Exempt Organization Declaration and Signature for Electronic Filing For calendar year 2015, or tax year beginning ____09/01 , 2015, and ending ____08/31 , 20 16 For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Form **8453-EO** (2015)

Department of the Trea Internal Revenue Service	sury	11115 990, 990-E2, 990-F1, 1120-	OL, and ooo		
Name of exempt org				Employer iden	tification number
THE BOARD	OF TRUSTEES OF THE LE	LAND STAN		94-115	6365
	e of Return and Return Informati				
check the box of leave line 1b, 2 applicable line be 1a Form 990 of 2a Form 1120	EZ check here ► b Total re -POL check here ► b Tot b Total re b Total re b Total re check here ► b Tax base	d the amount on that line of the ble, blank (do not enter -0-). If yo	return being filed ou entered -0- on lumn (A), line 12). 9)	d with this f the return, f 1b _ 2b _ 3b _ e 5) 4b _	orm was blank, then
Part II Dec	claration of Officer		<u></u>		
withdra organiz I must date. I informa	prize the U.S. Treasury and its designary ation's federal taxes owed on this return contact the U.S. Treasury Financial Age also authorize the financial institutions ation necessary to answer inquiries and rescopy of this return is being filed with a st	al institution account indicated in	the tax preparatebit the entry to to the control of	tion software his account. prior to the nt of taxes	e for payment of the To revoke a payment, e payment (settlement) to receive confidential
execute PF (as s	ed the electronic disclosure consent con specifically identified in Part I above) to the	tained within this return allowing of selected state agency(ies).	disclosure by the I	RS of this F	orm 990/990-EZ/990-
organization's 20 correct, and conreturn. I consent to the IRS and	of perjury, I declare that I am an of 15 electronic return and accompanying aplete. I further declare that the amount to allow my intermediate service provito receive from the IRS (a) an acknowing the return or refund, and (c) the date of a	schedules and statements, and to nt in Part I above is the amount ider, transmitter, or electronic retu- edgement of receipt or reason for	the best of my kr shown on the co n originator (ERO)	nowledge and py of the oi to send the	rganization's electronic e organization's return
Sign Here	h. Suzanne Calani nature of officer	dia 7-12-2017 Date	SAVP FOI	R FINAN	CE
Part III Dec	claration of Electronic Return Orig	inator (ERO) and Paid Prepai	er (see instructi	ons)	
my knowledge. I on the return. I information to be IRS <i>e-file</i> Provide organization's re	have reviewed the above organization's f I am only a collector, I am not respon the organization officer will have signed a filed with the IRS, and have followed ers for Business Returns. If I am also the turn and accompanying schedules and aid Preparer declaration is based on all informations.	sible for reviewing the return and of this form before I submit the re all other requirements in Pub. 416 the Paid Preparer, under penalties statements, and to the best of m	nly declare that th turn. I will give th 3, Modernized e-Fi of perjury I declare y knowledge and	is form accu le officer a (le (MeF) Info e that I have	rately reflects the data copy of all forms and armation for Authorized examined the above
ERO's ERO's	Put W. Fr	Date Check also pa	id self-		SSN or PTIN
LICO Signa	lure	prepar	er X employed		138748
Only yours	if self-employed),	ECOOPERS LLP REET, SUITE 1800 PHILAI	TELDHTA DA		267-330-3000
Under penalties o	ss, and ZIP code 2001 MARKET ST of perjury, I declare that I have examined the re true, correct, and complete. Declaration of	above return and accompanying sch	edules and stateme	nts, and to th	e best of my knowledge
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Paid	Time type property oriente	, , apara		self-employe	
Preparer	Firm's name		1	Firm's EIN	
Use Only	Firm's address			Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

PUBLIC INSPECTION COPY Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	he 201	5 calendar year, or tax year beg	inning	09/01,2015	i, and en	ding		08/3	1,2016	
_			C Name of organization THE BOARD OF T	RUSTEES OF THE LELA	AND STANFORD			D Employer ide	ntification	number	
В	Check if a	applicable	JUNIOR UNIVERSITY					94-115	6365		
			Doing business as STANFORD UI	NIVERSITY				1			
			Number and street (or P.O. box if mail is	s not delivered to street a	ddress)	Room/sui	te	E Telephone nu	mber		
	Initia	al return	3145 PORTER DRIVE					(650) 72	5 - 1732		
	Final	I return/		and ZIP or foreign postal	code			(000) 12		-	_
	Amer	nded		3 ,				G Gross receipt	s 5 7	0133974	7706
\vdash	Appli	lication		MARC TESSIE	ER-TAVIONE		_			7	-
	Control Cont										
_	Name of organization TILE SAUSE OF TRISTES OF THE LELANS SEMIFIED DEmployer identification number 94-115-63-65										
-) (Insert no.)	4947(a)(1)	or	527				
<u></u>				Ai-ti Ott-		1. 1/2			`		<u>C7</u>
^ B											ÇA
Г	_				··· CEANE	200 1111	TUEDCT	TV TC OND	OF 7	ODIDOR	
	1			_					OF A	SELECT	
nce											
rna											
ove	2								1 1		
		Numbe	er of voting members of the governing	g body (Part VI, line 1a)						
S	4	Numbe	er of independent voting members of	the governing body (F	Part VI, line 1b)				4		
Ě	5	Total n	number of individuals employed in cal	endar year 2015 (Part	V, line 2a)				5		
Ę	1		·	** * * * * * * *							
⋖	7a	Total u	inrelated business revenue from Part \	/III, column (C), line 13	2				7a	25,872,	697.
	b	Net un	related business taxable income from	Form 990-T, line 34	<u></u>				7b -	36,288,	411.
φ	8	Contrib	outions and grants (Part VIII, line 1h)				1,9	69,404,37	2. 2,5	86,183,	439.
enn								32,294,47	0. 2,4	67,896,	699.
ě	10	Investr	ment income (Part VIII, column (A), lin	es 3, 4, and 7d)			1,6	12,622,06	7. 1,7	83,116,	021.
	11	Other r	revenue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and	11e)		1	21,084,21	1 1	28,760,	418.
								35,405,12	0. 6,9	65,956,	577.
								30,681,53	0. 4	37,702,	989.
									0.		0.
S	146							48,707,99	9. 3,0	90,199,	894.
nse	16 a							731,99	7.	831,	080.
×	b	Total fu	undraising expenses (Part IX, column	(D), line 25) 10	1,837,474						
ш	17						1,7	70,805,78	9. 1,7	51,935,	294.
	18	Total e	xpenses. Add lines 13-17 (must equa	Part IX. column (A). I	ine 25)		5,0	50,927,31	5. 5,2	80,669,	257.
								84,477,80	5. 1.6	85,287,	320.
0.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0	I		,						_		
and	20	Total a	ssets (Part X. line 16)				3	621388245	6. 3	7767407	673.
Ass	21						•				
Set	22						•		_		
							• 1				
				nis return, including acco	ompanying schedu	iles and sta	atements, a	nd to the best of	my knowl	edge and be	lief. it is
tru	e, corre	ect, and c	omplete. Declaration of preparer (other tha	n officer) is based on all	information of whi	ch preparer	has any kn	owledge.			
			In Auranne (aland	1.0			7-1	7-70	17	
		s	Signature of officer				-	Date		1	
He	re	M	I. SUZANNE CALANDRA		SAVP FO	OR FINA	ANCE				
		-									
-		Print/T	ype preparer's name	Preparer's signature		Date		Check	: PTIN		
Paid	1	1			Fiz		/2017		"	1043874	8
Pre	parer	-		1							_
Use	Only							0			
May	the IF					- 110		Prione no. 2	07-330		Al -
_			Reduction Act Notice, see the separa						^	Yes Form 990	No (2015)

Electronic Filing Page 1 of 1

Cumulative e-File History 2015											
	Federal										
Locator: 6558EF											
Taxpayer Name:	THE BOARD OF TRUSTEES OF THE LELAND STANFORD										
Return Type:	990, 990 & 990T (Corp)										
Submitted Date:	07/14/2017 16:22:44										
Acknowledgement Date:	07/14/2017 16:56:13										
Status:	Accepted										
Submission ID:	04363820171955000037										

PUBLIC INSPECTION COPY

Form 8868 (I		IINOFI	ECTION COPT		Page 2
	re filing for an Additional (Not Automatic) 3-M	onth Evten	sion complete only Part	II and check this boy	
-	complete Part II if you have already been gra				
-	re filing for an Automatic 3-Month Extension , o			if off a previously filed Forth 860	ю.
Part II	Additional (Not Automatic) 3-Month Ex			ginal (no conies needed)	
rait II	Additional (Not Adtomatic) 3-Month L	ALCHSION C	•	· · · · · · · · · · · · · · · · · · ·	
	Name of exempt organization or other filer, see in	etructions		Enter filer's identifying number, se Employer identification number (
T.,,,,,	THE BOARD OF TRUSTEES OF THE		CENTEODD	Employer racinameater named (,2() 01
Type or	JUNIOR UNIVERSITY	пепаир ,	STANFORD	94-1156365	
print	Number, street, and room or suite no. If a P.O. bo	y see instru	rtions	Social security number (SSN)	
File by the		ix, acc instru	otions.	Coolar security Hamber (CON)	
due date for filing your	3145 PORTER DRIVE City, town or post office, state, and ZIP code. For	a foreign ad	dress see instructions		
return. See		a foreign au	dices, see ilistractions.		
instructions.	PALO ALTO, CA 94304	io for /filo e	a concrete application for a	a ab ratura)	0.11
	Return code for the return that this application	1		each return)	
Application	on	Return	Application		Return
Is For		Code	Is For		Code
	or Form 990-EZ	01			
Form 990		02	Form 1041-A		08
	20 (individual)	03	Form 4720 (other than i	ndividual)	09
Form 990		04	Form 5227		10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	0-T (trust other than above)	06	Form 8870		12
	not complete Part II if you were not already			nsion on a previously filed Fo	rm 8868.
The boo	oks are in the care of ▶ CHRISTOPHER CANI	ELLOS VE. PALC	ALTO, CA 94304		
Telepho	one No. ▶ <u>650 725-1732</u>		Fax No. ►		
	rganization does not have an office or place of				▶ 🔲
If this is	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (GE	EN) If t	his is
for the wh	ole group, check this box	f it is for pa	art of the group, check this	box ▶ 🔛 and a	ttach a
list with the	e names and EINs of all members the extension	n is for.			
4 I requ	uest an additional 3-month extension of time u	ntil		07/15_, 20 _17	
5 For c	calendar year, or other tax year beginni	ing	09/01,20 <u>15</u> ,a	nd ending 08/31	, 20 <u>16</u> .
6 If the	e tax year entered in line 5 is for less than 12 m	onths, ched	ck reason: Initial r	eturn Final return	
	Change in accounting period				
7 State	e in detail why you need the extension ADDIT	CIONAL T	IME IS NEEDED TO E	FILE AND COMPLETE	
	AN ACCURATE RETURN.				
8a If this	s application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the ter	ntative tax, less any	
nonre	efundable credits. See instructions.			8a \$	0.
b If th	is application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any refu		
	nated tax payments made. Include any pri				
	unt paid previously with Form 8868.	•	, ,	8b \$	0.
	nce Due. Subtract line 8b from line 8a. Include	vour paym	ent with this form, if reau		
	ctronic Federal Tax Payment System). See instru		, , , , , , , , , , , , , , , , , , , ,	8c \$	0.
	Signature and Verifica		st be completed for I		
	alties of perjury, I declare that I have examined the	his form, in	cluding accompanying sche		e best of my
knowledge	and belief, it is true, correct, and complete, and that I	am authoriz	red to prepare this form. Tax Direct	tor	
	an Corace		Pricewaterhous		2017
Signature >	WIC WINDOW		Title Title	seCoopers, LLP Date Date	2017

Form **8868** (Rev. 1-2014)

Form 990 (2015) Page 2

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	STANFORD UNIVERSITY IS ONE OF A SELECT GROUP OF AMERICAN UNIVERSITIES
	THAT HAVE ACHIEVED EMINENCE IN BOTH UNDERGRADUATE AND GRADUATE
	EDUCATION AND RESEARCH - CONT'D SCH O.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$_1,733,099,873. including grants of \$37,122,641) (Revenue \$796,379,375)
	INSTRUCTION AND DEPARTMENTAL RESEARCH - SEE SCH O.
4b	(Code:) (Expenses $\$_{1,092,696,187.}$ including grants of $\$_{22,929,138.}$) (Revenue $\$_{188,531,727.}$)
	ORGANIZED RESEARCH - REVENUE AMOUNT REPORTED ON LINE 4B DOES NOT
	INCLUDE \$1,138,757,496 IN GOVERNMENT RESEARCH SUPPORT - SEE SCH O.
	(Code:) (Expenses $\$_{1,019,270,072.}$ including grants of $\$_{657,934.}$) (Revenue $\$_{1,080,597,464.}$)
	UNIVERSITY AUXILIARY ACTIVITIES - SEE SCH O.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 827,159,821. including grants of \$ 376,993,276.) (Revenue \$ 402,388,133.)
4e	Total program service expenses ► 4,672,225,953.

JSA 5E1020 1.000 6558EF 7377 Form **990** (2015) V 15-7.18

Form 990 (2015) Page **3**

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	X	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		3.7	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			3.5
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	3.7	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	^	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	420		Х
h	Schedule D, Parts XI and XII	12a		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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 (see instructions)	17	Х	
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	Х	
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		Х
	<u> </u>			

Form 990 (2015) Page **4**

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		3.7	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		3.7	
	employees? If "Yes," complete Schedule J	23	X	
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 lines 24b	24-	Х	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		Х
الم	to defease any tax-exempt bonds?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		- 21
b	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Х	
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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	1 1		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
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	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		-	
• •	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		3,	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
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,	,		v
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	
	19? Note. All Form 990 filers are required to complete Schedule O.	JU	21	

Form 990 (2015)
Part V Statements Regarding Other IPS Fillings and Tax Compliance

Par	- · · · · · · · · · · · · · · · · · · ·			X
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. A
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_ u	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 37,025			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
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			
	account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	UD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII line 12			
	initiation root and supriar contributions moraded on rare vin, into 12 1111111111111111111111111111111111			
р 11	Cross recorpts, included on Form 550, Fart Vin, into 12, 161 public dec of olds facilities.			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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THE BOARD OF TRUSTEES OF THE LELAND STANFORD Form 990 (2015) 94-1156365 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 37 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 33 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?...... Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х 13 Χ 13 Χ 14 14 Did the organization have a written document retention and destruction policy?........... 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? 15a Х 15b X If "Yes" to line 15a or 15b, 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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ <u>CA, NY, OK</u>

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

| X | Own website | | Another's website | X | Upon request | Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► CHRISTOPHER CANELLOS 3145 PORTER DRIVE, PALO ALTO, CA 94304 650-725-1732

Form **990** (2015)

16a

Χ

6558EF 7377

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	∺ ≒	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)JOHN_HENNESSY_ PRESIDENT/TRUSTEE	50.00	X		Х				983,094.	0.	492,739.
(2)FRED W. ALVAREZ TRUSTEE	2.00	Х						0.	0.	0.
(3)MARY T. BARRA	2.00	Λ						0.	0.	<u> </u>
TRUSTEE, APPOINTED 9/1/15	0.	X						0.	0.	0.
(4)ROBERT M. BASS	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(5)BROOK H. BYERS	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(6)JAMES E. CANALES	2.00									
TRUSTEE, THROUGH 1/31/16	0.	X						0.	0.	0.
_(7)BRET_ECOMOLLI	2.00								_	_
TRUSTEE	2.00	X						0.	0.	0.
_(8)ROANN_COSTIN	2.00									
TRUSTEE	0.	X						0.	0.	0.
(9)JAMES G. COULTER	2.00	,								
TRUSTEE	2.00	X						0.	0.	0.
(10)DIPANJAN DJ DEB TRUSTEE, APPOINTED 9/1/15	0.	X						0.	0.	0.
(11)STEVEN A. DENNING	2.00	Λ						0.	0.	<u> </u>
TRUSTEE	0.	Х						0.	0.	0.
(12)BRUCE W. DUNLEVIE	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(13)ANGELA S. FILO	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(14)SAKURAKO D. FISHER	2.00									
TRUSTEE, APPOINTED 10/1/15	0.	X						0.	0.	0.

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Form 990 (2015) Page

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) BRADLEY A. GEIER TRUSTEE, APPOINTED 9/1/15	2.00	X						0.	0.	0.
16) JOHN A. GUNN TRUSTEE	2.00	Х						0.	0.	0.
17) GAIL B. HARRIS TRUSTEE	2.00	X						0.	0.	0.
18) CHRISTINE U. HAZY TRUSTEE	2.00	Х						0.	0.	0.
19) RONALD B. JOHNSON TRUSTEE	2.00	Х						0.	0.	0.
20) LATONIA G. KARR TRUSTEE	2.00	Х						0.	0.	0.
21) BERNARD LIAUTAUD TRUSTEE	2.00	X						0.	0.	0.
22) CHRISTY O. MACLEAR TRUSTEE, APPOINTED 9/1/15	2.00	X						0.	0.	0.
23) SUSAN R. MCCAW TRUSTEE	2.00	X						0.	0.	0.
24) LLOYD M. METZ TRUSTEE	2.00	X						0.	0.	0.
25) HAMID R. MOGHADAM TRUSTEE	2.00	X						0.	0.	0.
1b Sub-total	0.	21						983,094.	0.	492,739.
c Total from continuation sheets to Part VII, S	ection A		• • •		• •			24,819,644.	0.	2,425,318.
d Total (add lines 1b and 1c)	_						•	25,802,738.	0.	2,918,057.
Total number of individuals (including but not reportable compensation from the organization)		hose 6450		d al	OOV	e) who	o re	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations groups	sum of repeater than	ortab \$15	ole c 50,0	om 00?	pen <i>If</i>	satior "Yes	n ar	nd other compens	sation from the le J for such	4 X
 individual 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y 	accrue co	mpen	sati	on f	ron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors	zs, comple	1 0 301	ieul	iie J	101	Sucii	ρer	SUII		J A
Complete this table for your five highest com	nensated i	ndene	nde	nt (con	tracto	rs t	hat received more	than \$100 000 o	ıf

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 737

Part VII Section A. Officers, Directors (A)	(B)			(C				(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posineck rass per d a di	tion more	e than or/trust highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimat amount other compens from th organiza and rela organizat	t of ation ne ition tted
			ě			ated					
26) KENNETH E. OLIVIER	2.00										
TRUSTEE	0.	X						0.	0.		0
27) RUTH M. PORAT	2.00										_
TRUSTEE	0.	X						0.	0.		0
28) LAURENE POWELL JOBS	2.00										0
TRUSTEE	0.	X						0.	0.		0
29) JEFFREY S. RAIKES	2.00	37						0			0
TRUSTEE	2.00	X						0.	0.		0
30) MINDY B. ROGERS TRUSTEE	3.00	v						0.	0.		0
31) VICTORIA B. ROGERS	2.00	X						0.	0.		
TRUSTEE	0.	Х						0.	0.		0
32) KAVITARK RAM SHRIRAM	2.00	Λ						0.	0.		
TRUSTEE	0.	Х						0.	0.		0
33) RONALD P. SPOGLI	2.00	Λ						0.	0.		
TRUSTEE	0.	Х						0.	0.		0
34) SRINIJA SRINIVASAN	2.00							· ·	0.		
TRUSTEE	0.	Х						0.	0.		0
35) ISAAC STEIN	2.00										
TRUSTEE	.50	Х						0.	0.		0
36) THOMAS F. STEYER	2.00										
TRUSTEE	0.	Х						0.	0.		0
1b Sub-total	'										
c Total from continuation sheets to Part	VII, Section A						>				
d Total (add lines 1b and 1c)							>				
2 Total number of individuals (including but				d ab	ove	e) who	o re	eceived more than	\$100,000 of		
reportable compensation from the organi	zation 🚩	6450)								
										Ye	s No
3 Did the organization list any former employee on line 1a? If "Yes," complete S										3 X	
4 For any individual listed on line 1a, is organization and related organizations individual	s greater than	\$15	0,0	00?	lf	"Yes	S,"	complete Schedu	le J for such	4 X	
5 Did any person listed on line 1a receive for services rendered to the organization?	e or accrue co	mpen	satio	on f	ron	n any	un	related organization	on or individual	5	Х
Section B. Independent Contractors	ros, comple	001	iouu	11 U	101	Juuii	ρσι	oon		_ J _ J	
Complete this table for your five highest compensation from the organization. Rep											

year.

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

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

Form 990 (2015) Page

	(A)		ĺ				una i	9.	_	ed Employees (co		·		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s pe	ition more	e than or is both a or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	(F) stimated nount of other spensation om the anization d related anization	f on on d	
		·	rustee	l trustee		'ee	npensated							
37)	GENE SYKES	2.00											•	
201	TRUSTEE	0.	X						0.	0.			0 .	
38	VAUGHN C. WILLIAMS TRUSTEE	2.00 3.00	X						0.	0.			0 .	
39)	JERRY YANG TRUSTEE, THROUGH 9/30/15	2.00	X						0.	0.			0.	
40)	JOHN ETCHEMENDY	50.00												
	PROVOST	0.			Χ				676,084.	0.	1	.88,8	365.	
41)	RANDALL LIVINGSTON	50.00												
	VP BUS AFFAIRS/CFO	0.			X				594,233.	0.	1	.98,7	<u>775.</u>	
42)	MARTIN SHELL	50.00			3.7				1 142 014			0.6	110	
42.	VP DEVELOPMENT	50.00			X				1,143,914.	0.		96,4	46.	
43	DEBRA ZUMWALT VP GENERAL COUNSEL	0.			Х				627,374.	0.	,	265,3	206	
44)	ROBERT C. REIDY	50.00							027,374.	0.		.05,	,00.	
==:	VP LAND, BUILDINGS & REAL EST	0.			Х				729,999.	0.	2	277,3	353.	
45)	DAVID DEMAREST	50.00							,					
	VP PUBLIC AFFAIRS	0.			Х				439,875.	0.		65,2	265.	
46)	HOWARD WOLF	50.00												
	PRES. OF STANFORD ALUM. ASSOC.	0.			Χ				414,319.	0.		60,5	534.	
47)	WILLIAM MADIA	38.00												
	VP SLAC NAL	0.			Χ				510,113.	0.		27,7	772.	
d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not						-) who	▶ ▶	ceived more than	\$100,000 of				
_	reportable compensation from the organization		6450						COVCO MOTO MAIN	Ψ100,000 OI				
3	Did the organization list any former offic											Yes	No	
4	employee on line 1a? <i>If "Yes," complete Schedi</i> For any individual listed on line 1a, is the organization and related organizations greaters.	sum of rep	ortab	le c	om	per	sation	n ar	nd other compens	sation from the	3	Λ		
	individual										4	Х		
5	Did any person listed on line 1a receive or										-			

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

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

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

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	yee	es,	and I	lig	hest Compensat	ed Employees (d	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	erage Position (do not check more than one box, unless person is both an			an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
48) ELIZABETH ZACHARIAS VP FOR HR, APPOINTED 10/19/15	50.00			х				162,373.	0.	5,101.
49) ROBERT F. WALLACE CEO, SMC, APPOINTED 7/1/15	50.00				X			480,046.	0.	38,851.
50) LLOYD B. MINOR DEAN, SCHOOL OF MEDICINE	50.00				X			1,716,675.	0.	38,851.
51) JOHN POWERS PRESIDENT, SMC, THROUGH 5/1/15	50.00				X			3,639,039.	0.	52,779.
52) GARY STEINBERG CHAIR, NEUROSURGERY	50.00				- 21	Х		1,417,919.	0.	46,202
53) YIPING WOO PROF. & CHAIR, CARDIO SURGERY	50.00					Х		1,868,251.	0.	54,834
54) DAVID SHAW DIRECTOR OF FOOTBALL	50.00					Х		5,112,814.	0.	567,627
55) FRANK HANLEY CHIEF, PED CARDIOTHORACIC	50.00					Х		1,887,989.	0.	53,419
56) TARA VANDERVEER HEAD COACH WOMEN'S BASKETBALL	50.00					X		1,997,993.	0.	281,615
57) DAVID JONES VP HR, THROUGH 7/10/15	0.						Х	194,518.	0.	33,477
58) PHILIP A. PIZZO PROF & FORMER DEAN, SCH OF MED	50.00						Х	615,816.	0.	33,145
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A					 	* * *			
Total number of individuals (including but not reportable compensation from the organization)		hose 6450		d at	ove	e) who	o re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio	on f	ron	any	un	related organization	on or individual	5 X

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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VII Section A. Officers, Directors, Tru	istons Ko	w En	nlo			and I	Jia	host Component	od Employoos (ontinu		Page 8
		#y ⊑11	ipio			anu i	ııgı	(D)		CONTINUE		
(A) Name and title	(B) Average hours per week (list any hours for	Average hours per ek (list any hours for ek)		Reportable compensation from related organizations	an com	(F) stimated nount of other pensation	f					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anization	b
59) RICHARD SALLER	50.00											
DEAN, SCHOOL OF HUM & SCIENCES	0.						Х	590,300.	0.		39,1	.01.
		-										
		-										
		-										
1b Sub-total							\blacktriangleright					
c Total from continuation sheets to Part VII, S	ection A						>					
d Total (add lines 1b and 1c)							<u> </u>		\$100,000 of			
2 Total number of individuals (including but not reportable compensation from the organizatio		6450		u ai	DOV	e) wn	оте	ceived more than	\$100,000 01			
			-								Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched						-		•	•	3	Х	
4 For any individual listed on line 1a, is the organization and related organizations groups	sum of rep	oortab	ole d	om	per	satio	n aı	nd other compen	sation from the			
individual										4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		X
Section B. Independent Contractors												
1 Complete this table for your five highest com- compensation from the organization. Report of year.												
your.							Т	(B)		(C)		

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

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

Part VIII Statement of Revenue

		Check if Schedule O co	ntains a respor	nse or note to ar	y line in this Part V	III		х х
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts tr	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	4.					
is, C	С	Fundraising events		1,688,107.				
ia i	d	Related organizations						
ns,	е	Government grants (contribut		1,138,757,496.				
er S	f	All other contributions, gifts,	, I I					
ĕξ		and similar amounts not included	l above . 1f	1,445,737,836.				
ng P	g	Noncash contributions included in	n lines 1a-1f: \$	168,093,035.				
	h	Total. Add lines 1a-1f		<u> ▶</u>	2,586,183,439.			
Program Service Revenue				Business Code				
eve	2a	STUDENT INCOME		900099	856,957,663.	856,957,663.		
ë R	b	GOVT.& NON GOVT.CONTRACT		900099	188,531,727.	188,531,727.		
ž	С	PATIENT CARE		900099	906,486,380.	906,486,380.		
Se	d	SPECIAL PROGRAMS		900099	515,076,892.	515,076,892.		
ram	е	DRIVING RANGE		713910	444,960.		444,960.	
go	f	All other program service reve			399,077.		399,077.	
	g	Total. Add lines 2a-2f			2,467,896,699.			I
	3	,	cluding divider					
	_	and other similar amounts).			215,886,676.		5,725,187.	210,161,489.
	5	Income from investment of t	•		321,627.			321,627.
	3	Royalties	(i) Real	(ii) Personal	4,031,541.			4,031,541.
	_		.,	(ii) i cisoriai				
	6a	Gross rents	162,576,618.					
	b	Less: rental expenses	39,719,088.					
	C	Rental income or (loss)	122,857,530.		100 055 520			100 055 520
	d 7a	Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other	122,857,530.			122,857,530.
	/ a	assets other than inventory 1		6,321,043.				
		,	4,892,230,100.	6,321,043.				
	b	Less: cost or other basis and sales expenses 1	2 225 121 717	6,521,708.				
		Gain or (loss)		-200,665.				
	c d	Net gain or (loss)			1,566,907,718.		19 303 473	1,547,604,245.
	8a	Gross income from fundra			1,300,301,110.		19,303,173.	1,31,,001,213.
nue	Oa	events (not including \$1,	-					
eve		of contributions reported on I						
<u>ہ</u> ج		See Part IV, line 18	,	78,496.				
Other Revenue	b	Less: direct expenses						
O	c	Net income or (loss) from ful			-612,148.			-612,148.
	9a	Gross income from gaming See Part IV, line 19	activities.					
	b	Less: direct expenses						
	C	Net income or (loss) from ga			0.			
	10a	Gross sales of inventor	-		9.1			
		returns and allowances	•	4,221,467.				
	b	Less: cost of goods sold						
	_ c	Net income or (loss) from sale	es of inventory	<u></u> ▶	2,483,495.			2,483,495.
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			0.			
	12	Total revenue. See instruction	ns.		6,965,956,577.	2,467,052,662.	25,872,697.	1,886,847,779.

