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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 09-01-2014 , and ending 08-31-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STANFORD HEALTH CARE		D Employer identification number 94-6174066
	% 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		E Telephone number (650) 723-4000
	City or town, state or province, country, and ZIP or foreign postal code Stanford, CA 94305		G Gross receipts \$ 3,548,514,745
F Name and address of principal officer DAVID CONNOR INTERIM CFO 300 PASTEUR DRIVE MC 5516 STANFORD, CA 94305		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ http //www stanfordhealthcare org			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1957	M State of legal domicile CA
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Part I		Summary	
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities SEE SCHEDULE O 		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	10,533
	6 Total number of volunteers (estimate if necessary)	6	1,419
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,603,407
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	48,284,030	52,627,380
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,863,956,261	3,325,071,282
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192,660,706	170,816,083
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
		3,104,900,997	3,548,514,745
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	391,940	400,500
	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)	1,139,249,002	1,282,867,413
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶9,595,996		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,454,790,328	1,775,492,500
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,594,431,270	3,058,760,413
	19 Revenue less expenses Subtract line 18 from line 12	510,469,727	489,754,332
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	4,666,877,348	5,382,496,999
	21 Total liabilities (Part X, line 26)	2,002,864,325	2,346,638,819
	22 Net assets or fund balances Subtract line 21 from line 20	2,664,013,023	3,035,858,180

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	<div>Signature of officer</div> <div>DAVID CONNOR INTERIM CFO</div>		<div>2016-07-13</div> <div>Date</div>		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GWEN SPENCER	Preparer's signature GWEN SPENCER	Date	Check <input type="checkbox"/> if self-employed	PTIN P00641463
	Firm's name ▶ PncewaterhouseCoopers LLP			Firm's EIN ▶	
	Firm's address ▶ 101 SEAPORT BOULEVARD Boston, MA 02210			Phone no (617) 530-5000	

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

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 \$ 2,790,449,966 including grants of \$ 400,500) (Revenue \$ 3,325,071,282)

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 2,790,449,966

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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	Yes	
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 in 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

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	692
b	Enter the number of Forms W-2G included in 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
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	10,533
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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 <u>BD</u> 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	
9a	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? <i>If "No," provide an explanation in Schedule O</i>	14b	

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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
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
7b	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		
8a	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	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
10b	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	No
	b Describe in 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? If "No," go to line 13	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	b Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 1510 PAGE MILL ROAD M/C 5555 PALO ALTO, CA 94304 (650) 723-4000	

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII

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

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	11,224,674	4,606,580	1,977,563

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 3,296

		Yes	No
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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STANFORD UNIVERSITY, 450 SERRA MALL STANFORD, CA 943052004	PROFESSIONAL SERVICE	538,267,247
CLARKMCCARTHY CONSTRUCTION, 343 SANSOME ST 14TH FLOOR SAN FRANCISCO, CA 94104	CONSTRUCTION COMPANY	140,744,694
ACCENTURE LLP, 161 N CLARK STREET CHICAGO, IL 60601	I/T CONSULTING	38,879,618
SWINERTON BUILDERS, 260 TOWNSEND STREET SAN FRANCISCO, CA 94107	CONSTRUCTION COMPANY	22,104,549
RAFAEL VINOLY ARCHITECTS PC, 50 VANDAM STREET NEW YORK, NY 10013	ARCH/PLANNING	19,092,773

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 ►318

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			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a							
	b	Membership dues 1b							
	c	Fundraising events 1c							
	d	Related organizations 1d	1,034,000						
	e	Government grants (contributions) 1e							
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	51,593,380						
	g	Noncash contributions included in lines 1a-1f \$	1,709,479						
	h	Total. Add lines 1a-1f	52,627,380						
Program Service Revenue	2a	PATIENT REVENUE	Business Code 900099	3,155,980,398	3,155,980,398				
	b	OUTREACH LAB CLINIC	900099	11,818,374	11,818,374				
	c	REIMBURSED/SHARED EXPENSES	900099	108,744,251	108,744,251				
	d	HOUSE STAFF	900099	19,362,891	19,362,891				
	e	CLINIC REVENUE	900099	9,066,660	9,066,660				
	f	All other program service revenue		20,098,708	15,873,699	2,603,407	1,621,602		
	g	Total. Add lines 2a-2f		3,325,071,282					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		116,813,575			116,813,575	
4		Income from investment of tax-exempt bond proceeds		0					
5		Royalties		0					
6a		Gross rents	(i) Real	(ii) Personal					
		b	Less rental expenses						
		c	Rental income or (loss)	0					0
		d	Net rental income or (loss)						0
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b	Less cost or other basis and sales expenses						
		c	Gain or (loss)	54,228,967					-226,459
		d	Net gain or (loss)						54,002,508
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
		b	Less direct expenses b						
		c	Net income or (loss) from fundraising events						0
9a		Gross income from gaming activities See Part IV, line 19	a						
		b	Less direct expenses b						
		c	Net income or (loss) from gaming activities						0
10a		Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold b						
		c	Net income or (loss) from sales of inventory						0
Miscellaneous Revenue		Business Code							
11a									
	b								
	c								
	d	All other revenue							
e	Total. Add lines 11a-11d		0						
12	Total revenue. See Instructions			3,548,514,745	3,320,846,273	2,603,407	172,437,685		

