	ь	Less accumulated depreciation <b>10b</b> 2,756,804,514	3,269,635,295	10c	3,583,996,267
	11	Investments—publicly traded securities	4,310,821,720	11	3,788,899,686
	12	Investments—other securities See Part IV, line 11	12,189,847,794	12	14,014,460,975
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	22,671,549,045	16	24,553,320,653
	17	Accounts payable and accrued expenses .	1,119,774,523	17	1,382,407,968
	18	Grants payable		18	
	19	Deferred revenue	378,495,919	19	370,573,166
	20	Tax-exempt bond liabilities	1,167,506,905	20	1,376,031,361
Səl	21	Escrow or custodial account liability Complete Part IV of Schedule D	316,403,754	21	0
iabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
77		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,349,077,011	23	1,439,901,380
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	301,250,288	25	549,484,286
	26	Total liabilities. Add lines 17 through 25	4,632,508,400	26	5,118,398,161
Balances		Organizations that follow SFAS 117, check here ▶   and complete lines 27 through 29, and lines 33 and 34.			
ank	27	Unrestricted net assets	8,286,639,279	27	9,131,844,886
Ba	28	Temporarily restricted net assets	5,094,032,811	28	5,526,835,975
Ξ	29	Permanently restricted net assets	4,658,368,555	29	4,776,241,631
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
or I		lines 30 t hrough 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	18,039,040,645	33	19,434,922,492
_	34	Total liabilities and net assets/fund balances	22,671,549,045	34	24,553,320,653

#### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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 in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

#### OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection **Employer identification number** 

		e organiz							Employer id	dent if icat ion	number
			BOARD OF TRU ORD JUNIOR UN						04 11563	6 F	
	rt I			olic Charity Stat	us (All ord	ianization	s must comp	olete this na	94-11563 art \ See in		
				foundation because						3ti detions	
1	_			on of churches, or as					,		
2	Ţ.		•	ın <b>section 170(b)(1)</b>			- '	/( - /( - / ( - / - / -			
3	į.			perative hospital serv				n 170(b)(1)(	A)(iii).		
4	Ė	•		organization operate	_					L)( <b>A)(iii).</b> Ent	erthe
			l's name, cıt		-		·		. , ,		
5	г	A n oras	inization one	rated for the benefit	of a college	orlinivers	ity owned or o	nerated by a	government:	al unit describ	
•	,			<b>A)(iv).</b> (Complete Pa		or univers	ity owned or of	peraced by a	government	ar dilit describ	eu III
6	Г			ocal government or	· ·	al unit des	cribed in <b>secti</b> o	on 170(b)(1	)(A)(v).		
7	Ė			t normally receives a	_					om the genera	ıl public
	·	describ	ed ın	•		•	• •	-		-	•
	_			<b>A)(vi)</b> (Complete Pa	· ·						
8	<u> </u>		•	described in <b>section</b>			•	-			
9	ı			t normally receives							
		•		ties related to its ex	•	-		• •	. ,		
			_	ss investment incom				•		ax) from busii	nesses
10	_	•		anization after June 3	•			•	•		
10 11	<u>'</u>	-	_	anızed and operated anızed and	•					carry out the	nurnosos of
11	ı	_	_	amzed and operated / supported organiza					•	•	
		the box	that describ	es the type of suppo	rting organi	zatıon and	complete lines	s 11e throug	h 11h	_	
	_		Type I	<b>b</b> Type II			I - Functionall				II - Other
e	ı	•	_	x, I certify that the c	_		•	•	•	•	•
			509(a)(2)	on managers and oth	er than one	or more pu	Differs Supporte	ed organizati	ons describe	a in section 5	09(a)(1) or
f				eceived a written de	termination	from the IF	RS that it is a T	Гуре I, Туре	II or Type I	II supporting	organizatio <u>n,</u>
		checkt		0.06 has the sussesses				<b>.</b>	- <b>6</b> k l		Г
g			g persons?	006, has the organiz	ation accep	ited any gir	t or contribution	on from any o	ortne		
				ectly or indirectly co	ntrols, eithe	er alone or	together with p	persons desc	cribed in (ii)		Yes No
		and (III)	below, the g	overning body of the	the suppor	ted organız	ation?			11g(i)	
		(ii) a fa	mıly membe	r of a person descrıb	ed ın (ı) abo	ve?				11g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described i	n (ı) or (ıı)	above?			11g(iii	
h		Provide	the followin	g information about t	he supporte	ed organiza	tıon(s)				
				T							
				(iii) Type of	(iv)		(v)	1	(vi	i)	
	(i)	)		organization	Is th		Did you no		Ist		
	Name		(ii)	(described on	organizat col (i) lis		organiza		organiza		(vii) A mount of
	suppo		EIN	lines 1- 9 above	your gov		col (ı) o	•	col (ı) or		support?
organization or IRC section (see instructions))    Or IRC section (see instructions)   Yes   No   Yes   Yes   No   Yes   Y						in the '	J 5 '	1			
						No	7				
											1
											<b>_</b>
_				i	•		1		1	1	1

ınstructions

:	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIIE J,	,, or o or rait.	· · /		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2000	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge				+		
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by						
5	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						
6	(f) Public Support. Subtract line 5 from						
U	line 4						
S	ection B. Total Support						
Cale	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	in)		. ,	` ,	, ,		+ ` ′
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
12	through 10) [ Gross receipts from related activities	os ats /Saa inst	rustions \			140	
	·	•	•		661	12	<u> </u>
13	First Five Years If the Form 990 is for check this box and stop here	or the organizati	on's first, second	, thira, fourth, or	TITTN tax year as a	501(c)(3) orga	inization,
	check this box and stop here						. ,
S	ection C. Computation of Pub						
14	Public Support Percentage for 2009	(line 6 column (	(f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A, Pa	rt II, lıne 14			15	
16a	<b>33 1/3% support test—2009.</b> If the	-		,	line 14 is 33 1/3%	6 or more, chec	- <b>-</b>
_	and <b>stop here.</b> The organization qua				- 11 4-		<b>▶</b>
Ь	<b>33 1/3% support test—2008.</b> If the box and <b>stop here.</b> The organization				ba, and line 15 is	33 1/3% or moi	re, check this
17a	10%-facts-and-circumstances test-			-	ne 13.16a or 16	b and line 14	F-1
	is 10% or more, and if the organizat						ın
	ın Part IV how the organization mee						orted
	organization						<b>▶</b> ┌
b	10%-facts-and-circumstances test-	_					
	15 is 10% or more, and if the organ Explain in Part IV how the organizat						cly
	supported organization	.ion meets the T	acis allu CIICUMS	tances test Inc	: organization qua	iiiiles as a publi	e iy ▶[
10	Deirecta Considering If the agreement	an did not abasi	a hay an line 12	16- 16- 17	17	hay and sas	- ,

**▶**□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	checked the	box on line 9 of	f Part I.)			
	ction A. Public Support						•
Cale	ndar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	in)			+			
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,						
7 a	and 3 received from disqualified						
	persons						
ь	A mounts 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 Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
0	from line 6)						
Se	ction B. Total Support	<u>.I.</u>		<u> </u>		ı	I
	ndar year (or fiscal year beginning		(1) 2006	( ) 2007	/ IN 2000		(C) T
	in)	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	( <b>e)</b> 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
L	sources Unrelated business taxable						
Ь	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)		<u> </u>				
13	Total support (Add lines 9, 10c,						
	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
	ction C. Computation of Publ	ic Support F	)orcontago				
	-			1.2 column (f)		T 4- T	
15	Public Support Percentage for 2009	-		13 column (I))		15	
16	Public support percentage from 200	8 Schedule A , F	Part III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for <b>2</b>				n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III. line 1	.7		18	
	33 1/3% support tests—2009. If the				line 15 is mars		dline 17 is not
TZG	more than 33 1/3%, check this box a					a.i 53 1/3% and	a iiiie 17 18 1100
	organization	F	organization q	aannes as a pabi	, Japporteu		
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	19a, and line 1	5 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493195003231

## OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

Inspection

□ No

(a) A mount of political

If the organization a	answered "Yes,"	to Form 990, Par	t IV, Line 3, or Forn	n 990-EZ, Part VI, line	46 (Political Campaign Activ	vities),
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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Employer identification number

94-1156365

art I-A	Complete if the organization is	s exempt under section 50	U1(c) or is a section 52	7 organization.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV
- Political expenditures
- Volunteer hours
- Part I-B Complete if the organization is exempt under section 501(c)(3).
  - Enter the amount of any excise tax incurred by the organization under section 4955
  - 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?
- Was a correction made?
- If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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>b</b> ) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		1		

Grassroots non-taxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

	under section 501(h)).		section 501(c	)(3) and file	ed Form 5768	(election
	Check  fithe filing organization belongs to a Check  fithe filing organization checked bo		l" provisions apply			
<u> </u>	Limits on Lobbying E  (The term "expenditures" means a	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals			
1a	Total lobbying expenditures to influence public o	opinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
С	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount columns	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, ent	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er-O-				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repo	rtıng	┌ Yes ┌ No
	4-Year A (Some organizations that made a columns below. See t		ection do not l	havè to com		he five
	Lobbying Exp	enditures During	4-Year Averag	jing Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) Total
2a	Lobbying non-taxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					

Schedule & (i e	71111 330 01 330 EE/ 2003	гау
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has No	OT filed Form 5768
	(election under section 501/h))	

		(a	1)	(b)	
		Yes	No	A mount	
1	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				
а	Volunteers?	Yes			
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?	Yes		4,418	
d	Mailings to members, legislators, or the public?	Yes		188,77	
e	Publications, or published or broadcast statements?	Yes		4,418	
f	Grants to other organizations for lobbying purposes?	Yes		23,089	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		413,27	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		76,727	
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			710,704	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
Ь	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ľ		
d	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
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1 Dues, assessments and similar amounts from members 1