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94-1156365

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a res				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,141,807.	·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	413,507,316.	413,507,316.		
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,053,866.	6,053,866.		
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	9,095,907.	3,183,567.	5,184,667.	727,673.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	549,226.	351,505.		197,721.
7	Other salaries and wages	2,453,741,130.	2,247,238,302.	151,707,224.	54,795,604.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	152,252,089.		19,750,829.	4,204,629.
9	Other employee benefits	340,023,442.		35,704,864.	8,871,394.
10	Payroll taxes	134,538,100.	113,231,698.	17,576,285.	3,730,117.
11	` ' ' '	0 740 130	2 502 262	164 555	212
	Management	2,748,139. 13,075,774.		164,557.	313.
	Legal	3,078,300.		2,842,669.	555.
	Accounting	65,250.		58,725.	
	Lobbying	831,080.	0,323.	30,723.	831,080.
	Professional fundraising services. See Part IV, line 17.	31,089,566.		31,089,566.	031,000.
	Investment management fees	31,000,300.		31,000,300.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	247,872,196.	198,857,642.	42,700,214.	6,314,340.
40	(A) amount, list line 11g expenses on Schedule O.)	4,855,588.	4,646,541.	100,709.	108,338.
	Advertising and promotion	255,666,526.	234,182,541.	14,117,691.	7,366,294.
	Office expenses	30,809,719.	17,428,597.	12,598,316.	782,806.
	Information technology	7,345,665.	4,076,818.	3,252,006.	16,841.
15	Royalties	188,473,287.		21,370,830.	2,701,963.
16	Occupancy	76,339,032.	71,125,252.	2,953,970.	2,259,810.
17 18	Travel	70,332,032.	71,123,232.	2,000,010.	2,237,010.
10	for any federal, state, or local public officials	3,589.		3,589.	
19	Conferences, conventions, and meetings	17,038,763.	15,270,320.	1,628,192.	140,251.
20	Interest	96,680,304.	88,797,605.	7,230,188.	652,511.
21	Payments to affiliates	0.	, , , , , , , , , ,	. ,	,
22	Depreciation, depletion, and amortization	345,976,626.	295,495,844.	47,525,639.	2,955,143.
23	Insurance	13,353,790.	2,628,558.	10,706,865.	18,367.
24	Other expenses. Itemize expenses not covered				·
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT RENT & MAINTENANCE	25,221,735.	22,239,748.	2,757,508.	224,479.
b	PRINTING & PUBLICATION	11,776,358.	8,840,801.	1,440,348.	1,495,209.
c	SLAC NON-SALARY EXPENSE	213,046,939.	212,937,382.	105,941.	3,616.
d	RESEARCH SUBAWARDS	77,590,464.	77,590,464.		
е	All other expenses	89,827,684.	23,597,467.	62,791,797.	3,438,420.
25	Total functional expenses. Add lines 1 through 24e	5,280,669,257.	4,672,225,953.	506,605,830.	101,837,474.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			
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Form 990 (2015) Page **11**

Part X Balance Sheet

L	ILA	Dalatice Stieet					
		Check if Schedule O contains a response o	r not	e to any line in this P	Part X		<u> </u>
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			193,026.	1	220,633.
	2	Savings and temporary cash investments			708,010,967.		640,003,658.
	3	Pledges and grants receivable, net			760,519,089.	3	1,357,508,164.
	4	Accounts receivable, net			314,485,517.	4	407,660,972.
	5	Loans and other receivables from current and t	forme	r officers, directors,			
		trustees, key employees, and highest co	mpe	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified personal control of the cont			8,802,013.	5	12,582,281.
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B),					
		and sponsoring organizations of section 501(c)(9) volu					
S		organizations (see instructions). Complete Part II of Sche	dule L		0.	_	0.
Assets	7	Notes and loans receivable, net			622,413,936.	_	675,993,220.
As	8	Inventories for sale or use			5,179,742.	_	5,829,672.
	9	Prepaid expenses and deferred charges			72,122,935.	9	97,212,900.
	10 a	Land, buildings, and equipment: cost or					
			10a				
		Less: accumulated depreciation	10b	4180304484.		_	5,168,719,865.
	11				6,971,378,896.	_	7,069,872,772.
	12	Investments - other securities. See Part IV, line 11	21955212397.		22331803536.		
	13	Investments - program-related. See Part IV, line 11		13	0.		
	14	Intangible assets		14	0.		
	15	Other assets. See Part IV, line 11	0.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equal			36213882456.		37767407673.
	17	Accounts payable and accrued expenses			1,420,242,413.		1,355,325,053.
	18	Grants payable				18	0. 657,377,717.
	19	Deferred revenue			652,849,598.		1,587,663,000.
	20	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·	of Cobodulo D	1,427,153,000.		
	21 22	Escrow or custodial account liability. Complete Pa			0.	21	0.
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compens					
į		disqualified persons. Complete Part II of Schedule			0	22	0.
E:	23	Secured mortgages and notes payable to unrelate			1,658,225,062.		1,682,953,754.
	24	Unsecured notes and loans payable to unrelated to				_	0.
	25	Other liabilities (including federal income tax,			<u> </u>		
		parties, and other liabilities not included on lines					
		of Schedule D		, ,	621,932,156.	25	764,909,299.
	26	Total liabilities. Add lines 17 through 25			5,780,402,229.	26	6,048,228,823.
		Organizations that follow SFAS 117 (ASC 958),					
es		complete lines 27 through 29, and lines 33 and	34.				
Fund Balances	27	Unrestricted net assets			16507628886.	27	17255820069.
Bal	28	Temporarily restricted net assets			7,744,050,783.	28	7,394,744,692.
pu	29	Permanently restricted net assets		<u></u>	6,181,800,558.	29	7,068,614,089.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and			
ţ	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ	ipmer			31	
Ä	32	Retained earnings, endowment, accumulated inco				32	
Ne	33	Total net assets or fund balances			30433480227.	33	31719178850.
_	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	36213882456.	34	37767407673.
_							Form 990 (2015)

Page **12** Form 990 (2015)

					,		
Part							
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,9	65,9	56,5	77.	
2							
3	Revenue less expenses. Subtract line 2 from line 1	3	1,6	85,287,320.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,4	0,433,480,227.			
5	Net unrealized gains (losses) on investments	5	-6	-627,723,097.			
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	28,1	34,4	00.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	31,7	19,1	78,8	50.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," ex	xplair	n in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	d or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit						
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	vers	iaht				
	of the audit, review, or compilation of its financial statements and selection of an independent acc		•	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.	J= 1-54.1	***				
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set	fort	h in				
Ju	the Single Audit Act and OMB Circular A-133?			3a	Х		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public

Inspection

Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD **Employer identification number** JUNIOR UNIVERSITY 94-1156365 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) X 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Page 2 Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,964,094,849.	1,719,795,101.	1,821,722,630.	1,969,404,372.	2,586,183,439.	10,061,200,391.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	1,964,094,849.	1,719,795,101.	1,821,722,630.	1,969,404,372.	2,586,183,439.	10,061,200,391.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						124 102 006	
6	Public support. Subtract line 5 from line 4.						124,182,806. 9,937,017,585.	
Sec	tion B. Total Support						[9,937,017,565.	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7	Amounts from line 4	1,964,094,849.	1,719,795,101.	1,821,722,630.	1,969,404,372.	2,586,183,439.	10,061,200,391.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	423,308,665.	428,521,264.	450,602,864.	402,534,773.	382,816,462.	2,087,784,028.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	5,217,464.	6,341,565.	5,041,646.	4,316,942.			
11	Total support. Add lines 7 through 10	!					12,174,201,999.	
12	Gross receipts from related activities, etc. (s						10,931,112,889.	
13 Sec	First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup							
14	Public support percentage for 2015 (li	•		11 column (f))		14	81.62%	
15	Public support percentage from 2014					15	81.45%	
-	331/3% support test - 2015. If the co							
	this box and stop here . The organizati	_						
b	331/3% support test - 2014. If the	•		•				
	check this box and stop here. The org							
17a	10%-facts-and-circumstances test - 2	2015. If the org	ganization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is	
	10% or more, and if the organization							
	Part VI how the organization meets organization			=	•	· · · · · ·	supported	
b	10%-facts-and-circumstances test - :	2014. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	, and line	
	15 is 10% or more, and if the orga	anization meets	s the "facts-and	d-circumstances	" test, check t	his box and st	op here.	
	Explain in Part VI how the organization				=	-	a publicly	
	supported organization						► 🗀	
18	Private foundation. If the organization							
	instructions						<u>▶ ⊔</u>	

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	·	·	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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 purpose						
3	Gross receipts from activities that 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						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first. seco	nd, third. fourth	, or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	•	·				` ` ` ` _
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
	tion D. Computation of Investmen					- 1	,3
17	Investment income percentage for 2015 (lin			3, column (f))		17	%
18	Investment income percentage from 2014 S					18	%
	331/3% support tests - 2015. If the org						
	17 is not more than 331/3%, check this						
h	331/3% support tests - 2014. If the orga						
~	line 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization of		•	•			

JSA 5E1221 1.000 Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No		
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c				
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a				
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b				
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8				
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a				
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b				
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с				
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	4.5				
	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a				
	determine whether the organization had excess business holdings.)					

Schedule A (Form 990 or 990-EZ) 2015 Page **5**

Part	V Supporting Organizations (continued)			- 5 -
ıaıı	Cupporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
Section	on b. Type I Supporting Organizations		Yes	No
			162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Soction	on C. Type II Supporting Organizations			
Section	on c. Type ii oupporting organizations		Yes	No
_			163	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Soction	on D. All Type III Supporting Organizations			
Section	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•		-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one).	
a	The organization satisfied the Activities Test. Complete line 2 below.	u uou	0110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
	The diganization deponds a governmental only. Decombe in all vinon year supported a government chary (eco	mona	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
		Za		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
_	-	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h		Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: ii res, describe in rait vi the role played by the organization in this legald.	่วม		l

Schedule A (Form 990 or 990-EZ) 2015 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E.	
Section A - Adjusted Net Income	(A) Prior Voor	(B) Current Year	
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Drien Veen	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b							
С							
d	From 2013						
е	From 2014						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section						
	D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a							
b	Evenes from 2012						
C	Excess from 2013						
d	Excess from 2014						
е	Excess from 2015						

Page 8

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II - OTHER INCOME								
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL		
GROSS INCOME - FUNDRAISING	176,687.	606,990.	137,722.	69,264.	78,496.	1,069,159.		
GROSS INCOME - INVENTORY SALES	5,040,777.	5,734,575.	4,903,924.	4,247,678.	4,221,467.	24,148,421.		
TOTALS	5.217.464	6.341.565	5.041.646	4.316.942	4.299.963	25 . 217 . 580		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

	e organization answered "Yes," (see separate instructions), the	on Form 990, Part IV, line 5 (Proxy เ	Tax) (see separate in	structions) or Form 990-l	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) org	•			
Nam	ne of organization THE BOARD	OF TRUSTEES OF THE LELA	ND STANFORD	Employer ide	ntification number
JUN	NIOR UNIVERSITY			94-11	
Pai	rt I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect p	oolitical campaign ac	ctivities in Part IV.	
2	Political expenditures			▶\$	
3	Volunteer hours				
Par		organization is exempt under s			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.	organization is exempt under	acation E01(a) av	roont postion E01/o\/2	· · · · · · · · · · · · · · · · · · ·
	•	· · · · · · · · · · · · · · · · · · ·	. ,,	• • • • • • • • • • • • • • • • • • • •	·)·
1		expended by the filing organization			
•					
2	527 exempt function activiti	ng organization's funds contributedes			
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
5	Enter the names, addresses organization made payment the amount of political continuous	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom and or a political action committee (er (EIN) of all section ter the amount paid aptly and directly de	on 527 political organized from the filing organize livered to a separate po	ations to which the filing cation's funds. Also ente plitical organization, suc
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2015	THE BC	ARD OF I	RUSTEES OF TH	E LELAND ST	ANFORD 94-1	150305 Page 2
Part II-A Complete if the org section 501(h)).	janizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (elec	ction under
			an affiliated grou share of excess l		rt IV each affiliated g litures).	roup member's
B Check ► if the filing orga	nization	checked b	oox A and "limited	control" provisi	ons apply.	
Limits	on Lobb	ying Expend	ditures	·	(a) Filing	(b) Affiliated
(The term "expendit	ures" m	eans amour	nts paid or incurred.)	organization's totals	group totals
1a Total lobbying expenditures to i	nfluence	public opini	on (grass roots lobb	oying)		
b Total lobbying expenditures to i	nfluence	a legislative	e body (direct lobbyi	ng)		
c Total lobbying expenditures (ad	d lines 1	a and 1b)		[
d Other exempt purpose expendit						
e Total exempt purpose expendit	ures (ad	d lines 1c an	d 1d)	[
f Lobbying nontaxable amount.						
columns.			•			
If the amount on line 1e, column (a) or (b) is	The lobbyin	g nontaxable amount	is:		
Not over \$500,000		20% of the	amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,000 pl	us 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		\$1,000,000				
g Grassroots nontaxable amount	(enter 2	5% of line 1f)				
h Subtract line 1g from line 1a. If						
i Subtract line 1f from line 1c. If a	zero or le	ss, enter -0-				
j If there is an amount other th				lid the organiza	tion file Form 4720	
reporting section 4911 tax for t	his year?					Yes No
		4-Year Aver	aging Period Unde	r section 501(h)		
(Some organizations tha	t made a	section 50	1(h) election do no	t have to compl	ete all of the five colum	nns below.
	See	the separat	e instructions for I	ines 2a through	2f.)	
	Lobi	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod	T
Calendar year (or fiscal year beginning in)	(a)	2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots labbying expanditures						

_	dule C (Form 990 or 990-EZ) 2015					F	Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).			m 576			
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	nt	
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? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X					
C	Media advertisements?	X				0.5	537
d	Mailings to members, legislators, or the public?	X					,108 ,865
e	Publications, or published or broadcast statements?	_ A	X	-		20,	, 605
f	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	X				36	,538
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X					, <u>336</u> , 096
i		X					, 944
j	Other activities? Total. Add lines 1c through 1i						,088
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				,
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section	1		
	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 carry over lobbying and political expenditures from the prior year?				3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (b) Pa	ırt III-A,	, line 3	, is	
_	answered "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	unts	OT				
_	political expenses for which the section 527(f) tax was paid).						
a	Current year Carryover from last year			2a			
D	Total			2b 2c			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	_		3			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible le						
	and political expenditure next year?	-	_	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	rt IV Supplemental Information						
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d gro	up list	t); Part I	II-A, lin	es 1	and
2 (s	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	•	•				
SE	E PAGE 4						

Part IV Supplemental Information (continued)

PART II-B - LOBBYING ACTIVITY EXPLANATION

AN INSUBSTANTIAL PORTION OF STANFORD UNIVERSITY'S TOTAL ACTIVITIES

INVOLVED LEGISLATIVE AND REGULATORY MATTERS OF DIRECT CONCERN TO HIGHER

EDUCATION OR OF COMPELLING IMPORTANCE TO STANFORD IN PARTICULAR.

INSTITUTIONAL EFFORTS TO INFLUENCE LEGISLATION AND REGULATION ARE

DIRECTED BY THE OFFICE OF GOVERNMENT AND COMMUNITY RELATIONS.

DURING FISCAL YEAR 2016, THE OFFICE OF GOVERNMENT AND COMMUNITY RELATIONS
CONSISTED OF FIVE PROFESSIONAL STAFF MEMBERS AND TWO SUPPORT PERSONS. THE
UNIVERSITY DOES NOT HAVE A LOBBYING OFFICE IN EITHER WASHINGTON, DC OR
SACRAMENTO, CA. 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 LOCAL CITIZENS
REGARDING STANFORD ISSUES WITH LOCAL GOVERNMENT.

IN FISCAL YEAR 2016, 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 AND CONTIGUOUS TO THE UNIVERSITY'S ACADEMIC CAMPUS.

STATE ISSUES: ANIMAL RESEARCH, STUDENT SAFETY, STUDENT ATHLETE BILL OF RIGHTS, PEACE OFFICERS AT PRIVATE UNIVERSITIES, STREAMLINING CONTRACTS FOR THE CALIFORNIA COUNCIL ON SCIENCE AND TECHNOLOGY, LOCAL LAW

Page 4

Schedule C (Form 990 or 990-EZ) 2015

Part IV Supplemental Information (continued)

ENFORCEMENT CONTRACTS AND CLEAN ENERGY.

FEDERAL ISSUES: STUDENT AID AND EDUCATION AND RESEARCH POLICY ISSUES;

TAXATION; REIMBURSEMENT OF FEDERAL RESEARCH COSTS; FUNDING LEVELS OF

RESEARCH (E.G. NIH, DOE, NASA, DOD, NSF, NEH); FUNDING FOR STANFORD

LINEAR ACCELERATOR CENTER; MEDICARE FUNDING FOR TEACHING HOSPITALS;

RESEARCH POLICY; INTELLECTUAL PROPERTY; AND IMMIGRATION POLICY.

THE TOTAL BUDGET EXPENDED BY THE OFFICE OF GOVERNMENT AND COMMUNITY RELATIONS WAS \$1,308,239. THE ESTIMATED TOTAL EXPENSES FOR LOBBYING, INCLUDING DIRECT PREPARATION TIME BY GOVERNMENT AND COMMUNITY RELATIONS EMPLOYEES, AS DEFINED IN SECTION 501(C) OF THE INTERNAL REVENUE CODE AND REGULATIONS THEREUNDER, AND PAYMENTS OF TRAVEL OR ENTERTAINMENT EXPENSES FOR FEDERAL OR LOCAL OFFICIALS, ARE ESTIMATED AS FOLLOWS:

SALARIES AND BENEFITS		\$330,520
GENERAL OFFICE OVERHEAD		\$134,282
PAID CONSULTANT, COALITION DUES		\$65,250
DUES TO MEMBER ORGANIZATIONS		\$9,044
TRAVEL		\$13,992
	TOTAL	\$553,088

AMOUNTS APPEARING ON PART II-B ARE REASONABLE ALLOCATIONS OF THE ABOVE EXPENSES.

Schedule C (Form 990 or 990-EZ) 2015

Part IV Supplemental Information (continued)

AN INVESTMENT PARTNERSHIP IN WHICH THE UNIVERSITY HOLDS A NONCONTROLLING LIMITED PARTNERSHIP INTEREST MAY, FROM TIME TO TIME, INCUR A LOBBYING EXPENDITURE. THE UNIVERSITY'S SHARE OF SUCH PARTNERSHIP EXPENDITURES DURING THE TAX YEAR WAS \$32,697. NEITHER STANFORD, NOR ANY TRUSTEE OR OFFICER OF STANFORD, ENGAGED IN THE ACTIVITY CONDUCTED BY THE INVESTMENT PARTNERSHIPS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number

94-1156365

JUI	NIOR UNIVERSITY		94-1156365
Pa	rt I Organizations Maintaining Donor Advi		or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	50.	37.
2	Aggregate value of contributions to (during year)	58,470,303.	10,769,603.
3	Aggregate value of grants from (during year)	5,776,636.	16,617,094.
4	Aggregate value at end of year	438,667,102.	79,172,156.
5	Did the organization inform all donors and donor	advisors in writing that the assets hel	ld in donor advised
	funds are the organization's property, subject to the	organization's exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benef	fit of the donor or donor advisor, or for	
	conferring impermissible private benefit?		X Yes No
Pa	rt Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recr	·	on of a historically important land area
	Protection of natural habitat	Preservatio	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified I		2c
d	Number of conservation easements included in (c)		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or term	ninated by the organization during the
	tax year >		
4	Number of states where property subject to conse		office the colling of
5	Does the organization have a written policy reg		-
_	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspect	ing handling of violations, and enforcing	concernation accoments during the year
'	S	ing, nanding of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemen	g .	
Pa	organizations Maintaining Collections	of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	FAS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the form	er assets held for public exhibition, ed	ducation, or research in furtherance of
h	If the organization elected, as permitted under \$		
b	works of art, historical treasures, or other similar public service, provide the following amounts relations	r assets held for public exhibition, ed	
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		 ▶\$
2	If the organization received or held works of ar		
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these ite	ms:
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2015

	dule D (Form 990) 2015	0 11 11 1		_	24 2				age Z
	t III Organizations Maintaini						•		
3	Using the organization's acquisition		other records, chec	k any of the	following that	at are a sigr	nificant u	ise o	f its
	collection items (check all that app	oly):							
а	X Public exhibition		—	or exchange	programs				
b	X Scholarly research		e Other						
С	Preservation for future gene								
4	Provide a description of the orga	nization's collections	and explain how	they further	the organizat	ion's exemp	t purpos	e in	Part
	XIII.								
5	During the year, did the organization					_			7
	assets to be sold to raise funds rath		ained as part of the	organization	's collection?	<u> L</u>	Yes	X	No
Par	t IV Escrow and Custodial A						_		
	Complete if the organizat	tion answered "Yes	s" on Form 990, P	art IV, line S), or reported	an amount	on For	m	
	990, Part X, line 21.								
1 a	Is the organization an agent, truste								1
	included on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	plete the following ta	ble:	I				
						Amount			
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an am	·	·			, _	Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanation	n has been pi	rovided on Part	XIII			
Par	t V Endowment Funds.								
	Complete if the organization								
		(a) Current year	(b) Prior year	(c) Two year		ree years back	(e) Four		
1 a	Beginning of year balance	22222957000.	21446006000.	18688868		5804000.	16502		
b	Contributions	376,827,000.	283,602,000.	659,618	,000. 588,	438,000.	403,8	358,	000.
С	Net investment earnings, gains,								
	and losses	930,451,000.	1551374000.	308273		5298000.			5000.
d	Grants or scholarships	257,975,598.	237,370,999.	222,843	,748. 208,	922,228.	196,9	918,	322.
е	Other expenditures for facilities								
	and programs	874,129,402.	820,654,001.	762,371	,252. 711,	749,772.	674,1	87,	678.
f	Administrative expenses								
q	End of year balance	22398130000.	22222957000.	2144600	6000. 1868	8868000.	17035	804	000.
2	Provide the estimated percentage	of the current year	end balance (line 1g	column (a))	held as:				
а	Board designated or quasi-endown			. ,,					
b	Permanent endowment ▶ 27.0	0900 %							
С	Temporarily restricted endowment	▶ 27.3200 %							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
3a	Are there endowment funds not in	the possession of the	ne organization that	are held and	d administered	for the	_		
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	nedule R?			3b	Х	
4	Describe in Part XIII the intended	uses of the organiza	tion's endowment fu	nds.					
Par	t VI Land, Buildings, and Equ	ipment.	" F 000 F	S (D ())	44 0 5			4.0	
	Complete if the organiza								
	Description of property			or other basis other)	(c) Accumulated depreciation	a (c	i) Book val	ue	
1a	Land		111,0	022,324.			111,02	22,3	24.
b	Buildings		6223	3545209.	252498803	30. 3,	698,55	7,1	79.
С	Leasehold improvements								
d	Equipment		1700	5663104.	139121029	3.	315,45	52,8	11.
е	Other				264,106,16		043,68		
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Forr					168,71		

Schedule D (Form 990) 2015

3

Schedule D (F	-orm 990) 2015	Page •
Part VII	Investments - Other Securities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 1:	2.

, ,		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives (2) Closely-held equity interests (3) Other ATTACHMENT 1		
(A) CASH & CASH EQUIVALENTS	984,794,782.	FMV
(B) COLLATERAL FOR SECURITIES LOAN	213,628,997.	FMV
(C) DERIVATIVES	43,400.	FMV
(D) FIXED INCOME	1,655,648,849.	FMV
(E) REAL ESTATE	6,741,245,484.	FMV
(F) NATURAL RESOURCES	2,300,632,886.	FMV
(G) PRIVATE EQUITIES	6,363,480,982.	FMV
(H) ABSOLUTE RETURNS	5,155,970,133.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	22331803536.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY AGREEMENTS	230,891,956.
(3) US GOVERNMENT REFUNDABLE LOAN	54,035,006.
(4) INC.BENEFICIARY SHARE-SPLIT IN	414,432,337.
(5) DEBT FROM INVESTMENT ENTITY	65,550,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	764,909,299.

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Schedule D (Form 990) 2015

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	40	
_	Add lines 4a and 4b	4c 5	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	<u> </u>
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
SEE	PAGE 5		

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SCHEDULE D, PART I, COLUMN (B)

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

SCHEDULE D, PART I, LINE 2

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

SCHEDULE D, PART III, LINE 1A

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

SCHEDULE D, PART III, LINE 4

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

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

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

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

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

SCHEDULE D, PART V, LINE 2

BOARD DESIGNATED OR QUASI ENDOWMENT FUNDS ARE UNIVERSITY RESOURCES DESIGNATED BY THE BOARD AS ENDOWMENT AND ARE INVESTED FOR LONG-TERM APPRECIATION AND CURRENT INCOME. THESE ASSETS, HOWEVER, REMAIN AVAILABLE AND MAY BE SPENT AT THE BOARD'S DISCRETION.

THE UNIVERSITY CLASSIFIES AS PERMANENT ENDOWMENT A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT AND B) ACCUMULATIONS TO THE

PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENT ENDOWMENT IS CLASSIFIED AS TEMPORARILY RESTRICTED ENDOWMENT UNTIL THOSE AMOUNTS ARE AUTHORIZED FOR EXPENDITURE. IN THE ABSENCE OF DONOR STIPULATIONS OR LAW TO THE CONTRARY, NET UNREALIZED LOSSES ON PERMANENTLY RESTRICTED ENDOWMENT FUNDS FIRST REDUCE RELATED APPRECIATION ON TEMPORARILY RESTRICTED NET ASSETS AND THEN ON UNRESTRICTED NET ASSETS, AS NEEDED, UNTIL SUCH TIME AS THE FAIR VALUE OF THE FUND EQUALS OR EXCEEDS HISTORIC VALUE.

SCHEDULE D, PART V, LINE 3A(II) AND LINE 3B INCLUDED IN THE ENDOWMENT BALANCE ON LINE 1G ARE THE ASSETS OF SHR HOLDINGS, INC., A RELATED ORGANIZATION.

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ENDOWMENT FUNDS

IN 1885, LELAND AND JANE LATHROP STANFORD SAID OF THEIR FOUNDING GRANT "IT SHALL CONSTITUTE THE FOUNDATION AND ENDOWMENT FOR THE UNIVERSITY HEREIN PROVIDED, AND UPON THE TRUST THAT THE PRINCIPAL THEREOF SHALL FOREVER REMAIN INTACT, AND THAT THE RENTS, ISSUES, AND PROFITS THEREOF SHALL BE DEVOTED TO THE FOUNDATION AND MAINTENANCE OF THE UNIVERSITY HEREBY FOUNDED AND ENDOWED, AND THE USES AND PURPOSES HEREIN MENTIONED." TODAY, STANFORD'S ENDOWMENT CONSISTS OF THOUSANDS OF INDIVIDUAL FUNDS, MANY OF WHICH ARE RESTRICTED TO PARTICULAR USES (E.G., SCHOLARSHIP FUNDS FOR UNDERGRADUATES, FELLOWSHIP FUNDS TO SUPPORT GRADUATE STUDENTS, RESEARCH FUNDS DIRECTED TO MANY DIFFERENT AREAS, PROGRAM SUPPORT FUNDS,

FUNDS TO SUPPORT PROFESSORS, FUNDS TO SUPPORT LECTURES, FUNDS TO PROVIDE BUILDING AND GROUND MAINTENANCE, FUNDS TO SUPPORT THE UNIVERSITY'S MUSEUM, FUNDS TO SUPPORT THE ACQUISITION OF LIBRARY MATERIALS).

THE FUNDS ARE INVESTED IN PERPETUITY FOR LONG TERM GROWTH AND THE PAYOUT FROM AN ENDOWMENT FUND IS USED FOR THE PURPOSE SET FORTH IN THE GIFT DOCUMENT. SOME ENDOWMENT FUNDS DO NOT HAVE PURPOSE RESTRICTIONS AND THE PAYOUT FROM THESE FUNDS IS USED TO SUPPORT THE GENERAL OPERATIONS AND INFRASTRUCTURE OF THE UNIVERSITY AS WELL AS MANY OTHER PARTS OF THE UNIVERSITY.

ENDOWMENT PAYOUT IS A RELIABLE SOURCE OF CONTINUING SUPPORT AND IS

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

UNIVERSITY MUST MAKE. THE ENDOWMENT MAKES STANFORD LESS DEPENDENT ON

OTHER MORE VARIABLE SOURCES OF INCOME. THE ENDOWMENT PAYOUT COVERS

APPROXIMATELY 23% OF STANFORD'S TOTAL EXPENSES.

