

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 09-01-2023 , and ending 08-31-2024

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
STANFORD HEALTH CARE

% CONTROLLER
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
300 PASTEUR DRIVE MC 5555

City or town, state or province, country, and ZIP or foreign postal code
STANFORD, CA 94305

D Employer identification number
94-6174066

E Telephone number
(650) 723-4000

G Gross receipts \$ 8,065,021,139

F Name and address of principal officer:
LINDA HOFF
300 PASTEUR DRIVE MC 5230
STANFORD, CA 94305

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: HTTP://WWW.STANFORDHEALTHCARE.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1957

M State of legal domicile: CA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box ☐		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	21,893
	6 Total number of volunteers (estimate if necessary)	6	708
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,122,989
Revenue	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	49,377,189	8,326,657
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,891,476,909	7,965,157,866
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	108,347,877	73,274,355
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	2,287,174
		7,049,201,975	8,049,046,052
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	86,040,226	109,977,793
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,959,683,307	3,333,841,731
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 17,101,417		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,538,344,735	4,083,112,551
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,584,068,268	7,526,932,075
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	465,133,707	522,113,977
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	10,795,679,399	12,118,920,543
	21 Total liabilities (Part X, line 26)	4,281,931,985	4,646,874,412
22 Net assets or fund balances. Subtract line 21 from line 20		6,513,747,414	7,472,046,131

Part II Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
LINDA HOFF CFO
Type or print name and title

Date
2025-07-10

Paid Preparer

Print/Type preparer's name
Firm's name PwC US Tax LLP

Preparer's signature

Date
2025-07-10

Check ☐ if self-employed

PTIN
P00438748

Firm's EIN

Use Only

Firm's address 2001 MARKET ST SUITE 1800 PHILADELPHIA, PA 19103	Phone no. (267) 330-3000
--	--------------------------

May the IRS discuss this return with the preparer shown above? See Instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2023)

Form 990 (2023) Page **2**

Part III **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:

SEE SCHEDULE O.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 \$ 7,110,603,748 including grants of \$ 109,977,793) (Revenue \$ 7,963,034,877)
SEE SCHEDULE O.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e **Total program service expenses** 7,110,603,748

Form **990** (2023)

Form 990 (2023) Page **3**

Part IV **Checklist of Required Schedules**

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 
- 2** Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 
- 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 
- 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 
- 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No

5		
6		No
7		No
8	Yes	
9		No
10	Yes	
11		
11a	Yes	
11b	Yes	
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20a	Yes	
20b	Yes	
21	Yes	

Form 990 (2023)

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
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 employees? If "Yes," complete Schedule J	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	Yes	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No

b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	536			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			

Form 990 (2023)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	21,893			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes			
b	If "Yes," enter the name of the foreign country: BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			

b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
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		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.	16		No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.	17		

Form 990 (2023)

Form 990 (2023)

Page 6

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 26		
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.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	Yes	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ 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:
CONTROLLER 300 PASTEUR DRIVE MC 5555 STANFORD, CA 94305 (650) 723-4000

Form **990** (2023)

Form 990 (2023)

Page **7****Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional T	Officer	Key employee	Highest comp employee			

		Director	Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID ENTWISTLE PRESIDENT & CEO (SEE SCH O)	50.0 6.65	X		X				5,917,814	0	96,440
(2) LLOYD B MINOR MD DIRECTOR (SEE SCHEDULE O)	2.0 52.3	X						0	2,883,097	289,646
(3) QUINN MCKENNA EVP-CHIEF OP. OFFICER (SCH O)	50.0 4.2			X				2,913,368	0	82,184
(4) PAUL KING DIRECTOR (SEE SCHEDULE O)	2.0 50.3	X						0	2,465,484	78,112
(5) LINDA HOFF EVP-CFO	50.0 4.65			X				2,328,544	0	197,819
(6) PRIYA SINGH EVP-CHIEF STRATEGY OFFICER	52.0 2.0					X		1,707,523	213,620	131,534
(7) RANDALL LIVINGSTON DIRECTOR (SEE SCHEDULE O)	2.0 52.0	X						0	1,626,689	195,300
(8) SRIDHAR SESHADRI SVP & PRESIDENT-CANCER CENTER	50.0 0.0				X			1,294,081	0	103,808
(9) EILA SKINNER MD DIRECTOR	2.0 48.0	X						0	1,298,314	69,954
(10) ALISON M KERR SVP-DESTINATION SERVICE LINES	50.0 0.0				X			1,142,236	0	68,087
(11) DALE BEATTY SVP-CHIEF NURSE EXECUTIVE	50.0 0.0				X			1,061,999	0	59,658
(12) THOMAS MONTINE MD DIRECTOR	2.0 48.0	X						0	1,012,878	59,982
(13) THOMAS Y KIM EVP-CHIEF MARKET DEV OFFICER	52.0 0.0					X		919,354	0	58,138
(14) CAROL D RORIG SVP-CHIEF HR OFFICER	50.0 0.0					X		848,153	0	98,208
(15) JAMES MARTIN JR SVP-CONTROLLER	50.0 0.0					X		786,320	0	104,772
(16) HELEN M WILMOT SVP-CHIEF FACIL GEN SVCS & PLN	50.0 0.0					X		739,991	0	94,774
(17) GARY FRITZ VP-APPLICATIONS	50.0 0.0						X	696,692	0	82,471

Form 990 (2023)

Form 990 (2023)

Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIMOTHY SEAY-MORRISON SVP-SVC LIN&CHF AMB CARE OFCR	52.0 0.0						X	603,952	0	114,588
(19) JAY SHAH MD	2.0	X						0	607,247	42,629

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	9,927		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

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
STANFORD UNIVERSITY, 485 BROADWAY REDWOOD CITY, CA 94063	PROF. SERVICES	1,246,413,490
HERRERO BUILDERS INCORPORATED, 2100 OAKDALE AVENUE SAN FRANCISCO, CA 94124	CONSTRUCTION COMPANY	56,375,589
AYA HEALTHCARE, 5930 CORNERSTONE CRT W SUITE 300 SAN DIEGO, CA 92121	HEALTHCARE STAFFING	50,206,852
SWINERTON BUILDERS, 2300 CLAYTON ROAD SUITE 800 CONCORD, CA 94520	CONSTRUCTION COMPANY	38,541,025
SODEXO INC AFFILIATES, 9801 WASHINGTONIAN BLVD 1 GAITHERSBURG, MD 20878	FOOD SVCS AND MGT	23,000,788
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 365		

Form 990 (2023)

Form 990 (2023)

Page 9

Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
 Federated campaigns . . .	1a			
 Contributions, Gifts, Grants, and Membership dues . . .	1b			
 Other fundraising events . . .	1c			
 Related organizations	1d			
 Government grants (contributions)	1e			
351				
 All other contributions, gifts, grants, and similar amounts not included above	1f			
8,326,306				
 Noncash contributions included in lines 1a - 1f:\$	1g			
8,542				
h Total. Add lines 1a-1f	8,326,657			

		Business Code			
2a PATIENT REVENUE		900099	7,880,221,954	7,880,221,954	
	 HOUSE STAFF	900099	30,445,580	30,445,580	
	 OUTREACH LAB CLINIC	900099	16,584,486	16,584,486	
	 EMPLOYER HEALTH CLINIC	900099	8,549,201	8,549,201	
	 CLINIC REVENUE	900099	9,563,467	9,563,467	
				19,793,178	17,670,189
f All other program service revenue.					
g Total. Add lines 2a-2f.			7,965,157,866		
3 Investment income (including dividends, interest, and other similar amounts)			76,177,015		76,177,015
4 Income from investment of tax-exempt bond proceeds			0		
5 Royalties			0		
6a Gross rents	(i) Real				
	(ii) Personal				
	6a	2,287,174			
	b Less: rental expenses	6b			
c Rental income or (loss)	6c	2,287,174	0		
d Net rental income or (loss)			2,287,174		2,287,174

		(i) Securities	(ii) Other				
Other Revenue	7a Gross amount from sales of assets other than inventory	7a	13,072,427				
	b Less: cost or other basis and sales expenses	7b	15,975,087				
	c Gain or (loss)	7c	-2,902,660				
	d Net gain or (loss)			-2,902,660			-2,902,660
	a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0				
	b Less: direct expenses	8b	0				
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities. See Part IV, line 19	9a	0				
	b Less: direct expenses	9b	0				
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	10a	0					
b Less: cost of goods sold	10b	0					
c Net income or (loss) from sales of inventory			0				
11a	Business Code						
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions			8,049,046,052	7,963,034,877	2,122,989		75,561,529

Form 990 (2023)

Form 990 (2023)

Page 10

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX ☐				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	109,977,793	109,977,793		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	15,221,183	3,335,474	10,758,609	1,127,100
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7 Other salaries and wages	2,171,783,858	2,040,957,665	123,036,454	7,789,739
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	208,578,926	191,460,485	13,153,458	3,964,983
9 Other employee benefits	771,802,167	722,228,725	48,391,824	1,181,618
10 Payroll taxes	166,455,597	155,847,892	10,576,811	30,894
11 Fees for services (non-employees):				
a Management	2,524,088	1,067,870	1,456,218	0
b Legal	49,599,835	33,142,782	16,457,053	0

c Accounting	7,901,179	53,117	7,848,062	0
d Lobbying	602,301	216,383	159,079	226,839
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	125,143,659	114,252,355	10,577,003	314,301
12 Advertising and promotion	9,527,334	8,416,647	812,224	298,463
13 Office expenses	203,276,445	159,596,139	43,373,142	307,164
14 Information technology	17,254,173	11,663,116	5,591,057	0
15 Royalties	0			
16 Occupancy	101,896,456	99,958,087	1,736,672	201,697
17 Travel	9,537,209	6,789,050	2,608,316	139,843
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,072,267	1,533,431	520,528	18,308
20 Interest	79,268,972	79,268,972	0	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	250,767,073	235,631,825	15,135,248	0
23 Insurance	48,513,935	41,677,140	6,836,795	0
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.)				
a OTHER PURCHASED SERVICES	1,757,128,762	1,698,669,291	58,459,471	0
b SUPPLIES	1,224,065,184	1,217,140,759	6,842,836	81,589
c LICENSE AND TAXES	8,604,337	6,937,587	1,666,750	0
d DUES & SUBSCRIPTIONS	4,556,856	2,475,223	2,081,633	0
e All other expenses	180,872,486	168,305,940	11,147,667	1,418,879
25 Total functional expenses. Add lines 1 through 24e	7,526,932,075	7,110,603,748	399,226,910	17,101,417
26 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).				

Form **990** (2023)

Form 990 (2023)

Page **11**Part X **Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,150	1	1,250
	2 Savings and temporary cash investments	470,370,562	2	295,652,831
	3 Pledges and grants receivable, net	44,856,130	3	35,378,119
	4 Accounts receivable, net	1,049,259,485	4	1,218,710,079
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5,653,000	5	3,503,000
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	100,026,581	8	97,936,727
	9 Prepaid expenses and deferred charges	115,755,767	9	128,187,733
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,317,024,236		
	b Less: accumulated depreciation	2,680,831,637		
		3,533,131,037	10c	3,636,192,599
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	4,429,965,418	12	5,506,508,003
	13 Investments—program-related. See Part IV, line 11	405,030,129	13	397,903,931
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	641,630,140	15	798,946,271
	16 Total assets. Add lines 1 through 15 (must equal line 33)	10,795,679,399	16	12,118,920,543
	17 Accounts payable and accrued expenses	964,275,501	17	932,144,299

Liabilities	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	1,111,504,273	20	1,384,214,726
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
Net Assets or Fund Balances	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	2,206,152,211	25	2,330,515,387
	26	Total liabilities. Add lines 17 through 25	4,281,931,985	26	4,646,874,412
	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	6,380,913,189	27	7,338,524,551
	28	Net assets with donor restrictions	132,834,225	28	133,521,580
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	6,513,747,414	32	7,472,046,131
33	Total liabilities and net assets/fund balances	10,795,679,399	33	12,118,920,543	

Form 990 (2023)

Form 990 (2023)

Page 12

Part XI **Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,049,046,052
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,526,932,075
3	Revenue less expenses. Subtract line 2 from line 1	3	522,113,977
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,513,747,414
5	Net unrealized gains (losses) on investments	5	475,757,486
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-39,572,746
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,472,046,131

Part XII **Financial Statements and Reporting**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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2023)

Form 990 (2023)

Additional Data

[Return to Form](#)

Page 2

14/64

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	127,528,906	429,891,903	218,283,053	49,377,189	833,407,708
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) . . .					0
6	Public support. Subtract line 5 from line 4.					833,407,708

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4. . .	127,528,906	429,891,903	218,283,053	49,377,189	8,326,657	833,407,708
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	66,589,374	102,005,597	136,343,326	106,621,851	78,464,189	490,024,337
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . .	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						0
11 Total support. Add lines 7 through 10						1,323,432,045
12 Gross receipts from related activities, etc. (see instructions)					12	31,319,613,504
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	62.973 %
15	Public support percentage for 2022 Schedule A, Part II, line 14	15	64.917 %
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒			
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐			

Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
7a Amounts included on lines 1, 2, and 3 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.						
c Add lines 7a and 7b. . .						
8 Public support. (Subtract line 7c						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.						
10a 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.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						
Section C. Computation of Public Support Percentage						
15 Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))						15
16 Public support percentage from 2022 Schedule A, Part III, line 15						16
Section D. Computation of Investment Income Percentage						
17 Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))						17
18 Investment income percentage from 2022 Schedule A, Part III, line 17						18
19a 33 1/3% support tests-2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐						
b 33 1/3% support tests-2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐						
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐						

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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.		
c 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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
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.		
c 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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		

supported organization(s) or (any 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) .			
		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990) .			
		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 on 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		
c	Did a disqualified person (as defined on 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 .			
		9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720 , to determine whether the organization had excess business holdings).			
		10b		

Schedule A (Form 990) 2023

Page 5

Schedule A (Form 990) 2023

Page 5

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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.			
		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		

Section C. Type II Supporting Organizations

			Yes	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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		

Section D. 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 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		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		

Section 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 instructions):			
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
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 instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
			Yes	No
a	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.

- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** 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? If "Yes" or "No", provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a		
2b		
3a		
3b		

Schedule A (Form 990) 2023

Page 6

Schedule A (Form 990) 2023

Page 6

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
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 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 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-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2023

Page 7

Schedule A (Form 990) 2023

Page 7

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in		

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

Schedule A (Form 990) (2023)

Page 8

Schedule A (Form 990) 2023

Page 8

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

Facts And Circumstances Test

Return Reference	Explanation
------------------	-------------

Schedule A (Form 990) 2023

Additional Data

[Return to Form](#)

Software ID:
Software Version:

efile Public Visual Render		ObjectID: 202541929349301044 - Submission: 2025-07-11		TIN: 94-6174066	
Schedule B (Form 990) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047 2023
Name of the organization STANFORD HEALTH CARE				Employer identification number 94-6174066	

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)() (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

Cat. No. 30613X

Schedule B (Form 990) (2023)

Page 2

Schedule B (Form 990) (2023)

Page 2

Name of organization STANFORD HEALTH CARE	Employer identification number 94-6174066
--	--

Part I**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			☐ Person

RESTRICTED			☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 3

Schedule B (Form 990) (2023)

Page 3

Name of organization STANFORD HEALTH CARE	Employer identification number 94-6174066
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			

-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990) (2023)

Page 4

Schedule B (Form 990) (2023)

Page 4

Name of organization STANFORD HEALTH CARE	Employer identification number 94-6174066
--	--

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Schedule B (Form 990) (2023)

Additional Data

[Return to Form](#)

Software ID:
Software Version:

efile Public Visual Render

ObjectID: 202541929349301044 - Submission: 2025-07-11

TIN: 94-6174066

SCHEDULE C
(Form 990)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities**

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

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

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

Name of the organization
STANFORD HEALTH CARE

Employer identification number

94-6174066

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

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

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

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

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

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

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

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

Cat. No. 50084S

Schedule C (Form 990) 2022

Page 2

Schedule C (Form 990) 2022

Page 2

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

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)(a) Filing
organization's
totals(b) Affiliated group
totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes	☐ No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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 lobbying expenditures					

Schedule C (Form 990) 2022

Page 3

Schedule C (Form 990) 2022

Page 3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		95,589
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		124,420
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		6,830
i Other activities?	Yes		375,462
j Total. Add lines 1c through 1i			602,301
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	

2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
LOBBYING ACTIVITIES INCLUDE:	- SENDING LETTERS OR PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS; - MEETING WITH OR CALLING GOVERNMENT OFFICIALS OR LEGISLATORS - SENDING OR DISTRIBUTING LETTERS OR PUBLICATIONS (INCLUDING NEWSLETTERS, BROCHURES, ETC.) TO MEMBERS OR TO THE GENERAL PUBLIC; AND -SENDING LETTERS TO GOVERNMENT REGULATORY AGENCIES. SHC BELONGS TO CERTAIN TRADE ASSOCIATIONS IN WHICH A PORTION OF DUES PAID TO THESE ORGANIZATIONS IS SPENT ON EFFORTS TO INFLUENCE LEGISLATIVE MATTERS IN THE HEALTH CARE INDUSTRY. DURING FY24, SHC PAID DUES OF APPROXIMATELY \$609,100 TO THESE TRADE ASSOCIATIONS AND THE APPROXIMATE AMOUNT OF THE DUES SPENT ON LOBBYING PURPOSES WAS \$161,962. SHC GOVERNMENT RELATIONS TEAM HAS TRANSFERRED OVER TO SU. SHC REIMBURSES SU FOR THE COST INCURRED BY THE TEAM ON BEHALF OF SHC. FEDERAL AND STATE OUTREACH IS DELEGATED TO THIRD PARTY FIRMS. THESE FIRMS CONDUCT OUTREACH AND DIRECT CONTACT WHILE KEEPING THE GOVERNMENT RELATIONS TEAM IN THE KNOW. THESE FIRMS WILL ALSO PREPARE THE LETTERS AND MAILINGS THAT ARE SENT TO MEMBERS, LEGISLATORS, OR THE PUBLIC. THESE LETTERS AND MAILINGS ARE REVIEWED AND APPROVED BY THE GOVERNMENT RELATIONS TEAM.