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

<b>Ident if ier</b>	Return Reference	<b>Explanat ion</b>
PART II-B - LOBBYING ACTIVITY EXPLANATION	AN INSUBSTANTIAL PORTION OF	INVOLVED LEGISLATIVE AND REGULATORY MATTERS OF DIRECT CONCERN TO HIGHER EDUCATION OR OF COMPELLING IMPORTANCE TO STANFORD IN PARTICULAR INSTITUTIONAL EFFORTS TO INFLUENCE LEGISLATION AND REGULATION ARE DIRECTED BY THE OFFICE OF GOVERNMENT AND COMMUNITY RELATIONS DURING FISCAL YEAR 2009-2010, THE OFFICE CONSISTED OF FOUR PROFESSIONAL STAFF MEMBERS, ONE INTERN, AND TWO SUPPORT PERSONS THE UNIVERSITY DOES NOT HAVE A LOBBYING OFFICE IN EITHER WASHINGTON, DC OR SACRAMENTO, CA AND DURING THIS PERIOD, THE UNIVERSITY HIRED AN OUTSIDE REGISTERED LOBBYIST IN SACRAMENTO FOR PART-TIME WORK ON STATE ISSUES ACTIVITIES OF GOVERNMENT AND COMMUNITY RELATIONS STAFF INCLUDE CONTACTS BY LETTERS, PHONE CALLS AND MEETINGS WITH LEGISLATORS, MEMBERS OF THEIR STAFFS, OR OTHER GOVERNMENT OFFICIALS, AND MEETINGS WITH LEGISLATORS, MEMBERS OF THEIR STAFFS, OR OTHER GOVERNMENT OFFICIALS, AND MEETINGS WITH LOCAL CITIZENS REGARDING STANFORD ISSUES WITH LOCAL GOVERNMENTS IN FISCAL YEAR 2009-2010, LEGISLATIVE, EXECUTIVE, AND LOCAL REGULATORY ISSUES HANDLED BY THE UNIVERSITY INCLUDED THE FOLLOWING LOCAL ISSUES ZONING AND LAND USES RELATED TO PROPERTY OWNED BY THE UNIVERSITY'S ACADEMIC CAMPUS STATE ISSUES STUDENT AID, TAXATION, RESEARCH FUNDING ISSUES, PRIVACY ISSUES, ACCOUNTING ISSUES, INTELLECTUAL PROPERTY ISSUES, ACCOUNTING ISSUES, INTELLECTUAL PROPERTY ISSUES, ACCOUNTING ISSUES, INTELLECTUAL PROPERTY ISSUES, COMPETENCY EDUCATION ISSUES, STEM CELL RESEARCH COSTS, FUNDING LEVELS OF RESEARCH (E G NIH, DOE, NASA, DOD, NSF), FUNDING FOR SLAC NATIONAL ACCELERATOR LABORATORY, MEDICARE FUNDING FOR TEACHING HOSPITALS, RESEARCH (E G NIH, DOE, NASA, DOD, NSF), FUNDING FOR SLAC NATIONAL ACCELERATOR LABORATORY, MEDICARE FUNDING FOR TEACHING HOSPITALS, RESEARCH (E G NIH, DOE, NASA, DOD, NSF), FUNDING FOR SLAC NATIONAL ACCELERATOR LABORATORY, MEDICARE FUNDING FOR TEACHING HOSPITALS, RESEARCH (E G NIH, DOE, NASA, DOD, NSF), FUNDING FOR SLAC NATIONAL ACCELERATOR LABORATORY OTHER ORGANIZATION S \$23,089 TRAVEL \$16,806 TOTAL \$710,704 AMOUNTS APPEARING ON PART II

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As Filed Data

DLN: 93493195003231

OMB No 1545-0047

SCHEDULE D (Form 990)

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** STANFORD UNIVERSITY BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 94-1156365 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 25 24,114,114 Aggregate contributions to (during year) 1,338,500 3 Aggregate grants from (during year) Aggregate value at end of year 179,466,247 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🕏	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

- (i) Revenues included in Form 990, Part VIII, line 1 **▶**\$\_\_\_\_\_ (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 relating to these items
  - Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

provide the following amounts relating to these items

Part	Organizations Maintaining Co	llections of Art,	His	torio	cal Trea	sures, or	Othe	er Similar As:	sets (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	e foll	-	-			on	
а	Public exhibition		d	<u>~</u>	Loan or e	exchange prog	grams	5		
b	Scholarly research		e	$\Gamma$	Other					
c	✓ Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and explair	n hov	v they	further tl	he organizatio	n's e	xempt purpose 11	ו	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to	o be maintained as p	art o	fthe	organızat	ıon's collectio	n?	Γ	Yes	✓ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						ed "\ 	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	an or other intermed	liary	for co	ontributio	ns or other as	sets		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollow	ıng ta	ible					
								Am	ount	
с	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f	_		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?					J	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV	f the erganization	200		d "Voc"	to Form 000	) Do	rt IV   Inc. 10		
Par	rt V Endowment Funds. Complete i							(d)Three Years	(a)[a)	/ Dl-
	-	(a)Current Year			r Year	(c)Two Years E	заск	Back	(e)Four	/ears Back
1a	Beginning of year balance	12,619,094,000		-	4,373,000					
Ь	Contributions	517,078,000			5,359,000					
с	Investment earnings or losses	1,569,588,000 203,694,898			0,843,000		_			
d	Grants or scholarships	650,950,102			9,983,118 9,811,882					
e	Other expenditures for facilities and programs	030,930,102		1,00	9,011,002					
f	Administrative expenses	12.051.115.000		12.61	0.004.000					
g	End of year balance	13,851,115,000		12,61	9,094,000					
2	Provide the estimated percentage of the year		5							
а	Board designated or quasi-endowment 🕨	38.204 %								
b	Permanent endowment F 61.294 %									
c	Term endowment ► 0.503 %									
3a	Are there endowment funds not in the posses organization by	sion of the organizat	tion t	that a	re held ar	nd administer	ed for	the	Yes	No
	(i) unrelated organizations							3a(i		110
	(ii) related organizations							3a(i		<u> </u>
b	If "Yes" to 3a(II), are the related organization	ns listed as required	on S	ched	ule R? .			3b	Yes	
4	Describe in Part XIV the intended uses of the	e organization's endo	owme	ent fu	nds					
Par <sup>*</sup>	t VI Investments—Land, Buildings	, and Equipmen	<b>t.</b> S			·	<u>= 10.</u>			
	Description of investment			` .	ost or other basis estment)	(b)Cost or ot basis (other		(c) Accumulated depreciation	( <b>d)</b> Bo	ok value
<b>1a</b> L	and					97,796	,494		g	7,796,494
<b>b</b> B	Buildings		ļ			4,177,438	,639	1,494,747,420	2,68	32,691,218
<b>c</b> L	easehold improvements		.			146,400	,266	128,892,312	1	7,507,955
d E	Equipment		.			1,480,689	,465	1,133,164,782	34	17,524,683
<b>~</b> ^	thar		ı			139 175	171		1 43	29 475 017

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

3,583,996,267

Part VII Investments—Other Securities. See	roffii 990, Paft X, iiile 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		of valuation vear market value
Financial derivatives		dost of cha or y	ear marker varac
Closely-held equity interests			
Other			
SEE PAGE 5	14,014,460,975		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	- 1 1 1 1		
Part VIII Investments—Program Related. See	e Form 990, Part X, line :		-£l
(a) Description of investment type	(b) Book value		of valuation vear market value
		,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		
	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED	5.)  , line 25.  (b) A mount  0  160,024,240		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED  FUNDS	5.)  (b) A mount  0  160,024,240  53,485,371		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED	5.)  , line 25.  (b) A mount  0  160,024,240		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED  FUNDS	5.)  (b) A mount  0  160,024,240  53,485,371		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED  FUNDS	5.)  (b) A mount  0  160,024,240  53,485,371		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED  FUNDS	5.)  (b) A mount  0  160,024,240  53,485,371		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED  FUNDS	5.)  (b) A mount  0  160,024,240  53,485,371		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED  FUNDS	5.)  (b) A mount  0  160,024,240  53,485,371		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED  FUNDS	5.)  (b) A mount  0  160,024,240  53,485,371		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED  FUNDS	5.)  (b) A mount  0  160,024,240  53,485,371		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED  FUNDS	5.)  (b) A mount  0  160,024,240  53,485,371		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED  FUNDS	5.)  (b) A mount  0  160,024,240  53,485,371		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED  FUNDS	5.)  (b) A mount  0  160,024,240  53,485,371		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FOR SECURITIES LOANED  FUNDS	5.)  (b) A mount  0  160,024,240  53,485,371		(b) Book value

Employer identification number

#### SCHEDULE E

Name of the organization

STANFORD UNIVERSITY BOARD OF TRUSTEES

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

OF TI	HE LELAND STANFORD JUNIOR UNIVERSITY 94-1156365			
			YES	NO
1	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?	1	Yes	
2	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?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy 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,"		103	
	please explain STANFORD MEETS THE CRITERIA OF SECTION 4 03 2(B) OF REV PROC 75-50 THROUGH ADMISSION AND FINANCIAL AID OFFICES OUTREACH PROGRAMS WHICH PUBLICIZE STANFORD UNIVERSITY'S ACADEMIC OPPORTUNITIES AT SECONDARY AND POST-SECONDARY SCHOOLS THROUGHOUT THE UNITED STATES	3		No
4	Does the organization maintain the following?			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
I	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Yes	
(	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	4d	Yes	
5	Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?	5a		No
I	<b>b</b> Admissions policies?	5b		No
•	Employment of faculty or administrative staff?	5c		No
•	d Scholarships or other financial assistance?	5d		No
	e Educational policies?	5e		No
1	f Use of facilities?	5f		No
•	g Athletic programs?	5g		No
I	h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h_		No
-		╡_		
	a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	NI ~
	<u> </u>	60		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O. (Form	7	Yes	

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DLN: 93493195003231

OMB No 1545-0047

2009

2003

#### SCHEDULE F (Form 990)

Department of the Treasury

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

**Statement of Activities Outside the United States** 

Open to Public Inspection

Interna	al Revenue Service					Inspection
	ne of the organization				Employer id	entification number
	NFORD UNIVERSITY B THE LELAND STANFOR				94-115636	· F
				de the United States		
P		990, Part IV, lır		de the officed States	•• Complete if the orga	Tilzation answered
1	_	_		ecords to substantiate	<del>-</del>	
	=		_	assistance, and the se		
	the grants or assista	ance?				. Ves No
2	<b>For grant makers.</b> Desc United States	ribe in Part IV the	organization's pr	ocedures for monitoring th	ne use of grant funds outsi	de the
3	Activites per Region (	Use Schedule F-1	(Form 990) ıf add	ditional space is needed )		
				(d) Actuation conducted in	1	.1
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,	(e) If activity listed in (d is a program service,	(i) rotal expellations
		offices in the	employees or	fundraising, program services,	describe specific type of	for region
		region	agents in region	the region)	service(s) in region	
Se	e Add'l Data					
Tota	als ▶	10	44			49,783,560

L	(b) IRS code	(c) Region	(d) Purpose of	(e) A mount of	(f) Manner of	(g) A mount of	(h) Description	(i) Method of
(a) Name of organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other
See Add'l Data								

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

	I			T		ı	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							
		1					
		1					
				-			
		+					
		+		+			
		+					
		1					