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

ONE OF THE UNIVERSITY'S HIGHEST PRIORITIES IS TO REMAIN AFFORDABLE AND ACCESSIBLE TO THE MOST TALENTED STUDENTS, REGARDLESS OF THEIR FINANCIAL CIRCUMSTANCES. THE UNIVERSITY'S ADMISSION PROCESS FOR UNDERGRADUATE STUDENTS FROM THE UNITED STATES IS NEED-BLIND, WHICH MEANS THAT STUDENTS

Schedule D (Form 990) 2015

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Page 5

ARE ADMITTED IRRESPECTIVE OF THEIR ABILITY TO PAY; THE UNIVERSITY PROVIDES THE FINANCIAL AID NECESSARY TO MAKE STANFORD AFFORDABLE TO EVERY ADMITTED STUDENT. FOR INTERNATIONAL STUDENTS, THE UNIVERSITY IS NEED-AWARE: STANFORD ANALYZES THE NEED FOR AID AND AIMS TO MEET THE DETERMINED NEED.

SINCE 2000, THE UNIVERSITY HAS CONTINUED TO ENHANCE ITS FINANCIAL AID PROGRAMS FOR BOTH ITS UNDERGRADUATE AND GRADUATE STUDENTS. CURRENTLY, FAMILIES WITH TYPICAL ASSETS FROM THE U.S. WITH INCOMES BELOW \$125,000 PAY NO TUITION, AND THOSE WITH INCOMES BELOW \$65,000 PAY NO TUITION, ROOM OR BOARD.

IN FY16. APPROXIMATELY HALF OF UNDERGRADUATES WERE AWARDED NEED-BASED FINANCIAL AID FROM STANFORD. GRADUATE STUDENT FINANCIAL AID AND OTHER SUPPORT IS AWARDED BASED ON ACADEMIC MERIT AND THE AVAILABILITY OF AID. IN THE FACE OF DIMINISHING FEDERAL SUPPORT, STANFORD HAS ASSUMED MORE OF THE FINANCIAL WEIGHT OF SUPPORTING ITS GRADUATE STUDENTS. IN FY16, APPROXIMATELY 82% OF GRADUATE STUDENTS RECEIVED FINANCIAL SUPPORT.

THE KNIGHT-HENNESSY SCHOLARS PROGRAM WILL BE AN ADDITIONAL SOURCE OF GRADUATE STUDENT SUPPORT WHEN ITS FIRST COHORT BEGINS THEIR STUDIES IN FALL 2018. THE PROGRAM PROVIDES FULL FUNDING FOR THREE YEARS TO ENABLE GRADUATE STUDENTS TO PURSUE ADVANCED DEGREES AND DEVELOP THE CAPACITY TO LEAD AND BRING ABOUT POSITIVE CHANGES IN THE WORLD.

THE UNIVERSITY IS ALSO MINDFUL OF STUDENT DEBT, AND IT DOES NOT EXPECT STUDENTS TO BORROW TO MEET THEIR NEED. OVER 75 PERCENT OF STANFORD

UNDERGRADUATES GRADUATE WITH NO DEBT. FOR THOSE WHO BORROW, MEDIAN DEBT IN 2015 WAS \$16,417.

FOR THE YEAR ENDED AUGUST 31, 2016, ENDOWMENT PAYOUT SUPPORT INCLUDED THE FOLLOWING BROAD FUNCTIONS OF THE UNIVERSITY:

\$316,069,993 INSTRUCTION AND RESEARCH

STUDENT FINANCIAL AID \$257,975,598

LIBRARIES \$20,416,450

SCHEDULE D, PART X, LINE 2

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

	ATTACHMENT 1	
SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES	:	
		COST
DESCRIPTION	BOOK VALUE	OR FMV
ASSETS HELD BY OTHER TRUSTEES	176,309,600.	FMV
OTHER INVESTMENTS	342,571,024.	FMV
ACCOUNT A THAT IS NO THE BUTTON OF	215 000 200	T3.47.7
ASSETS LIMITED TO USE-TRUSTEES	315,889,399.	FMV
HOSPITAL FUNDS IN MERGED POOL	-1,918,412,000.	FMV
HOSPITAL FUNDS IN MERGED FOOL	-1,910,412,000.	FMV
TOTALS	22,331,803,536.	
1011110	22,331,003,330:	

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

JUNIOR UNIVERSITY

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

Employer identification number

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	Х	
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	X	
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," please explain. If you need more space, use Part II	3		Х
	describe. If No, please explain. If you need more space, use fait if the first			
	SEE SUPPLEMENTAL PAGE			
	Done the consoliration projects the following:			
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially	a	21	
-	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		Х
·	Employment of faculty of autimistrative stairs.	30		
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		X
	Lies of facilities?	F.		v
t	Use of facilities?	5f		X
q	Athletic programs?	5g		Х
3				
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II	7	X	

Page 2

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

SCHEDULE E, LINE 3

STANFORD 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.

SCHEDULE E, LINE 6A

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

Statement of Activities Outside the United States

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

JUNIOR UNIVERSITY

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

grants or assistance?

Employer identification number

X Yes

94-1156365

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the

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

3 Activities per Region. (The follow (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	TRAVEL STUDY	2,869.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TRAVEL STUDY	124,820.
(3) EUROPE			PROGRAM SERVICES	TRAVEL STUDY	143,648.
(4) MIDDLE EAST AND NORTH AFRICA		1.	PROGRAM SERVICES	TRAVEL STUDY	342.
(5) NORTH AMERICA			PROGRAM SERVICES	TRAVEL STUDY	1,105.
(6) SOUTH AMERICA			PROGRAM SERVICES	TRAVEL STUDY	177,066.
(7) SOUTH ASIA			PROGRAM SERVICES	TRAVEL STUDY	8,996.
(8) SUB-SAHARAN AFRICA			PROGRAM SERVICES	TRAVEL STUDY	58,471.
(9) CENTRAL AMERICA AND THE CARIBB			PROGRAM SERVICES	STUDY TOURS	1,224,029.
(10) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY TOURS	2,768,470.
(11) EUROPE			PROGRAM SERVICES	STUDY TOURS	6,760,612.
(12) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY TOURS	734,285.
(13) NORTH AMERICA			PROGRAM SERVICES	STUDY TOURS	250,279.
(14) RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	STUDY TOURS	579,613.
(15) SOUTH AMERICA			PROGRAM SERVICES	STUDY TOURS	926,763.
(16) SOUTH ASIA			PROGRAM SERVICES	STUDY TOURS	775,469.
(17) SUB-SAHARAN AFRICA 3a Sub-total		1	PROGRAM SERVICES	STUDY TOURS	181,697.
b Total from continuation sheets to Part I	10	1.			14,718,534.
c Totals (add lines 3a and 3b)	12. 12.	473. 474.			12,067,988,766.

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

Statement of Activities Outside the United States

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

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

JUNIOR UNIVERSITY

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number

94-1156365 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line 14	·b.							
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No								
2									
3	Activities per Region. (The follow	ring Part I, line	3 table can be	duplicated if additional sp	ace is needed.)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
(1)	CENTRAL AMERICA AND THE CARIBB			PROGRAM SERVICES	STUDY ABROAD	18,430.			
(2)	EAST ASIA AND THE PACIFIC	1.	26.	PROGRAM SERVICES	STUDY ABROAD	2,220,619.			
(3)	EUROPE	5.	171.	PROGRAM SERVICES	STUDY ABROAD	8,642,921.			
(4)	MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	92,724.			
(5)	NORTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	145,750.			
(6)	RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	STUDY ABROAD	18,346.			
(7)	SOUTH AMERICA	1.	16.	PROGRAM SERVICES	STUDY ABROAD	1,217,283.			
(8)	SOUTH ASIA			PROGRAM SERVICES	STUDY ABROAD	19,373.			
(9)	SUB-SAHARAN AFRICA	1.	24.	PROGRAM SERVICES	STUDY ABROAD	1,404,602.			
10)	CENTRAL AMERICA AND THE CARIBB			PROGRAM SERVICES	SLAC	21,741.			
11)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SLAC	379,188.			
12)	EUROPE		8.	PROGRAM SERVICES	SLAC	2,218,608.			
13)	NORTH AMERICA			PROGRAM SERVICES	SLAC	85,001.			
14)	SOUTH AMERICA			PROGRAM SERVICES	SLAC	12,361.			
15)	SOUTH ASIA			PROGRAM SERVICES	SLAC	4,259.			
16)	ANTARCTICA			PROGRAM SERVICES	RESEARCH	2,541.			
	CENTRAL AMERICA AND THE CARIBB		1.	PROGRAM SERVICES	RESEARCH	368,067.			
	Sub-total Total from continuation sheets to Part I								
С	Totals (add lines 3a and 3b)								

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

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

JUNIOR UNIVERSITY

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number

94-1156365

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.
 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

3 Activities per Region. (The follow (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC		24.	PROGRAM SERVICES	RESEARCH	3,356,949.
(2) EUROPE	1.	70.	PROGRAM SERVICES	RESEARCH	6,656,640.
(3) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RESEARCH	186,557.
(4) NORTH AMERICA		10.	PROGRAM SERVICES	RESEARCH	922,039.
(5) RUSSIA AND NEIGHBORING STATES		4.	PROGRAM SERVICES	RESEARCH	114,962.
(6) SOUTH AMERICA		18.	PROGRAM SERVICES	RESEARCH	524,980.
(7) SOUTH ASIA		4.	PROGRAM SERVICES	RESEARCH	815,614.
(8) SUB-SAHARAN AFRICA		3.	PROGRAM SERVICES	RESEARCH	533,522.
(9) CENTRAL AMERICA AND THE CARIBB		1.	PROGRAM SERVICES	FOREIGN TRAVEL	111,822.
(10) EAST ASIA AND THE PACIFIC		12.	PROGRAM SERVICES	FOREIGN TRAVEL	1,993,582.
(11) EUROPE		23.	PROGRAM SERVICES	FOREIGN TRAVEL	4,717,787.
(12) MIDDLE EAST AND NORTH AFRICA		2.	PROGRAM SERVICES	FOREIGN TRAVEL	268,163.
(13) NORTH AMERICA		8.	PROGRAM SERVICES	FOREIGN TRAVEL	736,180.
(14) RUSSIA AND NEIGHBORING STATES		1.	PROGRAM SERVICES	FOREIGN TRAVEL	38,551.
(15) SOUTH AMERICA		4.	PROGRAM SERVICES	FOREIGN TRAVEL	437,192.
(16) SOUTH ASIA		1.	PROGRAM SERVICES	FOREIGN TRAVEL	315,161.
(17) SUB-SAHARAN AFRICA		2.	PROGRAM SERVICES	FOREIGN TRAVEL	221,020.
3a Sub-totalb Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number

JUNIOR UNIVERSITY 94-1156365 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X Yes grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in (b) Number of (c) Number of (e) If activity listed in (d) is (f) Total region (by type) (e.g., a program service, offices in the émployees, expenditures for describe specific type of fundraising, program services, region agents, and and investments investments, grants to recipients independent service(s) in region in region contractors in region located in the region) (1) EAST ASIA AND THE PACIFIC PROGRAM SERVICES FOREIGN CENTER 3,351,971. (2) CENTRAL AMERICA AND THE CARIBB PROGRAM SERVICES EDUCATION 201,407. (3) EAST ASIA AND THE PACIFIC PROGRAM SERVICES EDUCATION 2,460,396. (4) EUROPE PROGRAM SERVICES EDUCATION 2,573,609. (5) MIDDLE EAST AND NORTH AFRICA PROGRAM SERVICES EDUCATION 1,146,993. (6) NORTH AMERICA EDUCATION 656,539. PROGRAM SERVICES (7) RUSSIA AND NEIGHBORING STATES PROGRAM SERVICES EDUCATION 83,922. (8) SOUTH AMERICA EDUCATION 1,107,469. PROGRAM SERVICES (9) SOUTH ASIA EDUCATION 776,669. PROGRAM SERVICES (10) SUB-SAHARAN AFRICA 14 PROGRAM SERVICES EDUCATION 5,525,208. (11) CENTRAL AMERICA AND THE CARIBB PROGRAM SERVICES CONFERENCES AND SEMINA 18,996. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES CONFERENCES AND SEMINA 622,058. (13) EUROPE 1,286,527. PROGRAM SERVICES CONFERENCES AND SEMINA (14) MIDDLE EAST AND NORTH AFRICA PROGRAM SERVICES CONFERENCES AND SEMINA 78,570. (15) NORTH AMERICA PROGRAM SERVICES CONFERENCES AND SEMINA 276,811. (16) RUSSIA AND NEIGHBORING STATES PROGRAM SERVICES CONFERENCES AND SEMINA 8,395.

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

continuation

Schedule F (Form 990) 2015

148,623.

CONFERENCES AND SEMINA

3a

sheets to Part I **Totals** (add lines 3a and 3b)

from

(17) SOUTH AMERICA

Total

PROGRAM SERVICES

Statement of Activities Outside the United States

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

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number

JUN	IOR UNIVERSITY				94-1156365	
Par	General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answe	red "Yes" on
	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	ts or assistance	e, and the selection criteri	ia used to award the	X Yes No
	For grantmakers. Describe in assistance outside the United Sta	ates.			-	and other
3	Activities per Region. (The follow (a) Region	(b) Number of offices in the region	3 table can be (c) Number of employees, agents, and independent contractors in region	e duplicated if additional sp (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	SOUTH ASIA			PROGRAM SERVICES	CONFERENCES AND SEMINA	100,050.
(2)	SUB-SAHARAN AFRICA			PROGRAM SERVICES	CONFERENCES AND SEMINA	25,984.
(3)	CENTRAL AMERICA AND THE CARIBB			INVESTMENTS		9,653,379,283.
(4)	EAST ASIA AND THE PACIFIC			INVESTMENTS		590,942,569.
(5)	EUROPE			INVESTMENTS		708,684,707.
(6)	MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		15,881,924.
(7)	NORTH AMERICA			INVESTMENTS		414,445,481.
(8)	SOUTH AMERICA			INVESTMENTS		214,881,652.
(9)	SOUTH ASIA			INVESTMENTS		196,507.
(10)	SUB-SAHARAN AFRICA			INVESTMENTS		393,490,726.
(11)	CENTRAL AMERICA AND THE CARIBB			INVESTMENT FEES		7,439,438.
(12)	NORTH AMERICA			INVESTMENT FEES		578,325.
(13)	SUB-SAHARAN AFRICA			INVESTMENT FEES		2,313,161.
(14)	EAST ASIA AND THE PACIFIC			GRANTMAKING		156,885.
(15)	EAST ASIA AND THE PACIFIC			GRANTMAKING		834,860.
(16)	EUROPE			GRANTMAKING		2,240,730.
	MIDDLE EAST AND NORTH AFRICA Sub-total			GRANTMAKING		171,740.
b	Total from continuation sheets to Part I					

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

Schedule F (Form 990) 2015

c Totals (add lines 3a and 3b)

Statement of Activities Outside the United States

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

► Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number

JUNIOR UNIVERSITY

94-1156365

Par	General Information of Form 990, Part IV, line 14		Outside the U	Jnited States. Complete	if the organization answe	ered "Yes" on			
1	For grantmakers. Does the orga assistance, the grantees' eligibility grants or assistance?				a used to award the	X Yes No			
2	assistance outside the United States.								
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
(1)	NORTH AMERICA			GRANTMAKING		1,178,498.			
	SOUTH AMERICA			GRANTMAKING		30,649.			
	SOUTH ASIA			GRANTMAKING		835,189.			
	SUB-SAHARAN AFRICA EUROPE			GRANTMAKING		529,201.			
				GRANTMAKING		76,115.			
	EAST ASIA AND THE PACIFIC			FUNDRAISING		129,262.			
_(1)	EUROPE		1.	FUNDRAISING		285,734.			
(8)	MIDDLE EAST AND NORTH AFRICA			FUNDRAISING		30.			
(9)	NORTH AMERICA			FUNDRAISING		94.			
(10)	SOUTH AMERICA			FUNDRAISING		1,331.			
(11)	SOUTH ASIA			FUNDRAISING		5,736.			
(12)	SUB-SAHARAN AFRICA			FUNDRAISING		6,207.			
(13)									
(14)									
(15)									
(16)									
(17)									
3a									
b	sheets to Part I								
C	Totals (add lines 3a and 3b)								

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

	(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of valuation
	organization	sèction and EIN (if applicable)		grant	ćash grant	cash disbursement	non-cash assistance	of non-cash assistance	(book, FMV appraisal, other)
)			SOUTH ASIA	RESEARCH SUB	527,142.	CHECK/WIRE			
)			MIDDLE EAST AND NORTH AF	RESEARCH SUB	28,782.	CHECK/WIRE			
)			EUROPE	RESEARCH SUB	106,242.	CHECK/WIRE			
)			EUROPE	RESEARCH SUB	54,657.	CHECK/WIRE			
)			SOUTH ASIA	RESEARCH SUB	6,807.	CHECK/WIRE			
)			NORTH AMERICA	RESEARCH SUB	19,720.	CHECK/WIRE			
)			SUB-SAHARAN AFRICA	RESEARCH SUB	6,751.	CHECK/WIRE			
)			SUB-SAHARAN AFRICA	RESEARCH SUB	15,300.	CHECK/WIRE			
)			EUROPE	RESEARCH SUB	148,153.	CHECK/WIRE			
0)			SUB-SAHARAN AFRICA	RESEARCH SUB	266,721.	CHECK/WIRE			
1)			SOUTH ASIA	RESEARCH SUB	260,297.	CHECK/WIRE			
2)			SOUTH ASIA	RESEARCH SUB	34,428.	CHECK/WIRE			
3)			EUROPE	RESEARCH SUB	223,451.	CHECK/WIRE			
4)			EAST ASIA AND THE PACIFI	RESEARCH SUB	27,500.	CHECK/WIRE			
5)			EUROPE	RESEARCH SUB	162,060.	CHECK/WIRE			
6)			SOUTH ASIA	RESEARCH SUB	6,516.	CHECK/WIRE			

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	•	
Enter total number of other organizations or entities		

³ Enter total number of other organizations or entities......

Dama S

Schedule F ((Form 990) 2015		Pag
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Con	mplete if the organization answere	ed "Yes" on Form 990

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
1 \									
1)			NORTH AMERICA	RESEARCH SUB	201,012.	CHECK/WIRE			
2)			EUROPE	RESEARCH SUB	56,789.	CHECK/WIRE			
3)			EUROPE	RESEARCH SUB	149,804.	CHECK/WIRE			
,									
4)			SUB-SAHARAN AFRICA	RESEARCH SUB	117,763.	CHECK/WIRE			
5)			EAST ASIA AND THE PACIFI	RESEARCH SUB	102,000.	CHECK/WIRE			
6)			NORTH AMERICA	RESEARCH SUB	66,863.	CHECK/WIRE			
			NORTH TEMPLECT	RESERVED SOS	00,003.	CHECKY WITH			
7)			NORTH AMERICA	RESEARCH SUB	148,998.	CHECK/WIRE			
8)			EUROPE	RESEARCH SUB	95,833.	CHECK/WIRE			
9)			EAST ASIA AND THE PACIFI	RESEARCH SUB	67,056.	CHECK/WIRE			
				RESERVED SOS	0770301	CHECKY WITH			
10)			NORTH AMERICA	RESEARCH SUB	253,323.	CHECK/WIRE			
11)			SUB-SAHARAN AFRICA	RESEARCH SUB	84,866.	CHECK/WIRE			
12)			EUROPE	RESEARCH SUB	27,925.	CHECK/WIRE			
			Bortor B	RESERVED DOD	27,525.	CIBERT WITE			
13)			EUROPE	RESEARCH SUB	64,792.	CHECK/WIRE			
14)			MIDDLE EAST AND NORTH AF	RESEARCH SUB	74,910.	CHECK/WIRE			
15)			NORTH AMERICA	RESEARCH SUB	100 000	CHECK/WIRE			
.0,			NORTH AMBRICA	RESEARCH SUB	100,000.	CHECK/WIKE			
16)			MIDDLE EAST AND NORTH AF	RESEARCH SUB	68,048.	CHECK/WIRE			

Schedule F (Form 990) 2015

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

1130303

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
1)			SOUTH AMERICA	RESEARCH SUB	30,649.	CHECK/WIRE			
2)			EUROPE	RESEARCH SUB	249,838.	CHECK/WIRE			
3)			EUROPE	RESEARCH SUB	6,700.	CHECK/WIRE			
ļ)			NORTH AMERICA	RESEARCH SUB	153,656.	CHECK/WIRE			
5)			EUROPE	RESEARCH SUB	64,992.	CHECK/WIRE			
5)			NORTH AMERICA	RESEARCH SUB	24,905.	CHECK/WIRE			
7)			EUROPE	RESEARCH SUB	44,000.	CHECK/WIRE			
3)				RESEARCH SUB	14,653.	CHECK/WIRE			
))			EAST ASIA AND THE PACIFI						
)) (0)			EAST ASIA AND THE PACIFI	RESEARCH SUB	597,574.	CHECK/WIRE			
			EUROPE	RESEARCH SUB	783,023.	CHECK/WIRE			
11)			NORTH AMERICA	RESEARCH SUB	42,380.	CHECK/WIRE			
12)			NORTH AMERICA	RESEARCH SUB	165,187.	CHECK/WIRE			
13)			SUB-SAHARAN AFRICA	RESEARCH SUB	37,800.	CHECK/WIRE			
14)			EAST ASIA AND THE PACIFI	RESEARCH SUB	20,000.	CHECK/WIRE			
5)									
6)									

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Schedule F (Form 990) 2015

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STIPENDS	EUROPE	28.	76,115.	CHECK/EFT			
(2) SCHOLARSHIP	EAST ASIA/PACIFIC	14.	156,885.	CHECK/EFT			
_(3)							
(4)							
(5)							
(6)							
_(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(1-1)							
<u>(16)</u>							
(17)							
(18)						Sah.	edule F (Form 990) 201

Schedule F (Form 990) 2015

Part IV Foreign Forms Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	X	Yes	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X	Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X	Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	X	Yes	No

Page 5 Schedule F (Form 990) 2015

Part V **Supplemental Information**

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

PART I: LINE 2:

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

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE UNITED STATES (US) ARE PRINCIPALLY GOVERNED BY THE PURPOSE FOR WHICH THE FUNDS WERE GRANTED. FOR THE VAST MAJORITY OF ENROLLED STUDENTS, FINANCIAL AID AMOUNTS, SUCH AS GRANTS, STIPENDS, FELLOWSHIPS AND SCHOLARSHIPS TO US PERSONS FOR STUDY ABROAD ARE PAID BY DIRECT DEPOSIT TO STUDENT US BANK ACCOUNTS IN THE AT THE TIME OF CONSTRUCTIVE RECEIPT OF THESE FUNDS IN THE US, IT IS POSSIBLE THAT STUDENTS (PARTICULARLY DOCTORAL STUDENTS) MIGHT BE TRAVELING, OR "LIVING", OUTSIDE OF THE US DURING THE COURSE OF THEIR ACADEMIC WORK, OR EVEN FOR PERSONAL PURPOSES.

STANFORD REQUIRES THAT STUDENTS WHO ARE RECEIVING FINANCIAL AID MAINTAIN THEIR REGISTRATION STATUS, AND BE ENROLLED FOR ACADEMIC CREDIT IN UNIVERSITY-APPROVED PROGRAMS. THE UNIVERSITY DOES NOT BROADLY CONSIDER FINANCIAL AID DISBURSEMENTS IN THE US TO ENROLLED STUDENTS AS "GRANTS TO FOREIGN INDIVIDUALS" AND THEREFORE, DOES NOT TRACK PAYMENTS IN THAT MANNER. ACCORDINGLY, THOSE GRANTS PAID OUTSIDE OF THE US, OR SUBAWARD GRANTS FOR USE OUTSIDE THE US FOR PROGRAMS WHICH HAVE A READILY IDENTIFIABLE FOREIGN COMPONENT THAT IS SEPARATELY TRACKED ARE REPORTED ON SCHEDULE F.

PROCEDURES FOR MONITORING SUB-AWARDS (DISCUSSED FURTHER BELOW UNDER

Schedule F (Form 990) 2015 Page **5**

Part V Supplemental Information

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

GRANTMAKING) INCLUDES AN INITIAL RISK ASSESSMENT OF THE RECIPIENT

TOGETHER WITH AN AUDIT/FINANCIALS REVIEW. THIS ASSESSMENT DETERMINES THE

SCOPE OF AGREEMENT TERMS TO ENSURE SAFE-HANDLING OF THE AWARD. IN

ACCORDANCE WITH FEDERAL OMB UNIFORM GUIDANCE, THE SUB-RECIPIENT IS

REQUIRED TO ANNUALLY COMPLETE A QUESTIONNAIRE DESIGNED TO ASSESS CERTAIN

ASPECTS OF THE ENTITY'S INTERNAL CONTROLS AND FINANCIAL STATUS. THIS

INFORMATION IS COLLECTED AND REVIEWED BY SPONSORED RESEARCH SPECIALISTS.

INVOICES SUBMITTED TO THE UNIVERSITY BY THE SUB-RECIPIENT ARE REVIEWED TO

ENSURE THAT CHARGED EXPENSES MEET BOTH INTERNAL ACCOUNTING POLICIES, AS

WELL AS FEDERAL STANDARDS. AWARDS ARE MONITORED ON AN ONGOING BASIS BY

MEETING, REPORT OR COMMUNICATION, BY BOTH THE AWARD PRINCIPAL

INVESTIGATOR AND THE UNIVERSITY'S SUB-RECIPIENT MONITORING OFFICER TO

ENSURE THAT PROGRESS IS BEING MADE AS AGREED.

PART I: LINE 3:

DETAILS FOR EACH TYPE OF ACTIVITY CONDUCTED IN EACH REGION AND THE METHOD USED TO ACCOUNT FOR EXPENDITURES ON PART I, COLUMN (F):

AS A LEADING RESEARCH INSTITUTION, STANFORD UNIVERSITY CONDUCTS

ACTIVITIES WORLDWIDE IN PURSUIT OF ITS ACADEMIC MISSION OF EDUCATION,

RESEARCH AND PATIENT CARE. ITS STUDENTS, FACULTY AND ALUMNI COMMUNITIES

ARE SIMILARLY INTERNATIONAL IN CHARACTER, AND SEEK TO COLLABORATE IN AN

INTERDEPENDENT WORLD TO UNDERSTAND AND SOLVE GLOBAL CHALLENGES.

THE UNIVERSITY HAS REPORTED ON SCHEDULE F EXPENDITURES RELATING TO

Schedule F (Form 990) 2015

Part V Supplemental Information

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

FOREIGN ACTIVITIES THAT ARE TRACKED IN THE ACCOUNTING SYSTEM, IN ACCORDANCE WITH U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

1.PROGRAM SERVICES:

PROGRAM SERVICES INCLUDE ACTIVITIES RELATING TO THE CORE INSTITUTIONAL MISSION OF TEACHING, RESEARCH AND PATIENT CARE. FOR FINANCIAL STATEMENT PURPOSES, EXPENDITURES ARE REPORTED IN ACCORDANCE WITH U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

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

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

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

-STANFORD LINEAR ACCELERATOR (SLAC): SLAC INCLUDES SALARIES FOR PERSONNEL PLACED INTERNATIONALLY, AND FOREIGN TRAVEL EXPENSES.

Schedule F (Form 990) 2015 Page **5**

Part V Supplemental Information

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

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

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

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

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

-CONFERENCES AND SEMINARS: CONFERENCES AND SEMINARS INCLUDE EXPENSES

INCURRED FOR LODGING, TRANSPORTATION AND MEALS FOR FACULTY AND STUDENTS

TO ATTEND AND PRESENT RESEARCH FINDINGS.