Schedule C (Form 990) 2022

Additional Data

[Return to Form](#)

Software ID:
Software Version:

efile Public Visual Render

ObjectID: 202541929349301044 - Submission: 2025-07-11

TIN: 94-6174066

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

- **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
► **Attach to Form 990.**
► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2022Open to Public
Inspection**Name of the organization**
STANFORD HEALTH CARE**Employer identification number**
94-6174066**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

Cat. No. 52283D

Schedule D (Form 990) 2022

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☒ Public exhibition ☐ Research in furtherance of public service

☒ Public exhibition☐ Loan or exchange programs**b** ☐ Scholarly research**e** ☐ Other**c** ☐ Preservation for future generations**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .☐ Yes ☒ No**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII and complete the following table:**c** Beginning balance**d** Additions during the year**e** Distributions during the year**f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	41,675,113	41,226,661	42,623,372	31,248,916	24,352,558
b Contributions	324,112	280	171,420	838,857	5,202,761
c Net investment earnings, gains, and losses	3,490,813	1,511,343	-1,184,202	11,028,012	2,213,016
d Grants or scholarships					
e Other expenditures for facilities and programs	612,924	1,063,171	383,929	492,413	519,419
f Administrative expenses					
g End of year balance	44,877,114	41,675,113	41,226,661	42,623,372	31,248,916

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:**a** Board designated or quasi-endowment ▶**b** Permanent endowment ▶ 35.240 %**c** Term endowment ▶ 64.760 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:**(i)** Unrelated organizations**(ii)** Related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?**4** Describe in Part XIII the intended uses of the organization's endowment funds.**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		123,146,944		123,146,944
b Buildings		3,789,929,079	1,128,843,926	2,661,085,153
c Leasehold improvements		280,493,492	186,691,715	93,801,777
d Equipment		1,675,602,972	1,354,478,523	321,124,449
e Other		447,851,749	10,817,473	437,034,276
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,636,192,599

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MANAGED POOL	2,942,083,436	F
(B) OTHER INVESTMENTS	47,012,465	F
(C) DIRECT INVESTMENT IN EQUITY	32,348,473	F
(D) MANAGED BY ASSET MGMT FIRMS	2,485,063,629	F

(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	5,506,508,003	

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) SHORT TERM PORTFOLIO	134,761,489
(2) ROU OPEX ASSET	328,525,429
(3) OTHER ASSETS	72,119,148
(4) DUE FROM RELATED PARTIES	263,540,205
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	798,946,271

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
THIRD PARTY PAYOR LIABILITIES	69,421,380
SELF-INSURED RESERVES	231,871,590
DUE TO RELATED PARTIES	302,948,798
OTHER LIABILITIES	28,160,024
TAXABLE BONDS	1,165,100,000
TAX LIABILITIES	775,128
ROU OPEX LIABILITIES	342,093,090
SWAP FMV LIABILITY	77,505,962
ASSET RETIREMENT OBLIGATION LIABILITY	112,639,415
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,330,515,387

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) 2022**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

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:		
a	Net unrealized gains (losses) on investments	2a	

b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	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 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART III, LINE 3	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.
PART III, LINE 4	SHC MAINTAINS A COLLECTION OF DONATED ART FOR PUBLIC EXHIBITION AT HOSPITAL FACILITIES.
PART V, LINE 4	STANFORD HEALTH CARE'S (SHC) ENDOWMENT CONSISTS OF 26 INDIVIDUAL FUNDS WHICH ARE RESTRICTED TO PARTICULAR USES. SHC HAS A FUND TO SUPPORT THE MEDICAL DIRECTOR OF THE HOSPITAL'S CANCER CENTER CLINICAL SERVICES AND A FUND TO SUPPORT MEDICAL DIRECTORSHIP OF DISASTER PREPAREDNESS. SHC ALSO HAS FUNDS TO SUPPORT MUSIC PROGRAMS, EDUCATIONAL PROGRAMS, CHAPLAINCY PROGRAMS, CLINICAL PASTORAL EDUCATION PROGRAM IN SPIRITUAL CARE, PATIENT CARE, INDIGENT CARE, HEALTH LIBRARY TECHNOLOGY, NURSING STAFF THAT CARE FOR CANCER PATIENTS TO ENHANCE THE EXPERIENCE AND WELLBEING OF CANCER PATIENTS, AND TO SUPPORT NURSES, STAFF, PATIENTS, AND FAMILIES OF THE STANFORD WOMEN'S CANCER CENTER. THERE ARE ALSO FUNDS TO ENHANCE THE EXPERIENCE OF OSTOMY NURSES AND THE PATIENTS THEY SERVE AND TO ENHANCE THE PATIENT EXPERIENCE THROUGH PROVISION OF COMPLEMENTARY PATIENT CARE, AND TO SUPPORT NURSES WHO WORK IN THE BMT AND CELL THERAPY UNITS, OR THEIR SUCCESSOR ENTITIES.
PART X, LINE 2	FIN 48 SHC AND ITS SUBSIDIARIES HAVE NO UNCERTAIN TAX POSITIONS PERTAINING TO UNRELATED BUSINESS INCOME.

Schedule D (Form 990) 2022

Additional Data[Return to Form](#)Software ID:
Software Version:

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2023

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

3 Enter total number of other organizations or entities ► _____

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.

[illegible]

Page 4

Page 4

1	Was the organization a U.S. transfer of property to a foreign corporation during the tax year? <i>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)</i>	☐ Yes ☒ No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	☐ Yes ☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>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)</i>	☒ 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? <i>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)</i>	☐ Yes ☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>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)</i>	☐ Yes ☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).</i>	☒ Yes ☐ No

Page 5

Page 5

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

<https://projects.propublica.org/nonprofits/organizations/946174066/202541929349301044/full>

Schedule F (Form 990) 2023

Additional Data

Software ID:
Software Version:

SCHEDULE H
(Form 990)Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
InspectionName of the organization
STANFORD HEALTH CARE

Employer identification number

94-6174066

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>400 %</u>	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1		25,246,608		25,246,608	0.340 %
b Medicaid (from Worksheet 3, column a)	1		1,104,200,174	648,063,427	456,136,747	6.060 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	2		1,129,446,782	648,063,427	481,383,355	6.400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	23	3,927	9,537,748	486,277	9,051,471	0.120 %
f Health professions education (from Worksheet 5)	18	567	207,319,708	26,402,013	180,917,695	2.400 %
g Subsidized health services (from Worksheet 6)	3		11,172,510	4,717,786	6,454,724	0.090 %
h Research (from Worksheet 7)	2		461,426	0	461,426	0.010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	25	44,013	108,527,130	8,488	108,518,642	1.440 %
j Total. Other Benefits	71	48,507	337,018,522	31,614,564	305,403,958	4.060 %
k Total. Add lines 7d and 7j	73	48,507	1,466,465,304	679,677,991	786,787,313	10.460 %

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

Cat. No. 50192T

Schedule H (Form 990) 2023

communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	2	567	2,997,886	462,404	2,535,482	0.030 %
2 Economic development						
3 Community support	3	126	536,596	355	536,241	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	4	86	1,718,119	0	1,718,119	0.020 %
9 Other						
10 Total	9	779	5,252,601	462,759	4,789,842	0.060 %

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	116,354,974	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	1,882,784,074
6 Enter Medicare allowable costs of care relating to payments on line 5	6	3,173,585,821
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,290,801,747
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☐ Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2023

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (describe)	Facility reporting group
1		X	X	X			X			

Schedule H (Form 990) 2023

Page 4

Schedule H (Form 990) 2023

Page 4

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

STANFORD HEALTH CARE

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

Community Health Needs Assessment

- 1** Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
- 2** Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.
- 3** During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.

If "Yes," indicate what the CHNA report describes (check all that apply):

- a** ☒ A definition of the community served by the hospital facility
- b** ☒ Demographics of the community
- c** ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d** ☒ How data was obtained
- e** ☒ The significant health needs of the community
- f** ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

	Yes	No
1		No
2		No
3	Yes	

g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☒ The process for consulting with persons representing the community's interests			
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes	
a ☒ Hospital facility's website (list url): <u>SEE SECTION C</u>			
b ☐ Other website (list url): _____			
c ☒ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE SECTION C</u>	10	Yes	
a			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____			

Schedule H (Form 990) 2023

Page 5

Schedule H (Form 990) 2023

Page 5

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

STANFORD HEALTH CARE

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400</u> . _____ % and FPG family income limit for eligibility for discounted care of <u>400</u> . _____ %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a ☒ The FAP was widely available on a website (list url): <u>HTTP://STANFORDHEALTHCARE.ORG</u>			
b ☒ The FAP application form was widely available on a website (list url):			

☒ The FAP application form was widely available on a website (list url):

SAME AS ABOVE

☒ A plain language summary of the FAP was widely available on a website (list url):

SAME AS ABOVE

☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention

☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP

☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations

☐ Other (describe in Section C)

Schedule H (Form 990) 2023

Page 6

Schedule H (Form 990) 2023

Page 6

Part V Facility Information (continued)

Billing and Collections

STANFORD HEALTH CARE

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)	19	No
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21 Yes	
---	--------	--

Schedule H (Form 990) 2023

Page 7

Schedule H (Form 990) 2023

Page 7

Part V Facility Information (continued)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

STANFORD HEALTH CARE

Name of hospital facility or letter of facility reporting group

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period d ☒ The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	No

Schedule H (Form 990) 2023

Page 8

Schedule H (Form 990) 2023

Page 8

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 4	WITH RESPECT TO ITS 2022 CHNA, A SCHEDULED MEETING WITH THE INSTITUTION'S FINANCE & INVESTMENT COMMITTEE, WHICH IS THE AUTHORIZED BODY RESPONSIBLE FOR ADOPTING THE CHNA, WAS UNABLE TO OCCUR DUE TO CAMPUS DISRUPTIONS THAT AFFECTED ITS ABILITY TO MEET. THE COMMITTEE MET ON SEPTEMBER 14, 2023, 14 DAYS AFTER THE CLOSE OF THE AUGUST 31, 2023 FISCAL YEAR. AT THIS SEPTEMBER 14, 2023 MEETING, THE CHNA WAS ADOPTED. SHC ALSO HAS A SECTION 501(R) POLICY IN PLACE TO ENSURE ONGOING COMPLIANCE.
PART V, SECTION B, LINE 5	THE CHNA ASSESSED COMMUNITY HEALTH NEEDS BY GATHERING INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY. THESE PERSONS INCLUDED LOCAL PUBLIC HEALTH DEPARTMENTS, THOSE WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME INDIVIDUALS, MINORITY POPULATIONS, AND PROFESSIONALS WHOSE ORGANIZATIONS SERVE OR REPRESENT THE INTERESTS OF THOSE POPULATIONS. INPUT WAS GATHERED THROUGH KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND ONLINE SURVEY. IN ADDITION TO THIS PRIMARY QUALITATIVE INPUT, QUANTITATIVE DATA WAS ANALYZED TO IDENTIFY POOR HEALTH OUTCOMES, HEALTH DISPARITIES, AND HEALTH TRENDS. THE CHNA DATA COLLECTION PROCESS TOOK PLACE OVER TEN MONTHS IN 2021 AND CULMINATED IN THIS REPORT, WRITTEN IN LATE 2021 AND EARLY 2022. NAMES OF COMMUNITY ORGANIZATIONS PROVIDING INPUT & POPULATION REPRESENTED - AVENIDAS - LOW-INCOME, MEDICALLY UNDERSERVED - RAVENSWOOD FAMILY HEALTH NETWORK - LOW-INCOME, MEDICALLY UNDERSERVED - PUENTE DE LA COSTA SUR - LOW-INCOME, MEDICALLY UNDERSERVED, MINORITY - SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT - LOW-INCOME, MEDICALLY UNDERSERVED - SAN MATEO COUNTY PRIDE CENTER - MEDICALLY UNDERSERVED, MINORITY - COUNTY OF SAN MATEO HUMAN SERVICES AGENCY - LOW-INCOME - SAN MATEO COUNTY HEALTH - LOW-INCOME, MEDICALLY UNDERSERVED - KIDS IN COMMON - LOW-INCOME - LEGAL AID SOCIETY OF SAN MATEO COUNTY - LOW-INCOME - COUNTY OF SANTA CLARA, OFFICE OF LGBTQ AFFAIRS - MEDICALLY UNDERSERVED, MINORITY - SAN MATEO COUNTY ORAL PUBLIC HEALTH PROGRAM - LOW-INCOME, MEDICALLY UNDERSERVED - STARVISTA - MEDICALLY UNDERSERVED - CAMINAR - MEDICALLY UNDERSERVED - STANFORD HEALTH CARE -

MEDICALLY UNDERSERVED - COUNTY OF SANTA CLARA HEALTH SYSTEM - MEDICALLY UNDERSERVED - PENINSULA FAMILY SERVICE - MEDICALLY UNDERSERVED - EL CAMINO HEALTH - MEDICALLY UNDERSERVED - THE HEALTH TRUST - MEDICALLY UNDERSERVED - COUNTY OF SANTA CLARA BEHAVIORAL HEALTH SERVICES DEPARTMENT - MEDICALLY UNDERSERVED - COMMUNITY OVERCOMING RELATIONSHIP ABUSE - MEDICALLY UNDERSERVED - MOMENTUM FOR HEALTH - MEDICALLY UNDERSERVED - NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - MEDICALLY UNDERSERVED - STANFORD UNIVERSITY SCHOOL OF MEDICINE - MEDICALLY UNDERSERVED, MINORITY - RAVENSWOOD FAMILY HEALTH NETWORK - MEDICALLY UNDERSERVED, MINORITY - THE PRIMARY SCHOOL - MEDICALLY UNDERSERVED, MINORITY - PACIFIC FREE CLINIC - MEDICALLY UNDERSERVED, MINORITY - DESTINATION: HOME - LOW-INCOME - COMMUNITY SERVICES AGENCY - LOW-INCOME - SANTA CLARA FAMILY HEALTH PLAN - LOW-INCOME - LIFEMOVES - LOW-INCOME - GRAIL FAMILY SERVICES - LOW-INCOME - WEST VALLEY COMMUNITY SERVICES - LOW-INCOME - SUNNYVALE COMMUNITY SERVICES - LOW-INCOME - MIDTOWN FAMILY SERVICES - LOW-INCOME - AFRICAN AMERICAN COMMUNITY SERVICE AGENCY - LOW-INCOME - PENINSULA HEALTHCARE CONNECTION - LOW-INCOME - INDIAN HEALTH CENTER OF SANTA CLARA COUNTY - LOW-INCOME, MEDICALLY UNDERSERVED - ROOTS COMMUNITY HEALTH CENTER - LOW-INCOME, MEDICALLY UNDERSERVED - ROTACARE FREE CLINICS - LOW-INCOME, MEDICALLY UNDERSERVED - PLANNED PARENTHOOD MAR MONTE - LOW-INCOME, MEDICALLY UNDERSERVED - ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT - LOW-INCOME, MEDICALLY UNDERSERVED - SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY - LOW-INCOME, MEDICALLY UNDERSERVED - SAMARITAN HOUSE - LOW-INCOME, MEDICALLY UNDERSERVED - GARDNER HEALTH SERVICES - LOW-INCOME, MEDICALLY UNDERSERVED - NORTH EAST MEDICAL SERVICES - LOW-INCOME, MEDICALLY UNDERSERVED - SAN MATEO MEDICAL CENTER - LOW-INCOME, MEDICALLY UNDERSERVED - LUCILE PACKARD CHILDREN'S HOSPITAL - LOW-INCOME, MEDICALLY UNDERSERVED - MY DIGITAL TAT2 - MEDICALLY UNDERSERVED - MOUNTAIN VIEW LOS ALTOS SCHOOL DISTRICT - MEDICALLY UNDERSERVED - ACKNOWLEDGE ALLIANCE - MEDICALLY UNDERSERVED - EDGEWOOD CENTER FOR CHILDREN AND FAMILIES - MEDICALLY UNDERSERVED - COMMUNITY HEALTH AWARENESS COUNCIL (CHAC) - MEDICALLY UNDERSERVED - CASA OF SAN MATEO COUNTY - MEDICALLY UNDERSERVED - COUNSELING AND SUPPORT SERVICES FOR YOUTH - MEDICALLY UNDERSERVED - ADOLESCENT COUNSELING SERVICES - MEDICALLY UNDERSERVED - UPLIFT FAMILY SERVICES - MEDICALLY UNDERSERVED - FIRST 5 SAN MATEO COUNTY - LOW-INCOME - COASTSIDE HOPE - LOW-INCOME - COUNTY OF SAN MATEO DEPARTMENT OF HOUSING - LOW-INCOME - BOYS & GIRLS CLUB OF THE COASTSIDE - LOW-INCOME - DALY CITY COMMUNITY SERVICE CENTER - LOW-INCOME - JOBTRAIN - LOW-INCOME - SECOND HARVEST OF SILICON VALLEY - LOW-INCOME - YMCA COMMUNITY RESOURCE CENTER - LOW-INCOME - BAY AREA COMMUNITY HEALTH ADVISORY COUNCIL (BACHAC) - MINORITY, MEDICALLY UNDERSERVED - DIGNITY HEALTH-SEQUOIA HOSPITAL - MINORITY, MEDICALLY UNDERSERVED - CITY OF BELMONT AND CALIFORNIA AIR RESOURCES BOARD/BAY AREA AIR QUALITY MANAGEMENT DISTRICT - MINORITY, MEDICALLY UNDERSERVED - UNITY CARE GROUP - MINORITY, MEDICALLY UNDERSERVED