Schedule F (Form 990) 2009

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	sub-award	32,397	check			
		Sub-Saharan Africa	sub-award	60,902	wire			
		Sub-Saharan Africa	sub-award	52,579	wire			
		Sub-Saharan Africa	sub-award	36,647	check/wire			
		Sub-Saharan Africa	sub-award	50,000	wire			
		Sub-Saharan Africa	sub-award	203,196	wire			
		Cent A merica/Caribbean	Earthquake relief- patient care	159,500	check			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number of (d) A mount of cash (e) Manner of cash (f) A mount of non-(g) Description of non-(h) Method of valuation assistance recipients grant disbursement cash assistance cash assistance (book, FMV, appraisal, other) RESEARCH GRANTS -1 5,600 EFT Cent UNDERGRADUATE A merica/Caribbean 9 RESEARCH GRANTS -48,725 EFT East Asia/Pacific UNDERGRADUATE 9 RESEARCH GRANTS -50,046 EFT Europe/Iceland/Greenland UNDERGRADUATE RESEARCH GRANTS -1 5,600 EFT Middle East/North UNDERGRADUATE A frica RESEARCH GRANTS -1 5,000 EFT North America UNDERGRADUATE 1 RESEARCH GRANTS -5,600 EFT Russia UNDERGRADUATE RESEARCH GRANTS -6 32,870 EFT South America UNDERGRADUATE RESEARCH GRANTS -5,296 EFT 1 South Asia UNDERGRADUATE 6 37,000 EFT RESEARCH GRANTS -Sub-Saharan Africa UNDERGRADUATE 3 17,000 EFT SERVICE LEARNING Cent **FELLOWSHIPS** A merica/Caribbean SERVICE LEARNING 4 23,000 EFT East Asia/Pacific **FELLOWSHIPS** SERVICE LEARNING 2 12,750 EFT Europe/Iceland/Greenland **FELLOWSHIPS** 1 SERVICE LEARNING 6,500 EFT Middle East/North **FELLOWSHIPS** A frica 1 SERVICE LEARNING 5,000 EFT South America **FELLOWSHIPS** 2 SERVICE LEARNING 14,200 EFT South Asia FELLO WSHIPS SERVICE LEARNING 6 64,250 EFT Sub-Saharan Africa FELLO WSHIPS SCHOLARSHIPS 26 279,000 wire East Asia/Pacific INTERNSHIPS STIPENDS 46 149,062 lwire Europe/Iceland/Greenland **FELLOWSHIP** 1 45.000 Wire Europe/Iceland/Greenland RESEARCH GRANTS -1 6,020 check East Asia/Pacific SENIOR SCHOLAR SUPPORT 5 RESEARCH GRANTS -66,316 check Europe/Iceland/Greenland SENIOR SCHOLAR SUPPORT RESEARCH GRANTS -1 5,000 check North America SENIOR SCHOLAR SUPPORT RESEARCH GRANTS -1 24,000 wire South Asia SENIOR SCHOLAR SUPPORT LOAN FORGIVENESS 1 5,325 check South Asia

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DLN: 93493195003231

OMB No. 1545-0047

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

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

STA	ne of the organization NFORD UNIVERSITY BOA THE LELAND STANFORD J		Υ					<b>Employer iden</b> 94-1156365	tification number
	rt I Fundraising Ac Form 990-EZ filer	<b>tivities.</b> Complet	e if the c				to Form		, line 17.
d 2a		licitations s a written or oral agre Form 990, Part VII st paid individuals oi	eement wil ) or entity r entities (	e f g th any ind in conne (fundraise	dividua ection ers) pu	Solicitation of nor Solicitation of government of government of government of government of the solicities of the solici	n-governi vernment ng events rs, direct fundraisii ents unde	ment grants grants ors, trustees ng activities? er which the fur	
	(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu <b>Yes</b>	er have dy or ol of		Gross receipts rom activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
		Yes	No					
Total			<b>.</b>					

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	:ed
			(a) Event #1  UNDER ONE LUNCH (event type)	(b) Event #2  TAILGATES (event type)	(c) O ther Events  6 (total number)	(d) Tot (Add col col		
₽	1	Gross receipts	236,587				33	9,903
Revenue	2	Less Charitable contributions	227,087	,			22	7,087
<u>~</u>	3	Gross income (line 1 minus line 2)	9,500	28,130	75,186		11	2,816
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	1,500	)	4,200			5,700
ă	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	67,812	94,164	185,943		34	7,919
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			35	3,619
	11	Net income summary Combine li						0,803
Par	t III	<b>Gaming.</b> Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e thar	1
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
မွ	2	Cash prizes						
Spenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	Г Yes			
	7	Direct expense summary Add line	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	bine lines 1, column d, ar	nd line 7			Yes	N <sub>2</sub>
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain			<del></del> .	· 9a	res	No
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming the organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity	11		
					Schedule G (Form 9	90 or 990-	EZ) 20	09

		Yes	No
.3	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
.4	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address •		
.5a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	<u> </u>	ot
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the		
	amount of gaming revenue retained by the third party 🟲 \$		
С	If "Yes," enter name and address		
	Name 🟲		
	Address 🏲		
6	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🗠		
	Director/officer Employee Independent contractor		
7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year *		

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DLN: 93493195003231

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

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

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

Open to Public **Inspection** 

STANFORD UNIVERSITY BOARD OF OF THE LELAND STANFORD JUNIOR	RUNIVERSITY					94-1156365	
Part I General Information							
<b>1</b> Does the organization maintain r the selection criteria used to awa							V Yes □
2 Describe in Part IV the organiza							
Form 990, Part IV, line Part IV and Schedule 1	21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grad or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50	1(c)(3) and govern	nent organizations					22
3 Enter total number of other organ							0

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS FOR STUDENTS	12574	311,594,917			
See Additional Data Table					

Part IV Suppler	mental Information. Com	nplete this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
GRANTS AND ASSISTANCE	Part I, Line 2	GRANTS AND ALLOCATIONS REFLECT NON-COMPENSATORY SUPPORT PROVIDED TO STUDENTS IN VARIOUS FORMS STANFORD IS COMMITTED TO A NEED-BLIND ADMISSIONS POLICY, ADMITTING QUALIFIED UNDERGRADUATES WITHOUT REGARD TO THEIR ABILITY TO PAY AND TO PROVIDE A COMPREHENSIVE FINANCIAL AID PROGRAM FOR ALL ADMITTED undergraduates WHO HAVE NEED AS DETERMINED BY THE UNIVERSITY AND WHO MEET OTHER REQUISITE CONDITIONS FOR FINANCIAL AID MORE THAN 80% OF UNDERGRADUATES RECEIVED SOME FORM OF FINANCIAL ASSISTANCE DURING THE TAX YEAR AS WELL AS 85% OF ALL GRADUATE STUDENTS from stanford and other sources THE TOTAL FINANCIAL AID INCLUDES \$227,439,266 IN MERIT AND NEED-BASED SCHOLARSHIPS AND FELLOWSHIPS AN ADDITIONAL \$85,068,486 REFLECTS AMOUNTS PAID FOR ADDITIONAL FINANCIAL SUPPORT TO STUDENTS, INCLUDING PAYMENTS FOR HEALTH INSURANCE, LIVING EXPENSES, AND SUPPORT OF POSTDOCTORAL FELLOWS GRANT RECOMMENDATIONS FROM DONOR ADVISED FUNDS ARE REVIEWED AND APPROVED BY SENIOR OFFICIALS IN THE OFFICE OF DEVELOPMENT AND THE CONTROLLER'S OFFICE PRIOR TO PAYMENT 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 as sub-grants when made to a domestic recipient
·		

Software ID: Software Version:

**EIN:** 94-1156365

Name: STANFORD UNIVERSITY BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR SCHOOL CHOICE1660 L ST NW STE 1000 C/O FONDA ANDERSON Washington, DC 20036	52-2111508	501(c)(3)	25,000				Research and Educ
UCSB FOUNDATIONUCSB DEV OFFICE SANTA BARBARA, CA 93106	23-7314834	501(c)(3)	100,000				public univ support
MAKING WAVES EDUCATION PROGRAM50 S LASALLE STREET c/o Glenn Holsclaw Executive Direc CHICAGO,IL 60603	94-3267851	501(c)(3)	100,000				education assistance program
SANTA BARBARA COTTAGE HOSPITAL FDnPO BOX 689 C/O SUZANNE RYAN CURRAN DALSTON Los Angeles, CA 93102	95-3802238	501(c)(3)	250,000				Hospital
SANTA BARBARA CENTER FOR PERFORMING ARTS14 E CARILLO ST SB,CA 931016727	95-3847102	501(c)(3)	20,000				THEATRE
OAKLAND CHILDREN'S FAIRYLAND699 BELLEVUE AVENUE c/o CJ Hirschfield Executive Direc OAKLAND,CA 94610	94-3209054	501(c)(3)	25,000				CHILDREN'S PARK
GIRLS INC OF ALAMEDA COUNTY13666 E 14TH STREET C/O JANELLE CAVANAGH CDO SAN LEANDRO, CA 94578	94-1558073	501(c)(3)	15,000				YOUTH SERVICES
Juvenile diabetes research foundation49 STEVENSON STREET SUITE 1200 SAN FRANCISCO, CA 94105	23-1907729	501(c)(3)	10,000				Research and Educ
ARTHRITIS FOUNDATION- NORTHERN CALIFORNIA 657 MISSION ST SUITE 603 C/O TERRY BYRNES SAN FRANCISCO, CA 94105	94-1212126	501(c)(3)	10,000				GENERAL GRANT
Lincoln Child Center4368 Lincoln ave C/O CRISTINE STONER- MERTZ oakland, CA 94602	94-1156501	501(c)(3)	10,000				YOUTH SERVICES

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLANOVA University800 LANCASTER AVE OFFICE OF UNIVERSITY ADVANCEMENT VILLANOVA,PA 19085	23-1352688	501(c)(3)	20,000				SCHOLARSHIP FUND
EMBRACE20170 THELMA AVE C/O LINUS LIANG SARATOGA,CA 95070	83-0509261	501(c)(3)	20,000				GENERAL GRANT
SCHWAB CHARITABLE FUND211 MAIN STREET SAN FRANCISCO,CA 94105	31-1640316	501(c)(3)	268,500				GENERAL GRANT
UNION COLLEGE807 UNION ST C/O STEPHEN DARE VP COLLEGE RELATI SCHENECTADY, NY 12308	20-0163689	501(c)(3)	35,000				ACADEMIC AFFAIRS
MENLO PARK PRESBYTERIAN CHURCH 950 SANTA CRUZ AVE MENLO PARK,CA 94025	94-1167435	501(c)(3)	100,000				GENERAL GRANT
PIONEER FUND733 BROAD STREET OFFICE OF COLLEGE ALUMNI RELATIONS GRINNELL,IA 501121690	42-0680387	501(C)(3)	20,000				GENERAL GRANT
MENLO PARK ATHERTON EDUCATION FOUNDATION PO BOX 584 MENLO PARK, CA 940260584	94-2871701	501(c)(3)	10,000				GENERAL GRANT
VALLEY PRESBYTERIAN CHURCH945 PORTOLA ROAD PORTOLA VALLEY,CA 94028	94-1556664	501(C)(3)	7,500				TEKAX WATER PROJECT
COMPUTER HISTORY MUSEUM1401 N SHORELINE BLVD MNT VIEW,CA 94043	77-0507525	501(C)(3)	20,000				GENERAL GRANT
VENTURE PHILANTHROPY PARTNERS1201 15TH STREETNW SUITE 420 WASHINGTON, DC 20005	31-1713618	501(c)(3)	200,000				GENERAL GRANT

<u>Form 990,</u> Schedule I, Par	<u>'t II, Grants and</u>	<u>l Other Assistance</u>	to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRIVE FOR COLLEGE COLLABORATIVE3089 22ND ST 301 SAN FRANCISCO, CA 94110	26-2499144	501(C)(3)	20,000				GENERAL GRANT
GRINNELL COLLEGE733 BROAD STREET OFFICE OF DEVELOPMENT GRINNELL, IA 501121690	42-0680387	501(C)(3)	10,000				ATHLETICS