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	400,500	400,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	7,826,150	2,569,820	4,972,941	283,389
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			
7	Other salaries and wages	856,213,321	791,214,512	64,796,388	202,421
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,922,386	57,650,408	5,249,593	22,385
9	Other employee benefits	289,122,074	263,497,058	25,531,157	93,859
10	Payroll taxes	66,783,482	61,575,807	5,192,111	15,564
11	Fees for services (non-employees)				
a	Management	1,933,693	1,767,823	165,870	
b	Legal	7,204,572		7,195,459	9,113
c	Accounting	1,619,473	4,428	1,615,045	
d	Lobbying	1,123,235	112,000	1,011,235	
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)	67,266,658	54,559,212	12,461,208	246,238
12	Advertising and promotion	16,295,947	14,946,254	1,106,962	242,731
13	Office expenses	113,791,941	90,583,770	22,924,249	283,922
14	Information technology	71,035,528	42,705,091	28,206,234	124,203
15	Royalties	0			
16	Occupancy	73,951,715	68,108,617	5,780,813	62,285
17	Travel	6,337,610	4,588,716	1,684,440	64,454
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,287,071	847,769	400,978	38,324
20	Interest	40,306,344	40,306,344		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	101,676,537	85,841,683	15,823,903	10,951
23	Insurance	9,594,997	7,825,342	1,769,655	
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	714,016,477	665,893,523	40,584,985	7,537,969
b	SUPPLIES	444,201,575	440,019,933	4,134,632	47,010
c	LICENSE AND TAXES	2,551,624	1,903,162	648,462	
d	DUES & SUBSCRIPTIONS	2,278,749	402,713	1,876,036	
e	All other expenses	99,018,754	93,125,481	5,582,095	311,178
25	Total functional expenses. Add lines 1 through 24e	3,058,760,413	2,790,449,966	258,714,451	9,595,996
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)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		453,003	1	421,079
	2	Savings and temporary cash investments		429,875,141	2	404,032,133
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		440,657,941	4	558,104,904
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		2,050,000	5	1,750,000
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		25,132,551	8	38,198,294
	9	Prepaid expenses and deferred charges		24,711,655	9	28,923,938
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a2,932,038,141			
	b	Less: accumulated depreciation	10b1,166,103,947	1,385,758,174	10c	1,765,934,194
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11.		1,412,224,470	12	1,474,367,390
	13	Investments—program-related. See Part IV, line 11.		100,036,067	13	210,137,077
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11.		845,978,346	15	900,627,990
	16	Total assets. Add lines 1 through 15 (must equal line 34).		4,666,877,348	16	5,382,496,999
Liabilities	17	Accounts payable and accrued expenses		299,080,718	17	400,096,763
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		1,307,699,465	20	1,473,911,564
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		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
	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.		396,084,142	25	472,630,492
	26	Total liabilities. Add lines 17 through 25.		2,002,864,325	26	2,346,638,819
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		2,137,389,150	27	2,466,480,069
	28	Temporarily restricted net assets		518,931,972	28	561,684,484
	29	Permanently restricted net assets		7,691,901	29	7,693,627
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,664,013,023	33	3,035,858,180
	34	Total liabilities and net assets/fund balances		4,666,877,348	34	5,382,496,999

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	3,548,514,745
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,058,760,413
3	Revenue less expenses Subtract line 2 from line 1	3	489,754,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,664,013,023
5	Net unrealized gains (losses) on investments	5	-2,414,937
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	-115,494,238
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,035,858,180

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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 Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 94-6174066