PART V, SECTION B, LINE 6A

THE CHNA WAS CONDUCTED BY FOUR HOSPITAL PARTNERS WITH HOSPITALS LOCATED IN SANTA CLARA AND SAN MATEO COUNTIES. THE HOSPITAL COLLABORATIVE CONDUCTED THE CHNA FOR THE PURPOSE OF IDENTIFYING AND ADDRESSING CRITICAL HEALTH NEEDS OF THE COMMUNITY. - EL CAMINO HEALTH - LUCILE PACKARD CHILDREN'S HOSPITAL STANFORD - SUTTER HEALTH (INCLUDING MENLO PARK SURGICAL HOSPITAL AND MILLS-PENINSULA MEDICAL CENTER)

PART V, SECTION B, LINE 6B	THE FOUR-HOSPITAL COLLABORATIVE ALSO COLLABORATED WITH PALO ALTO MEDICAL FOUNDATION, PART OF SUTTER HEALTH, FOR THE PURPOSE OF IDENTIFYING AND ADDRESSING CRITICAL HEALTH NEEDS OF THE COMMUNITY.
PART V, SECTION B, LINES 7A AND 10A	HTTPS://STANFORDHEALTHCARE.ORG/COMMUNITY PLEASE NOTE THAT LINK MUST BE ENTERED IN LOWER CASE LETTERS IN URL. HTTPS://STANFORDHEALTHCARE.ORG/COMMUNITY PLEASE NOTE THAT LINK MUST BE ENTERED IN LOWER CASE LETTERS IN URL.
PART V, SECTION B, LINE 11	THE 2022 CHNA IDENTIFIED AND PRIORITIZED 10 SIGNIFICANT HEALTH NEEDS ACROSS STANFORD HEALTH CARE'S SERVICE AREA OF SANTA CLARA AND SAN MATEO COUNTIES. THE HEALTH NEEDS WERE PRIORITIZED BY APPLYING THE FOLLOWING CRITERIA: - COMMUNITY PRIORITY: THE COMMUNITY PRIORITIZES THE HEALTH NEED OVER OTHER HEALTH NEEDS; BASED ON THE FREQUENCY WITH WHICH THE KEY INFORMANTS EXPRESSED CONCERN ABOUT EACH HEALTH OUTCOME DURING THE CHNA PRIMARY DATA COLLECTION. - ASSETS & RESOURCES: THERE IS A LACK OF SUFFICIENT ASSETS AND/OR RESOURCES TO ADDRESS THE HEALTH NEED. FOR EXAMPLE, A LACK OF SPECIALTY CARE, HEALTH FACILITIES, AFFORDABLE HEALTHY BEHAVIORS, OR INFORMATION. - CLEAR DISPARITIES OR INEQUITIES: RECOGNIZABLE DIFFERENCES IN HEALTH OUTCOMES EXIST AMONG SUBGROUPS OF PEOPLE (BASED ON GEOGRAPHY, LANGUAGE, ETHNICITY, CULTURE, CITIZENSHIP STATUS, ECONOMIC STATUS, SEXUAL ORIENTATION, AGE, GENDER IDENTITY, OR OTHER FACTORS). - MULTIPLIER EFFECT: A SUCCESSFUL SOLUTION TO THE HEALTH NEED HAS THE POTENTIAL TO SOLVE MULTIPLE PROBLEMS. FOR EXAMPLE, IF RATES OF OBESITY DECREASE, DIABETES RATES MAY ALSO DECREASE. USING THE CRITERIA, STANFORD HEALTH CARE GATHERED LEADERS WITH KNOWLEDGE AND EXPERTISE IN LOCAL COMMUNITY HEALTH NEEDS AND TRENDS TO PRIORITIZE (RANK) BY ONLINE SURVEY EACH OF THE 10 HEALTH NEEDS GENERATED FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE 10 HEALTH NEEDS ARE LISTED IN PRIORITY ORDER: - ECONOMIC INSECURITY - HOUSING AND HOMELESSNESS - BEHAVIORAL HEALTH - HEALTH CARE ACCESS AND DELIVERY - DIABETES AND OBESITY - MATERNAL AND INFANT HEALTH - CLIMATE AND NATURAL ENVIRONMENT - COMMUNITY SAFETY - CANCER - SEXUALLY TRANSMITTED INFECTIONS SHC'S 2023 - 2025 IMPLEMENTATION STRATEGY PROVIDES DETAILED INFORMATION ABOUT SHC'S STRATEGIES FOR ADDRESSING THE CHNA HEALTH NEEDS AND CAN BE FOUND HERE: HTTPS://STANFORDHEALTHCARE.ORG/ABOUT-US/COMMUNITY-PARTNERSHIPS.HTML
PART V, SECTION B, LINE 16A-C	URL AT WHICH THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY IS AVAILABLE: HTTPS://STANFORDHEALTHCARE.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE.HTML PLEASE NOTE THAT LINK MUST BE ENTERED IN LOWER CASE LETTERS IN URL.
PART V, SECTION B, LINE 20A	SHC WILL PURSUE PAYMENT FOR DEBTS OWED FOR HEALTH CARE SERVICES PROVIDED BY SHC. ALL PATIENT ACCOUNT BALANCES THAT MEET SHC CRITERIA FOR ASSIGNMENT TO BAD DEBT ACCORDING TO SHC POLICY AND PROCEDURES ARE ELIGIBLE FOR PLACEMENT WITH A COLLECTION AGENCY. HOWEVER, SHC DOES NOT CURRENTLY ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITY (ECA). PER SHC POLICY, ECA IS DEFINED TO INCLUDE PLACING LIENS ON INDIVIDUAL PROPERTY, FORECLOSING ON REAL PROPERTY, ATTACHING OR SEIZING AN INDIVIDUAL'S BANK ACCOUNT OR OTHER PERSONAL PROPERTY, COMMENCING A CIVIL ACTION AGAINST AN INDIVIDUAL, CAUSING AN INDIVIDUAL'S ARREST, GARNISHING WAGES, REPORTING ADVERSE INFORMATION TO A CREDIT AGENCY, DEFERRING OR DENYING MEDICALLY NECESSARY CARE, REQUIRING PAYMENT BEFORE PROVIDING MEDICALLY NECESSARY CARE BECAUSE OF OUTSTANDING BILLS, AND SALE OF DEBT TO A THIRD PARTY.

[illegible]

Page 9

Page 9

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

4

Name and address		Type of Facility (describe)
1	STANFORD EMPLOYER HEALTH CLINIC AT CISCO 3571 N 1ST STREET BLDG Q SAN JOSE, CA 95134	STANFORD EMPL HEALTH CLINIC AT CISCO
2	STANFORD EMP HEALTH CLINIC AT QUALCOMM BAY AREA 3165 KIFER RD SANTA CLARA, CA 95051	STANFORD EMP HEALTH CLINIC AT QUALCOMM BAY AREA
3	STANFORD EMP HEALTH CLINIC AT QUALCOMM 10155 PACIFIC HEIGHTS BLVD SAN DIEGO, CA 92121	STANFORD EMP HEALTH CLINIC AT QUALCOMM
4	STANFORD EMP HEALTH CLINIC AT QUALCOMM 5535 MOREHOUSE DRIVE S-270 SAN DIEGO, CA 92121	STANFORD EMP HEALTH CLINIC AT QUALCOMM
5		
6		
7		
8		
9		
10		

Page 10

Page 10

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
PART I, LINE 6A	YES, STANFORD HEALTH CARE PREPARED A COMMUNITY BENEFIT REPORT DURING THE 2023 TAX YEAR. PART I, LINE 7E COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS TOTALED \$9,051,471 IN FY24. THE COMMUNITY HEALTH IMPROVEMENT SERVICES CONSISTS OF - COMMUNITY HEALTH EDUCATION PROGRAMS - HEALTH LIBRARY SERVICES - INSURANCE ENROLLMENT FOR

PART I, LINE 7F	UNINSURED AND UNDERINSURED PATIENTS - SUPPORTIVE CARE PROGRAMS HEALTH PROFESSIONS EDUCATION CONTRIBUTIONS FOR COMMUNITY BENEFIT TOTALLED \$180,917,695 IN FY24. THE HEALTH PROFESSIONS EDUCATION PROGRAM CONSISTS OF FOUR PROGRAMS: - MEDICAL STUDENT, RESIDENT, AND FELLOW TRAINING: STUDENT TRAINING PROGRAMS INCLUDED ALL PRIMARY AND SPECIALTY PROGRAMS. - NURSE STUDENT TRAINING - ALLIED HEALTH PROFESSIONS TRAINING, INCLUDING - CLINICAL LABORATORY - CLINICAL NUTRITION/DIETICIANS - DOSIMETRY - NUCLEAR MEDICINE - PHARMACY - PHYSICIAN ASSISTANT - PSYCHOLOGY - RADIOLOGY - REHABILITATION SERVICES - RESPIRATORY CARE SERVICES - ULTRASOUND - VASCULAR - WOUND CARE OTHER HEALTH PROFESSIONS EDUCATION, INCLUDING - CONTINUING EDUCATION FOR NURSES AND SOCIAL WORK PROFESSIONALS. - CLINICAL PASTORAL EDUCATION: STUDENTS, FROM A RANGE OF RELIGIOUS TRADITIONS, ENROLL IN THIS PROGRAM TO PREPARE FOR A CAREER IN CHAPLAINCY OR RECEIVE CONTINUING EDUCATION IN PASTORAL/SPIRITUAL CARE. UPON COMPLETION OF THIS YEAR-LONG PROGRAM, STUDENTS USE THEIR TRAINING AS CLERGY TO PROVIDE EFFECTIVE SPIRITUAL CARE TO INDIVIDUALS AND FAMILIES FACING HEALTH CHALLENGES, INCLUDING DEATH, DYING, AND BEREAVEMENT.
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES CONTRIBUTIONS TOTALLED \$6,454,724 IN FY24. STANFORD HEALTH CARE SUBSIDIZED HEALTH SERVICES INCLUDES THE STANFORD LIFE FLIGHT PROGRAM AND SECOND OPINION SERVICES AVAILABLE TO THE COMMUNITY. - STANFORD LIFE FLIGHT IS HELICOPTER TRANSPORT OF CRITICALLY ILL AND INJURED ADULT, PEDIATRIC, AND NEONATAL PATIENTS TO DEFINITIVE CARE, REGARDLESS OF THE PATIENT'S ABILITY TO PAY. - THE ONLINE SECOND OPINION PROGRAM OFFERS THE BROAD COMMUNITY SECOND OPINION SERVICES. COMMUNITY MEMBERS CAN PROVIDE THEIR HEALTH RECORDS FOR SHC PROVIDERS TO REVIEW AND PROVIDE A SECOND OPINION FOR DIAGNOSIS AND TREATMENT PLAN. LINKAGE TO SHC SPECIALTY CARE IS AVAILABLE, REGARDLESS OF PAYER.
PART I, LINE 7H	RESEARCH CONTRIBUTIONS TOTALLED \$461,426 IN FY24. STANFORD HEALTH CARE'S CONDUCTS CLINICAL AND COMMUNITY HEALTH RESEARCH THROUGH THE OFFICE OF NURSING, PATIENT CARE, HEALTH EQUITY AND RESEARCH(OONPCHER). ADDITIONALLY, SHC PROVIDES FINANCIAL SUPPORT TO STANFORD UNIVERSITY FOR CLINICAL AND COMMUNITY HEALTH RESEARCH. OONPCHER IS STAFFED BY RESEARCH SCIENTISTS AND COORDINATORS, CONDUCTS RESEARCH AND CLINICAL TRIALS TO IMPROVE CARE DELIVERY AND HEALTH OUTCOMES ACROSS THE HEALTH CARE FIELD. THE FY24 RESEARCH INITIATIVES STUDIED WERE: 1. RACE IN CLINICAL INFORMATICS, 2. BUILDING A CULTURE OF HEALTH EQUITY IN RESEARCH AND, 3. THE ROLE OF NURSING IN HEALTH EQUITY. OONPCHER PARTNERS WITH SAFETY NET CARE PROVIDERS, LOCAL LAW ENFORCEMENT, AND THE LOCAL CHAPTER OF THE NATIONAL BLACK NURSES ASSOCIATION. LINE 7I - CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY BENEFIT TOTALLED \$108,518,642 IN FY24.
PART II, LINE 1	PHYSICAL IMPROVEMENTS AND HOUSING: SHC SPONSORED BOTH THE FALL AND SPRING REBUILDING TOGETHER PENINSULA DAYS, WHICH SUPPORTED VOLUNTEER EFFORTS TO PROVIDE HOUSING IMPROVEMENTS TO A LOW-INCOME FAMILY. HOUSING IMPROVEMENTS INCLUDED A PROJECT THAT PROVIDED EXTERIOR HOME PAINTING AND ANOTHER PROJECT UPDATING FENCING TO MEET HUD HEALTHY HOUSING STANDARDS, THROUGH TEARDOWN OF EXISTING FENCING AND INSTALLATION OF NEW, SECURE FENCING FOR ELDERLY HOMEOWNERS.
PART II, LINE 3	COMMUNITY SUPPORT: SHC'S OFFICE OF EMERGENCY MANAGEMENT (OEM) PLAYS A KEY ROLE IN DISASTER PLANNING FOR THE COMMUNITY. THROUGH OEM, SHC COLLABORATES WITH LOCAL MUNICIPALITIES, COUNTY GOVERNMENT, AND OTHER HOSPITALS TO COORDINATE PLANNING, MITIGATION, REPOSE, AND RECOVERY ACTIVITIES FOR EVENTS THAT COULD ADVERSELY IMPACT THE COMMUNITY. THE GOAL OF THESE ACTIVITIES IS TO MINIMIZE THE IMPACT ON LIFE, PROPERTY, AND THE ENVIRONMENT FROM CATASTROPHIC EVENTS SUCH AS PANDEMIC FLU, EARTHQUAKES, AND OTHER DISASTERS. OEM WORKS WITH EMERGENCY MEDICAL SERVICES IN BOTH SAN MATEO AND SANTA CLARA COUNTIES ON JOINT DISASTER EXERCISES, DISASTER PLANNING AND MITIGATION, AND BEST PRACTICES. OEM PROVIDES CRITICAL SERVICES FOR SAN MATEO AND SANTA CLARA COUNTIES' EMS AND OTHER AGENCIES, AS WELL AS THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND OTHER HOSPITALS BY MAINTAINING CACHES OF EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES FOR READY ACCESS AND DEPLOYMENT IN THE CASE OF DISASTER OR EMERGENCIES. OEM PROVIDES REGULAR INVENTORY REVIEW AND 24/7 SECURITY TO ENSURE THAT THESE EMS SUPPLIES ARE SERVICE-READY AT ALL TIMES. SHC'S OFFICE OF EMERGENCY MANAGEMENT DEVOTED SIGNIFICANT LEADERSHIP AND RESOURCES TO THE LOCAL AND REGIONAL COVID-19 EMERGENCY MANAGEMENT EFFORTS. THESE EFFORTS ARE ACCOUNTED FOR IN COMMUNITY HEALTH IMPROVEMENT SERVICES (CATEGORY 7A). PART II, LINE 8 WORKFORCE DEVELOPMENT: SHC OFFERED INTERNSHIPS FOR LOW-INCOME, FIRST-GENERATION STUDENTS, HEALTHCARE INTERPRETER STUDENTS AND SUMMER ADMINISTRATIVE INTERNSHIPS FOR HIGH SCHOOL, UNDERGRADUATE AND GRADUATE STUDENTS AS WELL AS AN IMMERSIVE YOUTH SCIENCE PROGRAM FOR LOW-INCOME, FIRST-GENERATION HIGH SCHOOL STUDENTS.
PART III, LINES 2 & 4	THE ESTIMATES OF CONTRACTUAL ADJUSTMENTS ARE DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, DISCOUNT POLICY, AND HISTORICAL COLLECTION EXPERIENCE. THE PROCESS FOR ESTIMATING THE ULTIMATE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLES INVOLVED HISTORICAL COLLECTION EXPERIENCE, CHANGES IN CONTRACTS WITH PAYORS, AND SIGNIFICANT ASSUMPTIONS AND JUDGMENT.
PART III, LINE 8	SHC HAS BEEN UTILIZING A COST ACCOUNTING (EPSI) SYSTEM TO MONITOR ITS OPERATION COST. THE SYSTEM SEPARATES THE COST INTO 4 MAJOR CATEGORIES, VARIABLE DIRECT COST, FIXED DIRECT COST, VARIABLE INDIRECT COST, AND FIXED INDIRECT COST. THE OVERHEAD COSTS ARE ALLOCATED TO THE REVENUE GENERATED PATIENT CARE COST CENTERS AND INDIVIDUAL PATIENT ACCOUNT BASED ON THE STEP DOWN METHODOLOGY AND VARIOUS STATISTICAL UNITS OF SERVICES. THE COST OF CHARGE RATIO (RCC) FOR MEDICARE PROGRAM IS DETERMINED BY THE TOTAL COST OF SHC DISCHARGED AND FINAL BILLED MEDICARE PATIENTS, INCLUDING ALL 4 COST CATEGORIES MENTIONED ABOVE AND DIVIDED BY THE TOTAL CORRESPONDING DISCHARGED AND FINAL BILLED MEDICARE CHARGES FOR FY 2024. THE AMOUNT OF THE COST FOR PART III, SECTION B LINE 6 IS DETERMINED BY APPLYING THE PAYER SPECIFIC RCC TO ALL CHARGES FOR MEDICARE RELATED PROGRAMS, INCLUDING TRADITIONAL MEDICARE PROGRAM AND MANAGED CARE SENIOR PROGRAMS RESPECTIVELY. SHC'S LARGEST COMMUNITY BENEFIT INVESTMENT IS IN IMPROVING ACCESS TO NEEDED HEALTHCARE SERVICES FOR VULNERABLE COMMUNITY MEMBERS. BENEFITS AND THE SERVICES ARE NOT ONLY PROVIDED TO THE POOR BUT TO THOSE WHO NEED SPECIAL SERVICES AND SUPPORT, WHICH INCLUDES MEDICARE BENEFICIARIES. THUS, TOTAL COMMUNITY BENEFIT EXPENSE WHICH INCLUDES UNCOMPENSATED COSTS OF PUBLIC PROGRAM FOR TREATING MEDICARE BENEFICIARIES IN EXCESS OF GOVERNMENT PAYMENTS. PART III, SECTION C, LINE 9B IT IS THE POLICY OF SHC TO FOLLOW THE STANDARDS AND PRACTICES FOR COLLECTION OF PATIENT DEBT IN ACCORDANCE WITH THE REQUIREMENTS OF CALIFORNIA ASSEMBLY BILL 774. SHC HAS A VARIETY OF OPTIONS FOR PATIENTS FACING FINANCIAL ASSISTANCE HARDSHIP INCLUDING UNINSURED DISCOUNTS, NO INTEREST PAYMENT ARRANGEMENTS, AND A CHARITY CARE PROGRAM. PATIENTS WHO APPLY FOR CHARITY CARE AND QUALIFY MAY RECEIVE UP TO 100% FINANCIAL ASSISTANCE. SHC WILL SUSPEND ANY AND ALL COLLECTION ACTIONS IF A COMPLETED FINANCIAL ASSISTANCE APPLICATION, INCLUDING ALL REQUISITE SUPPORTING DOCUMENTATION, IS RECEIVED. SHC DOES NOT ALLOW THEIR COLLECTION AGENCIES TO REPORT DEBT TO CREDIT BUREAUS, GARNISH WAGES OR FILE LIENS ON PRIMARY RESIDENCES.
PART VI, LINE 2	A FOUR-HOSPITAL COLLABORATIVES WAS FORMED FOR THE PURPOSE OF IDENTIFYING AND ADDRESSING CRITICAL HEALTH NEEDS OF THE COMMUNITY. DURING 2022, SHC WORKED TOGETHER WITH THE COLLABORATIVE TO CONDUCT AN EXTENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), WHICH MEETS ALL REQUIREMENTS OF THE CALIFORNIA STATE SENATE BILL 697 AS WELL AS IRS REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGIES PURSUANT TO THE 2010 AFFORDABLE CARE ACT (SECTION 1.501(R)(3)). THROUGH THIS PROCESS, THE COLLABORATIVE