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DLN: 93493195003231

**Employer identification number** 

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	STANFORD UNIVERSITY BOARD OF TRUSTEES						
OF	F THE LELAND STANFORD JUNIOR UNIVERSITY	94-1156365					
Pa	Part I Questions Regarding Compensation						
				Yes	Νo		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regard						
	_						
	First-class or charter travel  Travel for companions  Payments for business use of per	•					
	<u> </u>						
	Tax idemnification and gross-up payments  Health or social club dues or initial.  Discretionary spending account  Personal services (e.g., maid, cha						
	☐ Discretionary spending account ☐ Personal services (e.g., maid, cha	uπeur, cner)					
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding reimbursement orprovision of all the expenses described above? If "No," complete Part III to		1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred	by all					
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in	ine 1a?	2	Yes			
3	Indicate which, if any, of the following the organization uses to establish the compensation of t	ho					
,	organization's CEO/Executive Director Check all that apply	iie					
	✓ Compensation committee						
	Form 990 of other organizations  Approval by the board or compens	sation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to or a related organization	the filing organization					
а	a Receive a severance payment or change-of-control payment?		4a	Yes			
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes			
c	c Participate in, or receive payment from, an equity-based compensation arrangement?		4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	ıın Part III					
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.						
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the revenues of	any					
а	a The organization?		5a		Νo		
b	<b>b</b> Any related organization?		5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III						
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of							
а	a The organization?						
ь	<b>b</b> Any related organization?		6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III						

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe 7

Yes

Yes

Yes

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	(iii) Other	(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior
	compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
See Additional Data Table							

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
	Return Reference TRAVEL POLICY	STANFORD UNIVERSITY TRAVEL POLICY GENERALLY REQUIRES ALL EMPLOYEES TO USE THE MOST ECONOMICAL MODE OF TRANSPORTATION AVAILABLE CONSISTENT WITH THE AUTHORIZED BUSINESS PURPOSE OF THE TRAVEL IN ORDER TO BE REIMBURSED ON A TAX-FREE BASIS EMPLOYEES ARE REQUIRED TO COMPLY WITH THE ACCOUNTABLE PLAN RULES UNDER IR C SECTION 62 UNIVERSITY OFFICERS AND OTHER INDIVIDUALS ENUMERATED IN SCHEDULE JARE FULLY SUBJECT TO THE SAME POLICIES AND PROCEDURES AS ANY OTHER EMPLOYEE OF THE UNIVERSITY ON RARE OCCASIONS, FIRST CLASS TRAVEL WILL BE AUTHORIZED BASED ON MEDICAL NEED OR OTHER EXIGENCY APPROVED BY THE PROVOST SIMILARLY, REIMBURSEMENT OF TRAVEL FOR COMPANIONS IS SUBJECT TO THE PRE-APPROVAL OF THE PROVOST AND MUST BE CONSISTENT WITH THE AUTHORIZED BUSINESS PURPOSE OF THE TRAVEL IN ORDER TO BE NON-TAXABLE PRESIDENT AND PROVOST HOUSING AS A CONDITION OF HIS EMPLOYMENT AS PRESIDENT AND PROVOST HOUSING AS A CONDITION OF HIS EMPLOYMENT AS PRESIDENT AND PROVOST HOUSING AS A CONDITION OF HIS EMPLOYMENT AS PRESIDENT AND PROVOST OF THE UNIVERSITY AND FOR THE CONVENIENCE OF THE UNIVERSITY, MR HENNESSY IS REQUIRED TO LIVE IN THE PRESIDENT'S HOME ON THE CAMPUS OF THE UNIVERSITY AND FOR THE CONVENIENCE OF THE UNIVERSITY AND FOR THE CHEMPOY IS ALSO REQUIRED TO LIVE ON THE CAMPUS OF THE UNIVERSITY HOUSENS, AND THEIR PRESIDENT OF THE UNIVERSITY OF THE PRESIDENT OF THE UNIVERSITY OF THE PRESIDENT OF THE UNIVERSITY OF THE PROVIDES CLAYING SERVICE FOR THE PUBLIC AND PRIVATE AREAS THE UNIVERSITY HAS INCLUDED AS NONTAXABLE COMPENSATION IN COLUMN D THE ESTIMATED REPORTAL VALUE OF THE HOUSING FOR THE AREAS OF THESE RESIDENCES RESERVED FOR THE PERSONAL USE OF THE EMPLOYEES, BASED UPON THE PREVAILING, AND UTILITIES PART 1, LINE 4E DEFERRED COMPENSATION PLAN ROVISIONS OFFICERS AND OTHERS ENSURING FOR THE PREVAILING SERVICE FOR THE PREVAILING SERVICE FOR THE PREVAIL OF THE HOUSING FOR THE PERSONAL AREAS, INCLUDING MAINTENANCE, CLEANING, AND UTILITIES PART 1, LINE 4E DEFERRED COMPENSATION PLAN ROVISIONS OFFICERS AND OTHERS ENTITED TO THE PLAN BASED ON PE
7 AND PART II, COLUMN B (II)	COMPENSATION OF FACULTY IN THE STANFORD SCHOOL OF MEDICINE	IS AN OFFICER THE SERP BENEFIT IS SUBJECT TO FORFEITURE IF CERTAIN CONDITIONS ARE NOT MET FOR THE YEAR ENDED AUGUST 31, 2010, THE VALUE OF THE ANNUAL ACCRUAL OF THIS BENEFIT WAS \$180,134 AND IS INCLUDED ON SCHEDULE J-1 COLUMN (C) AS DEFERRED COMPENSATION  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 COMPONENT OF SALARY IS DETERMINED PRIMARILY BY THE CONTRIBUTION OF THE INDIVIDUAL TO THE DEPARTMENT/DIVISION AND SECONDARILY BY 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 DEPARTMENT'S INCENTIVE BONUS PLAN MEASURING THE FACULTY'S EFFORTS IN RESEARCH, TEACHING, CLINICAL, AND/OR ADMINISTRATIVE LEADERSHIP AREAS AS DEFINED BY THE PLAN IN ADDITION, THE DEAN HAS A BONUS PLAN FOR CLINICAL CHAIRS BASED ON A CHIEVEMENT 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 LISTED INVESTMENT PROFESSIONAL EMPLOYEES IS BASED ON A COMBINATION OF THREE FACTORS THREE YEAR ANNUALIZED PERFORMANCE VERSUS THE PERFORMANCE OF THE NINETEEN LARGEST COLLEGE AND ENDOWMENT INVESTMENT POOLS IN THE UNITED STATES, AND INDIVIDUAL PERFORMANCE OMPENSATION OF OFFICERS AND OTHERS OFFICERS AND OTHERS ARE ELIGIBLE TO RECEIVE BONUSES AND INCENTIVE COMPENSATION OF FERFORMANCE, AS ENUMERATED IN PART II, COLUMN B(II) PAR
,	HOUSING ASSISTANCE	OTHER REPORTABLE COMPENSATION, RESPONSIBILITIES, AND DOTIES  OTHER REPORTABLE COMPENSATION IN PART II, COLUMN B(III) INCLUDES HOUSING ASSISTANCE AND OTHER MISCELLANEOUS COMPENSATION IN ADDITION, STANFORD HAS PROVIDED VARIOUS ITEMS OF "LISTED PROPERTY" (E.G. CELLULAR PHONES, COMPUTERS, AND PERIPHERALS) TO THE ABOVE LISTED EMPLOYEES PRINCIPALLY FOR THEIR BUSINESS USE Part II, Columns C AND D STANFORD OFFICERS ACCRUE FUTURE BENEFITS THAT ARE AVAILABLE TO ALL STANFORD EMPLOYEES, SUCH AS POST-RETIREMENT MEDICAL INSURANCE AND TUITION BENEFITS, AND listed persons WHO ARE ALSO FACULTY ACCRUE FUTURE FACULTY BENEFITS SUCH AS SABBATICAL AND TENURE BUYOUT PROVISIONS 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 OFFICER IN THE YEAR, IF ANY, SUCH BENEFITS ARE RECEIVED INCLUDED IN PROFESSOR FEREJOHN'S COMPENSATION IS A PAYMENT OF \$750,357 IN RETIREMENT INCENTIVES

Software ID: Software Version:

**EIN:** 94-1156365

Name: STANFORD UNIVERSITY BOARD OF TRUSTEES

OF THE LELAND STANFORD JUNIOR UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A) Name	ļ	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form		
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ		
John Hennessy	(I) (II)	652,423 0	0	18,353 0	184,231 0	130,562 0	985,569	0		
john etchemendy	(ı) (ıı)	469,361 0	0	150 0	204,634 0	69,849 0	743,994 0	0		
randall livingston	(1) (11)	474,658 0	0	150 0	84,500 0	23,208	582,516 0	0		
John B Ford	(ı) (ıı)	11,000	511,595 0	2,721 0	0	9,967	535,283	406,088		
martın shell	(ı) (ıı)	375,325 0	20,000	10,073	104,500	26,244 0	536,142	0		
debra zumwalt	(ı) (ıı)	489,244 0	0	150 0	153,250 0	26,726 0	669,370	0		
robert c reidy	(1) (11)	335,664 0	270,000	0	173,223	28,224	807,111	0		
david demarest	(1) (11)	308,960 0	10,000	1,621	74,500 0	26,757 0	421,838	0		
howard wolf	(I) (II)	283,430 0	46,950 0	0	23,813	48,798 0	402,991	0		
william madia	(I) (II)	197,054 0	40,000 0	300 0	10,474 0	3,384	251,212	0		
Diane Peck	(I) (II)	285,280 0	26,000 0	250 0	24,500 0	17,774 0	353,804 0	0		
John Powers	(1) (11)	756,367 0	366,216 0	0	250,711 0	21,895	1,395,189	0		
Philip A Pizzo	(1) (11)	582,187 0	0	19,583 0	229,500	24,615	855,885 0	0		
Richard Saller	(1) (11)	431,815 0	10,000	49,107 0	15,877 0	10,529	517,328 0	0		
Frank Hanley	(1) (11)	392,301 0	1,075,000 0	0	224,500 0	19,449 0	1,711,250	0		
Gary Steinberg	(1) (11)	565,930 0	628,536 0	0	23,510 0	19,549 0	1,237,525	0		
Thomas M Krummel	(1) (11)	501,560 0	472,638 0	1,039 0	24,500 0	35,879 0	1,035,616	0		
Michael Edwards	(ı) (ıı)	410,063 0	535,011 0	0	25, <b>44</b> 7 0	19,465 0	989,986	0		
Vadilaya M Reddy	(ı) (ıı)	272,135 0	535,410 0	9,444 0	24,500 0	19,039 0	860,528 0	0		
Edward E Manche	(ı) (ıı)	445,033 0	129,000	7,539 0	23,655 0	27,146 0	632,373	0		
Amın A Milki	(ı) (ıı)	295,780 0	268,426 0	9,292 0	24,500 0	25,734 0	623,732	0		
JOHN A FEREJOHN	(ı) (ıı)	171,923 0	801,357 0	0	21,253 0	12,767 0	1,007,300	750,357 0		

DLN: 93493195003231

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection Employer identification number

94-1156365

Name of the organization STANFORD UNIVERSITY BOARD OF TRUSTEES

OF THE LELAND STANFORD JUNIOR UNIVERSITY

Part T Rond Tssues

	and I Boild Issues									
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defease		<b>(h)</b> Beha Iss	alfof
							Yes	No	Yes	No
A	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY CP	52-1705592	13018AAA8	05-22-2008	300,000,000	SEE SCHEDULE 0		х		х
В	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY S	52-1705592	130175P89	06-24-2004	181,200,000	SEE SCHEDULE O		х		х
С	CALINFORNIA EDUCATIONAL FACILITIES AUTHORITY T-1&3	52-1705592	130178JD9	09-06-2007	153,277,097	SEE SCHEDULE O		х		х
D	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY T-4	52-1705592	130178NH5	05-15-2008	188,501,621	SEE SCHEDULE O		×		Х
E	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY T-5	52-1705592	130178TQ9	08-04-2009	59,147,724	SEE SCHEDULE O		Х		Х