Name: STANFORD HEALTH CARE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIANN BYERWALTER DIRECTOR (SEE SCHEDULE O)	2 0 3 0	X						0	0	0
(1) BRET COMOLLI DIRECTOR	2 0 2 0	X						0	0	0
(2) MARY CRANSTON DIRECTOR	2 0 3 5	X						0	0	0
(3) CHRISTOPHER DAWES DIRECTOR	2 0 50 0	X						0	1,550,002	270,770
(4) CHANDLER EVANS DIRECTOR	2 0 0 0	X						0	0	0
(5) KAYE FOSTER-CHEEK DIRECTOR (SEE SCHEDULE O)	2 0 2 0	X						0	0	0
(6) JOHN FREIDENRICH DIRECTOR	2 0 2 0	X						0	0	0
(7) JOHN GOLDMAN DIRECTOR	2 0 2 0	X						0	0	0
(8) LORI GOLER DIRECTOR	2 0 0 0	X						0	0	0
(9) JOHN GUNN VICE CHAIR	2 0 2 0	X						0	0	0
(10) FRED HARMAN DIRECTOR	2 0 0 0	X						0	0	0
(11) JOEL HYATT DIRECTOR	2 0 0 0	X						0	0	0
(12) RONALD JOHNSON VICE CHAIR	2 0 2 0	X						0	0	0
(13) CHARLES KOOB DIRECTOR	2 0 0 0	X						0	0	0
(14) CHIEN LEE DIRECTOR	2 0 0 0	X						0	0	0
(15) JOHN LEVIN CHAIR	2 0 3 0	X						0	0	0
(16) LINDA MEIER DIRECTOR	2 0 0 0	X						0	0	0
(17) LLOYD B MINOR MD DIRECTOR	2 0 55 0	X						0	1,599,819	372,985
(18) JOHN MORGRIDGE DIRECTOR	2 0 0 0	X						0	0	0
(19) WOODROW A MYERS MD DIRECTOR (SEE SCHEDULE O)	2 0 0 0	X						0	0	0
(20) MARGARET RAFFIN DIRECTOR	2 0 0 0	X						0	0	0
(21) CHRISTOPHER REDLICH DIRECTOR	2 0 0 0	X						0	0	0
(22) KATHRYN RENSCHLER MD DIRECTOR	2 0 0 0	X						0	0	0
(23) NORMAN RIZK MD DIRECTOR	2 0 50 0	X						0	916,630	46,052
(24) AMIR DAN RUBIN DIRECTOR/CEO	50 0 5 25	X		X				3,047,978	0	359,230

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOHN SCULLY DIRECTOR	2 0 0 0	X						0	0	0
(1) MARK WELTON MD DIRECTOR	2 0 50 0	X						0	540,129	73,306
(2) WILLIAM YOUNGER DIRECTOR	2 0 0 0	X						0	0	0
(3) JAMES HEREFORD COO	50 0 2 0			X				1,026,852	0	142,258
(4) DANIEL MORISSETTE CFO	50 0 2 25			X				1,463,680	0	60,177
(5) DOUGLAS GUNDERSON VP - OPS DIAG & TREAT SVCS	25 0 25 0				X			447,192	0	79,111
(6) NANCY LEE CNO & VP PATIENT CARE SRVCS	50 0 0 0				X			506,791	0	65,529
(7) PRAVENE NATH CHIEF DIGITAL OFFICER	50 0 0 0				X			645,805	0	80,207
(8) MARK TORTORICH VP PLANNING DESIGN & CONSTRUCT	25 0 25 0				X			440,439	0	48,449
(9) BRUCE HARRISON VP NTWK DEV SHC & EXEC DIR-UHA	25 0 25 0					X		692,606	0	117,567
(10) BENJIE M LOANZON SHC VP-CONTROLLER, SHC VC CFO	30 0 20 4					X		563,050	0	49,162
(11) SRIDHAR SESHADRI VP CANCER CTR & HEART CTR	50 0 0 0					X		569,022	0	63,504
(12) JENNIFER VARGAS CHIEF STRATEGY OFFICER	50 0 2 25					X		874,648	0	62,804
(13) DAVID CONNOR VP - FINANCE	50 0 0 0					X		494,047	0	45,934
(14) JERROLD MAKI VP SPECIAL PROJECTS	50 0 0 0						X	452,564	0	40,518

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	137,848,570	219,413,695	51,938,863	48,284,030	52,627,380	510,112,538
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	137,848,570	219,413,695	51,938,863	48,284,030	52,627,380	510,112,538
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)						208,689,147
6 Public support. Subtract line 5 from line 4						301,423,391