	COMPILED STATISTICAL DATA AND PROVIDED COMPARISONS AGAINST HEALTHY PEOPLE 2020 BENCHMARKS. WHERE HEALTHY PEOPLE 2020 BENCHMARKS WERE NOT AVAILABLE, STATEWIDE AVERAGES AND RATES WERE USED AS BENCHMARKS. THE COLLABORATIVES CONDUCTED PRIMARY RESEARCH USING THREE STRATEGIES FOR COLLECTING COMMUNITY INPUT: INTERVIEWS WITH HEALTH EXPERTS, FOCUS GROUPS WITH COMMUNITY LEADERS AND STAKEHOLDERS, AND RESIDENT FOCUS GROUPS. TO PROVIDE A VOICE TO THE COMMUNITY, AND IN ALIGNMENT WITH THE IRS REGULATIONS, THE FOCUS GROUPS TARGETED RESIDENTS WHO ARE MEDICALLY UNDERSERVED, IN POVERTY, AND OF MINORITY POPULATIONS. THIS DATA COLLECTION WAS SYNTHESIZED AND PRODUCED A LIST OF 10 SIGNIFICANT HEALTH NEEDS ACROSS STANFORD HEALTH CARE'S SERVICE AREA OF SANTA CLARA AND SAN MATEO COUNTIES. THE STANFORD HEALTH CARE COMMUNITY PARTNERSHIP PROGRAM STEERING COMMITTEE PRIORITIZED THE LIST OF SIGNIFICANT HEALTH NEEDS BY APPLYING THE FOLLOWING CRITERIA: - COMMUNITY PRIORITY: THE COMMUNITY PRIORITIZES THE HEALTH NEED OVER OTHER HEALTH NEEDS; BASED ON THE FREQUENCY WITH WHICH THE KEY INFORMANTS EXPRESSED CONCERN ABOUT EACH HEALTH OUTCOME DURING THE CHNA PRIMARY DATA COLLECTION. - ASSETS & RESOURCES: THERE IS A LACK OF SUFFICIENT ASSETS AND/OR RESOURCES TO ADDRESS THE HEALTH NEED. FOR EXAMPLE, A LACK OF SPECIALTY CARE, HEALTH FACILITIES, AFFORDABLE HEALTHY BEHAVIORS, OR INFORMATION. - CLEAR DISPARITIES OR INEQUITIES: RECOGNIZABLE DIFFERENCES IN HEALTH OUTCOMES EXIST AMONG SUBGROUPS OF PEOPLE (BASED ON GEOGRAPHY, LANGUAGE, ETHNICITY, CULTURE, CITIZENSHIP STATUS, ECONOMIC STATUS, SEXUAL ORIENTATION, AGE, GENDER IDENTITY, OR OTHER FACTORS). - MULTIPLIER EFFECT: A SUCCESSFUL SOLUTION TO THE HEALTH NEED HAS THE POTENTIAL TO SOLVE MULTIPLE PROBLEMS. FOR EXAMPLE, IF RATES OF OBESITY DECREASE, DIABETES RATES MAY ALSO DECREASE. PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE SHC PROVIDES DEDICATED RESOURCES TO PATIENTS THAT APPLY FOR CHARITY CARE AND PROACTIVELY CONDUCTS OUTREACH TO PATIENTS TO INFORM THEM OF THE PROGRAM'S AVAILABILITY AND THEIR POTENTIAL ELIGIBILITY FOR ASSISTANCE. BROCHURES AND SIGNAGE ARE CONSPICUOUSLY DISPLAYED AT ALL CARE DELIVERY LOCATIONS WITH INSTRUCTION ON WHERE TO LOCATE ADDITIONAL INFORMATION ON ELIGIBILITY FOR FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE APPLICATIONS, AND INSTRUCTIONS ON HOW TO APPLY ARE ALSO AVAILABLE ON THE SHC WEBSITE, VIA MAIL, MYHEALTH (SHC'S ONLINE PATIENT BILLING PLATFORM) AND IN ALL SHC CARE DELIVERY LOCATIONS.
PART VI, LINE 4	SHC IS A REGIONAL REFERRAL CENTER FOR AN ARRAY OF ADULT SPECIALTIES, DRAWING PATIENTS FROM THROUGHOUT CALIFORNIA, ACROSS THE COUNTRY, AND INTERNATIONALLY. HOWEVER, DUE TO ITS LOCATION IN PALO ALTO, ON THE NORTHERN END OF SANTA CLARA COUNTY AND BORDERING SAN MATEO COUNTY, THE MAJORITY OF SHC'S PATIENTS (APPROXIMATELY 51%) ARE RESIDENTS OF SAN MATEO AND SANTA CLARA COUNTIES. THEREFORE, FOR THE PURPOSES OF ITS COMMUNITY BENEFIT PROGRAM, SHC HAS IDENTIFIED THESE TWO COUNTIES AS ITS TARGET COMMUNITY. SHC MAINTAINS A STRONG COMMITMENT TO THE HEALTH OF ITS COMMUNITY MEMBERS AND DEDICATES CONSIDERABLE RESOURCES TO SUPPORT ITS COMMUNITY BENEFIT PROGRAM. IN 2023, APPROXIMATELY 1.87 MILLION RESIDENTS LIVED IN SANTA CLARA COUNTY. SAN MATEO COUNTY IS FAR SMALLER WITH APPROXIMATELY 726,000 RESIDENTS IN 2023. THE POPULATION OF BOTH COUNTIES IS VERY DIVERSE WITH THE NON-WHITE POPULATION REPRESENTING 50.8% (SCC) AND 43.1% (SMC) OF THE TOTAL POPULATION. ABOUT 4% OF SCC AND 4.6% OF SMC ARE UNINSURED. MORE THAN ONE-THIRD OF RESIDENTS IN BOTH COUNTIES ARE FOREIGN-BORN. THE FEDERAL POVERTY LINE (FPL) IS THE TRADITIONAL MEASURE OF POVERTY IN A COMMUNITY. UNFORTUNATELY, THE FPL DOES NOT TAKE INTO CONSIDERATION LOCAL CONDITIONS SUCH AS THE HIGH COST OF LIVING IN THE SAN FRANCISCO BAY AREA. AS SUCH, THE INSIGHT CENTER FOR COMMUNITY ECONOMIC DEVELOPMENT'S CALIFORNIA SELF-SUFFICIENCY STANDARD (CASSS) IS A BETTER ESTIMATE OF ECONOMIC STABILITY IN BOTH COUNTIES. CASSS CITES THAT 28% OF HOUSEHOLDS IN SCC AND 33% OF HOUSEHOLDS IN SMC IN 2021 WERE UNABLE TO MEET THEIR BASIC NEEDS. FOR A FAMILY WITH TWO CHILDREN, CASSS ESTIMATES THAT AN ANNUAL INCOME OF \$138,742 IN SCC AND \$160,617 IN SMC WAS NECESSARY TO MEET BASIC NEEDS, COMPARED TO \$126,616 ACROSS THE BAY AREA. WHILE THE CALIFORNIA MINIMUM WAGE WAS \$16 PER HOUR, FOR TWO ADULTS (ONE WORKING) WITH TWO CHILDREN, SELF-SUFFICIENCY REQUIRES AN HOURLY WAGE OF \$51.82 (SCC) AND \$54.28 (SMC) IN 2021. LASTLY, CASSS REPORTS A 23% INCREASE IN THE COST OF BASIC LIVING EXPENSES ACROSS BOTH COUNTIES BETWEEN 2018 AND 2021. UNFORTUNATELY, THE BUREAU OF LABOR STATISTICS CITES ONLY A 5.3% PER YEAR AVERAGE INCREASE IN WAGES ACROSS THE SAN JOSE-SAN FRANCISCO-OAKLAND METROPOLITAN AREA DURING 2024. IN 2021, THE INSIGHT CENTER FOR COMMUNITY ECONOMIC DEVELOPMENT PUBLISHED THE COST OF BEING CALIFORNIAN, WHICH CITES SIGNIFICANT INCOME, ETHNIC, AND GENDER DISPARITIES EXIST ACROSS CALIFORNIA. THE KEY FINDINGS OF THE COST OF BEING CALIFORNIA REPORT, INCLUDE: - CALIFORNIA (CA) HOUSEHOLDS OF COLOR ARE TWICE AS LIKELY AS WHITE HOUSEHOLDS TO LACK ADEQUATE INCOME TO MEET THEIR BASIC NEEDS - 46% OF LATINX, 35% OF BLACK AND 38% OF NATIVE CA HOUSEHOLDS ARE STRUGGLING TO GET BY VERSUS 18% OF WHITE HOUSEHOLDS - CA HOUSEHOLDS OF COLOR MAKE UP 59% OF ALL CALIFORNIA HOUSEHOLDS, BUT CONSTITUTE 73% OF HOUSEHOLDS THAT FALL BELOW THE CASSS - WOMEN IN CA ARE MORE ECONOMICALLY DISADVANTAGED THAN MEN ACROSS MANY FACTORS, INCLUDING LOWER PAY, TAKING UNPAID TIME TO CARE FOR CHILDREN OR FAMILY MEMBERS, UNDEREMPLOYMENT, AND OCCUPATIONAL SEGREGATION - HAVING EVEN ONE CHILD NEARLY DOUBLES THE LIKELIHOOD OF LIVING BELOW CASSS - POLICY CHANGE TO INCREASE WAGES, INSTITUTE COMPREHENSIVE PAID FAMILY LEAVE, CURB RISING HOUSING COSTS, AND ESTABLISH UNIVERSAL CHILD CARE ARE NEEDED
PART VI, LINE 5	STANFORD HEALTH CARE MAKES ANNUAL COMMUNITY INVESTMENT GRANTS TO COMMUNITY NONPROFITS WORKING ON SIGNIFICANT HEALTH NEEDS AS DETERMINED BY THE MOST RECENT CHNA. IN ADDITION, THE HOSPITAL MAKES SIGNIFICANT INVESTMENTS THAT PROMOTE THE HEALTH OF THE COMMUNITY. THESE PROGRAMS ARE FULLY DESCRIBED IN THE FY2024 COMMUNITY BENEFIT REPORT AND IMPLEMENTATION PLAN FILED JANUARY 2024 WITH THE STATE OF CALIFORNIA DEPARTMENT OF HEALTHCARE ACCESS AND INFORMATION (CA-HCAI). A THOROUGH ACCOUNTING OF THE HOSPITAL'S EFFORTS TO PROMOTE COMMUNITY HEALTH CAN BE READ IN THE REPORT, WHICH IS AVAILABLE AT HTTPS://STANFORDHEALTHCARE.ORG/ABOUT-US/COMMUNITY-PARTNERSHIPS.HTML. BELOW IS A LISTING OF STANFORD HEALTH CARE'S SERVICES AND ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITY WE SERVE: HEALTH PROFESSIONS EDUCATION THE HOSPITAL IS A MAJOR EMPLOYER IN THE COMMUNITY IT SERVES AND, AS AN ACADEMIC MEDICAL CENTER, INVESTS SIGNIFICANTLY IN TRAINING THE HEALTH CARE PROFESSIONALS OF THE FUTURE. THE HOSPITAL IS A MAJOR PROVIDER OF TRAINING FOR RESIDENT PHYSICIANS, FELLOWS AND MEDICAL STUDENTS, NURSES, AND ALLIED HEALTH PROFESSIONS FROM AROUND THE REGION FROM VARIOUS ORGANIZATIONS. COMMUNITY HEALTH IMPROVEMENT THE HOSPITAL CONDUCTS MULTIPLE PROGRAMS THAT ARE OFFERED AT NO COST TO COMMUNITY MEMBERS AND SEEKS TO IMPROVE THE HEALTH AND HEALTH KNOWLEDGE OF THE COMMUNITY. THESE ACTIVITIES INCLUDE CLINICAL TRIALS INFORMATION AND ENROLLMENT SERVICES, HEALTH INSURANCE ENROLLMENT SERVICES FOR LOW-INCOME ADULTS AND CHILDREN, COMMUNITY HEALTH EDUCATIONS PROGRAMS, SUPPORTIVE CARE PROGRAMS FOR CANCER AND NEUROSCIENCE PATIENTS, AND ONGOING RESEARCH IN THE AREAS OF CARE DELIVERY AND QUALITY IMPROVEMENT. COMMUNITY BUILDING ACTIVITIES THE HOSPITAL PARTICIPATES IN A MYRIAD OF COMMUNITY BUILDING ACTIVITIES THAT SEEK TO IMPROVE THE COMMUNITY'S HEALTH AND SAFETY. THESE SERVICES AND ACTIVITIES ARE EITHER PROVIDED BY THE HOSPITAL ITSELF OR INVOLVE SUPPORT FOR COMMUNITY ORGANIZATIONS WORKING IN THE AREAS OF: POVERTY, HOMELESSNESS, ECONOMIC DEVELOPMENT, ETC. HOSPITAL LEADERSHIP ALSO VOLUNTEERS THEIR EXPERTISE ON MULTIPLE COMMUNITY NONPROFIT BOARDS WORKING TO IMPROVE THE HEALTH OF THE COMMUNITY. THE HOSPITAL ALSO SUPPORTS LOCAL EMERGENCY MANAGEMENT EFFORTS, SUPPORTS ECONOMIC AND WORKFORCE DEVELOPMENT IN THE REGION, AND ADVOCATES FOR COMMUNITY HEALTH ISSUES. ACADEMIC MEDICAL CENTER - RESEARCH STANFORD HEALTH CARE IS PART OF STANFORD UNIVERSITY SCHOOL OF MEDICINE, THE WEST COAST'S LARGEST MEDICAL SCHOOL, AND WORKS WITH LEADERS IN PATIENT CARE, EDUCATION, RESEARCH, AND