Part II	Proceeds

			Α	E	3	(	С	ı	D		E
1	Total proceeds of issue	30	0,218,010	18	2,432,950	15	6,107,104	18	8,507,302	5	9,148,032
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds		992,205		992,205		661,216		951,621		1,644
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	12	5,619,314	18	0,207,795	15	2,615,881	18	7,550,000	5	8,644,018
8	Year of substantial completion	20	10	20	06	20	09	20	09	2	003
		Yes	No								
9	Were the bonds issued as part of a current refunding issue?	×		Х		X		Χ			x
10	Were the bonds issued as part of an advance refunding issue?		х		х		х		х	Х	
11	Has the final allocation of proceeds been made?		Х	Х		Х		Х		Х	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	х		Х		Х		Х		Х	

#### **Private Business Use**

			4	В		C		D			E
		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?		х		x		Х				
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	Х		Х		x					

# SCHEDULE K (Form 990)

# **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Department of the Treasury Internal Revenue Service

► Attach to Form 990. See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

STANFORD UNIVERSITY BOARD OF TRUSTEES Name of the organization Employer identification number OF THE LELAND STANFORD JUNIOR UNIVERSITY 94-1156365 Part I **Bond Issues** (h) On (b) Issuer EIN (c) CUSIP# (d) Date issued (g) Defeased (a) Issuer name (e) Issue price (f) Description of purpose behalf of issuer Yes No Yes No. A - alif file ED0 att NaL Fa ILITIE - auth fit. U-1 F\_-170FF --EE HEDULE В С D **Proceeds** Part II В C D Ε Α 251,702,539. 3 Proceeds in refunding or defeasance escrows ........ 60,262,784. 1,631,228. 189,737,216. 2010 Yes No Yes Yes Yes Nο Nο Nο Yes No Χ **9** Were the bonds issued as part of a current refunding issue? 10 Were the bonds issued as part of an advance Χ Χ 12 Does the organization maintain adequate books and Χ records to support the final allocation of proceeds? Part III **Private Business Use** Α В С D Ε 1 Was the organization a partner in a partnership, or a Yes No Yes No Yes No Yes No Yes No member of an LLC, which owned property financed by Χ tax-exempt bonds?............ 2 Are there any lease arrangements with respect to the

Χ

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

financed property which may result in private business use?

Schedule K (Form 990) 2009

Schedule K (Form 990) 2009

## Part III Private Business Use (Continued)

	Α		В		С		D		E	
3a Are there any management or service contracts with	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
respect to the financed property which may result in private business use?		Х								
b Are there any research agreements with respect to the financed property which may result in private business use?	X									
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	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 ▶		0.0000%		%		%		%		%
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 ▶		0.0000%		%		%		%		%
6 Total of lines 4 and 5		0.0000%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									
Part IV Arbitrage										
		Α		В		С	ļ	D	I	 E
Has a Form 8038-T, Arbitrage Rebate, Yield Reduction     and Penalty in Lieu of Arbitrage Rebate, been filed     with respect to the bond issue?	Yes	No X	Yes	No	Yes	No	Yes	No	Yes	No
<u> </u>		X								
2 Is the bond issue a variable rate issue?		X								
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair										
market value of the GIC satisfied?										
Were any gross proceeds invested beyond an										
available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?		Х								

Schedule K (Form 990) 2009

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A	E	3	С		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х		х		х				
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		Х		X					
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х		х		х					
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		0 %		0 %		0 %				
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		0 %		0 %		0 %				
6	Total of lines 4 and 5		0 %		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х					
D-	TV Aubitus as										

Part IV Arbitrage

E C:	Albitrage										
		1	Α		В		C	'	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		x		x		x		×
2	Is the bond issue a variable rate issue?	X		X			X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x		x		x		x		х
b	Name of provider		•		•		•		•		
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х		Х
ь	Name of provider										
С С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		×		х		×		×		х
6	Did the bond issue qualify for an exception to rebate?	Х			х		х		х	х	
			-1		1	1	1	<u> </u>	Schedul	e K (Form 99	0) 2009

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DLN: 93493195003231

**Employer identification number** 

# OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

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

Inspection

STANFORD UNIVERSITY BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 94-1156365 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	or fro		(c)O riginal principal amount	(d)Balance due	( <b>e)</b> : defau	e) In Apple by b		Approved by board or ommittee?		ten ent?
	То	From			Yes No	Yes	No	Yes	No	
See Additional Data Table										
Total			🟲 \$	4,706,059						

#### Part III Grants or Assistance Benefitting 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)A mount of grant or type of assistance

#### **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	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
SEE SCHEDULE O						

#### **Additional Data**

Software ID: Software Version:

**EIN:** 94-1156365

Name: STANFORD UNIVERSITY BOARD OF TRUSTEES

OF THE LELAND STANFORD JUNIOR UNIVERSITY

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person and (b) Loan to (c) Original (d) Rolance divided in the control of the

(a) Name of interested person and purpose	( <b>b)</b> Loan to or from the organization?		<b>(c)</b> O riginal principal amount \$	<b>(d)</b> Balance due \$	(e) In default?		(f) Approved by board or committee?		( <b>g)</b> Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
ROBERT REIDY HOUSING		х	200,000	200,000		Νο	Yes		Yes	
RICHARD SALLER HOUSING		х	600,000	303,515		Νο	Yes		Yes	
RICHARD SALLER HOUSING		х	300,000	300,000		No	Yes		Yes	
RICHARD SALLER HOUSING		х	300,000	210,000		No	Yes		Yes	
RICHARD SALLER HOUSING X		25,000	25,000		No	Yes		Yes		
PHILIP PIZZO HOUSING		х	1,500,000	1,500,000		No	Yes		Yes	
PHILIP PIZZO HOUSING		х	590,000	530,044		No	Yes		Yes	
PHILIP PIZZO HOUSING		x	600,000	600,000		No	Yes		Yes	
PHILIP PIZZO HOUSING		х	125,000	37,500		No	Yes		Yes	
MARTIN SHELL HOUSING		х	1,000,000	1,000,000		No	Yes		Yes	

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**NonCash Contributions** 

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

94-1156365

Pa	rt I Types of Property							
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	( <b>d</b> ) Method of de reven	etermı	nıng	
	Art—Works of art	applicable	1.5	1g	N. /A			
		X	15		N/A N/A			
	Art—Historical treasures .	X	1	U	IN/A			
3 4	Art—Fractional interests Books and publications	X		0	N/A			
-	Books and publications Clothing and household			0	IN/A			
,	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	1,349	134,597,078	MARKET VALUE			
10	Securities—Closely held stock	X	10	12,897,147	APPRAISAL			
11	Securities—Partnership, LLC, or trust interests	Х	1	20,750	APPRAISAL			
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х		12,294,918				
16	Real estate—Commercial	X		584,738	APPRAISAL			
	Real estate—Other							
	Collectibles	X	1	0	N/A			
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts		_	_				
	Other ► (HORSES)	X	5		N/A			
	Other ► ( <u>EQUIPMENT</u> )	X	2	117,197	RETAIL			
	Other ►()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization comp				29		   w	36
302	During the year, did the organiza	ation receiv	e hy contribution any prope	rty reported in Part I lines	1-28 that it		Yes	No
<b>J</b> 04	must hold for at least three year							
	for exempt purposes for the enti			on, and winch is not require	u to be useu			No
						30a		
31	<ul> <li>If "Yes," describe the arrangem</li> <li>Does the organization have a gir</li> </ul>			review of any non-standard	contributions?	31	Yes	
	Does the organization hire or us	•		•				
JZd	contributions?	· · ·	· · · · · · ·	· · · · · · · ·		32a		Νο
b	If "Yes," describe in Part II							
33	If the organization did not repor	t revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II							

#### Part II

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

Ident if ier	Ret urn Reference	Explanation
PART I, COLUMN (B)	IN COLUMN B, STANFORD IS REPORTING THE NUMBER OF CONTRIBUTIONS	PART I, LINE 33 NON-CASH CONTRIBUTIONS - GENERAL EXPLANATION STANFORD DOES NOT INCLUDE IN GIFT REVENUE TOTALS THE FOLLOWING TYPES OF NON-CASH CONTRIBUTIONS - ART - BOOKS AND PUBLICATIONS - COLLECTIBLES - HORSES IN MANY CASES, VALUES OF SUCH ITEMS ARE DIFFICULT AND EXPENSIVE TO ASCERTAIN AND CONFIRM FOR FINANCIAL STATEMENT PURPOSES

Schedule M (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

▶ Attach to Form 990.

2009

Open to Public Inspection

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

94-1156365

ldentifier	Return Reference	Explanation
Index of Responses Appearing in Schedule O		Form Reference Description ====================================

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED FROM PAGE 3	(EXPENSES \$1,104.447,062 INCLUDING GRANTS OF \$30,269,034, REVENUE \$873,178,004) INSTRUCTION AND DEPARTIMENTAL RESEARCH INCLUDES THE SALARIES, FRINGE BENEFITS AND SUPPLES NECESSARY TO TEACH ABOUT 15,300 STUDENTS, INCLUDING 6,900 UNDERGRADUATE AND 8,000 GRADUATE AND PROF ESSONAL SCHOOL STUDENTS STANFORDS 1,900 PERSON FACULTY NO. CONCLUDES 16 MOBEL PRIZE WINNERS AND FOUND RULLIZER REFREE WINNERS STANFORD AS SEVEN SCHOOLS BUSNESS, EARTH SCENCES, ED UCATION ENGINEERING, HUMANITES AND SCIENCES, LAW, AND MEDICINE CURRENT MULTIDISCIPLINARY Y INITIATIVES FOCUS ON WORLDWIDE FROBLEMS (NO. NO. CONTROLLED THE MOBEL PROFESSORY). AND MEDICINE CURRENT MULTIDISCIPLINARY Y INITIATIVES FOCUS ON WORLDWIDE FROBLEMS (NO. 11 MINOL SEVEN MEDICINE). AND SCIENCES, LAW, AND MEDICINE CURRENT MULTIDISCIPLINARY Y INITIATIVES FOCUS ON WORLDWIDE FROBLEMS (NO. 11 MINOL SEVEN MEDICINE). AND SCIENCES AND SCIENCES, LAW, AND MEDICINE CURRENT MULTIPOSCIPLINARY Y INITIATIVES FOCUS ON WORLDWIDE FROBLEMS (NO. 11 MINOL SEVEN MEDICINE). AND SCIENCES AND SECURITY, AND KILL TO THE PROFESSORY OF THE PROCESSORY OF THE PRO