2.INVESTMENTS:

IN THE INTERESTS OF PRUDENT STEWARDSHIP OF ITS ENDOWMENT FUNDS, THE UNIVERSITY SEEKS TO MAINTAIN A DIVERSIFIED INVESTMENT PORTFOLIO OF

Schedule F (Form 990) 2015 Page **5**

Part V Supplemental Information

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

ACTIVELY MANAGED FINANCIAL AND REAL ESTATE ASSETS LOCATED THROUGHOUT THE WORLD. DIVERSIFICATION AIMS TO ENSURE THAT THE ENDOWMENT GENERATES RETURNS THAT BOTH MEETS CURRENT OPERATING INCOME NEEDS AND PROVIDES FOR SUPPORT OF FUTURE STUDENTS AND PROGRAMS. THE PORTFOLIO IS CONSTRUCTED ON A FOUNDATION OF MODERN PORTFOLIO THEORY AND STRATEGIC ALLOCATION, SEEKING TO OPTIMIZE LONG-TERM RETURNS, CREATE CONSISTENT ANNUAL PAYOUTS TO THE UNIVERSITY'S OPERATING BUDGET AND PRESERVE PURCHASING POWER FOR FUTURE GENERATIONS OF STANFORD FACULTY AND STUDENTS. THE STANFORD MANAGEMENT COMPANY, A DIVISION OF THE UNIVERSITY, ACTIVELY MANAGES THE ENDOWMENT, ACCESSING MANY OF THE BEST THIRD-PARTY MANAGERS WORLDWIDE TO DEPLOY ITS CAPITAL. THE GEOGRAPHIC ALLOCATION OF THE UNIVERSITY'S INVESTMENTS, AS SHOWN IN SCHEDULE F, IS A RESULT OF THESE FACTORS.

THE UNIVERSITY REPORTS IN PART I ITS REGIONAL NET BOOK VALUE OF INVESTMENT AMOUNTS, CONSISTENT WITH THE IRS 2016 INSTRUCTIONS FOR SCHEDULE F. ALSO REPORTED IN PART I ARE DIRECT COMPENSATION TO THIRD-PARTY MANAGERS.

3.GRANTMAKING:

STANFORD UNIVERSITY IS NOT A "GRANT MAKER" PER SE IN THAT ITS FUNDAMENTAL MISSION, AND PURPOSE FOR TAX-EXEMPTION, RELATES TO TEACHING, RESEARCH AND PATIENT CARE ACTIVITIES. HOWEVER, IN THE COURSE OF THESE MISSION-BASED ACTIVITIES, THE UNIVERSITY DOES MAKE PAYMENTS THAT MEET THE CRITERIA FOR 'GRANTMAKING' AS DEFINED BY THE INSTRUCTIONS TO IRS 990 SCHEDULE F.

Page 5 Schedule F (Form 990) 2015

Part V **Supplemental Information**

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

ACCORDINGLY, THESE GRANTS ARE REPORTED ON SCHEDULE F, PART I, AND ALSO REPORTED ON PARTS II AND III AS REQUIRED BY THE INSTRUCTIONS.

FOR MOST US INSTITUTIONS OF HIGHER EDUCATION, PROVISION OF FINANCIAL AID TO STUDENTS IS AN IMPORTANT ACTIVITY ENABLING QUALIFIED STUDENTS TO OBTAIN A COLLEGE EDUCATION AT THE UNDERGRADUATE, GRADUATE OR POSTDOCTORAL LEVEL. STANFORD IS COMMITTED TO A "NEED-BLIND" ADMISSION POLICY FOR US CITIZENS AND PERMANENT RESIDENTS; IT ADMITS QUALIFIED STUDENTS WITHOUT REGARD TO THEIR ABILITY TO PAY, AND PROVIDES A COMPREHENSIVE FINANCIAL AID PROGRAM FOR ALL ADMITTED STUDENTS WHO HAVE UNIVERSITY-COMPUTED NEED, AND WHO MEET STATED FINANCIAL AID ELIGIBILITY REQUIREMENTS.

FOR THE FISCAL YEAR ENDED AUGUST 31, 2016 (FY 2016), 85% OF UNDERGRADUATE AND ABOUT 82% OF GRADUATE STUDENTS RECEIVED SOME FORM OF FINANCIAL AID, WITH A TOTAL OF \$413,740,512 OF FINANCIAL AID DISBURSED TO ALL STANFORD STUDENTS. APPROXIMATELY 65% OF THIS AID TOOK THE FORM OF TRANSFERS FROM INTERNAL UNIVERSITY FUNDS TO OFFSET TUITION AND OTHER UNIVERSITY CHARGES THAT WOULD OTHERWISE HAVE BEEN RECEIVED BY THE UNIVERSITY. THE BALANCE OF \$144,127,218 REPRESENTS DISBURSEMENTS, PRIMARILY TO GRADUATE STUDENTS, FOR STIPENDS, FELLOWSHIPS AND OTHER STUDENT AID IN SUPPORT OF ACADEMIC EFFORT.

GRANTS TO ORGANIZATIONS ARE PRIMARILY IN THE FORM OF RESEARCH SUB-AWARDS. SUB-AWARDS ARE PAYMENTS TO THIRD PARTY RECIPIENTS FOR PERFORMING A

Schedule F (Form 990) 2015 Page **5**

Part V Supplemental Information

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

PORTION OF A STANFORD RESEARCH PROGRAM, MOST OFTEN A SPONSORED-RESEARCH PROJECT. MANY SUB-AWARDS ARE AGREEMENTS FOR CONTRACTUALLY DEFINED DELIVERABLES, USUALLY REQUIRING HIGHLY SPECIFIC EXPERTISE. AS SUCH THEY COULD BE DESCRIBED AS RESEARCH CONTRACTS. HOWEVER, CERTAIN SUB-AWARDS MIGHT ALSO BE CATEGORIZED AS GRANTS, DEPENDING ON THE NATURE OF THE ORIGINATING PRIME FUNDING SOURCE, SINCE THE TERMS AND CONDITIONS OF THE ORIGINATING FUNDING SOURCE GENERALLY FLOW THROUGH TO THE SUB-AWARD. ACCORDINGLY, GRANT-FUNDED SUB-AWARDS ARE REPORTED IN PART II.

CONTRACT-FUNDED SUB-AWARDS TO FOREIGN RECIPIENTS ARE REPORTED IN PART I, LINE 3 AS PROGRAM SERVICES - RESEARCH.

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

4.FUNDRAISING:

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

Schedule F (Form 990) 2015 Page **5**

Part V Supplemental Information

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

PART II: METHOD USED TO ACCOUNT FOR GRANTS TO ORGANIZATIONS

SUB-AWARDS ARE SEPARATELY TRACKED IN THE ACCOUNTING SYSTEM WITH THE

IDENTIFICATION OF THE FUNDING SOURCE OF THE SUB AWARD (I.E. GRANT VS.

CONTRACT) SEPARATELY TRACKED IN THE UNIVERSITY'S SPONSORED RESEARCH

SYSTEM. INCLUDED IN PART II ARE DIRECT GRANTS AND OTHER ASSISTANCE TO

ORGANIZATIONS OUTSIDE THE US. THE UNIVERSITY DOES NOT TRACK WHETHER

GRANTS TO ORGANIZATIONS WITHIN THE US ARE MADE FOR THE PURPOSE OF

PROVIDING GRANTS TO FOREIGN ORGANIZATIONS. SUB-AWARDS ARE SUBJECT TO THE

MONITORING PROCEDURES DISCUSSED IN PART V WITH RESPECT TO PART I, LINE 2

REGARDLESS OF WHETHER THE RECIPIENT WILL FURTHER SUB-AWARD FUNDS IN ORDER

TO ACCOMPLISH THE PURPOSES OF THE AWARD.

PART III: METHOD USED TO ACCOUNT FOR GRANTS TO INDIVIDUALS

PAYMENTS TO INDIVIDUALS OUTSIDE OF THE UNITED STATES ARE TRACKED IN THE

PAYABLES SUB-LEDGER OF THE ACCOUNTING SYSTEM. GRANT DISBURSEMENTS TO

STUDENTS AND FACULTY ARE TRACKED AT A SUMMARY LEVEL IN THE ACCOUNTING

SYSTEM. THE AWARDING AND MONITORING OF INDIVIDUAL GRANT FUNDS IS A

DECENTRALIZED ACADEMIC PROGRAM LEVEL RESPONSIBILITY. THE NUMBER OF

RECIPIENTS REPORTED IN PART III REFLECT ACTUAL RECIPIENTS OF THOSE

PROGRAMS, OR OTHER IDENTIFIED STUDENT RECIPIENTS.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number

JUNIOR UNIVERSITY 94-1156365 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 |X | Solicitation of non-government grants Mail solicitations е а X X Internet and email solicitations f Solicitation of government grants X Special fundraising events Χ Phone solicitations С X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 ATTACHMENT 1 2 3 6 8 9 10 2,381,798. 831,080 Total \triangleright 1,806,384. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. CA, NY,

Page 2 Schedule G (Form 990 or 990-EZ) 2015 Part II

			(a) Event #1 UNDER ONE LUNCH	(b) Event #2 RODIN MOONLIGH	(c) Other events	(d) Total events (add col. (a) through	
45			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	1,283,736.	226,103.	256,764.	1,766,603	
∝		Less: Contributions Gross income (line 1 minus	1,264,335.	219,203.	204,569.	1,688,107	
		line 2)	19,401.	6,900.	52,195.	78,496	
	4	Cash prizes					
	5	Noncash prizes			2,026.	2,026	
enses	6	Rent/facility costs	26,119.		8,102.	34,221	
Direct Expenses	7	Food and beverages	37,962.	290,303.	34,553.	362,81	
Dire	8	Entertainment	33,390.		26,559.	59,949	
	9	Other direct expenses	183,907.	552.	47,171.	231,630	
	10	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	1 through 9 in column (d))		690,644	
	1.1						
Pa	rt I	Gaming. Complete if the orga	anization answered "Y			-612,148 orted more	
Pa	rt I		anization answered "Y			orted more (d) Total gaming (add	
Revenue	rt I	Gaming. Complete if the orga	anization answered "Y EZ, line 6a. (a) Bingo	es" on Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (add	
Revenue	rt	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y EZ, line 6a. (a) Bingo	es" on Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (add	
Expenses Revenue	1 2	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y EZ, line 6a. (a) Bingo	es" on Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (add	
Expenses Revenue	1 2 3	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y EZ, line 6a. (a) Bingo	es" on Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (add	
Revenue	1 2 3 4	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y EZ, line 6a. (a) Bingo	es" on Form 990, Par	t IV, line 19, or repo	orted more	
Expenses Revenue	1 2 3 4 5	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs	anization answered "Y EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	orted more (d) Total gaming (add	
Expenses Revenue	1 2 3 4 5	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	anization answered "YEZ, line 6a. (a) Bingo Yes% No	(b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or report IV, line 19, or repo	orted more (d) Total gaming (add	
Expenses Revenue	1 2 3 4 5 6 7	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	anization answered "YEZ, line 6a. (a) Bingo Yes% No 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	Yes% No	orted more (d) Total gaming (add	
Direct Expenses Revenue	1 2 3 4 5 6 7 8 E Is	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtranter the state(s) in which the organization licensed to conduct of the organization licensed to	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No wmn (d) trivities: of these states?	Yes% No	(d) Total gaming (add col. (a) through col. (c))	

Sched	Tule G (Form 990 or 990-EZ) 2015
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?Yes No
b	
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
·	in res, enter hame and address of the tillid party.
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year \$ \\ \ \\$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2015

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
RUFFALO NOEL LEVITZ P. O. BOX 3018 CEDAR RAPIDS IA 52406-1117	STDNT PHONE APPEAL	X	1,066,926.	530,690.	536,237.
THE STELTER COMPANY 10435 NEW YORK AVENUE DES MOINES IA 50322	BROCHURES	X		38,395.	
MRS. JAYNE SHERRY MORDELL 301 OAKDALE AVENUE MILL VALLEY CA 94941	EVENT MANAGEMENT	X	1,264,336.	36,600.	1,227,736.
GRIZZARD 3500 LENOX ROAD, SUITE 1900 ATLANTA GA 30303	SOLICITATN& DEVELOPMENT	Х	50,536.	8,125.	42,411.
THE PURSUANT GROUP 5151 BELT LINE ROAD, SUITE 900 DALLAS TX 75254	FUNDRAISING CONSULTANCY	X		217,270.	

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

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

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

2015

Employer identification number Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 94-1156365 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (e) Amount of non-(b) EIN (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant or government if applicable cash assistance non-cash assistance or assistance grant (1) ALAMEDA ELEMENTARY SCHOOL 501 N DIXON PORTLAND, OR 97227 93-6000830 37,749 STATE OF CA PROGRAM DEVELOP (2) AMERICAN FEDERATION FOR CHILDREN GROWTH FD. 1660 L ST NW STE 1000 WASHINGTON, DC 20036 52-2111508 501 (C) (3) 50,000 GENERAL SUPPORT (3) AMERICAN RED CROSS 2731 N. FIRST STREET SAN JOSE, CA 95134 53-0196605 501 (C) (3) 7,000 GENERAL SUPPORT (4) AMERICAN'S UNITED FOR SEPARATION OF CHURCH 1901 L ST NW ST400 WASHINGTON, DC 20036 53-0184647 501 (C) (3) 15,000 (5) AOPA FOUNDATION 421 AVIATION WAY FREDERICK, MD 21701 20-8817225 501 (C) (3) 10,000. GENERAL SUPPORT (6) BOSTON COLLEGE 140 COMMONWEALTH AVE 04-2103545 501 (C) (3) 50,000 GENERAL SUPPORT (7) BROWN UNIVERSITY 110 ELM ST PROVIDENCE, RI 02903 501 (C) (3) 200,000 GENERAL SUPPORT 1 GRAD AVE BD192 SAN LUIS OBISPO, CA 93407 20-4927897 STATE OF CA 20,000 GENERAL SUPPORT (9) CARNEGIE ENDOWMENT FOR INTL PEACE 1779 MA AVE NW WASHINGTON, DC 20036 13-0552040 501 (C) (3) 25,000 FELLOWSHIPS (10) CARPINTERIA CHILDRENS PROJECT 95-6101195 50,000 1400 LINDEN AVE CARPINTERIA, CA 93013 STATE OF CA GENERAL SUPPORT (11) CHABAD JEWISH CENTER OF SANTA FE 85-0446049 501 (C) (3) 1505 GALISTEAO ST SANTA FE, NM 87505 10,000 SUPPORT ANNUAL FUND (12) CHINESE CULTURE FDN OF SAN FRANCISCO 750 KEARNY 3RD FL SAN FRANCISCO, CA 94108 94-1688190 501 (C) (3) GENERAL SUPPORT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

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

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

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

2015

Employer identification number Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 94-1156365 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable cash assistance non-cash assistance or assistance grant (1) COLLEGE TRACK 94-3279613 |501 (C) (3) 111 BROADWAY STE 101 OAKLAND, CA 94607 40,000 GENERAL SUPPORT (2) COMMUNITY FDN OF GREATER JOHNSTOWN 116 MARKET ST SUITE 4 JOHNSTOWN, PA 15901 25-1637373 501 (C) (3) 198,225 GENERAL SUPPORT (3) COMMUNITY INITIAVES 564A SANTA RITA AVE PALO ALTO, CA 94301 94-3255070 501 (C) (3) 25,000. GENERAL SUPPORT (4) CORNELL UNIVERSITY 130 E SENECA ST ITHACA, NY 14850 15-0532082 501 (C) (3) 420,000 (5) DUKE UNIVERSITY PO BOX 90600 DURHAM, NC 27708 56-0532129 501 (C) (3) 45,000. GENERAL SUPPORT (6) FARHANG FOUNDATION PO BOX 491571 LOS ANGELES, CA 90049 26-1574533 501 (C) (3) 95,000 GENERAL SUPPORT (7) FIELD INSTITUTE OF TAOS 85-0442587 | 501 (C) (3) 100,000 PO BOX 486 ARROYO SECO, NM 87514 GENERAL SUPPORT (8) FOOD BANK OF CENTRAL & EASTERN N. CAROLINA 3808 TARHEEL DR RALEIGH, NC 27609 56-1283426 501 (C) (3) 1,000,000 GENERAL SUPPORT (9) HEAD ROYCE SCHOOL 4315 LINCOLN AVE OAKLAND, CA 94602 94-1518656 501 (C) (3) 12,000 GENERAL SUPPORT (10) HILLEL AT STANFORD PO BOX 20526 STANFORD, CA 94309 77-0492512 501 (C) (3) 100,000 SUPPORT ANNUAL FUND (11) HOWARD UNIVERSITY 2400 6THST NW#590501 WASHINGTON, DC 20059 53-0204707 | 501 (C) (3) 75,000 GENERAL SUPPORT (12) KEYS SCHOOL 2890 MIDDLEFIELD RD PALO ALTO, CA 94306 94-2240127 | 501 (C) (3) SUPPORT ANNUAL FUND Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

OMB No. 1545-0047

2015

Employer identification number Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 94-1156365 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (e) Amount of non-(b) EIN (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant or government if applicable cash assistance non-cash assistance or assistance grant (1) LUCILE PACKARD CHILDREN'S HOSPITAL 725 WELCH ROAD PALO ALTO, CA 94304 77-0003859 501 (C) (3) 11,010,000 HOSPITAL EXPANSION (2) MAKING WAVES EDUCATION PROGRAM 3045 RESEARCH DR RICHMOND, CA 94806 68-0204312 501 (C) (3) 35,000 SPONSORSHIP (3) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 600 MEMORIAL DR CAMBRIDGE, MA 02110 04-2103594 501 (C) (3) 300,000 PROGRAM DEVELOP (4) NATIONAL EQUITY PROJECT 1720 BROADWAY 4TH FL OAKLAND, CA 94612 94-3222960 501 (C) (3) 125,000 PROGRAM DEVELOP (5) PALO ALTO UNIVERSITY 94-2340692 501 (C) (3) 1791 ARASTRADERO RD PALO ALTO, CA 94304 15,000. FELLOWSHIPS (6) PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERV PARKWAY OAKLAND, CA 94612 94-3136771 501 (C) (3) 130,000 FELLOWSHIPS (7) REGENTS UCLA 10920 WILSHIRE BD#107 LOS ANGELES, CA 90024 95-6006143 501 (C) (3) 400,000 GENERAL SUPPORT PO BOX 27635 SAN FRANCISCO, CA 94127 94-3388041 501 (C) (3) 50,000 GENERAL SUPPORT (9) SANTA BARBARA CITY COLLEGE 721 CLIFF DR SANTA BARBARA, CA 93109 95-3234551 501 (C) (3) 11,500 SUPPORT ANNUAL FUND (10) SANTA BARBARA COTTAGE HOSPITAL FDN 95-3802238 501 (C) (3) 25,000 PO BOX 689 SANTA BARBARA, CA 93102 GENERAL SUPPORT (11) SANTA BARBARA FOUNDATION 1111 CHAPELA ST#200 SANTA BARBARA, CA 93015 95-1866094 501 (C) (3) 200,000 GENERAL SUPPORT (12) SANTA FE JAZZ 310 STAAB ST SANTA FE, NM 87501 47-1314790 | 501 (C) (3) GENERAL SUPPORT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

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

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Open to Public Inspection

Employer identification number

JUNIOR UNIVERSITY						94-1156365	5
Part I General Information on Grants an	d Assistanc	е					
1 Does the organization maintain records to s			•				
the selection criteria used to award the gran							X Yes No
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip							es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SCHOOL OF PRACTICAL PHILOSOPHY							
4167 GREENWICH DR SAN RAMON, CA 94582	13-3107679	501 (C) (3)	50,000.				GENERAL SUPPORT
(2) SCHWAB CHARITABLE FUND							
111 WALL ST NEW YORK, NY 10005	31-1640316	501 (C) (3)	510,000.				GENERAL SUPPORT
(3) SOUTHERN POVERTY LAW CENTER							
400 WASHINGTON AVE. MONTGOMERY, AL 36104	63-0598743	501 (C) (3)	10,000.				GENERAL SUPPORT
(4) ST MARYS SCHOOL							
838 KEARNEY ST SAN FRANCISCO, CA 94108	94-1589702	501 (C) (3)	10,000.				PROGRAM DEVELOP.
(5) STANFORD HEALTH CARE							
300 PASTEUR DRIVE STANFORD, CA 94305	94-6174066	501 (C) (3)	1,042,000.				HOSPITAL EXPANSION
(6) STONY BROOK UNIVERSITY							
330 ADMIN UNIV. ADV STONY BROOK, NY 11794	11-6077945	501 (C) (3)	40,000.				FELLOWSHIPS
(7) TAOS SPORTS ASSOCIATES INC							
PO BOX 3011 TAOS, NM 87571	85-0241076	501 (C) (3)	100,000.				GENERAL SUPPORT
(8) THE CCSF FOUNDATION							
PO BOX 40488 SAN FRANCISCO, CA 94140	94-1682567	501 (C) (3)	120,000.				GENERAL SUPPORT
(9) THE COMMIT FOUNDATION							
1111 LIGHT ST STE 250 BALTIMORE, MD 21230	45-5219311	501 (C) (3)	25,000.				PROGRAM DEVELOP.
(10) THE FRIENDS OF THE ANANSI CHARTER SCHOOL							
PO BOX 1709, EL PRADO EL PRADO, NV 87529	20-3888020	501 (C) (3)	122,000.				GENERAL SUPPORT
(11) THE MAYO CLINIC							
13400 E. SHEA BLVD. SCOTTSDATE, AZ 85259	41-6011702	501 (C) (3)	50,000.				GENERAL SUPPORT
(12) THORN DIGITAL DEFENDER OF CHILDREN							
200 PARK AVE S 8TH FLOOR NEW YORK, NY 10003		•	33,333.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) an	•	•					
3 Enter total number of other organizations	listed in the lii	ne 1 table				<u></u>	

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

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Open to Public Inspection Employer identification number

JUNIOR UNIVERSITY						94-1156365	5
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipi	omestic Or	ganizations a	nd Domestic Gov	vernments. Com			es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TIPPING POINT COMMUNITY							
220MONTGOMERY ST#850 SAN FRAN, CA 94104	20-2121739	501 (C) (3)	525,000.				GENERAL SUPPORT
(2) TOWN SCHOOL FOR BOYS							
2750 JACKSON ST SAN FRANCISCO, CA 94115	94-1170412	501 (C) (3)	25,000.				GENERAL SUPPORT
(3) TRINITY EPISCOPAL CHURCH							
1500 STATE STREET SANTA BARBARA, CA 93101	95-1750018	501 (C) (3)	50,000.				GENERAL SUPPORT
(4) UNION COLLEGE							
807 UNION ST SCHENECTADY, NY 12308	14-1338580	501 (C) (3)	32,500.				GENERAL SUPPORT
(5) UNIVERSITY OF CALIFORNIA BERKELEY							
2080 ADDISON ST#4200 BERKELEY, CA 94720	94-6090626	STATE OF CA	25,000.				GENERAL SUPPORT
(6) UNIVERSITY OF CALIFORNIA SANTA BARBARA							
UC REGENTS UC SANTA BARBARA, CA 93106	95-6006145	STATE OF CA	275,000.				PROGRAM DEVELOP.
(7) US OLYMPIC AND PARALYMPIC FOUNDATION							
1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	80-0939841	501 (C) (3)	25,000.				GENERAL SUPPORT
(8) USA FOR UNHCR							
1775 K STREET NW #580 WASHINGTON, DC 20006	52-1662800	501 (C) (3)	10,000.				GENERAL SUPPORT
(9) VILLANOVA UNIVERSITY							
800 E LANCASTER AVE VILLANOVA, PA 19085	23-1352688	501 (C) (3)	30,000.				GENERAL SUPPORT
(10) WOMENONE LTD.							
57 GROVER LANE WEST CALDWELL, NJ 07006	26-3679243	501 (C) (3)	35,000.				GENERAL SUPPORT
(11) YOSEMITE CONSERVANCY							
101MONGOMERY ST#1700 SAN FRAN, CA 94104	94-3058041	501 (C) (3)	10,000.				GENERAL SUPPORT
(12)							
2 Enter total number of section 501(c)(3) and	•	•					59.
3 Enter total number of other organizations I	isted in the li	ne 1 table				<u> </u>	

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

Schedule I (Form 990) (2015) Page 2

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	2.
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL AID TO STUDENTS	13,780.	408,440,825.			
2		, ,			
2					
3					
4					
5					
6					
7					

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

GRANTS AND ASSISTANCE

PART I, LINE 2

ONE OF THE UNIVERSITY'S HIGHEST PRIORITIES IS TO REMAIN AFFORDABLE AND

ACCESSIBLE TO THE MOST TALENTED STUDENTS, REGARDLESS OF THEIR FINANCIAL

CIRCUMSTANCES. THE UNIVERSITY'S ADMISSION PROCESS FOR UNDERGRADUATE

STUDENTS FROM THE UNITED STATES IS NEED-BLIND, WHICH MEANS THAT STUDENTS

ARE ADMITTED IRRESPECTIVE OF THEIR ABILITY TO PAY; THE UNIVERSITY

PROVIDES THE FINANCIAL AID NECESSARY TO MAKE STANFORD AFFORDABLE TO EVERY

ADMITTED STUDENT. FOR INTERNATIONAL STUDENTS, THE UNIVERSITY IS

NEED-AWARE: STANFORD ANALYZES THE NEED FOR AID AND AIMS TO MEET THE

Schedule I (Form 990) (2015) Page 2

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

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

DETERMINED NEED.

SINCE 2000, THE UNIVERSITY HAS CONTINUED TO ENHANCE ITS FINANCIAL AID PROGRAMS FOR BOTH ITS UNDERGRADUATE AND GRADUATE STUDENTS. CURRENTLY, FAMILIES WITH TYPICAL ASSETS FROM THE U.S. WITH INCOMES BELOW \$125,000 PAY NO TUITION, AND THOSE WITH INCOMES BELOW \$65,000 PAY NO TUITION, ROOM OR BOARD. IN FY16, APPROXIMATELY HALF OF UNDERGRADUATES WERE AWARDED NEED-BASED FINANCIAL AID FROM STANFORD.

GRADUATE STUDENT FINANCIAL AID AND OTHER SUPPORT IS AWARDED BASED ON

Page 2

Schedule I (Form 990) (2015)

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

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

ACADEMIC MERIT AND THE AVAILABILITY OF AID. IN THE FACE OF DIMINISHING FEDERAL SUPPORT, STANFORD HAS ASSUMED MORE OF THE FINANCIAL WEIGHT OF SUPPORTING ITS GRADUATE STUDENTS. IN FY16, APPROXIMATELY 82% OF GRADUATE STUDENTS RECEIVED FINANCIAL SUPPORT.

THE KNIGHT-HENNESSY SCHOLARS PROGRAM WILL BE AN ADDITIONAL SOURCE OF GRADUATE STUDENT SUPPORT WHEN ITS FIRST COHORT BEGINS THEIR STUDIES IN FALL 2018. THE PROGRAM PROVIDES FULL FUNDING FOR THREE YEARS TO ENABLE GRADUATE STUDENTS TO PURSUE ADVANCED DEGREES AND DEVELOP THE CAPACITY TO LEAD AND BRING ABOUT POSITIVE CHANGES IN THE WORLD.

Page 2

Schedule I (Form 990) (2015)

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

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

THE UNIVERSITY IS ALSO MINDFUL OF STUDENT DEBT, AND IT DOES NOT EXPECT STUDENTS TO BORROW TO MEET THEIR NEED. OVER 75 PERCENT OF STANFORD UNDERGRADUATES GRADUATE WITH NO DEBT. FOR THOSE WHO BORROW, MEDIAN DEBT IN 2015 WAS \$16,417.

THE TOTAL FINANCIAL AID INCLUDES \$269,613,294 IN MERIT AND NEED-BASED SCHOLARSHIPS AND FELLOWSHIPS. AN ADDITIONAL \$144,127,248 REFLECTS AMOUNTS PAID FOR ADDITIONAL FINANCIAL SUPPORT TO STUDENTS, INCLUDING PAYMENTS FOR HEALTH INSURANCE, LIVING EXPENSES, AND SUPPORT OF POSTDOCTORAL FELLOWS.

Schedule I (Form 990) (2015)

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

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

Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THESE AMOUNTS INCLUDE \$233,001 IN GRANTS TO INDIVIDUALS OUTSIDE THE

UNITED STATES.

GRANTS LISTED IN PART II ARE PRIMARILY GRANTS MADE FROM DONOR ADVISED FUNDS MANAGED BY STANFORD AND ARE BASED ON RECOMMENDATIONS BY DONORS OF THOSE FUNDS AND REVIEWED AND APPROVED BY SENIOR OFFICIALS IN THE OFFICE OF DEVELOPMENT.