	OLDEST MEDICAL SCHOOL AND WORLDWIDE LEADER IN PATIENT CARE, EDUCATION, RESEARCH, AND INNOVATION. STANFORD HEALTH CARE IS PROUD TO BE THE PRIMARY TEACHING HOSPITAL OF STANFORD UNIVERSITY SCHOOL OF MEDICINE-ONE OF THE TOP RANKED ACADEMIC MEDICAL INSTITUTIONS IN THE COUNTRY. THROUGHOUT HISTORY, STANFORD UNIVERSITY SCHOOL OF MEDICINE HAS BEEN HOME TO CUTTING-EDGE MEDICAL ADVANCES, INCLUDING THE FIRST SUCCESSFUL ADULT HUMAN HEART TRANSPLANT IN THE COUNTRY AND THE FIRST COMBINED HEART-LUNG TRANSPLANT IN THE WORLD. STANFORD HEALTH CARE FUNDS ONGOING RESEARCH THROUGH STANFORD UNIVERSITY SCHOOL OF MEDICINE THAT SEEKS TO IMPROVE THE HEALTH OF OUR COMMUNITY.
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM IN MAY 2015, THE HOSPITAL COMMITTEE FOR THE LIVERMORE-PLEASANTON AREAS (VCHS) BECAME AN AFFILIATE OF STANFORD HEALTH CARE (SHC). VCHS PARTNERS WITH SHC TO SERVE THE EAST BAY'S TRI-VALLEY REGION OF LIVERMORE, DUBLIN AND PLEASANTON. VCHS'S FACILITIES IN LIVERMORE, DUBLIN AND PLEASANTON INCLUDE VALLEY MEDICAL CENTER, EMERGENCY SERVICES AND TWO URGENT CARE CENTERS. VCHS ALLOWS SHC TO EXPAND ITS PRESENCE IN THE CRITICAL TRI-VALLEY AREA BY PARTNERING WITH A HIGH QUALITY, HIGH VALUE COMMUNITY HOSPITAL. VCHS WILL PARTICIPATE IN ALL THREE OF SHC'S MISSIONS BY PROVIDING SHC'S LEADING EDGE CLINICAL CARE IN THE VCHS COMMUNITY, TRAINING FUTURE MEDICAL LEADERS THROUGH RESIDENCY ROTATIONS AND OTHER ACADEMIC PURSUITS, AND PROVIDING THE TRI-VALLEY AREA INCREASED ACCESS TO CLINICAL TRIALS FOR LIFE-SAVING TREATMENTS. IN ADDITION, SHC'S GROWING EXPERTISE IN POPULATION AND PRECISION HEALTH WILL BE LEVERAGED TO SERVE THIS COMMUNITY. EFFECTIVE JULY 26, 2022, STANFORD HEALTH CARE-VALLEYCARE (FORMERLY VCHS) HAS CHANGED ITS NAME TO STANFORD HEALTH CARE TRI-VALLEY.
PART VI, LINE 7	ALL STATES IN WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT: CALIFORNIA

Schedule H (Form 990) 2023

Additional Data[Return to Form](#)**Software ID:****Software Version:**

efile Public Visual Render

ObjectID: 202541929349301044 - Submission: 2025-07-11

TIN: 94-6174066

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
STANFORD HEALTH CARE

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

OMB No. 1545-0047
2023
Open to Public Inspection

Employer identification number
94-6174066

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMBULATORY SURGERY ACCESS COALITION 353 KEARNY STREET SUITE 201 SAN FRANCISCO, CA 94103	94-3180356	501(C)(3)	126,000				HEALTHCARE ACCESS AND DELIVERY
(2) ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT 2400 MOORPARK AVENUE SUITE 300 SAN JOSE, CA 95128	94-2292491	501(C)(3)	14,000				BEHAVIORAL HEALTH
(3) AVENIDAS 450 BRYANT STREET PALO ALTO, CA 94301	94-1480548	501(C)(3)	195,000				HEALTHCARE ACCESS AND DELIVERY
(4) DESTINATION HOME 3180 NEWBERRY DRIVE SUITE 200 SAN JOSE, CA 95118	82-3353174	501(C)(3)	500,000				HOUSING/HOMELESSNESS
(5) DOWNTOWN STREETS INC 1671 THE ALAMEDA SUITE 306 SAN JOSE, CA 95126	20-5242330	501(C)(3)	214,000				ECONOMIC SECURITY
(6) ESCUELA POPULAR DEL PUEBLO 149 N WHITE ROAD SAN JOSE, CA 95127	77-0354277	501(C)(3)		5,420	COST OF GOODS & SVCS	FURNITURE DONATION	FURNITURE DONATION
(7) FUTURO HEALTH 1610 R STREET SACRAMENTO, CA 95811	84-3847958	501(C)(3)	175,000				ECONOMIC SECURITY TARGETED AT UNDERREPRESENTED TALENT PIPELINE
(8) GO COPIA PBC 1968 S COAST HWY LAGUNA BEACH, CA 92651	47-1068807	170(E)		253,985	FMV PER POUND BASIS	FOOD DONATION	FOOD DONATION
(9) HABITAT FOR HUMANITY EAST BAY SILICON VLY 2619 BROADWAY NO025 OAKLAND, CA 94612	94-3053687	501(C)(3)		15,200	COST OF GOODS & SVCS	FURNITURE DONATION	FURNITURE DONATION
(10) JOBTRAIN INC 1200 OBRIEN DR MENLO PARK, CA 94025	94-1712371	501(C)(3)	69,095				ECONOMIC SECURITY
(11) LIFE MOVES 2550 GREAT AMERICA WY SANTA CLARA, CA 95054	77-0160469	501(C)(3)	400,000	7,707	FMV PER ITEM	CLOTHING DONATION	BEHAVIORAL HEALTH
(12) MOMENTUM FOR HEALTH 1922 THE ALAMEDA SAN JOSE, CA 95126	94-1496052	501(C)(3)	150,000				BEHAVIORAL HEALTH
(13) PENINSULA COLLEGE FUND 526 VALLEY WAY MILPITAS, CA 95035	26-4293269	501(C)(3)	39,500				ECONOMIC SECURITY
(14) PENINSULA HEALTHCARE CONNECTION INC 33 ENCINA AVENUE 103 PALO ALTO, CA 94301	20-2886131	501(C)(3)	550,644				HEALTHCARE ACCESS & BEHAVIORAL HEALTH
(15) PENINSULA VOLUNTEERS INC 800 MIDDLE AVENUE MENLO PARK, CA 94025	94-1294939	501(C)(3)		7,266	COST OF GOODS & SVCS	EQUIPMENT DONATION	EQUIPMENT DONATION
(16) PROJECT MORE FOUNDATION 1700 DE LA CRUZ BLVD SANTA CLARA, CA 95050	46-4234256	501(C)(3)	7,500				HEALTHCARE ACCESS & ECONOMIC SECURITY
(17) WE HOPE PO BOX 50624 EAST PALO ALTO, CA 94303	94-3342713	501(C)(3)	231,750	1,216	COST OF GOODS & SVCS	Hygiene products	ECONOMIC SECURITY
(18) PUBLIC HEALTH INSTITUTE 555 12TH ST STE 600 OAKLAND, CA 94607	94-1646278	501(C)(3)	252,380				HEALTHCARE ACCESS AND DELIVERY
(19) REBUILDING TOGETHER PENINSULA 841 KAYNYNE STREET REDWOOD CITY, CA 94063	94-3106209	501(C)(3)	18,800	864	COST OF GOODS & SVCS	NUTRITIONAL SUPPORT	HOUSING
(20) ROOTS COMMUNITY HEALTH CENTER 7272 MAC ARTHUR BLVD OAKLAND, CA 94605	26-2583954	501(C)(3)	113,855				BEHAVIORAL HEALTH
(21) SAMARITAN HOUSE 4031 PACIFIC BOULEVARD SAN MANTEO, CA 94403	23-7416272	501(C)(3)	293,037	13,731	COST OF GOODS & SVCS	EQUIPMENT DONATIONS	HEALTHCARE ACCESS AND DELIVERY
(22) SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	378,000				ECONOMIC SECURITY
(23) SENIOR COASTSIDERS INC 925 MAIN STREET HALF MOON BAY, CA 94019	94-3119310	501(C)(3)	35,000				ECONOMIC SECURITY
(24) SONRISAS DENTAL HEALTH INC 430 N EL CAMINO REAL SAN MATEO, CA 94401	94-3390196	501(C)(3)	76,000				HEALTHCARE ACCESS & DELIVERY

(25) SOUTH COUNTY COMMUNITY HEALTH CENTER INC 1885 BAY ROAD EAST PALO ALTO, CA 94303	94-3372130	501(C)(3)	250,000				HEALTHCARE ACCESS AND DELIVERY
(26) STARVISTA 610 ELM STREET SAN CARLOS, CA 94070	94-3094966	501(C)(3)	12,000				BEHAVIORAL HEALTH
(27) THE BOARD OF TRUSTEES STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	104,416,806	68,079	COST OF GOODS & SVCS	LABORATORY SERVICES	SUPPORT FOR MEDICAL TRAINING, RESEARCH, COMMUNITY HEALTH IMPROVEMENT ACTIVITIES
(28) THE HEALTH TRUST 3180 NEWBERRY DR STE 200 SAN JOSE, CA 95118	94-6050231	501(C)(3)	350,000				ECONOMIC SECURITY
(29) THE VALLEY MEDICAL CENTER FOUNDATION 2400 CLOVE DRIVE SAN JOSE, CA 95128	77-0187890	501(C)(3)	10,405				HEALTHCARE ACCESS & DELIVERY
(30) VOLUNTEERS FOR INTER- AMERICAN DEVELOPMENT 2424 FOURTH ST BERKELEY, CA 94710	68-0249466	501(C)(3)		725,553	COST OF GOODS & SVCS	MEDICAL SUPPLIES	MEDICAL SUPPLIES
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							29
3 Enter total number of other organizations listed in the line 1 table							1

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2023

Page 2

Schedule I (Form 990) 2023

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PROCEDURES FOR MONITORING USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2 FOLLOWING GRANT APPROVAL BY THE COMMUNITY HEALTH AND PARTNERSHIPS PROGRAM, SHC PROVIDES A GRANT AWARD LETTER/RESTRICTED USE LETTER TO THE GRANT RECIPIENT DETAILING THE TERMS OF THE GRANT, INCLUDING ALIGNING FUND USAGE WITH IDENTIFIED COMMUNITY HEALTH NEEDS, GRANT PERIOD, GRANT AWARD AMOUNT AND PAYMENT SCHEDULE, GRANT REPORTING SCHEDULE, AND GRANT GOALS AND OUTCOMES. THE GRANT RECIPIENT PROVIDES ELECTRONIC SIGNATURE AGREEING TO THE TERMS OF THE RESTRICTED USE LETTER AND VERIFYING RECEIPT OF PAYMENT. THE SHC GRANTS MANAGER MAINTAINS CONTACT THROUGHOUT THE GRANT PERIOD, VERIFYING APPROPRIATE USE OF FUNDS AND PROGRESS ON STATED GOALS AND OBJECTIVES. AT THE END OF THE GRANT PERIOD, FINAL GRANT REPORTS ARE REVIEWED BY THE GRANT MANAGER. COPIES OF ALL DOCUMENTS ARE KEPT ELECTRONICALLY BY THE COMMUNITY HEALTH AND PARTNERSHIPS PROGRAM.

Schedule I (Form 990) 2023

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202541929349301044 - Submission: 2025-07-11	TIN: 94-6174066
Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2023 Open to Public Inspection
Name of the organization STANFORD HEALTH CARE		Employer identification number 94-6174066

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2023

Page 2

Schedule J (Form 990) 2023

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DAVID ENTWISTLE PRESIDENT & CEO (SEE SCH O)	(i) 2,106,816	2,322,804	1,488,194	36,300	60,140	6,014,254	680,883
		(ii) 0	0	0	0	0	0	0
2	QUINN MCKENNA EVP-CHIEF OP. OFFICER (SCH O)	(i) 1,319,528	1,002,036	591,804	36,300	45,884	2,995,552	304,340
		(ii) 0	0	0	0	0	0	0
3	LINDA HOFF EVP-CFO	(i) 1,102,720	795,618	430,206	173,945	23,874	2,526,363	112,597
		(ii) 0	0	0	0	0	0	0
4	SRIDHAR SESHADRI SVP & PRESIDENT-CANCER CENTER	(i) 723,627	371,393	199,061	42,900	60,908	1,397,889	0
		(ii) 0	0	0	0	0	0	0
5	DALE BEATTY SVP-CHIEF NURSE EXECUTIVE	(i) 612,458	317,769	131,772	36,300	23,358	1,121,657	0
		(ii) 0	0	0	0	0	0	0
6	ALISON M KERR SVP-DESTINATION SERVICE LINES	(i) 660,096	322,913	159,227	42,900	25,187	1,210,323	0
		(ii) 0	0	0	0	0	0	0
7	ELIZABETH OYEKAN VP-PHARMACY AND IMAGING SVCS	(i) 337,268	73,525	20,856	32,141	27,112	490,902	0
		(ii) 0	0	0	0	0	0	0
8	GARY FRITZ VP-APPLICATIONS	(i) 415,728	156,250	124,714	36,300	46,171	779,163	0
		(ii) 0	0	0	0	0	0	0

DAVID ENTWISTLE
SVP-SVC LIN&CHF AMB CARE OFCR

(i)	439,931	117,612	26,389	70,321	44,267	718,540	0
(ii)	0	0	0	0	0	0	0
10 PRIYA SINGH EVP-CHIEF STRATEGY OFFICER	765,087	767,400	175,036	123,338	8,196	1,839,057	72,857
(i)	213,620	0	0	0	0	213,620	0
(ii)	0	0	0	0	0	0	0
11 THOMAS Y KIM EVP-CHIEF MARKET DEV OFFICER	552,474	279,671	87,209	36,300	21,838	977,492	0
(i)	0	0	0	0	0	0	0
(ii)	0	0	0	0	0	0	0
12 CAROL D RORIG SVP-CHIEF HR OFFICER	540,423	274,303	33,427	73,439	24,769	946,361	0
(i)	0	0	0	0	0	0	0
(ii)	0	0	0	0	0	0	0
13 JAMES MARTIN JR SVP-CONTROLLER	529,662	131,364	125,294	81,475	23,297	891,092	40,917
(i)	0	0	0	0	0	0	0
(ii)	0	0	0	0	0	0	0
14 HELEN M WILMOT SVP-CHIEF FACIL GEN SVCS & PLN	531,374	126,697	81,920	42,900	51,874	834,765	0
(i)	0	0	0	0	0	0	0
(ii)	0	0	0	0	0	0	0
15 ROSANNE ROTH FORMER CORPORATE SECRETARY	127,869	0	39,716	17,001	15,704	200,290	0
(i)	0	0	0	0	0	0	0
(ii)	0	0	0	0	0	0	0
16 ELIZABETH CHOI MGR - ADMINISTRATION	144,780	17,594	0	16,309	21,604	200,287	0
(i)	0	0	0	0	0	0	0
(ii)	0	0	0	0	0	0	0
17 JOHN YEE DIRECTOR (SEE SCHEDULE O)	0	0	0	0	0	0	0
(i)	0	0	0	0	0	0	0
(ii)	276,322	59,735	6,039	42,250	30,189	414,535	0
18 PAUL KING DIRECTOR (SEE SCHEDULE O)	0	0	0	0	0	0	0
(i)	0	0	0	0	0	0	0
(ii)	1,467,967	632,969	364,548	55,500	22,612	2,543,596	0
19 RANDALL LIVINGSTON DIRECTOR (SEE SCHEDULE O)	0	0	0	0	0	0	0
(i)	0	0	0	0	0	0	0
(ii)	902,039	0	724,650	155,468	39,832	1,821,989	355,556
20 LLOYD B MINOR MD DIRECTOR (SEE SCHEDULE O)	0	0	0	0	0	0	0
(i)	0	0	0	0	0	0	0
(ii)	2,272,515	600,000	10,582	251,750	37,896	3,172,743	0
21 THOMAS MONTINE MD DIRECTOR	0	0	0	0	0	0	0
(i)	0	0	0	0	0	0	0
(ii)	694,037	315,145	3,696	30,500	29,482	1,072,860	0
22 JAY SHAH MD DIRECTOR	0	0	0	0	0	0	0
(i)	0	0	0	0	0	0	0
(ii)	356,443	210,804	40,000	11,224	31,405	649,876	0
23 EILA SKINNER MD DIRECTOR	0	0	0	0	0	0	0
(i)	0	0	0	0	0	0	0
(ii)	794,024	504,290	0	30,500	39,454	1,368,268	0