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED FROM PAGE 3	URES ARE INCLUDED IN STANFORD'S FINANCIAL STATEMENTS, ASSETS AND LIABILITIES ARE CARRIED O N DOE'S BOOKS ACCORDINGLY, CONSTRUCTION EXPENDITURES ARE RECORDED AS EXPENDITURES HEREIN FORM 990 PART IV, LINE 12-12A HOW THE FINANCIAL STATEMENTS WERE AUDITED STANFORD'S CONSOL IDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED AUGUST 31, 2010 AND AUGUST 31, 2009 WERE AUDITED BY THE ACCOUNTING FIRM OF PRICEWATERHOUSECOOPERS ("PWC") AS REQUIRED BY GENERAL ACCEPTED ACCOUNTING PRINCIPLES, THE UNIVERSITY'S FINANCIAL STATEMENTS ARE PREPARED ON A CONSOLIDATED BASIS AND INCLUDE THE UNIVERSITY ACCOUNTS AND THOSE OF STANFORD HOSPITA L AND CLINICS AND THE LUCILE SALTER PACKARD CHILDREN'S HOSPITAL AT STANFORD ("THE HOSPITAL S") THE FINANCIAL STATEMENTS DISCLOSE SEPARATELY THE ACCOUNTS OF THE UNIVERSITY FROM THOS E OF THE HOSPITALS UNDER SEPARATE COVER, THE HOSPITALS PROVIDE AUDITED FINANCIAL STATEMEN TS OF THEIR OWN ACCOUNTS PWC UTILIZES SEPARATE AUDIT TEAMS TO CONDUCT THE AUDIT ENGAGEMEN TS OF STANFORD AND THE HOSPITALS EACH AUDIT IS CONDUCTED BY QUALIFIED PROFESSIONAL ACCOUN TANTS WITH AUDIT PLANS DESIGNED FROM THE SEPARATE ACCOUNTS FOR THE RESPECTIVE ENTITIES, IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS STANFORD'S FORM 990 REPRESENTS THE ACCOUNTS OF THE UNIVERSITY THE HOSPITALS FILE THEIR OWN SEPARATE 990 FORMS

ldentifier	Return Reference	Explanation
FORM 990, PART V, LINE 4b	STANFORD HAS AN INTEREST IN OR SIGNATURE AUTHORITY OVER BANK ACCOUNTS	IN THE FOLLOWING COUNTRIES AUSTRALIA AUSTRIA BELGIUM BRAZIL CANADA CHANNEL ISLANDS CHILE CHINA DENMARK FINLAND FRANCE GERMANY HONG KONG INDIA INDONESIA ISRAEL ITALY JAPAN LUXEMBOURG MALAYSIA MAURITIUS NETHERLANDS NEW ZEALAND NORWAY PAKISTAN PHILIPPINES POLAND QATAR SINGAPORE SOUTH AFRICA SOUTH KOREA SPAIN SWEDEN SWITZERLAND TAIWAN THAILAND TURKEY UNITED KINGDOM

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11A	PREPARATION AND REVIEW OF THE FORM 990	EACH YEAR, THE UNIVERSITY HAS ITS FINANCIAL STATEMENTS AUDITED BY THE INDEPENDENT ACCOUNTING FIRM OF PRICEWATERHOUSECOOPERS (PWC) DATA FOR THE 990 IS EXTRACTED FROM THE AUDITED FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION COMPENSATION DATA IS EXTRACTED FROM PAYROLL RECORDS, AND IN EACH CASE CONFIRMED BY THE REPORTED INDIVIDUAL THIS RETURN IS PREPARED BY THE TAX DEPARTMENT AND REVIEWED BY SENIOR MANAGEMENT AND THE BOARD OF TRUSTEES OF THE UNIVERSITY THE FINAL VERSION IS THEN SIGNED BY THE SENIOR ASSOCIATE VICE PRESIDENT FOR FINANCE AND PWC AS PAID PREPARER

T	_	
ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2, SECTION B, LINE 12C,	AND SCHEDULE L, PART IV	CONFLICT OF NITEREST MEMBERS OF THE UNIVERSITY IS DOARD OF TRUSTESS ("TRUSTESS"), OFFICERS AND FACULTY MAY, FROM TIME TO TIME BE ASSOCIATED. SHEP DIRECTLY ON INDRECTLY, WITH ENT TIBE DOING BUSINESS WITH THE UNIVERSITY THE UNIVERSITY HAS CONFLICT OF INTEREST POLICES THAT ARE STRICTLY PENFORCED TO PINIQUE THAT ALL TRANSACTIONS WITH THE INSEP PARTIES ARE ARE AND LICES THAT ARE STRICTLY PROPRIED TO PINIQUE THAT ALL TRANSACTIONS WITH THE THESE PARTIES ARE ARE AND LICES THAT ARE STRICTLY PROPRIED AND THE WRITTEN CONFLICT OF THESE TARE PROJECTLY SCONSIST ENTLY ENFORCED UNIVERSITY. WID COMPLIANCE INTRATIVES INCLUDE TRAINING AND DOCUMENTATION, REQUIRED ANNUAL DISCLOSURE AND FOLLOW-UP, MANAGEMENT CONTROLS, ENTERPRISE RISK MANAGEMENT. REQUIRED ANNUAL DISCLOSURE AND FOLLOW-UP, MANAGEMENT CONTROLS, ENTERPRISE RISK MANAGEMENT. REQUIRED ANNUAL DISCLOSURE AND FOLLOW-UP, MANAGEMENT CONTROLS, ENTERPRISE RISK MANAGEMENT. REQUIRED ANNUAL DISCLOSURE AND FOLLOW-UP, MANAGEMENT CONTROLS, ENTERPRISE RISK MANAGEMENT. REQUIRED ANNUAL DISCLOSURE AND FOLLOW-UP AND RECEIVED AND RECEIV

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2, SECTION B, LINE 12C,	AND SCHEDULE L, PART IV	IRECT FINANCIAL INTEREST AS GENERAL PARTNER, THE UNIVERSITY MADE NO ADDITIONAL INVESTMENTS AND RECEIVED DISTRIBUTIONS OF \$5,200,000 WITH RESPECT TO STANFORD INVESTMENTS WHERE ANN LAMONT, A TRUSTEE, HAD A DIRECT OR INDIRECT FINANCIAL INTEREST AS A GENERAL PARTNER, THE UNIVERSITY INVESTED \$3,400,000 (0 04% OF TOTAL INVESTMENTS) AND RECEIVED DISTRIBUTIONS OF \$1,800,000 IN AGGREGATE, REPORTABLE TRANSACTIONS RELATING TO ALL SUCH INVESTMENT RELATIONS HIPS WITH TRUSTEES AMOUNTED TO AN INVESTMENT BY STANFORD OF \$51,900,000 (0 59% OF TOTAL IN VESTMENTS) AND A RETURN TO STANFORD OF \$34,900,000 PARTNERSHIPS IN WHICH MR BASS OWNS A DIRECT OR INDIRECT GENERAL PARTNERSHIP INTEREST RENTED FACILITIES DIRECTLY OR INDIRECTLY O WNED BY STANFORD UNIVERSITY AND PAID RENT AT FAIR MARKET RATES TO STANFORD IN THE AMOUNT OF \$4,409,140 THESE DISCLOSURES DO NOT INCLUDE TRANSACTIONS IN WHICH A TRUSTEE OR TRUSTEE FAMILY MEMBER PAYS TUTTION, ROOM AND/OR BOARD COSTS FOR A STUDENT AT THE UNIVERSITY JOHN HENNESSY, PRESIDENT AND A TRUSTEE, IS A MEMBER OF THE BOARD OF DIRECTORS OF CISCO SYSTEMS, INC (CISCO) AND GOOGLE INC (GOOGLE) THE UNIVERSITY PURCHASES GOODS AND SERVICES FROM C ISCO AND GOOGLE IN THE NORMAL COURSE OF BUSINESS AND ALL PURCHASES ARE MADE, AT ARM'S LENG TH, IN ACCORDANCE WITH STANFORD PROCUREMENT POLICIES AND PROCEDURES MR HENNESSY DOES NOT PARTICIPATE IN ANY DECISIONS WITH RESPECT TO THESE COMPANIES DURING THE YEAR ENDED AUGUS T 31, 2010, STANFORD PURCHASES FROM CISCO AND GOOGLE AMOUNTED TO \$4,803,000 AND \$103,000 R ESPECTIVELY KAVITARK RAM SHRIRAM, A TRUSTEE, IS ALSO A DIRECTOR AT GOOGLE, JERRY YANG, A TRUSTEE, IS ALSO A DIRECTOR OF CISCO CONSISTENT WITH THE UNIVERSITY MISSION OF SHARING AN D DISSEMINATING KNOWLEDGE, STANFORD SUPPORTS THE GOOGLE BOOK SEARCH PROJECT, WHICH IS CURR ENTLY THE SUBJECT OF LITIGATION OVER THE PAST SIX YEARS GOOGLE HOS ONCE, DARD OF DIRECTORS AND HAS NOT BEEN INVOLVED IN ANY OF THE NEGOTIATIONS OR DECISIONS INVOLVING THE GOOGLE BO OK SEARCH PROJECT (SACE SHAPE OF THE PRESIDENT HENNESSY IS A MEMBER OF

Return ference	Explanation
PENSATION RMINATION	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 NOPEPHORNEY FERSONS, USE OF COMPARABLITY DATA AND CREATION OF CONTEMPORANGOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION IN THE CASE OF THE UNIVERSITY'S PRESIDENT, THE VICE PRESIDENT OF HUMAN RESOURCES, AT A FREIMMARY MEETING WITH A SUBCOMMITTEE OF THE COMMITTEE ON COMPENSATION, PRESIDENT AN ANALYSIS OF CURRENT RELEVANT MARKET DATA OETA NEED AND EXPENSE AND ANALYSIS OF CURRENT RELEVANT MARKET DATA OETA NEED AND EXPENSE AND ANALYSIS OF CURRENT HELE AND MARKET DATA OETA NEED AND EXPENSE AND ANALYSIS OF CURRENT MITHE SAME MATERIALS ARE SENT TO THE FULL COMMITTEE AT THE MEETING OF THE FULL COMMITTEE AND IN THE ASBENSE OF THE PRESIDENT, DISCUSSION COCCURS PRIOR TO A VOTE MINISTES OF BOTH METINGS AND EXPENSE OF THE PUBLIC PRESIDENT OF HUMAN RESOURCES IN THE CASE OF OTHER SAME MATERIALS. ARE SENT TO THE FULL COMMITTEE AT THE MEETING OF THE FULL COMMITTEE AND IN THE ASBENSE OF THE PRESIDENT OF THE VICE PRESIDENT OF HUMAN RESOURCES IN THE CASE OF OTHER OFFICERS/KEY BIPLOYEES, PER GUIDELINES IN THE CASE OF OTHER PROPERTY SENTENCES OF COMPENSATION FOR THE PRESIDENT OF HUMAN RESOURCES OF THE MEETING PROPERTY SENTENCES. THE COMPENSATION FOR THE PRESIDENT OF HUMAN RESOURCES OF OTHER OFFICERS OF THE PRESIDENT

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION DETERMINATION	W AND OTHER GRADUATE STUDENTS IT IS A SIGNIFICANT INVESTMENT BY STANFORD IN MITIGATING TR AFFIC AND OTHER ENVIRONMENTAL CONCERNS AS IT GREATLY REDUCES THE NUMBER OF PEOPLE DRIVING TO CAMPUS DAILY