SUB-GRANTS

STANFORD OCCASIONALLY RECEIVES GRANT SUPPORT THAT IS DISBURSED TO OTHER

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.
► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Open to Public

OMB No. 1545-0047

Inspection Employer identification number

94-1156365

JUNIOR UNIVERSITY Questions Regarding Compensation

Part	Questions Regarding Compensation		V	N ₂
1.	Check the appropriate havior) if the argenization provided any of the following to ar far a paragraphic on Form		Yes	No
ıa	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b	X	
_	explain	ID		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	_		
	1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4.	37	
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	37
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
~	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
a h	Any related organization?	6b		X
D	If "Yes" on line 6a or 6b, describe in Part III.	OD.		Λ
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	x	
Q	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	-		
8				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			v
•	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MIS	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOHN HENNESSY	(i)	983,094.	0.	0.	272,899.	219,840.	1,475,833.	
1PRESIDENT/TRUSTEE	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN ETCHEMENDY	(i)	673,006.	0.	3,078.	113,486.	75,379.	864,949.	
2 ^{PROVOST}	(ii)	0.	0.	0.	0.	0.	0.	0.
RANDALL LIVINGSTON	(i)	593,753.	0.	480.	128,000.	70,775.	793,008.	
3VP BUS AFFAIRS/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
MARTIN SHELL	(i)	596,997.	15,500.	531,417.	26,500.	69,946.	1,240,360.	372,500.
4 ^{VP} DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
DEBRA ZUMWALT	(i)	627,374.	0.	0.	255,300.	10,006.	892,680.	
5 ^{VP} GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT C. REIDY	(i)	429,999.	300,000.	0.	209,833.	67,520.	1,007,352.	
6 P LAND, BUILDINGS & REAL EST	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID DEMAREST	(i)	361,395.	72,500.	5,980.	39,250.	26,015.	505,140.	
7 ^{VP} PUBLIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
HOWARD WOLF	(i)	358,808.	55,000.	511.	26,500.	34,034.	474,853.	
8PRES. OF STANFORD ALUM. ASSOC.	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM MADIA	(i)	395,833.	78,000.	36,280.	26,500.	1,272.	537,885.	
9VP SLAC NAL	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH ZACHARIAS	(i)	52,672.	100,000.	9,701.	0.	5,101.	167,474.	
10 ^{VP} FOR HR, APPOINTED 10/19/15	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT F. WALLACE	(i)	447,364.	0.	32,682.	17,153.	21,698.	518,897.	
11CEO, SMC, APPOINTED 7/1/15	(ii)	0.	0.	0.	0.	0.	0.	0.
LLOYD B. MINOR	(i)	1,385,420.	200,000.	131,255.	308,873.	37,682.	2,063,230.	
12DEAN, SCHOOL OF MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN POWERS	(i)	449,819.	0.	3,189,220.	26,500.	26,279.	3,691,818.	1,532,049.
13PRESIDENT, SMC, THROUGH 5/1/15	(ii)	0.	0.	0.	0.	0.	0.	0.
GARY STEINBERG	(i)	692,169.	725,750.	0.	26,500.	19,702.	1,464,121.	
14 ^{CHAIR} , NEUROSURGERY	(ii)	0.	0.	0.	0.	0.	0.	0.
YIPING WOO	(i)	1,144,448.	693,433.	30,370.	5,238.	49,596.	1,923,085.	
15 ^{PROF. & CHAIR, CARDIO SURGERY}	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID SHAW	(i)	2,859,595.	500,000.	1,753,219.	528,273.	39,354.	5,680,441.	1,350,000.
16 ^{DIRECTOR OF FOOTBALL}	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation (C)			(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
FRANK HANLEY	(i)	562,989.	1,325,000.	0.	26,500.	26,919.	1,941,408.	
1 ^{CHIEF, PED CARDIOTHORACIC}	(ii)	0.	0.	0.	0.	0.	0.	0.
TARA VANDERVEER	(i)	579,211.	86,188.	1,332,594.	269,383.	12,232.	2,279,608.	
2HEAD COACH WOMEN'S BASKETBALL	(ii)	0.	0.	0.	0.	0.	0.	0.
PHILIP A. PIZZO	(i)	444,002.	11,458.	160,356.	26,500.	6,645.	648,961.	
3PROF & FORMER DEAN, SCH OF MED	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID JONES	(i)	191,009.	0.	3,509.	19,728.	13,749.	227,995.	
4 ^{VP} HR, THROUGH 7/10/15	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD SALLER	(i)	554,049.	0.	36,251.	25,854.	13,247.	629,401.	
5DEAN, SCHOOL OF HUM & SCIENCES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Part | Supplemental Information

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

PART I, LINE 1A

FIRST-CLASS OR CHARTER TRAVEL

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

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

IN COMPLIANCE WITH THE UNIVERSITY'S TRAVEL POLICY DESCRIBED ABOVE, EIGHT

Part | Supplemental Information

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

PERSONS LISTED ON PART VII USED FIRST CLASS TRAVEL SERVICES AND SEVEN
PERSONS USED CHARTER TRAVEL DURING CALENDAR YEAR 2015. SUCH TRAVEL WAS
FOR BUSINESS PURPOSES AND NOT INCLUDED IN TAXABLE INCOME TO THE
INDIVIDUALS.

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

EXCEPTIONS TO THIS POLICY ARE RARE AND MUST BE APPROVED IN ADVANCE OF
TRAVEL BY THE PROVOST. TWO PERSONS LISTED ON PART VII RECEIVED COMPANION
TRAVEL THAT WAS IN FURTHERANCE OF UNIVERSITY'S BUSINESS AND CONSIDERED
NON-TAXABLE. ONE PERSON RECEIVED COMPANION TRAVEL AS PART OF THEIR
RELOCATION PACKAGE AND WAS INCLUDED IN TAXABLE INCOME TO THE INDIVIDUAL.

PRESIDENT AND PROVOST HOUSING/PERSONAL SERVICES

AS A CONDITION OF HIS EMPLOYMENT AS PRESIDENT OF THE UNIVERSITY AND FOR
THE CONVENIENCE OF THE UNIVERSITY, PRESIDENT HENNESSY IS REQUIRED TO LIVE

6558EF 7377

Part | Supplemental Information

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

IN THE PRESIDENT'S HOME ON THE CAMPUS OF THE UNIVERSITY. THE RESIDENCE IS USED FREQUENTLY FOR UNIVERSITY BUSINESS INCLUDING OFFICIAL GATHERINGS OF FACULTY, STAFF, STUDENTS, ALUMNI, DONORS AND THEIR FAMILIES. AS PART OF A PROGRAM OF APPROPRIATE AND REGULAR MAINTENANCE OF THIS HOUSE, THE UNIVERSITY PROVIDED CLEANING SERVICE FOR THE PUBLIC AND PRIVATE AREAS. THE UNIVERSITY HAS INCLUDED AS NONTAXABLE COMPENSATION IN COLUMN D THE ESTIMATED RENTAL VALUE OF THE AREAS OF THIS RESIDENCE RESERVED FOR THE PERSONAL USE OF THE PRESIDENT, BASED UPON THE PREVAILING RENTAL RATES IN PALO ALTO AND ACTUAL COSTS OF RELATED SERVICES, INCLUDING MAINTENANCE, CLEANING AND UTILITIES.

AS A CONDITION OF HIS EMPLOYMENT AS PROVOST OF THE UNIVERSITY AND FOR THE CONVENIENCE OF THE UNIVERSITY, PROVOST ETCHEMENDY IS REQUIRED TO LIVE ON THE CAMPUS OF THE UNIVERSITY. THE RESIDENCE IS USED FREQUENTLY FOR UNIVERSITY BUSINESS INCLUDING OFFICIAL GATHERINGS OF FACULTY, STAFF, STUDENTS, ALUMNI, DONORS AND THEIR FAMILIES. AS PART OF A PROGRAM OF APPROPRIATE AND REGULAR MAINTENANCE OF THIS HOUSE, THE UNIVERSITY PROVIDED CLEANING SERVICE FOR THE PUBLIC AND PRIVATE AREAS. THE

Part | Supplemental Information

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

UNIVERSITY HAS INCLUDED AS NONTAXABLE COMPENSATION IN COLUMN D THE ESTIMATED RENTAL VALUE OF THE AREAS OF THIS RESIDENCE RESERVED FOR THE PERSONAL USE OF THE PROVOST, BASED UPON THE PREVAILING RENTAL RATES IN PALO ALTO AND ACTUAL COSTS OF RELATED SERVICES, INCLUDING MAINTENANCE, CLEANING AND UTILITIES.

THE FOLLOWING INDIVIDUALS RECEIVED TAXABLE HOUSING BENEFITS DURING CALENDAR YEAR 2015: JOHN ETCHEMENDY, LLOYD B. MINOR, WILLIAM MADIA, RICHARD SALLER, DAVID SHAW, MARTIN SHELL, ROBERT F. WALLACE, TARA VANDERVEER, AND YIPING WOO. THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINE 4A SEVERANCE PLAN

DURING CALENDAR YEAR 2015, JOHN POWERS, A KEY EMPLOYEE, ENTERED INTO A SEPARATION AGREEMENT WITH THE UNIVERSITY AND WAS PAID \$1,362,450. THIS AMOUNT IS INCLUDED ON SCHEDULE J COLUMN B(III) AS OTHER REPORTABLE COMPENSATION.

Part | Supplemental Information

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

NO OTHER SEVERANCE PAYMENT WAS MADE DURING CALENDAR YEAR 2015 TO AN INDIVIDUAL LISTED ON PART VII SECTION A LINE 1A, ALTHOUGH CERTAIN LISTED INDIVIDUALS ARE ELIGIBLE FOR THE UNIVERSITY-APPROVED SEVERANCE PLAN THAT PROVIDES FOR PAYMENT BASED ON THE INDIVIDUAL'S YEARS OF SERVICE.

PART I, LINE 4B DEFERRED COMPENSATION PLAN PROVISIONS

CERTAIN OFFICERS AND OTHERS LISTED IN PART VII, SECTION A, LINE 1A

PARTICIPATE IN A DEFERRED COMPENSATION PLAN. AMOUNTS ARE CREDITED TO THE

PLAN BASED ON PERFORMANCE AND CERTAIN OTHER FACTORS. PLAN BALANCES ARE

SUBJECT TO FORFEITURE AND/OR PAYMENT ONLY IF CERTAIN CONDITIONS ARE MET.

CERTAIN BONUS AMOUNTS MAY BE DEFERRED AND PAID IN A LATER YEAR SUBJECT TO

IRC SECTION 457(F).

IN GENERAL, PER THE INSTRUCTIONS FOR SCHEDULE J, PART II, COLUMN (C),

DEFERRED COMPENSATION IS TREATED AS EARNED RATABLY OVER THE PERIOD OF

SERVICE REQUIRED FOR VESTING. A MONTHLY CONVENTION HAS BEEN USED TO

PRORATE AMOUNTS OVER THE APPLICABLE VESTING PERIOD. COLUMN (C) DOES NOT

6558EF 7377

Part | Supplemental Information

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

INCLUDE AMOUNTS DEFERRED IN A CALENDAR YEAR TO A DATE ON OR BEFORE MARCH
15TH OF THE FOLLOWING CALENDAR YEAR. THE NET EFFECT OF APPLYING THE
FOREGOING RULES AND CONVENTIONS, AND DIFFERING VESTING SCHEDULES, IS THAT
DEFERRED COMPENSATION REPORTED IN COLUMN (C) FOR AN INDIVIDUAL MAY VARY
OVER TIME. IN CERTAIN INSTANCES INVOLVING OLDER DEFERRED COMPENSATION
PLANS, IF AN INDIVIDUAL'S DEFERRED COMPENSATION HAS IN THE PAST BEEN
REPORTED WHEN CREDITED TO A DEFERRED COMPENSATION ACCOUNT, RATHER THAN AS
EARNED RATABLY OVER THE RELATED VESTING PERIOD, THE INDIVIDUAL'S DEFERRED
COMPENSATION CONTINUES TO BE REPORTED WHEN CREDITED, IN THE INTERESTS OF
ACCURACY AND CONSISTENCY.

DEFERRED COMPENSATION IS REPORTED IN SCHEDULE J, PART II, COLUMN (C) IN
THE YEAR OF DEFERRAL, AS DESCRIBED ABOVE, AND IS REPORTED IN SCHEDULE J,
PART II, COLUMN (B)(III) AND COLUMN (F) IN THE YEAR OF PAYMENT, IF
APPLICABLE. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM THEIR
DEFERRED COMPENSATION ACCOUNT DURING CALENDAR YEAR 2015: JOHN POWERS \$1,824,765; MARTIN SHELL - \$477,009; DAVID SHAW - \$1,691,529, AND TARA
VANDERVEER - \$1,301,128.

Part | Supplemental Information

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

SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP)

THE UNIVERSITY PROVIDED PRESIDENT JOHN HENNESSY WITH TWO SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS (SERPS) DURING HIS TERM OF SERVICE AS AN OFFICER TO SUPPLEMENT HIS SOCIAL SECURITY AND 403(B) RETIREMENT BENEFITS. BOTH SERPS WERE EARNED GRADUALLY OVER SPECIFIED PERIODS DURING HIS TERM OF SERVICE AS AN OFFICER.

THE FIRST SERP WAS EARNED OVER THE 12 YEARS ENDING AUGUST 31, 2012.

HAVING SERVED IN HIS POSITION THROUGH AUGUST 31, 2012, THE PRESIDENT

BECAME ELIGIBLE TO RECEIVE A BENEFIT APPROXIMATELY EQUAL TO AN ANNUAL

PAYMENT FOR LIFE OF 35.5% OF HIS HIGHEST THREE YEAR AVERAGE BASE PAY

DURING THE 12 YEAR PERIOD, OFFSET BY THE ANNUITY EQUIVALENT OF HIS

ANTICIPATED SOCIAL SECURITY BENEFIT AND AMOUNTS CONTRIBUTED BY THE

UNIVERSITY DIRECTLY TO HIS 403(B) DEFINED CONTRIBUTION RETIREMENT PLAN

WHILE HE WAS AN OFFICER. THERE WERE NO SUBSEQUENT ACCRUALS TO THIS SERP

THROUGH THE YEAR ENDED DECEMBER 31, 2015. THIS SERP BENEFIT REMAINS

Part | Supplemental Information

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

SUBJECT TO FORFEITURE IF CERTAIN CONDITIONS ARE NOT MET.

THE SECOND SERP PROVIDED THAT THE PRESIDENT WAS ELIGIBLE TO RECEIVE A BENEFIT APPROXIMATELY EQUAL TO AN ANNUAL PAYMENT FOR LIFE OF 2% OF HIS HIGHEST THREE YEAR AVERAGE BASE PAY FOR EACH FISCAL YEAR FROM FY 2013 THROUGH FY 2018 DURING WHICH HE SERVED AS PRESIDENT. BY REMAINING IN HIS POSITION THROUGH AUGUST 31, 2016, THE PRESIDENT BECAME ELIGIBLE TO RECEIVE A BENEFIT APPROXIMATELY EQUAL TO AN ANNUAL PAYMENT FOR LIFE OF 8% OF HIS HIGHEST THREE YEAR AVERAGE BASE PAY (2.0 PERCENTAGE POINTS OF WHICH WAS EARNED IN FY 2016). THIS SERP BENEFIT REMAINS SUBJECT TO FORFEITURE IF CERTAIN CONDITIONS ARE NOT MET.

FOR THE YEAR ENDED DECEMBER 31, 2015, THE VALUE OF THE ANNUAL ACCRUAL OF THE SECOND SERP WAS \$246,399 AND THIS AMOUNT IS INCLUDED ON SCHEDULE J COLUMN (C) AS DEFERRED COMPENSATION.

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

Part | Supplemental Information

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

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

FOR THE YEAR ENDED DECEMBER 31, 2015, THE VALUE OF THE SERP INCREASED BY \$86,986 AS A RESULT OF THE PROVOST RECEIVING AN INCREASE IN BASE PAY, AND THIS AMOUNT IS INCLUDED ON SCHEDULE J COLUMN (C) AS DEFERRED COMPENSATION.

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

VARIABLE COMPENSATION OF SCHOOL OF MEDICINE FACULTY

TOTAL COMPENSATION FOR FACULTY IN THE SCHOOL OF MEDICINE IS MADE UP OF

THE FOLLOWING INTEGRAL COMPONENTS: SALARY AND BENEFITS, ADMINISTRATIVE

Part | Supplemental Information

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

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

VARIABLE COMPENSATION OF INVESTMENT PROFESSIONALS

Part | Supplemental Information

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

A PORTION OF THE COMPENSATION PAID TO EACH LISTED INVESTMENT PROFESSIONAL IS BASED ON A COMBINATION OF THREE FACTORS: THREE YEAR ANNUALIZED PERFORMANCE VERSUS THE RELEVANT POLICY PORTFOLIO BENCHMARK RETURN FOR THAT PERIOD, THREE YEAR MERGED POOL ANNUALIZED PERFORMANCE VERSUS THE PERFORMANCE OF CERTAIN OTHER COLLEGE AND UNIVERSITY ENDOWMENT INVESTMENT POOLS IN THE UNITED STATES, AND INDIVIDUAL PERFORMANCE.

VARIABLE COMPENSATION OF ATHLETICS PROFESSIONALS

LISTED ATHLETICS PROFESSIONALS ARE ELIGIBLE TO RECEIVE BONUSES AND

INCENTIVE COMPENSATION BASED ON THE ACADEMIC PERFORMANCE OF THE

STUDENT-ATHLETES, ATHLETIC PERFORMANCE, ATTENDANCE AT ATHLETIC EVENTS,

AND/OR LEADERSHIP, AS PROVIDED IN THE PROFESSIONALS' COMPENSATION

VARIABLE COMPENSATION OF OFFICERS AND OTHERS

OFFICERS AND OTHERS ARE ELIGIBLE TO RECEIVE BONUSES AND INCENTIVE

COMPENSATION BASED ON PERFORMANCE. CURRENT YEAR BONUS AMOUNTS ARE

REPORTED IN SCHEDULE J, PART II, COLUMN B(II). CERTAIN BONUS AMOUNTS MAY

AGREEMENTS.

Part | Supplemental Information

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

BE DEFERRED AND PAID IN A LATER YEAR SUBJECT TO IRC SECTION 457(F). SUCH AMOUNTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN (C) IN THE YEAR OF DEFERRAL AND REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) AND COLUMN (F) IN THE YEAR OF PAYMENT, IF APPLICABLE.

PART II, COLUMN (B) (III)

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

PART II, COLUMNS (C) AND (D)

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

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

Part | Supplemental Information

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

UNIVERSITY RESERVES THE RIGHT TO CHANGE ELIGIBILITY REQUIREMENTS AND/OR

THE NATURE AND EXTENT OF THE BENEFIT BEING PROMISED. THE VALUE OF THESE

BENEFITS IS REPORTED FOR EACH LISTED PERSON IN THE YEAR, IF ANY, SUCH

BENEFITS ARE RECEIVED.

PART II, COLUMN (F)

AMOUNTS APPEARING IN COLUMN (F) ARE DEFERRED COMPENSATION PAYMENTS

REPORTED IN COLUMN (C) IN PRIOR YEARS AND THAT ARE REPORTED (A SECOND

TIME) IN COLUMN (B)(III) IN THE CURRENT YEAR.

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SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

TIINTOD IINTUFDCTTV

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

94-1156365

Employer identification number

JUN	IOR UNIVERSITY									9	94-11	.5636	55												
Par	t I Bond Issues																								
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ed (e) I	ssue price	(f) D	escription of pu	otion of purpose		efeased	(h) (beha issu	If of	(i) Po finan											
										Yes	No	Yes	No	Yes	No										
A _C	ALIFORNIA EDUCATIONAL FACILITIES AUTHORITY CP	52-1705592	13018AXQ8	10/22/20	14 30	0,000,000.	SEE SCHEDUL	E O			Х		х		х										
B C	ALIFORNIA EDUCATIONAL FACILITIES AUTHORITY S	52-1705592	130175P89	06/24/20	04 18	1,196,530.	SEE SCHEDUL	E O			х		х	<u></u>	х										
<u>C</u> C	ALIFORNIA EDUCATIONAL FACILITIES AUTHORITY T-1&3	52-1705592	130178JD9	06/19/20	07 15	3,277,097.	SEE SCHEDUL	E O			Х		Х		Х										
_																									
	ALIFORNIA EDUCATIONAL FACILITIES AUTHORITY T-5	52-1705592	130178TQ9	08/04/20	09 5	9,147,724.	SEE SCHEDUL	E O			Х		Х		Х										
Pai	t II Proceeds																								
4	Amount of bondo rotined			-		Α		B 790,000.	C	•	-		D												
	Amount of bonds retired						9,	790,000.																	
	Total proceeds of issue				300	218,313	182 /	129,497.	156 1	07 3/	12	50	1.4	8,03											
4	Gross proceeds in reserve funds				300,	210,313	. 102,125,157.		156,107,342		12.		,	5,0	۷.										
5	Capitalized interest from proceeds.				2.	369,441	. 1.1	L98,734.	5	95.44	40.				_										
	Proceeds in refunding escrows.					307,111		27077021		595,440		333 / 110 .		, , , , , , , , , , , , , , , , , , , ,					_						
7	Issuance costs from proceeds						9	992,205.	6	661,216.				1,64	14										
8	Credit enhancement from proceeds													<u> </u>	_										
9	Working capital expenditures from proceeds														_										
10	Capital expenditures from proceeds				48,	624,969	. 147,7	790,592.	64,355,560.		64,355,560.		64,355,560.		64,355,560		64,355,50		64,355		50.				
11	Other spent proceeds					218,313	. 32,4	147,966.	90,495,126.		90,495,126		90,495,126.		90,495,126.						,14	6,38	8.		
	Other unspent proceeds																								
13	Year of substantial completion				20	15	200)6	2009		2009			2	003										
					Yes	No	Yes	No	Yes	No)	Yes		No)										
14	Were the bonds issued as part of a current refunding				X		X		Х					Х											
	Were the bonds issued as part of an advance refun					Х		X		X		X													
16	Has the final allocation of proceeds been made? .					X	X		X			X													
17	Does the organization maintain adequate boo																								
	final allocation of proceeds?	<u> </u>			X		X		X		X		X			X									
Pai	t III Private Business Use							D			-														
			, ,		V	A		В	V			Var	D												
1	Was the organization a partner in a partnership which owned property financed by tax-exempt bond				Yes	No X	Yes	No X	Yes	No X		Yes	+	No											
2	Are there any lease arrangements that may i					^		^																	

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

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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OMB No. 1545-0047 Open to Public Inspection

JUNIOR UNIVERSITY

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number 94-1156365

JUNIOR UNIVERSITY									9	94 - 11	.5636	55									
Part I Bond Issues																					
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issue	d (e) Is	ssue price	(f) Do	escription of pu	rpose	(g) De	efeased	(h) (beha issu	alf of	(i) Po finan								
									Yes	No	Yes	No	Yes	N							
A CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-1	52-1705592	130178VU7	05/06/201	.0 25	1,631,228.	SEE SCHEDUL	E O			Х		Х		Х							
B CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-2	52-1705592	130178M86	04/17/201	.2 9:	9,193,766.	SEE SCHEDUL	E O			X		Х		Х							
C CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-3	52-1705592	130178X76	05/15/201	3 35	1 795 122	SEE SCHEDUL	₹ O			x		Х		х							
_	32 1703372	130170270	03/13/201	.5 55.	1,775,122.	SEE SCHEDOL			1	A											
D CALIFORNIA EDUCATIONAL FACILITIES SERIES U-4	52-1705592	130178X84	05/15/201	.3 5	2,773,978.	SEE SCHEDUL	E O			Х		Х		Х							
Part II Proceeds							_														
4. Amount of hands retired			-		Α		В	C	-			D		—							
1 Amount of bonds retired														—							
2 Amount of bonds legally defeased				251	878,327	0.0 1	94,474.	. 351,884,550.		-	E 2	2,77	2 00								
3 Total proceeds of issue				Z51,	5/0,34/	. 99,1	.94,4/4.	331,6	54,55	50.	52	.,//	3,90	_							
5 Capitalized interest from proceeds				1	309,485			7 0	05 50	50				_							
6 Proceeds in refunding escrows.					309,403	•		7,0	7,095,560.		7,055,500.					_					
7 Issuance costs from proceeds				1 1	631,228		72,646.	1 2	49 34	18		19	1,29	 1							
8 Credit enhancement from proceeds					031,220	•	72,010.	1,249,348.		10.			1,22	_							
Working capital expenditures from proceeds														_							
10 Capital expenditures from proceeds				112.4	490,515			337 716 685		337,716,685.		337,716,685.		337,716,685.		35				_	
11 Other spent proceeds					447,099		21,828.				5,825,277.								2.58	2.69	7
12 Other unspent proceeds						. , , , ,		3,023,277.		3,023,277.		3,323,1				,,,,,					
13 Year of substantial completion				201	1.2	200	3	2013		2013		2013			2	2003		_			
				Yes	No	Yes	No	Yes	No	,	Yes	٠ .	No	,							
14 Were the bonds issued as part of a current refund	ing issue?			Х		Х		Х					Х								
15 Were the bonds issued as part of an advance refu	nding issue?				Х		Х		Х		Х										
16 Has the final allocation of proceeds been made?				Х		Х		Х			Х										
17 Does the organization maintain adequate bo	oks and record	ds to supp	ort the																		
final allocation of proceeds?				X		X		X			X										
Part III Private Business Use																					
					Α		В	C	;			D									
1 Was the organization a partner in a partnersh				Yes	No	Yes	No	Yes	No)	Yes		No								
which owned property financed by tax-exempt bo	nds?				X				X												
2 Are there any lease arrangements that may	result in priva	te business	s use of																		
bond-financed property?				X			1	x													

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SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number

JUNIOR UNIVERSITY									9	<u>4-1</u> 1	L56365	5															
Part I Bond Issues				_																							
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Iss	ue price	(f) Description of p		rpose	(g) De	efeased	(h) Oi behalf issue	f of	(i) Poo financ														
									Yes	No	Yes	No	Yes														
A CALIFORNIA EDUCATIONAL FACILITIES SERIES U-5	52-1705592	1301783X2	05/14/2014	150	,450,962.	SEE SCHEDULI	E O			х		х															
CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-6	52-1705592	1301783W4	05/14/2014	350	,002,728.	SEE SCHEDULI	E 0			х	:	х															
											1																
CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-7	52-1705592	130179GV0	06/22/2016	250	,000,550.	SEE SCHEDULI	E O			Х	1	х															
art II Proceeds																											
alt II Proceeds					Α		В	С				D															
1 Amount of bonds retired							_																				
2 Amount of bonds legally defeased																											
3 Total proceeds of issue				150,4	51,764	. 350,4	11,097.	250,14	16,92	24.																	
4 Gross proceeds in reserve funds																											
5 Capitalized interest from proceeds						1,9	24,982.																				
6 Proceeds in refunding escrows																											
7 Issuance costs from proceeds					2,211																						
8 Credit enhancement from proceeds																											
9 Working capital expenditures from proceeds																											
Capital expenditures from proceeds						279,3	93,124.																				
1 Other spent proceeds				150,4	49,552	. 3,4	17,015.																				
2 Other unspent proceeds						65,6	75,976.	250,14	16,92	24.																	
3 Year of substantial completion				200	2																						
				Yes	No	Yes	No	Yes	No)	Yes	\perp	No														
4 Were the bonds issued as part of a current refund	ing issue?			X		X			X			\perp															
5 Were the bonds issued as part of an advance refu	nding issue?				X		Х		X			\perp															
6 Has the final allocation of proceeds been made?				X			Х		X			\perp															
7 Does the organization maintain adequate bo																											
final allocation of proceeds?				Х		X		Х				\perp															
art III Private Business Use					Δ		В	С				D															
4. Mos the experimetion a postner in a restricted	in or o moreles	. of on 11 C	<u> </u>	Yes	No	Yes	No	Yes	No		Yes	ار	No														
1 Was the organization a partner in a partnershi which owned property financed by tax-exempt bor				162	NO	162	X	162	X	'	162	+	NO														
2 Are there any lease arrangements that may							Λ.		Λ			+															
bond-financed property?	.ccait iii piiva	.c buoinoso	, 450 01			x		x																			

Par	TI Private Business Use (Continued)	X EXEMP	T BONDS						
			Α		В	(С	ı	D
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		X		Х		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X		Х		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a $501(c)(3)$ organization since the bonds were issued?		X		Х		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?						<u> </u>		
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			
Par	t IV Arbitrage		_						
			A		В		C		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
	If "No" to line 1, did the following apply?								T
	Rebate not due yet?	X			X		X		X
	Exception to rebate?	X		X		X		X	
c	No rebate due?		X	X		X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed				I				T
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X		X		X		X
	Name of provider								
	Term of hedge								Т
	Was the hedge superintegrated?								
е	Was the hedge terminated?								1

JSA 5E1296 1.000

Part	Private Business Use (Continued)	X EXEMP	T BONDS	2				_		
			Α		В	(С	ſ)	
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No	
	business use of bond-financed property?		X				X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
	Are there any research agreements that may result in private business use of									
	bond-financed property?	X				X				
	If "Yes" to line 3c, does the organization routinely engage bond counsel or other									
	outside counsel to review any research agreements relating to the financed property?	X				X				
	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 ▶		%		%		%		%	
	Enter the percentage of financed property used in a private business use as a									
	result of unrelated trade or business activity carried on by your organization,									
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%	
6	Total of lines 4 and 5		%		%		%		%	
	Does the bond issue meet the private security or payment test?		X				X			
	Has there been a sale or disposition of any of the bond-financed property to a									
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X				X			
	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		2/		0.4		0.4		0.4	
	disposed of		%		%		%		<u>%</u>	
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations									
	sections 1.141-12 and 1.145-2?									
	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the									
	requirements under Regulations sections 1.141-12 and 1.145-2?	x				Х				
Part		Λ								
Гаг	Arbitrage		Α		В		С		<u> </u>	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No	
	Penalty in Lieu of Arbitrage Rebate?	163	X	163	X	163	X	163	X	
	If "No" to line 1, did the following apply?		1 21				21			
	Rebate not due yet?		Х	X		X		X		
	Exception to rebate?	Х		X		X		X		
	No rebate due?	Х			Х		Х		Х	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									
	Is the bond issue a variable rate issue?		Х		Х		X		Х	
	Has the organization or the governmental issuer entered into a qualified									
	hedge with respect to the bond issue?		X		X		X		Х	
	Name of provider									
	Term of hedge									
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									

JSA 5E1296 1.000

Par	t III Private Business Use (Continued)	TAX EXEM	PT BONDS	3					
			Α		В	(С	ľ	D
3a	Are there any management or service contracts that may result in priva-	e Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?				Х		Х		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use	of							
	bond-financed property?			X		X		<u> </u>	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other	er							
	outside counsel to review any research agreements relating to the financed property?			X		X			
4	Enter the percentage of financed property used in a private business use by entities	s							
	other than a section 501(c)(3) organization or a state or local government	>	%		%		%		%
5	Enter the percentage of financed property used in a private business use as	а							
	result of unrelated trade or business activity carried on by your organizatio	n,							
	another section 501(c)(3) organization, or a state or local government	>	%	1	%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?				X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?			X		Х			
Par	t IV Arbitrage								
			Α		В	(С		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction ar		No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X		X		
	If "No" to line 1, did the following apply?				1				
	Rebate not due yet?			X		X			
b	Exception to rebate?	. X			X		X		
C	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was	ıs							
	performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
	Term of hedge								
	Was the hedge superintegrated?								
е	Was the hedge terminated?								