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	3 OFFICERS, 1 KEY EMPLOYEE, 1 HIGHEST COMPENSATED EMPLOYEE, AND 1 FORMER KEY EMPLOYEE RECEIVED HOUSING AS A TAXABLE BENEFIT AND THE AMOUNT HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN B (III).
SCHEDULE J, PART I, LINE 4B	STANFORD HEALTH CARE ("SHC") PROVIDES ALL SENIOR EXECUTIVES WITH A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO SUPPLEMENT THEIR RETIREMENT BENEFITS. FOR EACH CALENDAR YEAR, A HYPOTHETICAL ACCOUNT IS ESTABLISHED FOR EACH PARTICIPANT AND CREDITED WITH AN AMOUNT EQUAL TO A PERCENTAGE OF BASE SALARY (DEPENDING ON THE INDIVIDUAL'S POSITION) AS OF THE LAST DAY OF EACH QUARTER. THE COMPENSATION COMMITTEE MAY DETERMINE THAT CREDITS SHALL BE MADE IN ADDITION TO THOSE ABOVE IN ITS SOLE DISCRETION. A PARTICIPANT BECOMES VESTED IN EACH CALENDAR YEAR ACCOUNT ON THE FIRST BUSINESS DAY OF JANUARY FOLLOWING THE SECOND CALENDAR YEAR IN WHICH THE ACCOUNT WAS ESTABLISHED (OR, IF LATER, THE DATE ON WHICH THE PARTICIPANT COMPLETES TWO FULL YEARS OF PARTICIPATION). THE PARTICIPANT BECOMES FULLY VESTED IN HIS OR HER ACCOUNTS UNDER THE SERP UPON THE EARLIEST OF (A) DISCHARGE FROM EMPLOYMENT WITHOUT CAUSE; (B) ENTITLEMENT TO LONG-TERM DISABILITY INCOME BENEFITS; (C) ATTAINMENT OF AGE OF 60 WHILE EMPLOYED OR IF LATER, THE PARTICIPANT'S COMPLETION OF TWO FULL YEARS OF PARTICIPATION; (D) COMPLETION OF SEVEN YEARS AS AN ELIGIBLE EMPLOYEE; OR (E) DEATH. THE FOLLOWING AMOUNTS BECAME VESTED AND WERE PAID TO THE FOLLOWING INDIVIDUALS IN CALENDAR YEAR 2023: DAVID ENTWISTLE \$ 1,073,415 QUINN MCKENNA \$ 479,274 LINDA HOFF \$ 117,206 SRIDHAR B. SESHADRI \$ 92,715 PRIYA SINGH \$ 75,839 ALISON M. KERR \$ 69,701 HELEN M. WILLMOT \$ 65,344 DALE BEATTY \$ 65,129 THOMAS Y. KIM \$ 58,493 JAMES J. MARTIN, JR \$ 42,592 GARY FRITZ \$ 36,532 FOR CERTAIN INDIVIDUALS LISTED ON SCHEDULE J, PART II, AMOUNTS CREDITED UNDER THE PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C). AMOUNTS CREDITED AND DISCLOSED ON THE FORM 990 IN PRIOR YEARS THAT VESTED AND WERE PAID IN CALENDAR 2023 ARE REPORTED IN COLUMN (F). PAUL KING PARTICIPATES IN A DEFERRED COMPENSATION PLAN AT LUCILE SALTER PACKARD CHILDREN'S HOSPITAL, A RELATED ORGANIZATION. AMOUNTS CREDITED TO THE PLAN ARE BASED ON PERFORMANCE AND CERTAIN OTHER FACTORS. PLAN BALANCES ARE SUBJECT TO FORFEITURE AND/OR PAYMENT IF CERTAIN CONDITIONS ARE MET. CERTAIN BONUS AMOUNTS MAY BE DEFERRED AND PAID IN A LATER YEAR SUBJECT TO IRC SECTION 457(F). RANDALL LIVINGSTON AND LLOYD B. MINOR PARTICIPATE IN A DEFERRED COMPENSATION PLAN AT STANFORD UNIVERSITY, A RELATED ORGANIZATION. AMOUNTS CREDITED TO THE PLAN ARE BASED ON PERFORMANCE AND CERTAIN OTHER FACTORS. PLAN BALANCES ARE SUBJECT TO FORFEITURE AND/OR PAYMENT IF CERTAIN CONDITIONS ARE MET. CERTAIN BONUS AMOUNTS MAY BE DEFERRED AND PAID IN A LATER YEAR SUBJECT TO IRC SECTION 457(F).
SCHEDULE J, PART I, LINE 7 & PART II, DESCRIPTION FOR COLUMN B(II)	OFFICERS AND OTHERS WITH AMOUNTS IN THIS COLUMN RECEIVE BONUS AWARDS AND INCENTIVE COMPENSATION. THE ANNUAL INCENTIVE PLAN (AIP) IS BASED ON ACHIEVING CERTAIN GOALS ESTABLISHED PRIOR TO THE NEW FISCAL YEAR. THE GOALS ARE BASED ON THE FOCUSED AREAS, SUCH AS PATIENT CARE, QUALITY/SAFETY SERVICE, FINANCIAL RESULT, AND DEPARTMENT/PERSONAL PERFORMANCE.
SCHEDULE J, PART II, DESCRIPTION FOR COLUMN B(III)	OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN B(III) INCLUDES HOUSING ASSISTANCE, SERP CASH DISTRIBUTION, GRANT MONIES, ACCRUED VACATION PAY OUT, GROUP TERM LIFE, AND TAXABLE MOVING ASSISTANCE. IN ADDITION, SHC HAS PROVIDED VARIOUS ITEMS OF "LISTED PROPERTY" (E.G. COMPUTERS AND PERIPHERALS) TO THE ABOVE LISTED EMPLOYEES PRINCIPALLY FOR THEIR BUSINESS USE.
SCHEDULE J, PART II	DIRECTORS ARE NOT COMPENSATED IN THEIR CAPACITY AS DIRECTORS OF SHC. HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF RELATED ORGANIZATIONS, POSITIONS FOR WHICH THEY RECEIVED COMPENSATION AS REPORTED IN PART II.

Schedule J (Form 990) 2023

Additional Data

Return to Form

Software ID:

efile Public Visual Render		ObjectID: 202541929349301044 - Submission: 2025-07-11		TIN: 94-6174066	
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.					
Schedule K (Form 990)		Supplemental Information on Tax-Exempt Bonds			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.			2023 Open to Public Inspection
Name of the organization STANFORD HEALTH CARE				Employer identification number 94-6174066	

Part I Bond Issues										
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LNX1	06-02-2008	428,500,000	2008 SERIES AB-SEE PART VI	X			X
B	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033L8Q3	06-30-2015	180,626,500	2015 SERIES AB-SEE PART VI	X			X
C	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13032UQR2	12-28-2017	530,337,859	2017 SERIES A-SEE PART VI		X		X
D	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13032UVN5	04-01-2020	190,005,327	2020 SERIES A-SEE PART VI		X		X

Part II Proceeds				
	A	B	C	D
1 Amount of bonds retired	260,300,000	75,000,000	0	0
2 Amount of bonds legally defeased	0	0	0	0
3 Total proceeds of issue	428,500,000	182,519,359	563,990,753	190,012,515
4 Gross proceeds in reserve funds	0	0	0	0
5 Capitalized interest from proceeds	0	0	0	0
6 Proceeds in refunding escrows	0	0	0	0
7 Issuance costs from proceeds	0	0	0	0
8 Credit enhancement from proceeds	0	0	0	0
9 Working capital expenditures from proceeds	0	0	0	0
10 Capital expenditures from proceeds	0	182,519,359	0	130,005,327
11 Other spent proceeds	428,500,000	0	563,990,753	60,007,188
12 Other unspent proceeds	0	0	0	0
13 Year of substantial completion	2008	2019	2017	2020
	Yes No	Yes No	Yes No	Yes No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X		X	X
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X	X	X
16 Has the final allocation of proceeds been made?	X	X	X	X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X	X	X	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2023

Schedule K (Form 990) 2023 Page 2

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		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?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.090 %		0 %		0.010 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0.090 %		0 %		0.010 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
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		X	

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X

b	Exception to rebate?	X			X	X		X	
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X

Schedule K (Form 990) 2023

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b Name of provider	see part VI		0		0		0	
c Term of hedge								
d Was the hedge superintegrated?		X						
e Was the hedge terminated?	X							
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
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?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
TAX EXEMPT BONDS	FORM 990, SCHEDULE K, PART I BOND ISSUES: A CUSIP#: 13033LNX1 - ORIGINAL CUSIP IN TAX CERTIFICATE IS NO LONGER OUTSTANDING SERIES: 2008 SERIES A&B DESCRIPTION OF PURPOSE: CURRENT REFUNDING OF 2006 SERIES A & B DATE OF ISSUE OF REFUNDED BONDS: MARCH 09, 2006 BOND ISSUES: B CUSIP#: 13033L8Q3 SERIES: 2015 SERIES A & B DESCRIPTION OF PURPOSE: CONSTRUCTION OF REPLACEMENT ACUTE CARE HOSPITAL FACILITY AND RENOVATION OF PORTIONS OF EXISTING ACUTE CARE HOSPITAL 2015B LEGALLY DEFEASED IN APRIL 2021 BOND ISSUES: C CUSIP#: 13032UQR2 SERIES: 2017 SERIES A DESCRIPTION OF PURPOSE: ADVANCED REFUNDING OF A PORTION OF 2008A, A PORTION OF 2010A AND ENTIRE 2010B ISSUE DATE OF ISSUE OF REFUNDED BONDS: 06/02/2008 (2008A BONDS) & 06/16/2010 (2010A & 2010B BONDS) BOND ISSUES: D CUSIP#: 13032UVN5 SERIES: 2020 SERIES A DESCRIPTION OF PURPOSE: CONSTRUCTION OF REPLACEMENT ACUTE CARE HOSPITAL FACILITY AND RENOVATION OF PORTIONS OF EXISTING ACUTE CARE HOSPITAL. CURRENT REFUNDING OF THE 2012C ISSUE DATE OF ISSUE OF REFUNDED BONDS: MAY 23, 2012 (2012C BONDS) PART II, COLUMN (B), LINE 3 : THIS AMOUNT DIFFERS FROM THE ISSUE PRICE DUE TO INVESTMENT EARNINGS PART II, COLUMN (C), LINE 3 : THIS AMOUNT DIFFERS FROM THE ISSUE PRICE DUE TO INVESTMENT EARNINGS PART II, COLUMN (D), LINE 3 : THIS AMOUNT DIFFERS FROM THE ISSUE PRICE DUE TO INVESTMENT EARNINGS PART III, LINE 4, COLUMN (B) EQUITY WAS ALLOCATED TO PRIVATE USE SPACES WHICH RESULTED IN ZERO PERCENT PRIVATE USE FOR THESE BONDS PART III, LINE 4, COLUMN (D) EQUITY WAS ALLOCATED TO PRIVATE USE SPACES WHICH RESULTED IN ZERO PERCENT PRIVATE USE FOR THESE BONDS PART IV, LINE 2C, COLUMN (A) - REBATE CALCULATION DATE FOR SERIES 2008: 08/31/2024 PART IV, LINE 2C, COLUMN (B) - REBATE CALCULATION DATE FOR SERIES 2015: 08/31/2024 PART IV, LINE 2C, COLUMN (C) - REBATE CALCULATION DATE FOR SERIES 2017: 08/31/2024 PART IV, LINE 2C, COLUMN (D) - REBATE CALCULATION DATE FOR SERIES 2020: 08/31/2024 PART IV ISSUE A: SERIES: 2008 SERIES B1 AND 2008 SERIES B2 NAME OF PROVIDER: DEUTSCHE BANK AG* TERM OF HEDGE: 10 TERMINATED: 02/26/2014 NOVATED FROM ORIGINAL COUNTERPARTY, J.P. MORGAN CHASE BANK N.A. EFFECTIVE JANUARY 1, 2011 PART IV, LINE 3: 2015B WERE VARIABLE BONDS (DEFEASED AND RETIRED IN APRIL 2021). 2008B ARE VARIABLE RATE BONDS

Schedule K (Form 990) 2023

Software ID:
Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2023

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.Name of the organization
STANFORD HEALTH CAREEmployer identification number
94-6174066

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13032UYT9	04-30-2021	175,002,141	2021 SERIES A-SEE PART VI		X		X		X
B	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13032UH68	09-27-2023	300,004,540	2023 SERIES A-SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	175,002,141		300,004,540					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	0		0					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		300,004,540					
11	Other spent proceeds	175,002,141		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2021		2023					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X			X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Cat. No. 50193E

Schedule K (Form 990) 2023

Page 2

Schedule K (Form 990) 2023

Page 2

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Schedule K (Form 990) 2023

Page 3

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
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?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 1487?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
TAX-EXEMPT BONDS	FORM 990, SCHEDULE K, PART 1 BOND ISSUES: A CUSIP#: 13032UYT9 SERIES: 2021 SERIES A DESCRIPTION OF PURPOSE: CURRENT REFUNDING OF THE 2012D & 2015B ISSUES DATE OF ISSUE OF REFUNDED BONDS: MAY 23, 2012 (2012D BONDS) & JUNE 30, 2015 (2015B BONDS) BOND ISSUES: B CUSIP#: 13032UH68 SERIES: 2023 SERIES A DESCRIPTION OF PURPOSE: RE- DESIGN, REMODEL AND RENOVATION OF SHC'S ORIGINAL HOSPITAL FACILITY (300P RENEWAL PROJECT) PART II, LINE 13, COLUMN (B) REPRESENTS THE YEAR ALL FUNDS WERE ALLOCATED TO THE 300P RENEWAL PROJECT. THE PROJECT IS EXPECTED TO BE FULLY COMPLETED IN LATE CY2029 PART III, LINE 4, COLUMN (A) - EQUITY WAS ALLOCATED TO PRIVATE USE SPACES WHICH RESULTED IN ZERO PERCENT PRIVATE USE FOR THESE BONDS PART III, LINE 4, COLUMN (B) - EQUITY WAS ALLOCATED TO PRIVATE USE SPACES WHICH RESULTED IN ZERO PERCENT PRIVATE USE FOR THESE BONDS PART IV, LINE 2C, COLUMN (A) - REBATE CALCULATION DATE FOR SERIES 2021: 08/31/2024 PART IV, LINE 2C, COLUMN (B) - REBATE CALCULATION DATE FOR SERIES 2023: 10/28/2024

Schedule L
(Form 990)Department of the Treasury
Internal Revenue Service**Transactions with Interested Persons****Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization STANFORD HEALTH CARE	Employer identification number 94-6174066
--	--

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

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) DAVID ENTWISTLE	OFFICER	HOUSING LOAN	X		1,000,000	1,000,000		No	Yes		Yes	
(2) DAVID ENTWISTLE	OFFICER	HOUSING LOAN	X		1,000,000	1,000,000		No	Yes		Yes	
(3) LINDA HOFF	OFFICER	HOUSING LOAN	X		953,000	703,000		No	Yes		Yes	
(4) DALE BEATTY	KEY EMPLOYEE	HOUSING LOAN	X		500,000	500,000		No	Yes		Yes	
(5) GARY FRITZ	FORMER KEY EMPLOYEE	HOUSING LOAN	X		300,000	300,000		No	Yes		Yes	
Total					\$	3,503,000						

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

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

Cat. No. 50056A

Schedule L (Form 990) 2023

Page 2

Schedule L (Form 990) 2023

Page 2

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II	LOANS TO/FROM INTERESTED PERSONS EACH LOAN TO AN INTERESTED PERSON IS MADE FROM STANFORD HEALTH CARE (SHC) TO THE INDIVIDUAL (COLUMN D). NONE OF THE LOANS ARE IN DEFAULT (COLUMN G). ALL LOANS HAVE BEEN APPROVED BY THE BOARD OF DIRECTORS (COLUMN H) AND, FOR EACH LOAN ISSUED, THERE EXISTS A WRITTEN AGREEMENT BETWEEN SHC AND THE BORROWER (COLUMN I). THE LOANS TO INTERESTED PERSONS FALL UNDER FOUR CATEGORIES: MORTGAGE ASSISTANCE PROGRAM (MAP), DEFERRED INTEREST PROGRAM (DIP), REDUCED INTEREST PROGRAM (RIP), AND ZERO

INTEREST PROGRAM (ZIP). FOR CERTAIN LOANS, SHC WILL SHARE IN ANY APPRECIATION IN VALUE OF THE PROPERTY AT THE TIME OF REPAYMENT BASED ON ITS PERCENTAGE OF OWNERSHIP INTEREST. APPRECIATION IS THE DIFFERENCE BETWEEN THE DUE DATE FAIR MARKET VALUE OF THE PROPERTY AND THE ORIGINAL PURCHASE PRICE. THE MORTGAGE ASSISTANCE PROGRAM LOAN (MAP) IS A NON-AMORTIZING, INTEREST ONLY HOME LOAN REQUIRING THE PRINCIPAL TO BE PAYABLE AT THE TIME OF SALE, PREPAYMENT OR REFINANCING. THE DEFERRED INTEREST PROGRAM LOAN (DIP) IS A NON-AMORTIZING HOME LOAN REQUIRING NO PAYMENT UNTIL THE PRINCIPAL AND DEFERRED INTEREST ARE DUE AT THE TIME OF SALE, PREPAYMENT OR REFINANCING. THE REDUCED INTEREST PROGRAM LOAN (RIP) IS A NON-AMORTIZING, INTEREST ONLY HOME LOAN REQUIRING PRINCIPAL TO BE PAYABLE AT THE TIME OF SALE, PREPAYMENT, OR REFINANCING. THE ZERO INTEREST PROGRAM LOAN (ZIP) IS A NON-AMORTIZING, ZERO INTEREST HOME LOAN, REQUIRING PRINCIPAL TO BE PAYABLE AT THE TIME OF SALE, PREPAYMENT OR REFINANCING.