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE K, PART I, COLUMN c	CUSIP NUMBER	CEFA TAX EXEMPT COMMERICAL PAPER ("TECP") DATED 5/22/08 WAS ASSIGNED A UNIQUE BLOCK OF 900 CUSP NUMBERS UPON ISSUANCE A NEW CUSP NUMBER IS ASSIGNED TO EACH TRAUNCH OF TECP THAT IS ISSUED THE CUSP NUMBER IS THE IS THE ISSTED SAY DEAD AND WAS ASSIGNED AT THE ORIGINAL ISSUANCE DATE, 5/22/08 FORM 990, SCHEDULE K, PART I, COLUMN F DESCRIPTION OF PURPOSE FOR TAX-EXEMPN BONDS AT EACH POWN AND AND AND AND AND AND AND AND AND AN

ldentifier	Return Reference	Explanation
SCHEDULE L, PART II	LOANS TO/FROM INTERESTED PERSONS	SEE ATTACHMENT 5 AT END OF THIS RETURN FOR DETAILS REGARDING LOANS TO INTERESTED PERSONS IN EACH CASE THE LOAN IS MADE FROM STANFORD TO THE INDIVIDUAL (COLUMN B) NONE OF THESE LOANS ARE IN DEFAULT (COLUMN E) ALL LOANS HAVE BEEN APPROVED BY THE BOARD OF TRUSTEES (COLUMN F) AND FOR EACH LOAN ISSUED, THERE EXISTS A WRITTEN AGREEMENT BETWEEN STANFORD AND THE BORROWER (COLUMN G) PURSUANT TO PROGRAMS INTENDED TO FACILITATE HOUSING FOR EMPLOYEES, THE UNIVERSITY HOLDS MORTGAGES AND LEASEHOLDS ON CERTAIN HOUSES ON OR NEAR CAMPUS OWNED AND OCCUPIED BY EMPLOYEES AND THEIR FAMILIES, WHICH, FROM TIME TO TIME, COULD INCLUDE OFFICERS AND KEY EMPLOYEES OF THE UNIVERSITY

DLN: 93493195003231

# SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

94-1156365

Part 1 Identification of Disregarded Entities (Complete	e if the organization a	inswered "Yes" on	Form 990, Part IV	, line 33.)	
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	( <b>e)</b> d-of-year assets [	(f) Direct controlling entity
See Additional Data Table					
See Additional Data Table					
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	itions (Complete if the tax year.)	ne organization ans	swered "Yes" on F	orm 990, Part IV, I	ne 34 because it had one
(a) Name, address, and EIN of related organization	<b>(b)</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
STANFORD HOSPITAL AND CLINICS					
300 PASTEUR DRIVE MC 5555	HEALTHCARE	64	F04(-)(2)		NA NA
STANFORD, CA 94304 94-6174066	HEALTHCARE	CA	501(c)(3)	3	
LUCILE SALTER PACKARD CHILDRENS HOSPITAL					
725 WELCH ROAD MC 5553	HEALTHCARE	CA	501(c)(3)	3	NA
PALO ALTO, CA 94304 77-0003859					
THE FREIDENRICH SUPPORT FOUNDATION					
3145 PORT DRIVE	EDUCATIONAL	СА	501(c)(3)	11, TYPE 1	NA
PALO ALTO, CA 94304 30-0519583					
PACIFIC-10 CONFERENCE					
1350 TREAT BOULEVARD	EDUCATIONAL	CA	501(c)(3)	11, TYPE 1	NA
WALNUT CREEK, CA 94597 94-1459048			,,,,,	·	
SHR HOLDINGS INC					
3145 PORTER DRIVE	REAL ESTATE	CA	501(c)(25)	N/A	NA
PALO ALTO, CA 94304 94-3187167					
STANFORD Univ TRUST POST RETEMPYNT BEN					
3145 PORTER DRIVE	BENEFITS	CA	501(C)(9)	N/A	NA
PALO ALTO, CA 94304 94-3246199					

Part III Identific because if	<b>ation of Related</b> t had one or more	Organiz related o	<b>zations Taxable a</b> organizations treate	<b>s a Partnership</b> (C d as a partnership d	Complete if the org uring the tax year	janization ans T.)	wered "	'Yes" (	on For	m 990, I	Part IV, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	rtionate	Code amount ir Sched	i) V—UBI 1 box 20 of ule K-1 1065)	(j) Gener mana partr	al or ging
								Yes	No			Yes	No
See Additional Data Table													
						_							
				s a Corporation or s treated as a corpor			ar.)		ed "Y	es" on Fo	orm 990, Pa	rt IV,	
(a) Name, address, and EIN o	f related organization	<b>(b)</b> Primary a	ctivity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	St end	(g) nare of -of-year assets	<b>(h)</b> Percentage ownership		
See Additional Data Table													
									1				
									-				

Part V	<b>Transactions With Related Organizations</b> (Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 34, 35, or 36.)			
Note	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
<b>1</b> During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	?			
<b>a</b> Rec	eıpt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entıty		1a		No
<b>b</b> Gift,	grant, or capital contribution to other organization(s)		1b	Yes	
<b>c</b> Gıft,	grant, or capital contribution from other organization(s)		1c	Yes	
<b>d</b> Loai	ns or loan guarantees to or for other organization(s)		1d		No
<b>e</b> Loai	ns or loan guarantees by other organization(s)		1e		No
<b>f</b> Sale	of assets to other organization(s)		1f		No
<b>g</b> Puro	chase of assets from other organization(s)		<b>1</b> g		No
h Exc	hange of assets		1h		No
i Leas	e of facilities, equipment, or other assets to other organization(s)		1i	Yes	
j Leas	se of facilities, equipment, or other assets from other organization(s)		1j		No
<b>k</b> Perf	ormance of services or membership or fundraising solicitations for other organization(s)		1k	Yes	
l Perfo	ormance of services or membership or fundraising solicitations by other organization(s)		11	Yes	
<b>m</b> Shai	ring of facilities, equipment, mailing lists, or other assets		1m	Yes	
<b>n</b> Sha	ring of paid employees		1n	Yes	
o Reir	nbursement paid to other organization for expenses		10	Yes	$\vdash$
<b>p</b> Rein	nbursement paid by other organization for expenses		1р	Yes	
<b>q</b> 0 th	er transfer of cash or property to other organization(s)		1q	Yes	
r Othe	er transfer of cash or property from other organization(s)		1r	Yes	
<b>2</b> If the	e answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship:	s and transaction thres	holds		
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	Amou	(c) nt involv	ed
	itional Data Table				
(2)					
(3)					
(4)			+		
(5)					
(6)		1			

## 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(state or foreign   partners		section assets 501(c)(3) organizations?		rtionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	( <b>h</b> Gene mana part	nag ing tner?
			Yes	No		Yes	No		Yes	No
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Software ID: **Software Version:** 

**EIN:** 94-1156365

Name: STANFORD UNIVERSITY BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

Form 990, Schedule R, Part I - Identification of Disregarded Entities									
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	<b>(e)</b> End-of-year assets (\$)	<b>(f)</b> Direct Controlling Entity				
CARDINAL ARROWPOINT LLC C/O STANFORD MGT CO 2770 SAND HIL MENLO PARK, CA 94025 91-2035195	INVESTMENT	DE	-1,828	0	NA				
CARDINAL CENTREPOINT LLC C/O STANFORD MGT CO 2770 SAND HIL MENLO PARK, CA 94025	INVESTMENT	тх	0	0	NA				
CARDINAL NEWBURY GP LLC C/O STANFORD MGT CO 2770 SAND HIL MENLO PARK, CA 94025	INVESTMENT	DE	25	3,094	N A				
CARDINAL NEWBURY LP LLC C/O STANFORD MGT CO 2770 SAND HIL MENLO PARK, CA 94025	INVESTMENT	DE	140,697	17,275,993	N A				
CARDINAL REGENT GP LLC C/O STANFORD MGT CO 2770 SAND HIL MENLO PARK, CA 94025 91-2116646	INVESTMENT	тх	0	0	NA				
CARDINAL REGENT LP LLC C/O STANFORD MGT CO 2770 SAND HIL MENLO PARK, CA 94025 91-2116398	INVESTMENT	DE	1,515,456	33,188	NA				
FAIRFIELD NORTH SEA ENERGY LLC C/O STANFORD MGT CO 2770 SAND HIL MENLO PARK, CA 94025	INVESTMENT	DE	-4,105,833	34,514,086	N A				
SAND HILL INVESTMENTS GP LLC C/O STANFORD MGT CO 2770 SAND HIL MENLO PARK, CA 94025 41-2262027	INVESTMENT	DE	0	0	N A				
SMC DE LLC C/O STANFORD MGT CO 2770 SAND HIL MENLO PARK, CA 94025	INVESTMENT	DE	133,207	8,139,420	N A				
SAND HILL INVESTMENTS LP C/O STANFORD MGT CO 2770 SAND HIL MENLO PARK, CA 94025 35-1557441	INVESTMENT	DE	124,615	23,197,835	N A				
ALTIRA TECHNOLOGY FUND IV DIRECT INVEST C/O STANFORD MGT CO2770 Sand Hill Menlo Park, CA 94025	Investments	DE	-132,191	17,502,711	N A				
CYPRESS MARINA PARTNERS LLC C/O STANFORD MGT CO2770 Sand Hill MENLO PARK, CA 94025 95-4890334	REAL ESTATE	CA	-609,298	76,663,621	NA				
OTL LLC 3145 PORTER DRIVE PALO ALTO, CA 94304 94-1156365	TECHNOLO GY	CA	0	42,498	N A				
SU ACQUISITION LLC 3145 PORTER DRIVE PALO ALTO, CA 94304 94-1156365	REAL ESTATE	DE	577,134	2,000,000	N A				
SAA SIERRA PROGRAMS LLC 3145 PORTER DRIVE PALO ALTO, CA 94304 94-1156365	ALUM RELATION	СА	5,451,916	8,686,256	N A				
ANTS AT WORK LLC 3145 PORTER DRIVE PALO ALTO, CA 94304 94-1156365	research	NM	0	55,000	N A				
SHR HOTEL LLC 3145 PORTER DRIVE PALO ALTO, CA 94304 41-2277925	REAL ESTATE	CA	28,183,400	144,211,461	NA				
SPECIALTY EVENTS LLC 3145 PORTER DRIVE PALO ALTO, CA 94304 27-3665473	GEN BUS OPS	CA	0	0	NA				
JPS NO 2 LLC 3145 PORTER DRIVE PALO ALTO, CA 94304 94-1347393	REAL ESTATE	со	0	0	NA				

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity
STANFORD HOSPITAL AND CLINICS  300 PASTEUR DRIVE MC 5555 STANFORD, CA94304 94-6174066	HEALTHCARE	CA	501(c) (3)	3	NA
LUCILE SALTER PACKARD CHILDRENS HOSPITAL  725 WELCH ROAD MC 5553 PALO ALTO, CA94304 77-0003859	HEALTHCARE	CA	501(c) (3)	3	NA
THE FREIDENRICH SUPPORT FOUNDATION  3145 PORT DRIVE PALO ALTO, CA94304 30-0519583	EDUCATIONAL	СА	501(c) (3)	11, TYPE 1	N A
PACIFIC-10 CONFERENCE  1350 TREAT BOULEVARD WALNUT CREEK, CA94597 94-1459048	EDUCATIONAL	CA	501(c) (3)	11, TYPE 1	NA
SHR HOLDINGS INC  3145 PORTER DRIVE PALO ALTO, CA94304 94-3187167	REAL ESTATE	СА	501(c) (25)	N/A	N A
STANFORD Univ TRUST POST RETEMPYNT BEN  3145 PORTER DRIVE PALO ALTO, CA94304 94-3246199	BENEFITS	СА	501(C) (9)	N/A	NA

# Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

Form 990, Schedule K,				·			
(a) Name, address, and EIN of related organization	<b>(b)</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 (\$)	( <b>g)</b> Share of end-of-year assets (\$)	(h) Percentage ownership
MARINER VOYAGER INTERNATIONAL LTD C/O STUARTS CORP SVCS PO BOX 2510 GEORGE TOWN CJ	INVESTMENTS	CJ	NA	C CORP	-566,400	25,159,849	60 714 %
NWQ CONCENTRATED FUND LTD WALKER HOUSE 87 MARY STREET GEORGE TOWN KY1- 9002 CJ 68-0661555	INVESTMENTS	CJ	N A	C CORP	-16,563,363	96,785,781	100 000 %
STANFORD SGGS EUROPE INC UGLAND HOUSE S CHURCH ST PO BOX 309GT, GEORGE TOWN CJ 13-1684331	INVESTMENTS	CJ	NA	C CORP	120,281	33,190,169	100 000
BLACK RIVER EMEA INVESTORS FUND LTD UGLAND HOUSE S CHURCH ST GEORGE TOWN CJ 98-0428006	INVESTMENTS	C]	N A	C CORP	-8,210,295	121,258,961	67 938 %
EAST SAIL C/O INTL FS INC IFS COURT TWENTYEIGHT, CYBERCITY, EBENE MP	INVESTMENTS	M P	NA	C CORP	24,519,264	103,038,955	100 000
GAVEA INVESTMENT FUND II-C LP PO BOX 896GT HARBOUR CENTRE GEORGE TOWN CJ 98-0537952	INVESTMENTS	CJ	N A	C CORP	70,296,878	111,369,815	53 190 %
JER ALBERTA LP C/O JE ROBERT COS 1650 TYSON BLVD MCLEAN, VA22102 98-0423557	INVESTMENTS	CA	N A	C CORP	-4,459,839	11,797,865	100 000
JER ALBERTA III LP c/o JE ROBERT COS 1650 TYSON BLVD MCLEAN, VA22102 98-0493425	INVESTMENTS	CA	N A	C CORP	-4,422,281	2,836,492	100 000
NORTH WEST CAMPUS MIDPOINT 3145 PORTER DRIVE PALO ALTO, CA94304 20-1627958	REAL ESTATE	CA	N A	C CORP	129,319	96,208	100 000 %
MIDPOINT TECHNOLOGY PARK 3145 PORTER DRIVE PALO ALTO, CA94304 94-3287254	REAL ESTATE	CA	N A	C CORP	394,647	287,539	100 000
STANFORD HEALTH AFFILIATES 3145 PORTER DRIVE PALO ALTO, CA94304 77-0284664	INACTIVE	CA	N A	C CORP	0	0	100 000 %
MARBLETON PROPERTY FUND (ALBERTA) LP C/O JE ROBERT COMPANIES 1650 TYS MCLEAN, VA22102 98-0531893	Real Estate Inv	CA	NA	C CORP	-327,347	1,383,095	68 888 %

	990, Schedule R, Part V - Transactions With Related Organizations  (a)  Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)
(1)	ARCOLA LP	В	12,057,405
(1)	ARCOLA LP	R	742,994
(2)	ATWATER 12 LP	В	93,300
(3)	ATWATER 12 LP	R	1,244,000
(4)	AVENUE ASIA CAPITAL PARTNERS LP	R	15,659,375
(5)	BLACK RIVER EMEA INVESTORS FUND LTD	R	35,000,000
(6)	BROWN BARK I LP	R	1,979,941
(7)	BROWN BARK II LP	R	1,485,001
(8)	BROWN BARK III LP	В	849,823
(9)	BROWN BARK III LP	R	6,527,402
(10)	DEK PORTFOLIO LLC	В	293,168
(11)	EAST SAIL	В	4,651,684
(12)	EAST SAIL	R	32,000,000
(13)	GAVEA INVESTMENT FUND II-C LP	R	45,000,000
(14)	JER REAL ESTATE QUALIFIED PARTNERS EUROPE LP	R	968,029
(15)	JER ALBERTA LP	В	5,606,423
(16)	JER ALBERTA III LP	В	5,874,375
(17)	JER ALBERTA III LP	R	28,749
(18)	KEB INVESTORS II LP	R	3,013,378
(19)	LINCOLN COMMERCE PARK II LTD	В	121,786
(20)	LINCOLN COMMERCE PARK II LTD	R	1,212,000
(21)	MARBLETON PROPERTY FUND (ALBERTA) LP	В	1,610,116
(22)	MARINER VOYAGER FUND INTERNATIONAL LTD	R	17,057,440
(23)	NWQ CONCENTRATED FUND LTD	R	70,000,000
(24)	PARMENTER REALTY FUND II LP	В	160,168
(25)	PARMENTER REALTY FUND II LP	R	262,623
(26)	REGENT OFFICE CENTER LP	R	6,358,000
(27)	SANDPIPER FUND LP	В	9,000,000
(28)	SIC PARTNERS LLC	В	4,975,041
(29)	SIC PARTNERS LLC	R	156,920

# Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)
(31)	SKY HARBOR ASSOCIATES LP	В	335,424
(1)	SNO WCREEK VI PARTNERS LLC	R	1,712,181
(2)	STANFORD HOSPITAL AND CLINIC	R	311,977,325
(3)	STANFORD HOSPITAL AND CLINIC	В	2,789,117
(4)	STANFORD HOSPITAL AND CLINIC	С	7,956,320
(5)	STANFORD SGGS EUROPE INC	В	2,805,156
(6)	STANFORD SGGS EUROPE INC	R	1,497,432
(7)	STERLING STAMOS REAL ASSETS FUND (A) LP	В	968,753
(8)	STERLING STAMOS REAL ASSETS FUND (A) LP	R	501,745
(9)	TC ARROWPOINT LP	R	16,118
(10)	LUCILE SALTER PACKARD CHILDRENS HOSPITAL	R	124,969,823
(11)	LUCILE SALTER PACKARD CHILDRENS HOSPITAL	С	5,528,581
(12)	LUCILE SALTER PACKARD CHILDRENS HOSPITAL	В	429,682
(13)	LUCILE SALTER PACKARD CHILDRENS HOSPITAL	С	4,186,773
(14)	LUCILE SALTER PACKARD CHILDRENS HOSPITAL	С	58,213,012

Software ID: Software Version:

**EIN:** 94-1156365

Name: STANFORD UNIVERSITY BOARD OF TRUSTEES

OF THE LELAND STANFORD JUNIOR UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other compensation					
	per week	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
John Hennessy president/trustee	50 0	Х		Х				670,776	0	314,793	
William M Barnum JR trustee	2 0	Х						0	0	0	
Robert M Bass trustee	2 0	Х						0	0	0	
Mariann Byerwalter trustee	2 0	Х						0	0	0	
James e Canales trustee	2 0	Х						0	0	0	
James g Coulter trustee	2 0	Х						0	0	0	
Mary b Cranston trustee	2 0	Х						0	0	0	
Lauren b Dachs trustee	2 0	Х						0	0	0	
steven a denning trustee	2 0	Х						0	0	0	
bruce w dunlevie trustee	2 0	Х						0	0	0	
yıng-yıng goh trustee	2 0	Х						0	0	0	
john a gunn trustee	2 0	Х						0	0	0	
pete higgins trustee	2 0	Х						0	0	0	
leslie p hume trustee	2 0	Х						0	0	0	
ann h lamont trustee	2 0	Х						0	0	0	
goodwin liu trustee	2 0	Х						0	0	0	
hamıd r moghadam trustee	2 0	Х						0	0	0	
wendy munger trustee	2 0	Х						0	0	0	
miriam rivera trustee 	2 0	Х						0	0	0	
richard a sapp trustee	2 0	Х						0	0	0	
philip g satre trustee	2 0	Х						0	0	0	
john h scully trustee	2 0	Х						0	0	0	
isaac stein trustee	2 0	Х						0	0	0	
thomas f steyer trustee	2 0	Х						0	0	0	
ross h walker trustee	2 0	Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors  (A) (B) (C) (D) (E) (F)											
Name and Title	A verage hours	Posi t		(che	)			Reportable compensation	Reportable compensation	Estimated amount of other	
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
vaughn c williams trustee	2 0	×						0	0	0	
jerry yang trustee	2 0	Х						0	0	0	
William R Brody Trustee	2 0	Х						0	0	0	
Christine U Hazy Trustee	2 0	Х						0	0	0	
Susan R McCaw Trustee	2 0	Х						0	0	0	
RONALD P SPOGLI TRUSTEE	2 0	Х						0	0	0	
KAVITARK RAM SHRIRAM trustee	2 0	Х						0	0	0	
john etchemendy provost	50 0			х				469,511	0	274,483	
randall livingston vp bus aff/cfo	50 0			х				474,808	0	107,708	
martın shell vp development	50 0			х				405,398	0	130,744	
debra zumwalt vp general counsel	50 0			х				489,394	0	179,976	
robert c reidy vp real estate	50 0			х				605,664	0	201,447	
david demarest vp public affairs	50 0			х				320,581	0	101,257	
howard wolf pres Of stanford alum Assoc	50 0			х				330,380	0	72,611	
william madia VP SLAC NAL	25 0			х				237,354	0	13,858	
Diane Peck VP Human Resources	50 0			х				311,530	0	42,274	
John Powers President, Stanford Mgmt Co	50 0				х			1,122,583	0	272,606	
Philip A Pizzo Dean, School of Medicine	50 0				х			601,770	0	254,115	
Richard Saller Dean, School of Hum & Sciences	50 0				х			490,922	0	26,406	
Frank Hanley CHIEF, PED CARdIOTHORACIC	50 0					х		1,467,301	0	243,949	
Gary Steinberg CHAIR, NEUROSURGERY	50 0					х		1,194,466	0	43,059	
Thomas M Krummel CHAIR, Surgery	50 0					х		975,237	0	60,379	
Michael Edwards CHIEF, Ped neuro Surgery	50 0					х		945,074	0	44,912	
JOHN A FEREJOHN PROFESSOR IN POLITICAL SCIENCE	50 0					х		973,280	0	34,020	
Vadılaya M Reddy PROF CARDIOTHORACIC SURGERY	50 0						х	816,989	0	43,539	

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Edward E Manche Professor of O pthalmology	50 0						х	581,572	0	50,801
John B Ford SENIOR VP University Resources	50 0						х	525,316	0	9,967
Amın A Mılkı Prof, Obstetrics & Gynecology	50 0						х	573,498	0	50,234

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
STUDENT INCOME	900,099	657,714,588	657,714,588		
NONGOVERNMENT RESEARCH	900,099	187,504,732	187,504,732		
PATIENT CARE	900,099	454,191,839	454,191,839		
SPECIAL PRO GRAMS	900,099	337,070,631	337,070,631		
DRIVING RANGE	713,910	517,784		517,784	

# Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
EQUIPMENT RENTAL & MAINTENANCE	4,444,999	3,728,439	580,974	135,586
PRINTING & PUBLICATION	10,551,863	8,337,751	1,224,676	989,436
SLAC NON-SALARY EXPENSE	175,819,173	175,757,682	61,491	
RESEARCH SUBAWARDS	54,367,858	54,367,858		
EMPLOYEE RELATED EXPENSES	36,925,666	29,534,252	3,757,653	3,633,761