JSA 5E1296 1.000

Part IV Arbitrage (Continued)											
		A	ı	3		3		D			
	Yes	No	Yes	No	Yes	No	Yes	No			
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		Х			
b Name of provider		•				•					
c Term of GIC											
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х			
7 Has the organization established written procedures to monitor the											
requirements of section 148?	Х		X		x		X				
Part V Procedures To Undertake Corrective Action											
Tall V		A		3		2		D			
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No			
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?			100		100		100	110			
voluntary closing agreement program if self-remediation is not available	X		X		X		X				
Part VI Supplemental Information. Provide additional information for responses to	1	e on Sche		a instructi			Λ				
Part VI Supplemental information: 1 Tovide additional information Tesponses to	o questioi	13 011 00110	auto IX (30	C IIISII UUI	10113).						

Part IV Arbitrage (Continued)											
		A	ı	3		3		D			
	Yes	No	Yes	No	Yes	No	Yes	No			
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		Х			
b Name of provider		•				•					
c Term of GIC											
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х			
7 Has the organization established written procedures to monitor the											
requirements of section 148?	Х		X		x		X				
Part V Procedures To Undertake Corrective Action											
Tall V		A		3		2		D			
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No			
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?			100		100		100	110			
voluntary closing agreement program if self-remediation is not available	X		X		X		X				
Part VI Supplemental Information. Provide additional information for responses to	1	e on Sche		a instructi			Λ				
Part VI Supplemental information: 1 Tovide additional information Tesponses to	o questioi	13 011 00110	auto IX (30	C IIISII UUI	10113).						

Part IV Arbitrage (Continued)	A		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	100	X	100	X	100	Х	100	
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Was the regulatory sale harbor for establishing the rail market value of the circ salished: Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		
7 Has the organization established written procedures to monitor the		21		21		21		
· · · · · · · · · · · · · · · · · · ·	Х		X		X			
requirements of section 148?	21		21		21			
Part V 1100ccuties 10 Ondertake Corrective Action	Α		В		С		D	
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available	Yes	No	Yes	No	Yes	No	Yes	No
	103	110	103	110	103	110	103	110
voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Page 4

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

SCHEDULE K

TAX-EXEMPT BONDS

FOR MORE THAN 30 YEARS, STANFORD AND THE MANY COMMUNITIES AND

CONSTITUENCIES IT SERVES HAVE BENEFITED FROM TAX-EXEMPT BORROWING THROUGH

THE CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY. THE UNIVERSITY USES

GENEROUS DONOR GIFTS, UNIVERSITY RESERVES AND TAXABLE DEBT, IN ADDITION

TO PROCEEDS FROM TAX EXEMPT BORROWING, TO FUND THE CONSTRUCTION OF

ACADEMIC BUILDINGS, RESEARCH SUPPORT FACILITIES, RESIDENCES AND OTHER

CAMPUS HOUSING, ROADS AND INFRASTRUCTURE.

THESE FACILITIES HAVE, IN TURN, ENABLED THE UNIVERSITY TO ATTRACT

OUTSTANDING FACULTY AND STUDENTS AND TO MORE EFFECTIVELY PERFORM

INTERDISCIPLINARY RESEARCH DESIGNED TO ADDRESS FUNDAMENTAL WORLD

PROBLEMS. THE NEW FACILITIES PROVIDE THE STANFORD COMMUNITY WITH THE MOST

ADVANCED TECHNOLOGY AND ENVIRONMENT FOR TEACHING, LEARNING AND RESEARCH.

THE FUNDING ALSO HAS PLAYED A KEY ROLE IN ENABLING STANFORD TO MEET

SEISMIC AND OTHER FEDERAL AND STATE BUILDING REQUIREMENTS. THE FOLLOWING

ARE EXAMPLES OF BUILDINGS FUNDED IN PART THROUGH TAX-EXEMPT DEBT:

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

JSA 5E1511 1.000

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

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

II. THE LI KA SHING CENTER FOR LEARNING AND KNOWLEDGE BRINGS TOGETHER

CUTTING-EDGE MEDICINE, MODERN EDUCATION AND ADVANCED TECHNOLOGY TO TRAIN

THE PHYSICIANS OF TOMORROW. MEDICAL STUDENTS PRACTICE LIFE-SAVING SKILLS

IN REALISTIC SIMULATIONS AND LEARN TO APPLY RESEARCH TO BEDSIDE

TREATMENTS. THE CENTER IS A GATHERING PLACE FOR MEDICAL EXPERTS TO SHARE

RESEARCH AND HEALTH CARE INSIGHTS AND TO BRING THEIR COMBINED EXPERTISE

TO BEAR ON THE WORLD'S GREATEST HEALTH CHALLENGES.

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

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

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

 DEDICATED STEM CELL RESEARCH BUILDING IN THE COUNTRY. THE BUILDING HOUSES

 THE STANFORD STEM CELL BIOLOGY AND REGENERATIVE MEDICINE INSTITUTE, WHICH

 INTEGRATES RESEARCHERS FROM CANCER, NEUROSCIENCE, CARDIOVASCULAR

 MEDICINE, TRANSPLANTATION, IMMUNOLOGY, BIOENGINEERING AND DEVELOPMENTAL

 BIOLOGY. ALL ARE FOCUSED ON MAKING DISCOVERIES IN STEM CELL RESEARCH AND

 QUICKLY TRANSLATING THEM INTO PRECLINICAL APPLICATIONS, INNOVATIVE

 THERAPIES AND TREATMENTS.
- VI. THE MUNGER GRADUATE RESIDENCE IS A FIVE-BUILDING, 358 UNIT

 RESIDENTIAL COMPLEX FOR APPROXIMATELY 600 STANFORD LAW AND OTHER GRADUATE

 STUDENTS. IT IS A SIGNIFICANT INVESTMENT BY STANFORD IN MITIGATING

 TRAFFIC AND OTHER ENVIRONMENTAL CONCERNS AS IT GREATLY REDUCES THE NUMBER

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

OF PEOPLE DRIVING TO CAMPUS DAILY.

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

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

JSA

SUSTAINABILITY, INCLUDING THE STATE OF CALIFORNIA GOVERNOR'S ENVIRONMENT

AND ECONOMIC LEADERSHIP AWARD AND THE ENERGY EFFICIENCY GLOBAL FORUM,

ALLIANCE TO SAVE ENERGY: ENERGY EFFICIENCY VISIONARY AWARD, AMONG

OTHERS.

FORM 990, SCHEDULE K, PART I, COLUMN C

CUSIP NUMBER

CEFA TAX EXEMPT COMMERCIAL PAPER ("TECP") DATED 10/22/14 WAS ASSIGNED A UNIQUE BLOCK OF 900 CUSIP NUMBERS UPON ISSUANCE. A NEW CUSIP NUMBER IS ASSIGNED TO EACH TRANCHE OF TECP THAT IS ISSUED. THE CUSIP NUMBER LISTED IS THE FIRST CUSIP NUMBER IN THE SERIES AND WAS ASSIGNED AT THE ISSUANCE DATE, 10/22/14.

FORM 990, SCHEDULE K, PART I, COLUMN F

DESCRIPTION OF PURPOSE FOR TAX-EXEMPT BONDS

- A. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY CP CAPITAL EXPENDITURES

 FOR EDUCATIONAL FACILITIES. REFUND PRIOR COMMERCIAL PAPER NOTES ISSUED

 IN 2013 THAT WERE PART OF THE SAME PROGRAM. COSTS OF ISSUANCE.
- B. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY S CAPITAL EXPENDITURES

FOR EDUCATIONAL FACILITIES. REFUND CEFA SERIES L-8 ISSUED 10/30/2000, REFUND CEFA SERIES L-9 ISSUED 10/31/2001, REFUND CEFA TAX EXEMPT COMMERCIAL PAPER REVENUE NOTES ISSUED 3/18/03. CONVERSION OF SERIES S BONDS ON MAY 15, 2013 FROM VARIABLE RATE TO FIXED RATE AND CANCELLATION OF \$9,790,000 AGGREGATE PRINCIPAL AMOUNT OF THE BONDS. COSTS OF ISSUANCE.

- C. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY T-1 AND T-3 CAPITAL EXPENDITURES FOR EDUCATIONAL FACILITIES, CAPITAL EQUIPMENT, LAND IMPROVEMENTS, UTILITIES AND SYSTEMS. REFUND CEFA TAX EXEMPT COMMERCIAL PAPER NOTES ISSUED ON VARIOUS DATES. COSTS OF ISSUANCE.
- D. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY T-5 ADVANCE REFUND \$59,180,000 OF CEFA SERIES P REVENUE BONDS ISSUED MARCH 30, 1999.
- E. CALIFORNIA EDUCATIONAL FACILITES AUTHORITY U-1 CAPITAL

 EXPENDITURES FOR EDUCATIONAL FACILITIES, CAPITAL EQUIPMENT, LAND

 IMPROVEMENTS, UTILITIES, AND SYSTEMS. REFUND CEFA TAX EXEMPT COMMERCIAL

 PAPER NOTES ISSUED ON VARIOUS DATES. COSTS OF ISSUANCE.
- F. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-2 REFUND TAXABLE

COMMERCIAL PAPER NOTES ISSUED ON VARIOUS DATES THAT WERE USED TO REFUND CEFA SERIES Q ISSUED ON 5/3/2001. COSTS OF ISSUANCE.

- G. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-3 CAPITAL EXPENDITURES

 FOR EDUCATIONAL FACILITIES, CAPITAL EQUIPMENT, LAND IMPROVEMENTS,

 UTILITIES AND SYSTEMS. REFUND CEFA TAX EXEMPT COMMERCIAL PAPER NOTES

 ISSUED ON VARIOUS DATES. COSTS OF ISSUANCE.
- H. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-4 ADVANCE REFUND CEFA SERIES P BONDS ISSUED ON 3/30/1999. COSTS OF ISSUANCE.
- I. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-5 REFUND TAXABLE

 COMMERCIAL PAPER NOTES ISSUED ON VARIOUS DATES THAT WERE USED TO REFUND

 CEFA SERIES T-4 ISSUED ON MAY 15, 2008.
- J. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-6 CAPITAL EXPENDITURES

 FOR EDUCATIONAL FACILITIES, CAPITAL EQUIPMENT, LAND IMPROVEMENTS,

 UTILITIES AND SYSTEMS. REFUND TAX EXEMPT COMMERCIAL PAPER NOTES.
- K. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY U-7 CAPITAL EXPENDITURES FOR EDUCATIONAL FACILITIES, CAPITAL EQUIPMENT, LAND IMPROVEMENTS,

UTILITIES AND SYSTEMS.

FORM 990, SCHEDULE K, PART II

COMMERCIAL PAPER DEBT

FOR CEFA CP, PART II, LINE 3 IS THE MAXIMUM AMOUNT OF COMMERCIAL PAPER

THAT IS AUTHORIZED UNDER THAT ISSUE. ADDITIONAL AMOUNTS SPENT REPRESENT

INVESTMENT EARNINGS.

FORM 990, SCHEDULE K, PART II, LINE 3

TOTAL PROCEEDS

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

REPRESENTS INVESTMENT EARNINGS.

FORM 990, SCHEDULE K, PART III

REFINANCING

CEFA SERIES T-5, U-2, U-4 & U-5 PROCEEDS WERE USED TO REFINANCE DEBT

ISSUED PRIOR TO JANUARY 1, 2003. ACCORDINGLY, PART III IS NOT COMPLETED

FOR THESE ISSUES.

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

PRIVATE BUSINESS USE

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

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

JSA

Schedule K (Form 990) 2015

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

OF TOTAL FUNDING WAS WELL IN EXCESS OF THE MEASURED AMOUNT OF PRIVATE BUSINESS USE TO TOTAL USE.

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

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

BOND ISSUE ARE:

ISSUE: BIC% CEFA CP 0.0000% CEFA SERIES S 0.5476% CEFA SERIES T-1 0.4314% CEFA SERIES T-5 0.0028% CEFA SERIES U-1 0.6483% CEFA SERIES U-2 0.5773% CEFA SERIES U-3 0.3551% CEFA SERIES U-4 0.3625% CEFA SERIES U-5 0.0015%

JSA 5E1511 1.000 Schedule K (Form 990) 2015 Page 4

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

CEFA SERIES U-6 0.0000%

CEFA SERIES U-7 0.0000%

FORM 990, SCHEDULE K, PART IV

FORM 8038-T:

DURING THE PERIODS SINCE THESE BONDS WERE ISSUED, THE INTEREST COST ON

THE BONDS HAS EXCEEDED THE INVESTMENT RETURN ON ANY UNSPENT PROCEEDS.

ACCORDINGLY, NO FORM 8038-T HAS BEEN ISSUED.

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

REBATE CALCULATIONS

- B. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES S HAD A REBATE
- CALCULATION PERFORMED ON DECEMBER 3, 2007.
- C. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES T-1 AND T-3 HAD A
- REBATE CALCULATION PERFORMED ON FEBRUARY 24, 2016.
- E. CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY SERIES U-1 HAD A REBATE

CALCULATION PERFORMED ON JUNE 21, 2013.

SCHEDULE L

Transactions With Interested Persons

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

►Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JUNIOR UNIVERSITY

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number 94-1156365

Part IExcess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

	/-> Name of discountified a second	(b) Relationship between disqualified person and	(a) December of the continu	(d) Co	orrected?				
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
2	Enter the amount of tax incurred by	the organization managers or disqualified p	persons during the year						
	under section 4958								
3	Enter the amount of tax, if any, on lin	ne 2, above, reimbursed by the organization,	▶ \$						

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In a	default?		ard or	(i) W agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1) JOHN ETCHEMENDY	OFFICER	HOUSING		Х	1,710,000.	1,710,000.		Х	Х		Х	
(2) LLOYD MINOR	KEY EMPLOYEE	HOUSING		Х	1,695,000.	1,630,062.		Х	X		X	
(3) LLOYD MINOR	KEY EMPLOYEE	HOUSING		Х	700,000.	700,000.		Х	X		X	
(4) LLOYD MINOR	KEY EMPLOYEE	HOUSING		Х	1,150,000.	1,150,000.		Х	X		X	
(5) LLOYD MINOR	KEY EMPLOYEE	HOUSING		Х	780,534.	780,534.		Х	X		X	
(6) LLOYD MINOR	KEY EMPLOYEE	HOUSING		Х	719,466.	616,685.		Х	X		X	
(7) RICHARD SALLER	FORMER KEY	HOUSING		Х	300,000.	30,000.		Х	X		X	
(8) RICHARD SALLER	FORMER KEY	HOUSING		Х	25,000.	25,000.		Х	Х		X	
(9) MARTIN SHELL	OFFICER	HOUSING		Х	1,000,000.	800,000.		Х	Х		Х	
(10) ROBERT WALLACE	KEY EMPLOYEE	HOUSING		Х	700,000.	700,000.		Х	Х		Х	
Total					<u> </u>	\$ 12,582,281.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

Schedule L (Form 990 or 990-EZ) 2015

SCHEDULE L

Transactions With Interested Persons

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

►Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number 94-1156365

JUNIOR UNIVERSITY

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

	AND	(b) Relationship between disqualified person and	(a) Description of transaction		orrected?				
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year								
	under section 4958								
3	Enter the amount of tax, if any, on lin	ne 2, above, reimbursed by the organization,	▶ \$						

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In a	lefault?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1) ROBERT WALLACE	KEY EMPLOYEE	HOUSING		Х	200,000.	200,000.		Х	Х		Х	
(2) ROBERT WALLACE	KEY EMPLOYEE	HOUSING		Х	100,000.	90,000.		Х	Х		Х	
(3) ROBERT WALLACE	KEY EMPLOYEE	HOUSING		Х	3,000,000.	3,000,000.		Х	Х		Х	
(4) ELIZABETH ZACHARIAS	OFFICER	HOUSING		Х	700,000.	700,000.		Х	Х		Х	
(5) ELIZABETH ZACHARIAS	OFFICER	HOUSING		Х	250,000.	250,000.		Х	Х		Х	
(6) ELIZABETH ZACHARIAS	OFFICER	HOUSING		Х	100,000.	100,000.		Х	Х		Х	
(7) ELIZABETH ZACHARIAS	OFFICER	HOUSING		Х	100,000.	100,000.		Х	Х		Х	
(8)												
(9)												
(10)												
Total	•	•			<u> </u>	\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of ization's nues?
				Yes	No
(1) JEANNE MARIE DAVILA	SEE PART V	201,221.	COMPENSATION		Х
(2) THOMAS BYERS	SEE PART V	264,241.	COMPENSATION		Х
(3) BETH MCLELLAN	SEE PART V	83,764.	COMPENSATION		Х
(4) SUSAN LIAUTAUD	SEE PART V	15,923.	COMPENSATION		Х
_(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART II

LOANS TO/FROM INTERESTED PERSONS: PURSUANT TO PROGRAMS INTENDED TO

FACILITATE HOUSING FOR EMPLOYEES, THE UNIVERSITY HOLDS MORTGAGES AND

LEASEHOLDS ON CERTAIN HOUSES ON OR NEAR CAMPUS OWNED OR OCCUPIED BY

EMPLOYEES AND THEIR FAMILIES, WHICH, FROM TIME TO TIME, COULD INCLUDE

OFFICERS AND KEY EMPLOYEES OF THE UNIVERSITY. EACH LOAN TO AN INTERESTED

PERSON IS MADE FROM STANFORD TO THE INDIVIDUAL (COLUMN D). NONE OF THE

LOANS IS IN DEFAULT (COLUMN G). ALL LOANS HAVE BEEN APPROVED BY THE BOARD

OF TRUSTEES (COLUMN H) AND THE LOAN TERMS ARE CONSISTENT WITH THOSE MADE

AVAILABLE TO ELIGIBLE EMPLOYEES. FOR EACH LOAN ISSUED, THERE EXISTS A

WRITTEN AGREEMENT BETWEEN STANFORD AND THE BORROWER (COLUMN I). MORTGAGE

TERMS GOVERN THE CALCULATION AND PAYMENT OF INTEREST WHICH APPROXIMATE

MARKET RATES.

SCHEDULE L, PART III

GRANTS TO INTERESTED PERSONS:

THESE DISCLOSURES DO NOT INCLUDE TRANSACTIONS IN WHICH AN INTERESTED PERSON PAYS TUITION, ROOM AND/OR BOARD COSTS OR RECEIVES FINANCIAL AID, WORK/STUDY ASSISTANCE, AND/OR RESEARCH GRANTS FOR A STUDENT AT THE

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1)					
(2)					
(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

UNIVERSITY, AS SUCH AMOUNTS WOULD BE IN ACCORDANCE WITH FINANCIAL AID OR GRANT PRACTICES AND ARE PROTECTED UNDER FERPA.

SCHEDULE L, PART IV

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS: CERTAIN STANFORD EMPLOYEES
HAVE A FAMILY RELATIONSHIP WITH A LISTED PERSON. IN THE CASES REPORTED
BELOW, SUCH EMPLOYEES HAD BEEN EMPLOYED BY STANFORD PRIOR TO APPOINTMENT
OF THE LISTED PERSON TO THE POSITION OF OFFICER OR TRUSTEE AND, IN NO
CASE, WAS THE LISTED PERSON RESPONSIBLE FOR THE COMPENSATION, DIRECTION,
EVALUATION OR CONTINUED EMPLOYMENT OF THE RELATED EMPLOYEE.

- (A) NAME OF THE INTERESTED PERSON: JEANNE MARIE DAVILA
- (B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION: SISTER OF PROVOST JOHN ETCHEMENDY
- (C) AMOUNT OF TRANSACTION: \$163,600 IN CASH COMPENSATION AND \$37,621 IN BENEFITS DURING FISCAL YEAR 2016 EARNED IN HER FULL TIME STAFF POSITION AT STANFORD.
- (D) DESCRIPTION OF TRANSACTION: COMPENSATION
- (E) SHARING OF ORGANIZATION'S REVENUES? NO

Part IV Business Transactions Involving Interested Persons.

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

(a) Na	nme of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

BROTHER OF TRUSTEE, BROOK BYERS

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

- (A) NAME OF THE INTERESTED PERSON: THOMAS BYERS
- (B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION:

(C) AMOUNT OF TRANSACTION: \$226,550 IN CASH COMPENSATION AND \$37,691 IN BENEFITS DURING FISCAL YEAR 2016 EARNED IN HIS FULL TIME FACULTY POSITION

- AT STANFORD.
- (D) DESCRIPTION OF TRANSACTION: COMPENSATION
- (E) SHARING OF ORGANIZATION'S REVENUES? NO
- (A) NAME OF THE INTERESTED PERSON: BETH MCLELLAN
- (B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION:

SPOUSE OF TRUSTEE, FRED ALVAREZ

- (C) AMOUNT OF TRANSACTION: \$75,870 IN CASH COMPENSATION AND \$7,894 IN BENEFITS DURING FISCAL YEAR 2016 EARNED IN HER FULL TIME STAFF POSITION AT STANFORD.
- (D) DESCRIPTION OF TRANSACTION: COMPENSATION
- (E) SHARING OF ORGANIZATION'S REVENUES? NO

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
_(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

- (A) NAME OF THE INTERESTED PERSON: SUSAN LIAUTAUD
- (B) RELATIONSHIP BETWEEN THE INTERESTED PERSON AND THE ORGANIZATION:

SPOUSE OF TRUSTEE, BERNARD LIAUTAUD

(C) AMOUNT OF TRANSACTION: \$15,923 IN CASH COMPENSATION DURING FISCAL

YEAR 2016 EARNED IN HER POSITION AS LECTURER IN LAW AT STANFORD.

- (D) DESCRIPTION OF TRANSACTION: COMPENSATION
- (E) SHARING OF ORGANIZATION'S REVENUES? NO

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

JUNIOR UNIVERSITY

94-1156365

Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	Х	79.	0.	N/A
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
•	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3,562.	160,169,667.	FAIR MARKET VALUE
10	Securities - Closely held stock	X	18.	1,560,092.	FAIR VALUE
11	Securities - Closely field stock	21	10.	1,300,032.	THE VILLE
	• • • • • • • • • • • • • • • • • • • •	X	8.	1,025,827.	 FAIR VALUE
12	or trust interests Securities - Miscellaneous	21	0.	1,025,027.	FAIR VALUE
12	Qualified conservation				
13	contribution - Historic				
4.4	structures				
14					
45	contribution - Other	X	3.	4,046,000.	APPRAISAL
15	Real estate - Residential	^	٥.	4,040,000.	APPRAISAL
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts		0.0	1 001 440	
25	Other ►(ATCH 1)		29.	1,291,449.	
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received				29 41.
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	jement	
	B : 4				Yes No
30a	During the year, did the organizat				-
	28, that it must hold for at least th	-			· I I I
_	to be used for exempt purposes for		olding period?		30a X
	If "Yes," describe the arrangement in				
31	Does the organization have a				1 1 1
	contributions?				
32a	Does the organization hire or use				1 1 1
	contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a) is checked,
	describe in Part II.				

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

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015) Page **2**

Part II Supple

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

SCHEDULE M, PART I

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

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

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

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015) Page **2**

Part II Suppleme

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
HORSES	X	7.	0.	N/A
MUSICAL ITEMS & INSTRUM	IEN X	7.	100,004.	FAIR MARKET VALUE
COMPUTERS AND ACCESSORI	ES X	9.	875,149.	FAIR MARKET VALUE
OTHER EQUIPMENT	X	5.	191,596.	FAIR MARKET VALUE
SPORTS MEDICINE EQUIPME	ENT X	1.	124,700.	FAIR MARKET VALUE
TOTALS	_	29.	1,291,449.	

Schedule M (Form 990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

JUNIOR UNIVERSITY

Employer identification number 94-1156365

FORM 990, PAGE 1, LINE K

FORM OF ORGANIZATION

THE LELAND STANFORD JUNIOR UNIVERSITY WAS FOUNDED BY SENATOR AND MRS.

LELAND STANFORD ON NOVEMBER 11, 1885, IN MEMORY OF THEIR ONLY CHILD,

LELAND, JR. THE FOUNDING WAS ACCOMPLISHED BY A GRANT OF ENDOWMENT, KNOWN

AS THE FOUNDING GRANT, WHICH CONVEYED IN TRUST TO A BOARD OF TRUSTEES

CERTAIN PROPERTIES, DIRECTED THAT A UNIVERSITY BE ESTABLISHED AND

OUTLINED THE OBJECTIVES AND GOVERNMENT OF THE UNIVERSITY. SUBSEQUENT

LEGISLATION IN THE STATE OF CALIFORNIA GRANTED THE UNIVERSITY CORPORATE

POWERS EFFECTIVE 1901. ACCORDINGLY, STANFORD HAS ELECTED TO BE TREATED AS

A CORPORATION FOR THE PURPOSES OF THE ADMINISTRATION OF FEDERAL AND STATE

INCOME TAX LAW.

FORM 990, PART I, LINE 6

VOLUNTEERS

THERE ARE THOUSANDS OF ALUMNI AND FRIENDS OF STANFORD UNIVERSITY WHO VOLUNTEERED THEIR SERVICES TO STANFORD OVER THE COURSE OF THE YEAR.

EXAMPLES OF THE WIDE SPECTRUM OF VOLUNTEER SERVICES INCLUDE SERVING AS A MEMBER OF THE BOARD OF TRUSTEES OF THE UNIVERSITY, SERVING ON A FUNDRAISING COMMITTEE, AND SERVING ON AN ADVISORY BOARD OF AN INSTITUTE. WHILE STANFORD DOES NOT FORMALLY TRACK THE TOTAL NUMBER OF VOLUNTEERS, IT ESTIMATES THAT APPROXIMATELY 11,000 ALUMNI VOLUNTEERED DURING THE TAX YEAR.

ORGANIZATION'S MISSION - CONTINUED FROM PART I, LINE 1 & PART III, LINE 1 STANFORD IS INTERNATIONALLY RECOGNIZED FOR THE QUALITY OF ITS TEACHING AND RESEARCH, ITS DISTINGUISHED FACULTY, AND ITS OUTSTANDING STUDENT BODY. IN THE YEARS SINCE ITS FOUNDING IN 1885, STANFORD HAS GROWN TO 2,180 FACULTY MEMBERS AND AN ENROLLMENT OF APPROXIMATELY 7,032 UNDERGRADUATE AND 9,304 GRADUATE STUDENTS.