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render

ObjectID: 202541929349301044 - Submission: 2025-07-11

TIN: 94-6174066

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023Open to Public
InspectionName of the organization
STANFORD HEALTH CARE

Employer identification number

94-6174066

Return Reference	Explanation
MISSION	FORM 990, PART I, LINE 1 & PART III, LINE 1 STANFORD HEALTH CARE ("SHC") IS A NON-PROFIT CALIFORNIA PUBLIC BENEFIT CORPORATION OF WHICH THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY (THE "UNIVERSITY") IS THE SOLE MEMBER. THE OBJECTIVE AND THE PURPOSE OF SHC IS TO PROVIDE PATIENT CARE SERVICES, SUPPORT, BENEFIT AND FURTHER THE CHARITABLE, AND SCIENTIFIC AND EDUCATIONAL PURPOSES OF THE UNIVERSITY AND THE UNIVERSITY'S SCHOOL OF MEDICINE. SHC OPERATES A LICENSED ACUTE CARE HOSPITAL, CANCER CENTERS IN PALO ALTO AND SAN JOSE, AN AMBULATORY OUTPATIENT CENTER IN REDWOOD CITY AND NUMEROUS OUTPATIENT PHYSICIAN CLINICS IN THE SAN FRANCISCO BAY AREA, IN COMMUNITY SETTINGS AND IN ASSOCIATION WITH REGIONAL HOSPITALS. STANFORD HEALTH CARE HAS A MISSION TO CARE, TO EDUCATE, AND TO DISCOVER. SHC'S VISION STATEMENT IS HEALING HUMANITY THROUGH SCIENCE AND COMPASSION, ONE PATIENT AT A TIME.
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A STANFORD HEALTH CARE ("SHC") IS KNOWN WORLDWIDE FOR ADVANCED PATIENT CARE PROVIDED BY ITS PHYSICIANS AND STAFF, PARTICULARLY IN AREAS SUCH AS CARDIAC CARE, CANCER TREATMENT, NEUROLOGY, NEUROSURGERY, ORTHOPEDICS, SURGERY AND ORGAN TRANSPLANTS. SHC HAD 35,951 PATIENT DISCHARGES. SHC HAD 270,407 PATIENT DAYS INCLUDING ACUTE, BEHAVIORIAL HEALTH, AND SHORT STAY PATIENTS. TOTAL OUTPATIENT AND EMERGENCY ROOM VISITS WERE 1,266,628 FOR THE FISCAL YEAR ENDED AUGUST 31, 2024.
EXECUTIVE COMMITTEE	FORM 990, PART VI, LINE 1A IF A MATTER NORMALLY REQUIRING ACTION BY THE BOARD OF DIRECTORS ARISES BETWEEN MEETINGS OF THE BOARD AND IS A MATTER WHICH, IN THE OPINION OF ANY FOUR (4) OUT OF SIX (6) OF THE CHAIR OF THE BOARD, THE VICE CHAIR, THE DEAN OF THE STANFORD UNIVERSITY SCHOOL OF MEDICINE, THE PRESIDENT OF THE CORPORATION, THE CHAIR OF THE FINANCE COMMITTEE AND THE CHAIR OF THE AUDIT COMMITTEE, REQUIRES ACTION BY THE BOARD BEFORE THE NEXT REGULAR OR SPECIAL MEETING OF THE BOARD, THEN ANY FOUR (4) OR MORE OUT OF THOSE SIX (6) DIRECTORS ACTING AS A COMMITTEE OF THE BOARD OF DIRECTORS, ARE AUTHORIZED JOINTLY TO TAKE WHATEVER ACTION IS NECESSARY TO RESOLVE THE MATTER, AND SUCH ACTION WILL CONSTITUTE AUTHORIZED ACTION OF THE BOARD TO THE SAME EXTENT AS IF IT HAS BEEN ADOPTED AT A MEETING OF THE BOARD; PROVIDED, HOWEVER, THAT AT LEAST ONE (1) OF THE FOUR (4) DIRECTORS ACTING AS A COMMITTEE OF THE BOARD PURSUANT TO THIS SECTION SHALL NOT BE EMPLOYED BY STANFORD HEALTH CARE, LUCILE SALTER PACKARD CHILDREN'S HOSPITAL OR STANFORD UNIVERSITY AND PROVIDED, FURTHER, THAT THE DIRECTORS ACTING AS A COMMITTEE OF THE BOARD SHALL NOT IN ANY CASE BE AUTHORIZED BY THIS SECTION TO EXERCISE THOSE POWERS WHICH BY LAW, THE ARTICLES OF INCORPORATION, THESE BYLAWS OR SPECIFIC ACTION BY THE MEMBER, SET FORTH IN A RESOLUTION OF THE MEMBER, MAY BE EXERCISED ONLY BY THE MEMBER OR MAY NOT BE DELEGATED TO A COMMITTEE OF THE BOARD.
FAMILY/BUSINESS RELATIONSHIPS	FORM 990, PART VI, LINE 2 THE FOLLOWING INDIVIDUALS ARE DIRECTORS AT LUCILE SALTER PACKARD CHILDREN'S HOSPITAL: LLOYD B. MINOR MD DAVID ENTWISTLE RANDALL LIVINGSTON PAUL KING MINDY B. ROGERS AMIT SINHA MARC E. JONES JONATHAN COSLET THE FOLLOWING INDIVIDUALS ARE EMPLOYEES OF STANFORD UNIVERSITY: LLOYD B. MINOR MD RANDALL LIVINGSTON MARK LESLIE THE FOLLOWING INDIVIDUALS ARE AN OFFICERS AT STANFORD UNIVERSITY: RANDALL LIVINGSTON LLOYD B. MINOR MD THE FOLLOWING INDIVIDUALS ARE TRUSTEES AT STANFORD UNIVERSITY: MARC E. JONES MINDY B. ROGERS AMIT SINHA CAROL LAM THE FOLLOWING INDIVIDUALS ARE MANAGERS AT STANFORD PET-CT LLC: DAVID ENTWISTLE QUINN MCKENNA LLOYD B. MINOR MD THE FOLLOWING INDIVIDUALS ARE VOTING BOARD MEMBERS AT SUMIT HOLDING INTERNATIONAL, LLC: DAVID ENTWISTLE LINDA HOFF PAUL KING THE FOLLOWING INDIVIDUALS ARE VOTING BOARD MEMBERS AT SUMIT INSURANCE COMPANY, LTD.: DAVID ENTWISTLE LINDA HOFF PAUL KING LLOYD B. MINOR MD THE FOLLOWING INDIVIDUALS ARE CLASS A SUBSCRIBER VOTING MEMBERS AT THE PROFESSIONAL EXCHANGE ASSURANCE COMPANY: (AS OF 9/1/2020) DAVID ENTWISTLE LINDA HOFF PAUL KING
MANAGEMENT DUTIES	FORM 990, PART VI, LINE 3 STANFORD HEALTH CARE (SHC) CONTRACTS WITH THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY (THE "UNIVERSITY") FOR SERVICES PROVIDED BY FACULTY PHYSICIANS EMPLOYED BY THE UNIVERSITY SCHOOL OF MEDICINE ("SOM"), INCLUDING CERTAIN ADMINISTRATIVE SERVICES PROVIDED BY DR. SAMUEL WALD AND DR. MICHAEL PFEFFER. DR. SAMUEL WALD AND DR. MICHAEL PFEFFER EXERCISE SIGNIFICANT MANAGEMENT AUTHORITY OVER THE PERIOPERATIVE AND INTERVENTIONAL PLATFORM OF STANFORD HEALTH CARE (SHC). DR. WALD'S CALENDAR YEAR 2023 COMPENSATION FROM THE UNIVERSITY RELATED TO HIS SHC ADMINISTRATIVE ROLE IS \$898,631, AND DR. PFEFFER'S CALENDAR YEAR 2023 COMPENSATION FROM THE UNIVERSITY RELATED TO HIS SHC ADMINISTRATIVE ROLE IS \$1,118,992.
MEMBERS	FORM 990, PART VI, LINE 6 STANFORD UNIVERSITY IS THE SOLE MEMBER OF STANFORD HEALTH CARE ("SHC").
ELECTION BY MEMBERS	FORM 990, PART VI, LINE 7A STANFORD UNIVERSITY, AS THE SOLE MEMBER OF SHC, ELECTS THE SHC BOARD OF DIRECTORS.
FORM 990, PART VI, LINE 7B	THE SOLE MEMBER, STANFORD UNIVERSITY, MAY REMOVE AN ELECTED DIRECTOR AT ANY TIME WITHOUT CAUSE.
REVIEW OF FORM 990	FORM 990, PART VI, LINE 11B THE 990 TAX RETURN IS PREPARED BY THE FINANCE DEPARTMENT OF SHC. THE FINANCIAL DATA IS EXTRACTED FROM THE AUDITED FINANCIAL STATEMENT AND SUPPLEMENTAL INFORMATION AUDITED BY THE INDEPENDENT ACCOUNTING FIRM OF PRICEWATERHOUSECOOPERS (PWC). COMPENSATION DATA IS EXTRACTED FROM PAYROLL RECORDS. OTHER INFORMATION IS PROVIDED BY THE RELEVANT AREAS WITH EXPERTISE IN SHC. UPON COMPLETION, THE RETURN IS REVIEWED BY THE SENIOR MANAGEMENT OF SHC, THE COUNSEL OF SHC, STANFORD UNIVERSITY TAX DEPARTMENT AND EXTERNAL TAX ACCOUNTANT (PWC). THE DRAFT FORM 990 IS REVIEWED AT THE AUDIT AND COMPLIANCE COMMITTEE MEETING. THE FORM 990 IS THEN FORWARDED

	TO ALL BOARD MEMBERS FOR THEIR REVIEW. THE CFO OF SHC AND PWC AS PAID PREPARER SIGN THE RETURN PRIOR TO FILING WITH IRS.
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AN INITIAL CONFLICT-OF-INTEREST DISCLOSURE STATEMENT ("DISCLOSURE STATEMENT") WITHIN 30 DAYS OF BEGINNING SERVICE AT SHC. ADDITIONALLY, AN UPDATED DISCLOSURE STATEMENT IS REQUIRED THEREAFTER ON AN ANNUAL BASIS. FURTHERMORE, OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO UPDATE THEIR DISCLOSURE STATEMENT WITHIN TEN (10) BUSINESS DAYS OF A MATERIAL CHANGE IN THEIR SITUATIONS THAT MAY CREATE AN ACTUAL OR PERCEIVED CONFLICT-OF-INTEREST. A DISCLOSURE THAT APPEARS TO BE A CONFLICT WILL BE RESOLVED BY A MUTUAL AGREEABLE PLAN WITH THE VICE PRESIDENT OF HUMAN RESOURCES THAT OUTLINES THE STEPS THE OFFICER, DIRECTOR OR KEY EMPLOYEE MUST TAKE TO RECTIFY THE CONFLICT. IN MATTERS THAT ARE UNCLEAR OR QUESTIONABLE, THE OFFICE OF CHIEF COMPLIANCE OFFICER WILL BE CONSULTED FOR A RULING. IF FURTHER INQUIRY IS NECESSARY THE OFFICE OF THE GENERAL COUNSEL WILL BE CONSULTED FOR A RULING.
PROCEDURES FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINE 15 THE PROCESS FOR DETERMINING COMPENSATION FOR SHC'S CEO AND OTHER TOP MANAGEMENT REQUIRES COMPENSATION TO BE REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE OF THE BOARD, WHICH IS COMPRISED OF INDEPENDENT PERSONS. THE COMMITTEE ENGAGES AN INDEPENDENT CONSULTANT, WHO PROVIDES THE COMMITTEE WITH COMPARABLE MARKET DATA FROM THE FORMS 990 OF COMPARABLE ORGANIZATIONS SUPPLEMENTED BY PUBLISHED COMPENSATION AND BENEFITS SURVEYS TO BE CONSIDERED IN EVALUATING TOTAL COMPENSATION PACKAGES FOR EACH INDIVIDUAL EXECUTIVE. THE COMMITTEE CONDUCTS A REVIEW OF THIS COMPARABILITY DATA AND DOCUMENTS ITS DELIBERATIONS AND DISCUSSION IN MINUTES THAT ARE RETAINED WITH THE OTHER GOVERNANCE MATERIALS OF SHC. THE VALUE OF EACH PAY ELEMENT AND THE TOTAL PACKAGE ARE REVIEWED IN NOVEMBER PRIOR TO ANY PAY ACTIONS BEING APPROVED BY THE COMPENSATION COMMITTEE. SPECIFIC FACTS AND CIRCUMSTANCES OF EACH ROLE, INCUMBENT, THEIR PERFORMANCE, SKILLS AND RESPONSIBILITIES ARE REVIEWED AND ASSESSED INDIVIDUALLY. THE COMMITTEE RECEIVES RECOMMENDATIONS FROM THE CEO AS TO PAY ACTIONS FOR EACH INCUMBENT. THESE RECOMMENDATIONS ARE DISCUSSED AND THE RESULTS OF THE DELIBERATIONS ARE DOCUMENTED AS TO THE FINAL PAY ACTION APPROVED ALONG WITH THE RATIONALE FOR THE DECISION. THIS PROCESS OCCURS ANNUALLY AND IN CONJUNCTION WITH ANY PROGRAMMATIC CHANGE THAT COULD POTENTIALLY IMPACT THE PAY OR BENEFITS OF EXECUTIVES.
AVAILABILITY OF GOVERNING DOCUMENTS	FORM 990, PART VI, LINE 19 COPIES OF THE FINANCIAL STATEMENTS ARE AVAILABLE ON SHC'S WEBSITE. FURTHERMORE, THE STATEMENTS OF OPERATIONS AND BALANCE SHEET ARE PART OF THE UNIVERSITY'S ANNUAL REPORT POSTED ON THE ORGANIZATION'S PUBLIC WEBSITE. COPIES OF THE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE GENERALLY NOT AVAILABLE FOR PUBLIC INSPECTION BUT REQUESTS WILL BE EVALUATED ON A CASE-BY-CASE BASIS.
BOARD OF DIRECTORS CHANGES	FORM 990, PART VII, SECTION A THE FOLLOWING BOARD MEMBERS RETIRED OR RESIGNED FROM THE BOARD OF DIRECTORS DURING FY24 AS NOTED: MARIANN BYERWALTER AS OF 8/31/2024 KAYE FOSTER AS OF 8/31/2024 MARK LESLIE AS OF 8/31/2024 HAMID MOGHADAM AS OF 8/31/2024 ROBERT SANTOS, MD AS OF 12/31/2023 THE FOLLOWING BOARD MEMBERS WERE APPOINTED TO THE BOARD DURING FY24 AS NOTED: CAROL LAM AS OF 09/01/2023 JOHN YEE AS OF 01/01/2024
HOURS AT RELATED ORGANIZATIONS	FORM 990, PART VII, COLUMN B PAUL KING IS A DIRECTOR OF SHC. FOR FY24 HE WAS ALSO THE CEO OF THE LUCILE SALTER PACKARD CHILDREN'S HOSPITAL AT STANFORD (LPCH), A RELATED ORGANIZATION. MR. KING RECEIVED NO COMPENSATION FROM LPCH FOR HIS SERVICES AT LPCH. KING RECEIVED NO COMPENSATION FOR HIS DUTIES AS A DIRECTOR OF SHC. LLOYD B. MINOR MD, MARK LESLIE, RANDALL LIVINGSON ARE DIRECTORS OF SHC. FOR FY24 THEY WERE EMPLOYED AT STANFORD UNIVERSITY (SU), A RELATED ORGANIZATION. THESE INDIVIDUALS RECEIVES COMPENSATION FROM SU FOR THEIR SERVICES AT SU. THEY RECEIVED NO COMPENSATION FOR DUTIES AS DIRECTORS OF SHC.
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INTEREST RATE SWAP MTM \$ (2,071,517) 2003 BONDS SWAP PAYMENTS \$ 149,171 2006/2008 BONDS SWAP PAYMENTS \$ (339,827) 2012 BONDS SWAP PAYMENTS \$ (636,099) EQUITY TRANSFER \$ (29,452,148) CHANGE IN MINIMUM PENSION LIABILITY \$ 52,900,000 LOSS ON EXTINGUISHMENT OF SWAPS \$ (7,732,075) COVID-19 FEMA \$ (562,141) STAFF PENSION PLAN SETTLEMENT LOSS \$ (51,688,000) SEROC BOOK/TAX DIFFERENCE \$ (140,110) ----- OTHER CHANGES IN NET ASSETS OR \$ (39,572,746) FUND BALANCES