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

FORM 990, PART III, LINE 4A

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

(EXPENSES \$1,733,099,873 INCLUDING GRANTS OF \$37,122,641; REVENUE \$796,379,375)

INSTRUCTION AND DEPARTMENTAL RESEARCH: INCLUDES THE SALARIES, FRINGE
BENEFITS AND SUPPLIES NECESSARY TO TEACH 16,336 STUDENTS, INCLUDING 7,032
UNDERGRADUATE AND 9,304 GRADUATE AND PROFESSIONAL SCHOOL STUDENTS.

STANFORD'S 2,180 -PERSON FACULTY INCLUDES 20 NOBEL PRIZE WINNERS AND FOUR

Employer identification number 94-1156365

PULITZER PRIZE WINNERS. STANFORD HAS SEVEN SCHOOLS: BUSINESS, EARTH,

ENERGY & ENVIRONMENTAL SCIENCES, EDUCATION, ENGINEERING, HUMANITIES AND

SCIENCES, LAW, AND MEDICINE. UNDERGRADUATES CHOOSE AMONG 60 MAJORS AND

ARE ENCOURAGED TO LEARN CRITICAL THINKING SKILLS THROUGH RESEARCH.

STANFORD STRIVES FOR CLOSE INTERACTION WITH FACULTY TO PREPARE STUDENTS

TO BE THE NEXT GENERATION OF LEADERS, INCREASE THE WORLD'S KNOWLEDGE AND

SAVE LIVES.

FORM 990, PART III, LINE 4B

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

(EXPENSES \$1,092,696,187 INCLUDING GRANTS OF \$22,929,138; \$188,531,727

REPORTED REVENUE EXCLUDES FEDERAL RESEARCH SUPPORT)

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

BOTH BASIC AND APPLIED RESEARCH, STANFORD IS COMMITTED TO PROVIDING NEW KNOWLEDGE THAT FUELS OUR NATIONAL ECONOMY AND TO TRAINING GRADUATE STUDENTS WHO WILL BECOME TOMORROW'S TEACHERS AND RESEARCHERS.

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

FORM 990, PART III, LINE 4C

STATEMENT OF PROGRAM SERVICES ACCOMPLISHMENTS

(EXPENSES \$1,019,270,072 INCLUDING GRANTS OF \$657,934; REVENUE \$1,080,597,464.)

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

STANFORD SCHOOL OF MEDICINE FACULTY MEMBERS ARE HEALTH-CARE PRACTITIONERS

AS WELL AS TEACHERS, COMBINING EXPERTISE HONED BY RESEARCH WITH THE MOST

ADVANCED TECHNOLOGY TO TREAT PATIENTS AT STANFORD HEALTH CARE AND THE

LUCILE PACKARD CHILDREN'S HOSPITAL. STANFORD FACULTY PROVIDE

APPROXIMATELY 84 PERCENT OF THE PATIENT CARE AT STANFORD HEALTH CARE AND

96 PERCENT OF THE PEDIATRIC CARE AT LUCILE PACKARD CHILDREN'S HOSPITAL.

RESIDENTIAL & DINING ENTERPRISES (R&DE) IS THE STEWARD OF 5 MILLION SQ FT

OF PHYSICAL PLANT (APPROXIMATELY 1/3 OF CAMPUS) AND GENERATES REVENUE

PRIMARILY THROUGH STUDENT ROOM AND BOARD. R&DE HOUSES 6,470 UNDERGRADUATE

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

Employer identification number

94-1156365

STUDENTS AND 5,650 GRADUATE STUDENTS. R&DE COMPLEMENTS STANFORD'S

ACADEMIC PROGRAMS WITH A ROBUST RESIDENTIAL LIVING AND LEARNING

ENVIRONMENT. THE UNIVERSITY HAS BEEN INVESTING IN THE RESIDENTIAL

EDUCATION PROGRAM TO FOSTER AN ENVIRONMENT OF INTELLECTUAL, EDUCATIONAL,

AND COMMUNITY-BUILDING ACTIVITIES IN STUDENT RESIDENCES.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES (EXPENSES \$827,159,821 INCLUDING GRANTS OF \$376,993,276; REVENUE \$402,388,133)

ACADEMIC SUPPORT AND PUBLIC SERVICE	\$395,413,293
STUDENT FINANCIAL AID	\$269,613,294
SLAC CONSTRUCTION AND OTHER	\$162,133,234
TOTAL OTHER PROGRAM SERVICE EXPENSES	\$827,159,821

ACADEMIC SUPPORT AND PUBLIC SERVICE: STANFORD SUPPORTS 20 LIBRARIES. THE COLLECTIONS OF BOOKS, JOURNALS, SCORES AND PRINTED REFERENCE WORKS

COMPRISE MORE THAN 9.3 MILLION PHYSICAL VOLUMES, 1.5 MILLION E-BOOKS, 2.5 MILLION AUDIOVISUAL MATERIALS, MORE THAN 77,000 SERIALS, THOUSANDS OF OTHER DIGITAL RESOURCES AND NEARLY 6 MILLION MICROFORM HOLDINGS. SPECIAL COLLECTIONS INCLUDE ABOUT 300,000 RARE BOOKS AND MORE THAN 59 MILLION PAGES OF MATERIALS.

THE STANFORD UNIVERSITY INFORMATION TECHNOLOGY NETWORK AND INFRASTRUCTURE INCLUDES MORE THAN 250,000 ACTIVE DEVICES WITH ASSIGNED INTERNET PROTOCOL ADDRESSES. STANFORD UNIVERSITY NETWORK TRANSPORTS 40 TERABYTES OF

INCOMING DATA AND 30 TERABYTES OF DATA OUTGOING BETWEEN STANFORD AND THE INTERNET EACH DAY. STUDENT SERVICES INCLUDE, AMONG OTHERS, THE DEAN OF STUDENT LIFE OFFICE, THE REGISTRAR, THE ADMISSIONS OFFICE, THE FINANCIAL AID OFFICE, AND THE OFFICE FOR RELIGIOUS LIFE.

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

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

FORM 990 PART IV, LINES 12A AND 12B

AUDIT OF FINANCIAL STATEMENTS

STANFORD'S CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS
ENDED AUGUST 31, 2016 AND AUGUST 31, 2015 WERE AUDITED BY THE ACCOUNTING
FIRM OF PRICEWATERHOUSECOOPERS ("PWC"). AS REQUIRED BY GENERALLY ACCEPTED
ACCOUNTING PRINCIPLES, THE UNIVERSITY'S FINANCIAL STATEMENTS ARE PREPARED
ON A CONSOLIDATED BASIS AND REFLECT THE COMBINED FINANCIAL POSITION AND
RESULTS OF THE UNIVERSITY, STANFORD HEALTH CARE AND LUCILE SALTER PACKARD
CHILDREN'S HOSPITAL AT STANFORD, INCLUDING THEIR RESPECTIVE CONTROLLED
AFFILIATES ("THE HOSPITALS"). IN ADDITION, THE FINANCIAL STATEMENTS
PRESENT CONSOLIDATING STATEMENTS THAT DISCLOSE SEPARATELY THE ACCOUNTS OF

Employer identification number 94-1156365

THE UNIVERSITY FROM THOSE OF THE HOSPITALS. UNDER SEPARATE COVER, THE HOSPITALS PROVIDE AUDITED FINANCIAL STATEMENTS OF THEIR OWN ACCOUNTS. PWC UTILIZES SEPARATE AUDIT TEAMS TO CONDUCT THE AUDIT ENGAGEMENTS OF STANFORD AND THE HOSPITALS. EACH AUDIT IS CONDUCTED BY QUALIFIED PROFESSIONAL ACCOUNTANTS WITH AUDIT PLANS DESIGNED FROM THE SEPARATE ACCOUNTS FOR THE RESPECTIVE ENTITIES, IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS.

FORM 990, PART V, LINE 4B

STANFORD HAS AN INTEREST IN OR SIGNATURE AUTHORITY OVER BANK OR
INVESTMENT ACCOUNTS IN THE FOLLOWING COUNTRIES: CAYMAN ISLANDS;
CHILE; CHINA; FRANCE; GERMANY; GHANA; HONG KONG; ITALY; KENYA; SOUTH
AFRICA; SPAIN; TURKEY; UNITED KINGDOM.

FORM 990, PART VI, SECTION A, LINE 2

BUSINESS RELATIONSHIPS

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

- JOHN HENNESSY AND KAVITARK RAM SHRIRAM ARE BOTH DIRECTORS OF ALPHABET INC. AND GOOGLE INC., WHERE RUTH PORAT SERVES AS CHIEF FINANCIAL OFFICER.
- BROOK H. BYERS AND RANDALL LIVINGSTON ARE BOTH DIRECTORS OF PACIFIC BIOSCIENCES, INC.
- BROOK H. BYERS IS A DIRECTOR OF ENJOY, WHERE RONALD B. JOHNSON SERVES
 AS CHIEF EXECUTIVE OFFICER.

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

Employer identification number

94-1156365

FORM 990, PART VI, SECTION B, LINES 11A & B $\,$

REVIEW OF THE FORM 990

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

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

CONFLICT OF INTEREST

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

CONFLICTS OF INTEREST ARE REGULARLY MONITORED, AND APPLICABLE POLICY IS CONSISTENTLY ENFORCED. UNIVERSITY-WIDE COMPLIANCE INITIATIVES INCLUDE TRAINING AND DOCUMENTATION, REQUIRED ANNUAL DISCLOSURE AND FOLLOW-UP; MANAGEMENT CONTROLS; ENTERPRISE RISK MANAGEMENT; REGULAR INTERNAL AND EXTERNAL AUDITS; WHISTLE-BLOWER PROVISIONS; SUPERVISION; AND REVIEW.

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

Employer identification number

JUNIOR UNIVERSITY

94-1156365

PERCEIVED VIOLATIONS WOULD BE INVESTIGATED AND ADDRESSED AS APPROPRIATE

THROUGH VARIOUS SANCTIONS, INCLUDING FINANCIAL PENALTIES AND TERMINATION,

DEPENDING UPON THE NATURE AND DEGREE OF THE CONFLICT.

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

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

FOR TRUSTEES, THE UNIVERSITY HAS A WRITTEN CONFLICT OF INTEREST POLICY
THAT REQUIRES, AMONG OTHER THINGS, THAT NO MEMBER OF THE BOARD OF
TRUSTEES IS PERMITTED TO PARTICIPATE IN ANY DECISION RELATING TO AN
ENTITY IN WHICH HE OR SHE (OR AN IMMEDIATE FAMILY MEMBER) HAS A MATERIAL
FINANCIAL INTEREST. THE CONFLICT OF INTEREST POLICY ALSO PRECLUDES THE
UNIVERSITY FROM ENTERING INTO CERTAIN TRANSACTIONS WITH AN ENTITY IN
WHICH A TRUSTEE HAS A MATERIAL FINANCIAL INTEREST UNLESS MEASURES ARE

Employer identification number 94-1156365

TAKEN TO MITIGATE ANY ACTUAL OR PERCEIVED CONFLICT. NAMELY, THE POLICY REQUIRES THAT SUCH TRANSACTIONS ARE CONDUCTED AT ARM'S LENGTH, FOR GOOD AND SUFFICIENT CONSIDERATION, BASED ON TERMS THAT ARE FAIR AND REASONABLE TO AND FOR THE BENEFIT OF THE UNIVERSITY, AND OTHERWISE IN ACCORDANCE WITH SOUND CONFLICT MANAGEMENT PRACTICES. THE CONFLICT OF INTEREST POLICY REQUIRES EACH TRUSTEE TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15 COMPENSATION DETERMINATION

THE ANNUAL PROCESS FOR DETERMINING COMPENSATION OF BOTH THE TOP MANAGEMENT OFFICIAL (PRESIDENT OF THE UNIVERSITY) AND OF OTHER OFFICERS/KEY EMPLOYEES INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, USE OF COMPARABILITY DATA AND CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATION AND DECISION. IN THE CASE OF THE UNIVERSITY'S PRESIDENT, THE VICE PRESIDENT FOR HUMAN RESOURCES, AT A PRELIMINARY MEETING WITH A SUBCOMMITTEE OF THE COMMITTEE ON COMPENSATION, PRESENTS AN ANALYSIS OF CURRENT RELEVANT MARKET DATA OBTAINED FROM AN INDEPENDENT HUMAN RESOURCE CONSULTING FIRM. THE SAME MATERIALS ARE SENT TO THE FULL COMMITTEE. AT THE MEETING OF THE FULL COMMITTEE AND IN THE ABSENCE OF THE PRESIDENT, DISCUSSION OCCURS PRIOR TO A VOTE. MINUTES OF BOTH MEETINGS ARE ON FILE IN THE OFFICE OF THE VICE PRESIDENT FOR HUMAN RESOURCES. THE CASE OF OTHER OFFICERS/KEY EMPLOYEES, PER GUIDELINES IN THE COMMITTEE'S EXECUTIVE COMPENSATION POLICY AND PROCEDURES DOCUMENT, EACH YEAR THE VICE PRESIDENT FOR HUMAN RESOURCES PROVIDES CURRENT RELEVANT MARKET DATA AND THE HISTORICAL PAY INFORMATION RELATING TO THESE PERSONS

TO THE PRESIDENT OR TO THE PROVOST BASED ON THE REPORTING STRUCTURE. THE PRESIDENT AND PROVOST PROPOSE CHANGES IN COMPENSATION BASED ON EACH INDIVIDUAL'S PERFORMANCE AND ON THE MARKET DATA. THE COMMITTEE ON COMPENSATION REVIEWS THE RECOMMENDATIONS AND, FOLLOWING DISCUSSION, APPROVES THE RECOMMENDATIONS AS SUBMITTED OR WITH MODIFICATIONS. MINUTES OF THE MEETING ARE ON FILE IN THE OFFICE OF THE VICE PRESIDENT FOR HUMAN RESOURCES.

FORM 990, PART VI, SECTION C, LINE 19
STANFORD UNIVERSITY MAKES ITS FOUNDING GRANT, FACULTY AND STAFF CONFLICT
OF INTEREST POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL
PUBLIC ON STANFORD'S WEBSITE, AND UPON REQUEST TO THE OFFICE OF
UNIVERSITY COMMUNICATIONS.

FORM 990, PART VII, SECTION A, COLUMN B
HOURS FOR RELATED ORGANIZATIONS
IN CONNECTION WITH THEIR POSITIONS AT STANFORD, CERTAIN LISTED
INDIVIDUALS MAY, FROM TIME TO TIME, PARTICIPATE IN ACTIVITIES OF A
RELATED ORGANIZATION. WHERE THE LISTED INDIVIDUALS ARE TRUSTEES,
DIRECTORS, OFFICERS, OR EMPLOYEES OF THE RELATED ORGANIZATION, THE TIME
DEVOTED TO THE RELATED ORGANIZATION BY SUCH INDIVIDUALS IS GENERALLY
REPORTED AS RELATED ORGANIZATION HOURS IN PART VII, SECTION A, LINE 1A,
COLUMN (B), BELOW THE DOTTED LINE. IN ALL OTHER CASES, THE HOURS IN
CONNECTION WITH SUCH PARTICIPATION ARE INCLUDED IN THE HOURS REPORTED FOR
THE INDIVIDUALS' POSITIONS AT STANFORD UNIVERSITY IN PART VII, SECTION A,
LINE 1A, COLUMN (B), ABOVE THE DOTTED LINE.

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

JUNIOR UNIVERSITY

Employer identification number

94-1156365

FORM 990, PART VII, SECTION B

INDEPENDENT CONTRACTORS

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

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN POST RETIREMENT BENEFIT OBLIGATION \$ 180,708,003

PAYMENTS TO LIVING TRUST BENEFICIARIES (40,878,929)

NET HOSPITAL TRANSFERS 104,943,875

CHANGE IN VALUE OF SWAP AGREEMENTS (16,638,549)

\$ 228,134,400

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

VANCE BROWN INC

3197 PARK BOULEVARD

PALO ALTO, CA 94306

THE WHITING-TURNER CONTRACTING CO

PO BOX 17596

BALTIMORE, MD 21297-1596

Name of the organization	THE	BOARD	OF	TRUSTEES	OF	THE	LELAND	STANFORD	Employer identification number
JUNIOR UNIVERSIT	IOR UNIVERSITY 94-1156365				94-1156365				
ATTACHMENT 1 (CONT.D)									

990,	PART VII-	COMPENSATION	OF	$_{ m THE}$	${ t FIVE}$	HIGHEST	PAID	IND.	CONTRACTORS
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DEVCON CONSTRUCTION INC 690 GIBRALTAR DR MILPITAS, CA 95035	CONSTRUCTION	48,437,545.
CEPHEI CAPITAL MANAGEMENT COMPANY LTD P.O.BOX 309 UGLAND HOUSE, SOUTH CHURCH STREET GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS	INVESTMENT MGMT.	33,152,255.
MCCARTHY BUILDING COMPANIES INC 2665 N 1ST ST #102 SAN JOSE CA 95134	CONSTRUCTION	18,306,040.

	ATTACHMENT 2
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	4,221,467.
INVENTORY AT BEGINNING OF YEAR	921,361.
PURCHASES	1,783,590.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	2,704,951.
MINUS ENDING INVENTORY	966,979.
COST OF GOODS SOLD	1,737,972.

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number 94-1156365

JUNIOR UNIVERSITY

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) STANFORD UNIVERSITY OTL, LI	LC 94-1156365					
3145 PORTER DRIVE	PALO ALTO, CA 94304	TECHNOLOGY	CA	2,250.	64,655.	STANFORD
(2) SU ACQUISITION, LLC	94-1156365					
3145 PORTER DRIVE	PALO ALTO, CA 94304	REAL ESTATE	DE	503,749.	2,000,043.	STANFORD
(3) SAA SIERRA PROGRAMS, LLC	80-0313657					
3145 PORTER DRIVE	PALO ALTO, CA 94304	ALUM RELATION	CA	6,594,235.	11,323,611.	STANFORD
(4) ANTS AT WORK, LLC	94-1156365					
3145 PORTER DRIVE	PALO ALTO, CA 94304	RESEARCH	NM	0.	55,000.	STANFORD
(5) SHR HOTEL, LLC	41-2277925					
3145 PORTER DRIVE	PALO ALTO, CA 94304	REAL ESTATE	CA	54,361,912.	16,050,233.	STANFORD
(6) SPECIALTY EVENTS LLC	27-3665473					
3145 PORTER DRIVE	PALO ALTO, CA 94304	GEN. BUS. OPS	CA	0.	0.	STANFORD

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) rolled
							Yes	No
(1) STANFORD HEALTH CARE	94-6174066							
300 PASTEUR DRIVE MC 5555	STANFORD, CA 94305	HEALTHCARE	CA	501(C)(3)	3	STANFORD	X	
(2) LUCILE SALTER PACKARD CHILDRENS HOSPI	TTAL 77-0003859							
725 WELCH ROAD MC 5553	PALO ALTO, CA 94304	HEALTHCARE	CA	501(C)(3)	3	STANFORD	Х	
(3) HOSPITAL COMMITTEE FOR THE L-P AREAS	94-1429628							
1111 E. STANLEY BLVD.	LIVERMORE, CA 94550	HOSPITAL	CA	501(C)(3)	3	SHC	Х	
(4) VALLEYCARE MEDICAL FOUNDATION, INC.	26-2593526							
5655 W. LAS POSITAS BLVD #220	PLEASANTON, CA 94588	SUPPRT SHC-VC	CA	501(C)(3)	9	HOSP CMTE LP	Х	
(5) VALLEYCARE SENIOR HOUSING	94-3382224							
1111 E. STANLEY BLVD.	LIVERMORE, CA 94550	SR. FACILITY	CA	501(C)(3)	11C, III-FI	HOSP CMTE LP	Х	
(6) THE FREIDENRICH SUPPORT FOUNDATION	30-0519583							
3145 PORTER DRIVE	PALO ALTO, CA 94304	SUPPORT	CA	501(C)(3)	11A, I	STANFORD	Х	
(7) SHR HOLDINGS, INC.	94-3187167							
3145 PORTER DRIVE	PALO ALTO, CA 94304	REAL ESTATE	CA	501(C)(25)	N/A	STANFORD	Х	

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Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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20**15**Open to Public Inspection

Name of the organization T

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

94-1156365

Employer identification number

JUNIOR UNIVERSITY

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a Name, address, and EIN (if ap		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ROCKY HILL PROPERTY LLC	45-4672921					
3145 PORTER DRIVE	PALO ALTO, CA 94304	REAL ESTATE	CA	0.	0.	STANFORD
(2) STANFORD UNIVERSITY GLOBAL	LLC 94-1156365					
3145 PORTER DRIVE	PALO ALTO, CA 94304	EDUCATION	CA	0.	0.	STANFORD
(3) CARDINAL NEWBURY GP, LLC	94-1156365					
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	0.	STANFORD
(4) CARDINAL NEWBURY LP, LLC	94-1156365					
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	1.	STANFORD
(5) SAND HILL INVESTMENTS GP LI	LC 41-2262027					
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	0.	STANFORD
(6) SMC DE, LLC	94-1156365					
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	12,427.	0.	STANFORD

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) rolled
							Yes	No
(1) SU EMP. BEN TRUST POST RET/EMPYNT BE	N 94-3246199							
3145 PORTER DRIVE	PALO ALTO, CA 94304	BENEFITS	CA	501(C)(9)	N/A	STANFORD	X	
(2) UNIVERSITY HEALTHCARE ALLIANCE	94-3192446							
7999 GATEWAY BLVD, STE 300	NEWARK, CA 94560	HEALTHCARE	CA	501(C)(3)	3	SHC	Х	
(3) THE DUDLEY E CHAMBERS FOUNDATION	38-6841793							
JP MORGAN CHASE, PO BOX 3038	MILWAUKEE, WI 53201	SUPPORT	NY	501(C)(3)	11D, III-0	STANFORD	Х	
(4) STANFORD UNIVERSITY BOOKSTORE	94-0894150							
BLDG 60, MAIN QUAD, NO. 105	STANFORD, CA 94305	SUPPORT	CA	501(C)(3)	11A, I	STANFORD	X	
(5) PACKARD CHILDREN'S HEALTH ALLIANCE	32-0359189							
725 WELCH ROAD, MC5551	PALO ALTO, CA 94304	HEALTHCARE	CA	501(C)(3)	3	LPCH	Х	
(6) STANFORD HABITAT CONSERVATION BOARD	46-1882243							
3160 PORTER DR, STE 200	PALO ALTO, CA 94304	CONSERVATION	CA	501(C)(3)	7	STANFORD	Х	
(7) STANFORD FACULTY CLUB	94-1187089							
PO BOX 7229	STANFORD, CA 94309	FAC INTERACT.	CA	501(C)(7)	N/A	STANFORD	X	

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Schedule R (Form 990) 2015

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Related Organizations and Unrelated Partnerships

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OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number 94-1156365

JUNIOR UNIVERSITY

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ALTIRA TECHNOLOGY FUND IV	DIRECT INVEST 94-1156365					
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	5,139.	STANFORD
(2) SNOWCREEK VII, LLC	95-4890334					
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	REAL ESTATE	CA	0.	5,215,728.	STANFORD
(3) GRE PROPERTIES, LLC	94-1156365					
3145 PORTER DRIVE	PALO ALTO, CA 94304	REAL ESTATE	DE	0.	23,581.	STANFORD
(4) GRE PROPERTIES II, LLC	94-1156365					
3160 PORTER DRIVE	PALO ALTO, CA 94304	REAL ESTATE	DE	0.	20,817.	STANFORD
(5) JPS NO. 1, L.L.C.	94-1156365					
3160 PORTER DRIVE	PALO ALTO, CA 94304	REAL ESTATE	DE	0.	4,010,123.	STANFORD
(6) JPS NO. 2, L.L.C.	94-1156365					
3160 PORTER DRIVE	PALO ALTO, CA 94304	REAL ESTATE	DE	0.	1.	STANFORD

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
							Yes	No
(1) THE HONG KONG/SU CHARITABLE TRUST	98-6078093							
1401 CAROLINE CENTER	28 PING ROAD, CAUSEWAY HK	SUPPORT	HK	501(C)(3)		STANFORD	Х	
(2) THE STANFORD TRUST								
65 HIGH STREET	OXFORD, UK OX1 46L	SUPPORT	UK	501(C)(3)		STANFORD	Х	
(3) STANFORD PROGRAMME (CAPE TOWN) NPC								
WAVERLY BUSINESS PARK, BUILDIN	CAPE TOWN, SF	EDUCATION	SF	501(C)(3)		STANFORD	X	
(4) STANFORD FEDERAL CREDIT UNION	94-1492212							
1860 EMBARCADERO RD.	PALO ALTO, CA 94303	CREDIT UNION	CA	501(C)(1)	N/A	STANFORD	Х	
(5) STANFORD HEALTH CARE ADVANTAGE	46-4071746							
1221 BROADWAY, 3RD FLOOR	OAKLAND, CA 94612	HEALTHCARE	CA	501(C)(3)	11A, I	SHC	Х	
(6) STANFORD SCHOOLS CORPORATION	20-2699147							
475 POPE STREET	MENLO PARK, CA 94025	EDUCATIONAL	CA	501(C)(3)	2	STANFORD	Х	
(7) PACIFIC 12 CONFERENCE	94-1459048							
1350 TREAT BOULEVARD	WALNUT CREEK, CA 94597	EDUCATIONAL	CA	501(C)(3)	11A, I	N/A		X

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Related Organizations and Unrelated Partnerships

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► Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

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JUNIOR UNIVERSITY

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

94-1156365

Employer identification number

JUNIOR UNIVERSITY

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if app	licable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GREGORY STREET ACQUISITION,	LLC 94-1156365					
3160 PORTER DRIVE	PALO ALTO, CA 94304	REAL ESTATE	CO	0.	3,847.	STANFORD
(2) HP OUTLAWS, L.L.C.	94-1156365					
3160 PORTER DRIVE, SUITE 200	PALO ALTO, CA 94304	REAL ESTATE	DE	0.	0.	STANFORD
(3) 200 GREGORY STREET, L.L.C.	94-1156369					
3160 PORTER DRIVE, SUITE 200	PALO ALTO, CA 94304	REAL ESTATE	CO	0.	0.	STANFORD
(4) CYPRESS MARINA HEIGHTS LLC	95-4887979					
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	CA	6,376,476.	44,809,718.	CYPRESS MARI
(5) CYPRESS MARINA PARTNERS LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	CA	0.	42,674,560.	STANFORD
(6) RED 238 LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	CA	0.	25,587,100.	STANFORD

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)
						Yes	No
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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Related Organizations and Unrelated Partnerships

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Internal Revenue Service

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number 94-1156365

JUNIOR UNIVERSITY

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(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RED ALPINE LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	29,414,586.	STANFORD
(2) RED ALVARADO LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	27,250,875.	STANFORD
(3) RED ARBORETUM LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	21,355,322.	STANFORD
(4) RED ARDENWOOD LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	17,422,462.	STANFORD
(5) RED BART LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	7,367,861.	STANFORD
(6) RED BROADWAY LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	15,172,191.	STANFORD

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)
						Yes	No
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Employer identification number 94-1156365

JUNIOR UNIVERSITY

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RED CAMINO LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	41,343,092.	STANFORD
(2) RED DECOTO LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	17,140,338.	STANFORD
(3) RED DISH LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	5,664,450.	STANFORD
(4) RED LOMITA LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	26,442,151.	STANFORD
(5) RED MARINA LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	7,677,000.	STANFORD
(6) RED MARINER LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.	87,598,792.	STANFORD

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	g) 512(b)(13) rolled tity?
						Yes	No
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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Employer identification number 94-1156365

JUNIOR UNIVERSITY

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
STANFORD, CA 94305	INVESTMENTS	DE	0.	54,428,845.	STANFORD
STANFORD, CA 94305	INVESTMENTS	DE	0.	2,286,000.	STANFORD
STANFORD, CA 94305	INVESTMENTS	DE	0.	8,001,173.	STANFORD
STANFORD, CA 94305	INVESTMENTS	DE	0.	45,805,197.	STANFORD
STANFORD, CA 94305	INVESTMENTS	DE	0.	6,535,574.	STANFORD
37-1557441					
STANFORD, CA 94305	INVESTMENTS	DE	4,158,147.	19,766,381.	SAND HILL GI
	STANFORD, CA 94305 37-1557441	STANFORD, CA 94305 STANFORD, CA 94305	STANFORD, CA 94305 STANFORD, CA 94305 STANFORD, CA 94305 INVESTMENTS DE STANFORD, CA 94305 INVESTMENTS DE	STANFORD, CA 94305 STANFORD, CA 94305 INVESTMENTS DE 0. STANFORD, CA 94305 INVESTMENTS DE 0.	Primary activity Legal domicile (state or foreign country) Total income End-of-year assets