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data**Return to Form****Software ID:****Software Version:**

efile Public Visual Render

ObjectId: 202541929349301044 - Submission: 2025-07-11

TIN: 94-6174066

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
STANFORD HEALTH CARE

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number
94-6174066

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) CARE COUNSEL LLC 6937 VILLAGE PKWY BB DUBLIN, CA 945682405 68-0396696	HEALTHCARE	CA	1,728,830	328,537	SHC
(2) STANFORD BLOOD CENTER LLC 3373 HILLVIEW AVENUE PALO ALTO, CA 94304 81-0816100	MEDICAL	CA	106,210,173	16,870,462	SHC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?		
						Yes	No	
(1)THE BRD OF TRUST LELAND STANF JR UNIV 485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 94-1156365	EDUCATION	CA	501(C)(3)	2	NA		No	
(2)FUNDACION STANFORD UNIVERSITY EN CHILE AV CONDELL 189 PROVIDENCIA SANTIAGO CI	EDUCATION	CI	501(C)(3)	N/A	STANFORD	Yes		
(3)STANFORD HEALTH CARE TRI-VALLEY 1111 E STANLEY BLVD LIVERMORE, CA 94550 94-1429628	HOSPITAL	CA	501(C)(3)	3	SHC	Yes		
(4)JAEDAN BUPIN STANFORD CENTER IN THE REPU	RESEARCH	KS	501(C)(3)	N/A	STANFORD	Yes		
(5)LUCILE PACKARD FOUNDATION FOR CHILDREN'S 400 HAMILTON AVENUE SUITE 340 PALO ALTO, CA 94301 77-0440090	HEALTHCARE	CA	501(C)(3)	7	LPCH	Yes		
(6)LUCILE SALTER PACKARD CHILDREN'S HOSPITA 725 WELCH ROAD MC 5553 PALO ALTO, CA 94304 77-0003859	HEALTHCARE	CA	501(C)(3)	3	STANFORD	Yes		
(7)PACKARD CHILDREN'S HEALTH ALLIANCE 725 WELCH ROAD MC5551 PALO ALTO, CA 94304 32-0359189	HEALTHCARE	CA	501(C)(3)	3	LPCH	Yes		
(8)SHR HOLDINGS INC 485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 94-3187167	REAL ESTATE	CA	501(C)(25)	N/A	STANFORD	Yes		
(9)STANFORD FACULTY CLUB PO BOX 7229 STANFORD, CA 94309 94-1187089	FAC INTERACT.	CA	501(C)(7)	N/A	STANFORD	Yes		
(10)STANFORD FEDERAL CREDIT UNION 1860 EMBARCADERO RD PALO ALTO, CA 94303 94-1492212	CREDIT UNION	CA	501(C)(1)	N/A	STANFORD	Yes		
(11)STANFORD HABITAT CONSERVATION BOARD 415 BROADWAY REDWOOD CITY, CA 94063 46-1882243	CONSERVATION	CA	501(C)(3)	7	STANFORD	Yes		
(12)STANFORD PROGRAMME (CAPE TOWN) NPC WAVERLY BUSINESS PARK BLDG 11 CAPE TOWN SF	EDUCATION	SF	501(C)(3)	N/A	STANFORD	Yes		
(13)STANFORD UNIVERSITY BOOKSTORE 505 BROADWAY 6TH FLOOR MC1065 REDWOOD CITY, CA 94063 94-0894150	SUPPORT	CA	501(C)(3)	12A, I	STANFORD	Yes		
(14)SU EMP BEN TRUST POST RETEMPYNT BEN 485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 94-3246199	BENEFITS	CA	501(C)(9)	N/A	STANFORD	Yes		
(15)THE DUDLEY E CHAMBERS FOUNDATION JP MORGAN CHASE PO BOX 3038 MILWAUKEE, WI 53201 38-6841793	SUPPORT	NY	501(C)(3)	12D, III-O	STANFORD	Yes		
(16)THE FREIDENRICH SUPPORT FOUNDATION 485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 30-0519583	SUPPORT	CA	501(C)(3)	12A, I	STANFORD	Yes		
(17)THE HONG KONGSU CHARITABLE TRUST 1401 CAROLINE CENTER 28 PING ROAD CAUSEWAY HK 98-6078093	SUPPORT	HK	501(C)(3)	N/A	STANFORD	Yes		
(18)THE STANFORD TRUST 65 HIGH STREET OXFORD OX1 46L	SUPPORT	UK	501(C)(3)	N/A	STANFORD	Yes		

(19) UNIVERSITY HEALTHCARE ALLIANCE 7999 GATEWAY BLVD STE 300 NEWARK, CA 94560 94-3192446	HEALTHCARE	CA	501(C)(3)	3	SHC	Yes	
(20) VALLEYCARE MEDICAL FOUNDATION INC 1111 E STANLEY BLVD LIVERMORE, CA 94550 26-2593526	SR. FACILITY	CA	501(C)(3)	PF	SHC-TV	Yes	
(21) VALLEYCARE SENIOR HOUSING 1111 E STANLEY BLVD LIVERMORE, CA 94550 94-3382224	SR. FACILITY	CA	501(C)(3)	12A, I	SHC-TV	Yes	

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

Page 2

Schedule R (Form 990) 2023

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ADOM PARTNERS LP 3 COLUMBUS CIRCLE 15TH FL NEW YORK, NY 10019 81-3083288	INVESTMENTS	DE	NA									
(2) ALBUS SELECT FUND LP 750 MENLO PARK AVE 380 MENLO PARK, CA 94025 81-2064357	INVESTMENTS	DE	NA									
(3) AM ENGINE HOLDINGS FUND I LP 9450 SE GEMINI DRIVE PMB 17194 BEAVERTON, OR 97008 92-3370261	INVESTMENTS	DE	NA									
(4) ARCOLA VENTURE LLC 7121 FAIRWAY DRIVE 410 PALM BEACH GARDENS, FL 33418 37-1689632	REAL ESTATE	DE	NA									
(5) CANARY SC FUND LP 65 E 55TH ST 35TH FLOOR NEW YORK, NY 10022 47-5662144	INVESTMENTS	DE	NA									
(6) CANARY SC MASTER FUND LP 89 NEXUS WAY CAMANA BAY GRAND CAYMAN, CAYMAN ISLANDS KY1-9009 CJ 98-1267847	INVESTMENTS	CJ	NA									
(7) CARLSBAD CO-INVEST LP 40 BEECHWOOD RD SUMMIT, NJ 07901 47-1702425	INVESTMENTS	DE	NA									
(8) CERASUS FUND II CAYMAN LP 190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN KY1-9008 CJ	INVESTMENTS	CJ	NA									
(9) CHP GTS BLOCKER HOLDINGS A LP 888 BOYLSTON STREET 1410 BOSTON, MA 02199 83-0881152	INVESTMENTS	DE	NA									
(10) CROSSPOINT CAPITAL FUND II LP 2500 SAND HILL ROAD SUITE 300 MENLO PARK, CA 94025 98-1656208	INVESTMENTS	CA	NA									
(11) CYPRESS MARINA HEIGHTS LLC 635 KNIGHT WAY STANFORD, CA 94305 95-4887979	INVESTMENTS	CA	NA									
(12) DGD INVESTMENT LP 190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN KY1-9008 CJ	INVESTMENTS	CJ	NA									
(13) EAGLE ROCK LI HOLDINGS LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 27-1694413	INVESTMENTS	DE	NA									
(14) EDEN RADIATION THERAPY SERVICES LLC 300 PASTEUR DRIVE STANFORD, CA 94304 88-1276056	HEALTHCARE	CA	SHC	RELATED	3,003,130	22,332,735		No	0	No		60.000 %
(15) ER-S JV LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 83-4068077	INVESTMENTS	DE	NA									
(16) ER-S JV II LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 88-2085249	INVESTMENTS	DE	NA									
(17) ER-S INVESTOR LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 83-4068357	INVESTMENTS	DE	NA									
(18) ER-S INVESTOR II LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 88-2004082	INVESTMENTS	DE	NA									
(19) ER PROPERTIES FUND LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 83-4260396	INVESTMENTS	DE	NA									
(20) ER PROPERTIES FUND II LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803	INVESTMENTS	DE	NA									

88-1994509																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						</
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) BREP VII ALBERTA FDR (OFFSHORE) TE7 LP 345 PARK AVENUE NEW YORK, NY 10154 98-1066351	INVESTMENTS	CA	NA	C CORP					
(2) BREP VII ALBERTA FDR (OFFSHORE) TE7-NQ 345 PARK AVENUE NEW YORK, NY 10154	INVESTMENTS	CA	NA	C CORP					

(3)CANARY SC FUND LTD 98-1066355 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9009 CJ 92-1268195	INVESTMENTS	CJ	NA	C CORP					
(4)CLAT (13)	CHARITABLE TR	CA	NA	TRUST					
(5)CLUT (2)	CHARITABLE TR	CA	NA	TRUST					
(6)CRT (560)	CHARITABLE TR	CA	NA	TRUST					
(7)EAST SAIL C/O INTL FS INC IFS COURT TWENTYEIGHT CYBERCITY EBENE MP	INVESTMENTS	MP	NA	C CORP					
(8)ER-S REIT LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 83-4068725	INVESTMENTS	DE	NA	C CORP					
(9)ER-S REIT II LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 88-2004082	INVESTMENTS	DE	NA	C CORP					
(10)GAVEA INVESTMENT FUND II-C LP PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY1-1104 CJ 98-0537952	INVESTMENTS	CJ	NA	C CORP					
(11)HHBG SF LIMITED 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-1205 CJ	INVESTMENTS	CJ	NA	C CORP					
(12)KAIZEN FUND PO BOX 448 GRAND CAYMAN KY1-1106 CJ	INVESTMENTS	CJ	NA	C CORP					
(13)LS ALBERTA III LP C/O LASALLE INV MGMT ONE CURZON ST LONDON W1J 5HD UK	INVESTMENTS	CA	NA	C CORP					
(14)LUMINA STRATEGIC SOLUTIONS FEEDER FUND (	INVESTMENTS	CA	NA	C CORP					
199 BAY STREET SUITE 5300 TORONTO M5L 1B9 CA 98-1662307									
(15)OTHER (3)	CHARITABLE TR	CA	NA	TRUST					
(16)PIF (2)	CHARITABLE TR	CA	NA	TRUST					
(17)PEPPERTREE CAPITAL CAYMAN ISLAND FUND LP 57 E WASHINGTON STREET CHAGRIN FALLS, OH 44022 98-1235268	INVESTMENTS	CJ	NA	C CORP					
(18)PROFESSIONAL EXCHANGE ASSURANCE COMPANY 201 MERCHANT STREET SUITE 2400 HONOLULU, HI 96813 90-0897686	INSURANCE	HI	NA	C CORP					
(19)SBFF LTD SUITE 5B201 2ND FL ONE NEXUS WAY GRAND CAYMAN KY1-1108 CJ	INVESTMENTS	CJ	NA	C CORP					
(20)SOLKATT LIMITED 190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN KY1-9008 CJ	INVESTMENTS	CJ	NA	C CORP					
(21)STANFORD (BEIJING) CNSLTNG CO LTD (WFOE) 5275TH FLBLDG CACADEMY SOUTH RD BEIJING CH	EDUCATION	CH	NA	C CORP					
(22)STANFORD IN JAPAN GODO KAISHA DOSHISHA UNIVERSITY MEITOKUKAN-NAI KYOTOSHI JA	EDUCATION	JA	NA	C CORP					
(23)STANFORD INDIA PVT LTD 333 3RD FLOOR DEVIKA TOWER 6 NEH DELHI IN	EDUCATION	IN	NA	C CORP					
(24)STANFORD MEDICINE INTL (HONG KONG) CO LT 833 CHEUNG SHA WAN ROAD KOWLOON HK	PATIENT SRVC	HK	NA	C CORP	0	0	100.000 %	Yes	
(25)STANFORD UNIV MED NETWORK RISK AUTHORITY 1400 PAGE MILL RD MSC 5713 PALO ALTO, CA 94304 46-1132002	RISK MGMT CON	CA	NA	C CORP					
(26)TF-A FEEDER LTD 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-1205 CJ 98-1756669	INVESTMENTS	CJ	NA	C CORP					
(27)THE RUBRUM FUND 7 CLIFFORD STREET LONDON W1S 2FT UK	INVESTMENTS	CJ	NA	C CORP					
(28)TRIVISTA FUND 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9009 CJ	INVESTMENTS	CJ	NA	C CORP					
(29)TVC MATSU FUND 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9009 CJ	INVESTMENTS	CJ	NA	C CORP					
(30)VERMILION PEAK FUND	INVESTMENTS	CJ	NA	C CORP					

PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY1-1104 CJ 98-1333885									
(31)WOODBOURNE CANADA PARTNERS II - CAYMAN	INVESTMENTS		NA	C CORP					
190 ELGIN AVE GRAND CAYMAN KY1-9005 CJ 98-0705321									

Schedule R (Form 990) 2023

Page 3

Schedule R (Form 990) 2023

Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g Yes	
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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)SEROCC	Q	1,074,157	COST
(2)SEROCC	S	95,050	COST
(3)SEROCC	R	1,055,301	COST
(4)SEROCC	C	1,514,451	COST
(5)SUMITT	R	35,025,010	BOOK
(6)SUMITT	Q	35,025,010	BOOK
(7)LPCH	L	109,000,699	BOOK
(8)LPCH	M	966,631	BOOK
(9)LPCH	N	12,196,243	BOOK
(10)LPCH	O	59,456,699	BOOK
(11)LPCH	Q	15,790,767	BOOK
(12)LPCH	S	275,770	BOOK
(13)STANFORD HEALTH CARE TRI-VALLEY	A	1,689,367	BOOK
(14)STANFORD HEALTH CARE TRI-VALLEY	C	154,416,340	BOOK
(15)STANFORD HEALTH CARE TRI-VALLEY	P	20,235,807	BOOK
(16)STANFORD HEALTH CARE TRI-VALLEY	Q	131,841,440	COST
(17)STANFORD HEALTH CARE TRI-VALLEY	L	14,597,602	COST
(18)STANFORD HEALTH CARE TRI-VALLEY	R	101,083,975	COST
(19)STANFORD HEALTH CARE TRI-VALLEY	S	154,263,537	COST
(20)ERTS	Q	1,314,045	COST
(21)EBREV	C	419,838	COST
(22)EBREV	B	35,000,000	COST
(23)STANFORD MEDICAL PARTNERS	J	9,462,483	COST
(24)STANFORD MEDICAL PARTNERS	L	883,545	COST
(25)STANFORD MEDICAL PARTNERS	Q	105,811,321	COST
(26)STANFORD MEDICAL PARTNERS	P	95,135,570	COST
(27)STANFORD MEDICAL PARTNERS	S	38,660,669	COST
(28)STANFORD MEDICAL PARTNERS	R	100,286,555	COST

Schedule R (Form 990) 2023

Page 4

Schedule R (Form 990) 2023

Page 4

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.

[illegible]