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	g) 512(b)(13) rolled ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

SCHEDULE R (Form 990)

Department of the Treasury

JUNIOR UNIVERSITY

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Name of the organization

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

OMB No. 1545-0047
2015

Open to Public Inspection

Employer identification number 94-1156365

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Name, address, and EIN (i	(a) if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RED ALTA LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.		STANFORD
(2) CARDINAL REGENT LP, LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, DE 94305	INVESTMENTS	DE	0.		STANFORD
(3) CYPRESS MARINA HEIGHTS AN	IU, LLC					
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	CA	0.		STANFORD
(4) STANFORD UNIVERSITY POWER	R LLC 94-1156365					
3145 PORTER DRIVE	PALO ALTO, CA 94304	ENERGY RESOUR	DE	0.		STANFORD
(5) FAIRFIELD NORHT SEA ENERG	SY LLC 94-1156365					
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.		STANFORD
(6) RED RECIPE LLC						
C/O SMC, 635 KNIGHT WAY	STANFORD, CA 94305	INVESTMENTS	DE	0.		STANFORD
Identification of Related T	ax-Exempt Organizations Complete if the	ne organization ansu	vered "Yes" on F	orm 990 Part IV	line 34 hecause	it had

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	g) 512(b)(13) rolled ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

6558EF 7377

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h Dispropo allocati	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1) ADOM PARTNERS, L.P.												
500 MADISON AVENUE NEW YORK, N	INVESTMENTS	DE	STANFORD		0.	158,704,935.		Х	0.		х	100.0000
(2) ALBUS SELECT FUND, L.P.												
750 MENLO AVENUE MENLO PARK, C	INVESTMENTS	DE	STANFORD	EXCLUDED	0.	114,568,589.		Х	0.		х	100.0000
(3) ARCOLA RESIDENTIAL VENTURE LLC												
635 KNIGHT WAY STANFORD, CA 94	REAL ESTATE	DE	ARCOLA RESIDENT		277,588.	0.		Х	0.		x	100.0000
(4) ARCOLA VENTURE LLC 37-1689632												
635 KNIGHT WAY STANFORD, CA 94	RE DEVELOPMENT	DE	STANFORD	UNRELATED	0.	-36,873,403.		Х	0.		x	90.6500
(5) ATWATER 12, LP 75-2944481												
2100 ROSS AVE., STE 1600 DALLA	INVESTMENTS	DE	STANFORD	EXCLUDED	0.	0.		Х	0.		x	
(6) AVALANCHE ROYALTY PARTNERS LLC												
410 17TH ST STE 1150 DENVER, C	INVESTMENTS	DE	STANFORD	UNRELATED	108,775.	183,884.		Х	-3,351.		x	51.0248
(7) CEE EQUITY HOLDINGS LP												
ELIZABETH HOUSE, 9 CASTLE ST.	INVESTMENTS	JE	STANFORD	EXCLUDED	-1,678,488.	260,553.		Х	0.		х	100.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreigr country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1 controlle entity?
								Yes No
(1) STANFORD SG/GS EUROPE, INC 13-1684331								
UGLAND HOUSE, S CHURCH ST PO BOX 309GT, GEORGE TOWN, CJ	INVESTMENTS	CJ	STANFORD	C CORP	669,298.	1,588,208.	100.0000	х
(2) EAST SAIL								
C/O INT'L FS, INC., IFS COURT TWENTYEIGHT, CYBERCITY, EBE	INVESTMENTS	MP	STANFORD	C CORP	-2,163,917.	103,318,546.	100.0000	Х
(3) GAVEA INVESTMENT FUND II-C LP 98-0537952								
P.O. BOX 896GT, HARBOUR CENTRE GEORGE TOWN, CAYMAN ISLAND	INVESTMENTS	CJ	STANFORD	C CORP	0.	7,866,674.	53.0000	х
(4) LS ALBERTA III, LP 98-0493425								
C/O JE ROBERT COS., 1650 TYSON BLVD MCLEAN, VA 22102	INVESTMENTS	CA	STANFORD	C CORP	0.	2,124,726.	100.0000	х
(5) CLAT (16)								
	CHARITABLE TR	CA	STANFORD	TRUST	0.	0.		
(6) CRT (555)								
	CHARITABLE TR	CA	STANFORD	TRUST	0.	0.		
(7) OTHER (7)								
	CHARITABLE TR	CA	STANFORD	TRUST	0.	0.		

JSA 5E1308 1.000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
		,,,		,			Yes	No		Yes	No	
(1) CLAIRVUE CAPITAL PARTNERS II-T												
150 CALIFORNIA STREET, STE 850	INVESTMENTS	DE	STANFORD	EXCLUDED	943,646.	7,992,456.		х	0.		х	98.6200
(2) CLAIRVUE CAPITAL PARTNERS II-T												
150 CALIFORNIA STREET, STE 850	INVESTMENTS	DE	STANFORD	EXCLUDED	191,349.	1,607,456.		х	0.		х	66.6600
(3) CANARY SC FUND, L.P.												
399 PARK AVENUE NEW YORK, NY 1	INVESTMENTS	DE	STANFORD	EXCLUDED	0.	6,940,612.		х	0.		х	100.0000
(4) ENERGY CAPITAL PARTNERS III (S												
51 JOHN F. KENNEDY PARKWAY, SU	INVESTMENTS	DE	STANFORD	UNRELATED	-17,392.	173,291.		Х	-20,174.		Х	63.6900
(5) FORTRESS IW COINVESTMENT (FUND												
1345 AVE OF THE AMERICAS, 45TH	INVESTMENTS	CJ	STANFORD	EXCLUDED	0.	0.		х	0.		х	71.6400
(6) KEB INVESTORS II, LP												
WASHINGTON MALL, STE 304, 7 RE	INVESTMENTS	BD	STANFORD	EXCLUDED	943,913.	-638,107.		Х	0.		Х	63.8200
(7) LSF V DHB HOLDINGS LP 27-28586												
2711 N HASKELL AVE, STE 1700 D	INVESTMENTS	DE	STANFORD	EXCLUDED	0.	0.		Х	0.		Х	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
(1) PIF (2)								i l
	CHARITABLE TR	CA	STANFORD	TRUST	0.	0.		
(2) ALPINE CHALET, INC. 94-1556099								
P.O. BOX 9988 SOUTH LAKE TAHOE, CA 96158	SKI LODGE	CA	SAA SIERRA PROG	C CORP	210,400.	739,996.	100.0000	x
(3) STANFORD (BEIJING) CNSLTNG CO LTD (WFOE)								1
#527,5TH FL,BLDG C,ACADEMY SOUTH RD HAIDAN DISTRICT, BEIJ	EDUCATION	CH	SU GLOBAL LLC	C CORP	1,411,486.	786,112.		х
(4) STANFORD UNIV MED NETWORK RISK AUTHORITY 46-1132002								1
1400 PAGE MILL RD MSC 5713 PALO ALTO, CA 94304	RISK MGMT CON	CA	SUMIT HLDG INT.	C CORP	0.	0.		х
(5) PROFESSIONAL EXCHANGE ASSURANCE COMPANY 90-0897686								1
201 MERCHANT STREET, SUITE 2400 HONOLULU, HI 96813	INSURANCE	HI	UHA	C CORP	0.	0.		х
(6) ARCOLA RES. DEVELOPMENT CORP. 80-0804754								1
C/O SMC, 635 KNIGHT WAY STANFORD, CA 94305-7297	INVESTMENTS	DE	STANFORD	C CORP	331,479.	0.	100.0000	x
(7) BREP VII ALBERTA FEEDER(OFFSHORE)TE7 LP 98-1066351								
C/O THE BLACKSTONE GROUP, 345 PARK AVE NEW YORK, NY 10154	INVESTMENTS	CA	STANFORD	C CORP	218,227.	32,633,331.	51.7200	x

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen	(j) eral or aging tner?	(k) Percentage ownership
		,,,		,			Yes	No		Yes	No	
(1) OUTLAWS CASINO LTD. 84-1457498												
3160 PORTER DR PALO ALTO, CA 9	HOLDING COMPANY	CO	HP OUTLAWS, LLC		0.	0.			0.	х		
(2) PALO ALTO, LP 98-1126622												
13 CASTLE STREET ST. HELIER, J	INVESTMENTS	JE	STANFORD	EXCLUDED	-191,927.	8,188,421.		х	0.		Х	98.8800
(3) PROJECT EDISON PARTNERS FUND,												
55 EAST 52ND STREET	INVESTMENTS	DE	STANFORD	EXCLUDED	0.	9,954,492.		х	0.		х	66.6200
(4) RESERVOIR RESOURCE PTRS TE, L.												
767 FIFTH AVE, 16TH FLOOR	INVESTMENTS	DE	STANFORD		-1,280,167.	2,495,622.		х	-1,496,248.		х	51.5100
(5) RMS FOREST GROWTH II LP 20-084												
30 INVERNESS CENTER PARKWAY	INVESTMENTS	CA	STANFORD	EXCLUDED	0.	72,726,074.		х	0.		х	64.3700
(6) SANDPIPER FUND, LP 26-0341626												
2000 MCKINNEY AVE, STE 2125	INVESTMENT	TX	STANFORD	EXCLUDED	168,145.	153,855,092.		х	0.		х	99.4300
(7) SAROFIM MULTIFAMILY PARTNERS,												
8115 PRESTON RD STE 400	RE DEVELOPMENT	TX	STANFORD	EXCLUDED	-222,153.	226,370.		Х	0.		х	63.7500

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
								Yes No
(1) BREP VII ALBERTA FEEDER(OFFSHORE)TE7NQLP 98-1066355								1
C/O THE BLACKSTONE GROUP, 345 PARK AVE NEW YORK, NY 10154	INVESTMENTS	CA	STANFORD	C CORP	191,530.	11,441,801.	51.7200	х
(2) WEST FACE ALTERNATIVE CREDIT CAYMAN LP 98-1140761								1
P.O. BOX 10008, WILLOW HOUSE, GRAND CAYMAN, CAYMAN ISLAND	INVESTMENTS	CJ	STANFORD	C CORP	882,487.	16,283,855.	98.7700	х
(3) MIDPOINT TECHNOLOGY PARK OWNERS ASSOC 94-3287254								
3145 PORTER DRIVE PALO ALTO, CA 94304	REAL ESTATE	CA	STANFORD	C CORP	0.	0.	98.8000	х
(4) BIENVILLE ARGENTINA OPPS OFFSHORE FUND								1
405 LEXINGTON AVE, 34TH FLOOR NEW YORK, NY 10174	INVESTMENTS	CJ	STANFORD	C CORP	0.	98,430,680.	62.8000	х
(5) KAIZEN FUND								
1 NORTH BRIDGE RD, #6-8 SINGAPORE, SINGAPORE SN 179094	INVESTMENTS	CJ	STANFORD	C CORP	6,985,570.	735,533,816.	85.4000	x
(6) AFFINITY MEDICAL SOLUTIONS, INC. 20-3134011								
1221 BROADWAY, 3RD FLOOR OAKLAND, CA 94612	HEALTHCARE	DE	STANFORD	C CORP	0.	0.		x
(7) BISHOP ROCK OPPORTUNITY OFFSHORE FUND								
C/O SMC, 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	CJ	STANFORD	C CORP	0.	48,341,567.	52.1000	x

JSA

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Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen	(j) eral or aging tner?	(k) Percentage ownership
		,		,			Yes	No		Yes	No	
(1) SCP REAL ASSETS FUND (A), L.P.												
2498 SAND HILL ROAD	INVESTMENTS	DE	STANFORD	UNRELATED	1,876,886.	11,077,918.		Х	249,746.		Х	62.6100
(2) SEQUOIA MFM OPERATING COMPANY												
770 WELCH ROAD LPCH	MFM PROGRAM	CA	LPCH		0.	0.		Х	0.		х	
(3) SIC SNOWCREEK VIII LLC 27-5431												
635 KNIGHT WAY	RE DEVELOPMENT	CA	STANFORD	UNRELATED	-399,541.	14,731,688.		Х	-399,541.		х	99.8700
(4) SP SMC PARTNERS LLC 47-3103791												
C/O SILVERPEAK RE PARTNERS,	INVESTMENTS	DE	STANFORD	EXCLUDED	-395,131.	34,002,276.		Х	-220,504.		х	99.9000
(5) STANFORD EMANUEL RAD ONCOLOGY												
825 DELBON AVE	RADIOLOGY	CA	SHC		0.	0.		Х	0.		Х	
(6) STANFORD PET-CT, LLC 61-142341												
300 PASTEUR DRIVE,	MED. DIAGNOST	CA	SHC	EXCLUDED	5,938,751.	6,189,243.		Х	0.	Х		50.0000
(7) STANFORD-STARTX FUND, LLC 46-4												
3145 PORTER DRIVE	INVESTMENTS	DE	STANFORD	EXCLUDED	0.	0.		Х	0.	Х		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreigr country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(b conti	0)(13)
								Yes	No
(1) SBFF LTD.									
P.O. BOX 1344 GEORGE TOWN, CJ	INVESTMENTS	СЈ	STANFORD	C CORP	0.	1,027,893,177.	100.0000	х	
(2) CANARY SC FUND, LTD									
399 PARK AVE NEW YORK, NY 10022	INVESTMENTS	CJ	STANFORD	C CORP	483,491.	204,219,140.	100.0000	х	
(3) THE RUBRUM FUND									
P.O. BOX 309, UGLAND HOUSE GRAND CAYMAN, CAYMAN ISLANDS C	INVESTMENTS	CJ	STANFORD	C CORP	0.	137,804,867.	100.0000	х	
(4) SEA SMOKE FUND, LLC									
190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN CJ KY 9005	INVESTMENTS	CJ	STANFORD	C CORP	0.	159,736,268.	100.0000	x	
(5) STANFORD MEDICINE INTL (HONG KONG) CO LT									
833 CHEUNG SHA WAN ROAD KOWLOON, HONG KONG HK	PATIENT SRVC	HK	SHC	C CORP	0.	0.		x	
(6) STANFORD INTL MEDICAL SERVICES RAK FZE									
P.O. BOX 56500	PATIENT SRVC	AE	SHC	C CORP	0.	0.		x	
(7) STANFORD IN JAPAN GODO KAISHA									
DOSHISHA UNIVERSITY, MEITOKUKAN-NAI KAMIGYO-KU, KYOTO-SHI	EDUCATION	JA	STANFORD	C CORP	810,811.	433,184.	100.0000	x	

JSA 5E1308 1.000 Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		, ,		,			Yes	No		Yes	No	
(1) SUMIT HOLDING INTERNATIONAL, L												
1400 PAGE MILL ROAD MC5713	HOLDING COMPANY	DE	SHC		0.	0.		Х	0.		Х	
(2) VEDA INVESTORS FUND L.P.												
ONE FAWCETT PLACE	INVESTMETNS	DE	STANFORD	EXCLUDED	0.	423,712,163.		Х	0.		Х	100.0000
(3)												
(4)												
_(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(control entity
(1)								Yes N
(2)								
(3)								
(4)								
(5)								
(6)								

JSA 5E1308 1.000

Page 3 Schedule R (Form 990) 2015

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а		1a		
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s).	1f		X
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х	
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10		X
_				
р	Reimbursement paid to related organization(s) for expenses	1p		Х
		1q		
٦	The most of the state of the st			
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ADOM PARTNERS LP	В	150,000,000.	BANK RECORDS
<u>(2)</u>	ALBUS SELECT FUND LP	В	135,000,000.	BANK RECORDS
<u>(3)</u>	ATWATER 12, LP	S	1,925.	BANK RECORDS
<u>(4)</u>	AVALANCHE ROYALTY PARTNERS LLC	S	89,246.	BANK RECORDS
<u>(5)</u>	BREP VII ALBERTA FEEDER(OFFSHORE) TE 7 NQ LP	В	378,665.	BANK RECORDS
<u>(6)</u>	BREP VII ALBERTA FEEDER(OFFSHORE) TE 7 NQ LP	S	2,234,269.	BANK RECORDS

JSA 5E1309 1.000

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s).	1f		l
g		1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		l
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m		1m		
n		1n		
0	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s).	1s		
າ	If the answer to any of the above is "Ves " see the instructions for information on who must complete this line, including covered relationships and transaction through	holds		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	2 If the answer to any of the above is Tes, See the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
(1)	BREP VII ALBERTA FEEDEROFFSHORE TE 7 L P	В	1,254,931.	BANK RECORDS	
(2)	BREP VII ALBERTA FEEDEROFFSHORE TE 7 L P	S	1,248,380.	BANK RECORDS	
<u>(3)</u>	CLAIRVUE CAPITAL PARTNERSII-TE 1 LP	В	884,438.	BANK RECORDS	
(4)	CLAIRVUE CAPITAL PARTNERSII-TE 1 LP	S	2,440,164.	BANK RECORDS	
<u>(5)</u>	CLAIRVUE CAPITAL PARTNERSII-TE 2 LP	В	184,447.	BANK RECORDS	
<u>(6)</u>	CLAIRVUE CAPITAL PARTNERSII-TE 2 LP	S	494,775.	BANK RECORDS	

JSA 5E1309 1.000

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	١	Yes No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	
		1b	
С		1c	
d	Loans or loan guarantees to or for related organization(s)	1d	
е		1e	
f	Dividends from related organization(s).	1f	
q		1g	
		1h	
i		1i	
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	
•			
k	Lease of facilities, equipment, or other assets from related organization(s)1	1k	
- 1		11	
m		1 m	\neg
n		1n	\neg
		10	
р	Reimbursement paid to related organization(s) for expenses	1 p	
		1q	
-1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	
r	Other transfer of cash or property to related organization(s)	1r	
s		1s	-
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh		<u></u>

	(a) Name of related organization	Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>	EAST SAIL	В	140,520.	BANK RECORDS
<u>(2)</u>	ENERGY CAPITAL PARTNERS III (SENDERO CO-INVES	В	51,387.	BANK RECORDS
<u>(3)</u>	KAIZEN FUND	В	275,000,000.	BANK RECORDS
<u>(4)</u>	LS ALBERTA III, LP	S	4,086,363.	BANK RECORDS
<u>(5)</u>	LSF V DHB HOLDINGS LP	S	27,082,026.	BANK RECORDS

S

5E1309 1.000

PALO ALTO, LP

). BANK RECORDS
Schedule R (Form 990) 2015

1,920,000.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
		1b		
С		1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е		1e		
f	Dividends from related organization(s).	1f		
g		1g		
h		1h		
i	Exchange of assets with related organization(s)	1i		
j		1j		
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
ı		11		
m		1m		
n		1n		
0		10		
р	Reimbursement paid to related organization(s) for expenses	1p		
		1q		
·				
r	Other transfer of cash or property to related organization(s)	1r		
s		1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres	holds	<u> </u>	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>	PROJECT EDISON PARTNERS FUND, LP	В	224,805.	BANK RECORDS
<u>(2)</u>	RESERVOIR RESOURCE PARTNERS TE, L.P.	В	9,682,752.	BANK RECORDS
<u>(3)</u>	RMS FOREST GROWTH II LP	S	312,975.	BANK RECORDS
<u>(4)</u>	SANDPIPER FUND, LP	В	100,000,000.	BANK RECORDS
<u>(5)</u>	SANDPIPER FUND, LP	S	20,000,000.	BANK RECORDS
(6)	SAROFIM MULTIFAMILY PARTNERS, LP	S	765,000.	BANK RECORDS

JSA 5E1309 1.000

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

NIA	Complete line 4 if any antity is listed in Darte II. III. or IV of this achadule	,	Yes No
	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		103 110
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
		1b	
С		1c	
d		1d	
е		1e	
f	Dividends from related organization(s).	1f	
		1g	
		1h	
i	Exchange of assets with related organization(s)	1i	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	
-			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	
1		11	
		1m	
		1n	
		10	
р	Reimbursement paid to related organization(s) for expenses	1p	
		1g	
-1		-	
r	Other transfer of cash or property to related organization(s)	1r	
s		1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh		L i

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SBFF LTD	В	1,012,315,139.	BANK RECORDS
(2) SCP REAL ASSETS FUND (A), L.P.	В	156,303.	BANK RECORDS
(3) SCP REAL ASSETS FUND (A), L.P.	S	2,376,067.	BANK RECORDS
(4) SEA SMOKE FUND LTD	В	147,500,000.	BANK RECORDS
(5) SIC SNOWCREEK VIII LLC	В	2,190,000.	BANK RECORDS
(6) SP SMC PARTNERS LLC	В	19,228,964.	BANK RECORDS

5E1309 1.000

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s).	1f		
g		1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s).	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres	hold	s.	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SP SMC PARTNERS LLC	S	4,585,854.	BANK RECORDS
(2)	STANFORD SG/GS EUROPE, INC	S	669,298.	BANK RECORDS
(3)	THE RUBRUM FUND	В	120,945,496.	BANK RECORDS
(4)	VEDA INVESTORS FUND L.P.	В	412,877,062.	BANK RECORDS
<u>(5)</u>	WEST FACE ALTERNATIVE CREDIT CAYMAN LP	В	12,212,825.	BANK RECORDS
(6)	WEST FACE ALTERNATIVE CREDIT CAYMAN LP	S	20,550,364.	BANK RECORDS

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Part V	Transactions With Related Organizations	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
			,,,

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а		1a		
b	(//	1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е		1e		
f	Dividends from related organization(s).	1f		
g		1g		
h		1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k		1k		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m		1m		
n		1n		
0		10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r		1r		
s		1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	2 If the answer to any or the above is Tes, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved		
<u>(1)</u>	LUCILE SALTER PACKARD CHILDRENS HOSPITAL	J	1,746,798.	воок		
<u>(2)</u>	LUCILE SALTER PACKARD CHILDRENS HOSPITAL	К	953,571.	воок		
<u>(3)</u>	LUCILE SALTER PACKARD CHILDRENS HOSPITAL	L	229,555,575.	воок		
<u>(4)</u>	LUCILE SALTER PACKARD CHILDRENS HOSPITAL	М	2,582,953.	воок		
<u>(5)</u>	LUCILE SALTER PACKARD CHILDRENS HOSPITAL	N	1,090,871.	воок		
<u>(6)</u>	LUCILE SALTER PACKARD CHILDRENS HOSPITAL	R	281,058.	BOOK		

JSA 5E1309 1.000

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s).	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q		1q		
•				
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	shold	s.	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LUCILE SALTER PACKARD CHILDRENS HOSPITAL	S	16,001,765.	воок
(2) STANFORD HEALTH CARE	J	5,584,283.	BOOK
(3) STANFORD HEALTH CARE	K	7,706,364.	воок
(4) STANFORD HEALTH CARE	L	681,669,032.	воок
(5) STANFORD HEALTH CARE	M	38,095,013.	воок
(6) STANFORD HEALTH CARE	N	3.045.193.	BOOK

5E1309 1.000

(b)

Transaction

L

S

Amount involved

2,072,256.

5,938,751.

Schedule R (Form 990) 2015 Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
		1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s).	1f		
g		1g		
		1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
		1m		
		1n		
0		10		
р	Reimbursement paid to related organization(s) for expenses	1р		
		1q		
•				
r	Other transfer of cash or property to related organization(s)	1r		
s		1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres	holds	s.	

		type (a-s)		amount involved
(1)	STANFORD HEALTH CARE	R	2,647,108.	воок
(2)	STANFORD HEALTH CARE	S	57,820,615.	воок
<u>(3)</u>	ALPINE CHALET, INC.	A	8,180.	воок
<u>(4)</u>	PACKARD CHILDREN'S HEALTH ALLIANCE	Q	166,501.	воок

5E1309 1.000

STANFORD PET-CT LLC

STANFORD PET-CT LLC

Schedule R (Form 990) 2015

BOOK

BOOK

Method of determining

Name of related organization

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	<u> </u>	Yes No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b		1b	
С	Gift, grant, or capital contribution from related organization(s)	1c	
d	Loans or loan guarantees to or for related organization(s)	1d	
е		1e	
f	Dividends from related organization(s).	1f	
g		1g	
		1h	
i	Exchange of assets with related organization(s)	1i	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	
ı		11	
m		1m	
n		1n	
0		1o	
р	Reimbursement paid to related organization(s) for expenses	1p	
		1q	
r	Other transfer of cash or property to related organization(s)	1r	
s		1s	
2	If the answer to any of the above is "Ves " see the instructions for information on who must complete this line, including covered relationships and transaction thresh	holde	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	STANFORD UNIVERSITY BOOK STORE	A	176,200.	воок
(2)	THE DUDLEY E CHAMBERS FOUNDATION	С	2,208,937.	воок
(3)	THE HONG KONG/STANFORD UNIVERSITY CHARITABLE	С	3,789,821.	BOOK
<u>(4)</u>	THE STANFORD TRUST	С	1,225,768.	BANK RECORDS
<u>(5)</u>	UNIVERSITY HEALTHCARE ALLIANCE	L	277,802.	BOOK
<u>(6)</u>	STANFORD FACULTY CLUB	В	387,305.	BOOK

JSA 5E1309 1.000

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s).	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1р		
	Reimbursement paid by related organization(s) for expenses	1q		
·				
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	sholds	 3.	

(a)
Name of related organization

(b)
Transaction

(c)
Method of determined and the desired to the method of the m

	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
	GENTEODD DAGIJEV GLID		100 702	DOOK
<u>(1)</u>	STANFORD FACULTY CLUB	Q	198,792.	BOOK
(2)	STANFORD SCHOOLS CORPORATION	В	873,181.	воок
(3)	THE FREIDENRICH SUPPORT FOUNDATION	С	4,030,000.	воок
<u>(4)</u>	STANFORD (BEIJING) CONSULTING CO. LTD (WFOE)	М	857,427.	воок
(5)	SHR HOLDINGS, INC.	С	16,381,182.	BOOK
(6)	SHR HOLDINGS, INC.	Q	1,925,371.	воок

JSA 5E1309 1.000

Schedule R (Form 990) 2015 Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s).	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)			
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	1	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
	Reimbursement paid by related organization(s) for expenses			
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Ves." see the instructions for information on who must complete this line, including covered relationships and transaction through	shold		

Name of related organization Amount involved Method of determining Transaction type (a-s) amount involved SHR HOLDINGS, INC. R 17,270. BOOK STANFORD FEDERAL CREDIT UNION Α 213,327. BOOK STANFORD UNIVERSITY EMPLOYEE BENEFITS TRUST R 17,795,168. BOOK STANFORD FEDERAL CREDIT UNION L 120,172. BOOK STANFORD PROGRAMME(CAPE TOWN) NPC R 1,064,850. BOOK

Α

5E1309 1.000

Schedule R (Form 990) 2015

BOOK

250,767.

ARCOLA RESIDENTIAL DEVELOPMENT CORPORATION

Page **3**

Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Y	Yes I	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
		1b		
С		1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е		1e		
f	Dividends from related organization(s).	1f		
g		1g		
		1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
ı		11		
m		1 m		
n		1n		
		1o		
р	Reimbursement paid to related organization(s) for expenses	1p		
		1q		
·				
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s	\top	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh	nolds		

Name of related organization Amount involved Method of determining Transaction type (a-s) amount involved STANFORD EMANUEL RAD ONCOLOGY CENTER L 705,914. BOOK STANFORD FEDERAL CREDIT UNION 400,000. BOOK Α В STANFORD IN JAPAN GODO KAISHA 810,724. BOOK

M

) MIDPOINT TECHNOLOGY PARK OWNERS ASSOCIATION

(5)

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(6)

Schedule R (Form 990) 2015

BOOK

339,373.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No	Ye	Yes	No	
1)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
0)													
1)													
2)													
3)													
4)													
5)													
6)													

JSA 5E1310 1.000 Schedule R (Form 990) 2015

6558EF 7377

Schedule R (Form 990) 2015 Page **5**

Part VII Supplemental Information

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

SCHEDULE R, PART IV, LINE (5)

CHARITABLE LEAD ANNUITY TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA.

SCHEDULE R, PART IV, LINE (6)

CHARITABLE REMAINDER TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA.

SCHEDULE R, PART IV, LINE (7)

OTHER TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA.

SCHEDULE R, PART IV, LINE (1)

POOLED INCOME FUNDS ARE PRINCIPALLY DOMICILED IN CALIFORNIA.

SCHEDULE R, PART V, LINE 2

AMOUNTS REPORTED FOR STANFORD UNIVERSITY BOOK STORE WERE DETERMINED USING STANFORD UNIVERSITY BOOK STORE'S BOOKS, WHICH WERE PREPARED ON A FISCAL YEAR ENDING JUNE 2016.