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	137,848,570	219,413,695	51,938,863	48,284,030	52,627,380	510,112,538
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,731,890	11,330,296	15,565,689	17,415,155	116,813,575	170,856,605
9	Net income from unrelated business activities, whether or not the business is regularly carried on					172,262	172,262
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						681,141,405
12	Gross receipts from related activities, etc. (see instructions)					12	13,499,347,847
13	First five 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	1444253 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	1550212 %
16a	33 1/3% support test—2014. 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 <input checked="" type="checkbox"/>	
b	33 1/3% support test—2013. 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 <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2014. 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 <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2013. 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 <input type="checkbox"/>	
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 <input type="checkbox"/>	

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five 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 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
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.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in line 7? If "Yes," complete Part II 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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	
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 in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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).		

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described in (2), 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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) 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? 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.			

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 **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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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 C

(Form 990 or 990-EZ)

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (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	
2	Political expenditures	▶ \$
3	Volunteer hours	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-

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><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></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?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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					

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 to 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		20,524
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		1,123,235
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		196,339
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		73,368
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			1,413,466
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		
2		
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
SCHEDULE C, PART II-B	LOBBYING ACTIVITIES INCLUDE - SENDING LETTERS OR PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS, - MEETING WITH OR CALLING GOVERNMENT OFFICIALS OR LEGISLATORS, AND - SENDING OR DISTRIBUTING LETTERS OR PUBLICATIONS (INCLUDING NEWSLETTERS, BROCHURES, ETC.) TO MEMBERS OR TO THE GENERAL PUBLIC. 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 FY15, SHC PAID DUES OF APPROXIMATELY \$1,367,935 TO THESE TRADE ASSOCIATIONS AND THE APPROXIMATE AMOUNT OF THE DUES SPENT ON LOBBYING PURPOSES WAS \$1,123,235. SHC INCURRED ADDITIONAL LOBBYING EXPENSE IN FY15. THIS ADDITIONAL EXPENSE WAS USED TO HELP FUNDING OF AN EDUCATION AND ADVOCACY FUND, A JOINT PROJECT OF THE CALIFORNIA HOSPITAL ASSOCIATION, ON BEHALF OF CALIFORNIA HOSPITALS, AND THE SERVICE EMPLOYEES INTERNATIONAL UNION-UNITED HEALTH CARE WEST (SEIU-UHW), IN SUPPORT OF MUTUAL EFFORTS TO INCREASE FUNDING FOR HEALTH CARE IMPROVEMENTS IN CALIFORNIA, INCLUDING MEDICAL REIMBURSEMENT.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, and enforcing conservation easements during the year ► _____

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

d

☐

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	17,984,715	16,132,734	14,823,180	13,519,734	11,926,477
b Contributions	1,725	101,360	0	1,099,127	
c Net investment earnings, gains, and losses	791,299	2,362,565	1,577,006	463,480	1,845,660
d Grants or scholarships					
e Other expenditures for facilities and programs	418,507	611,944	267,452	259,161	252,403
f Administrative expenses					
g End of year balance	18,359,232	17,984,715	16,132,734	14,823,180	13,519,734

- 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 41 910 %

c

Temporarily restricted endowment 58 090 %

The percentages in 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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes
- 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' to 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		20,517,753		20,517,753
b Buildings		931,184,414	459,361,523	471,822,891
c Leasehold improvements		139,185,376	37,990,120	101,195,256
d Equipment		898,682,033	664,041,203	234,640,830
e Other		942,468,565	4,711,101	937,757,464
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,765,934,194

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	3,321,861,319
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-2,414,937
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-115,494,238
e	Add lines 2a through 2d	2e	-117,909,175
3	Subtract line 2e from line 1	3	3,439,770,494
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	108,744,251
c	Add lines 4a and 4b	4c	108,744,251
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,548,514,745

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	2,950,016,162
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	2,950,016,162
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	108,744,251
c	Add lines 4a and 4b	4c	108,744,251
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,058,760,413

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 4	SHC MAINTAINS A COLLECTION OF DONATED ART FOR PUBLIC EXHIBITION AT HOSPITAL FACILITIES
PART V, LINE 4	ENDOWMENT FUNDS STANFORD HEALTH CARE'S (SHC) ENDOWMENT CONSISTS OF 18 INDIVIDUAL FUNDS WHICH ARE RESTRICTED TO PARTICULAR USES. SHC HAS FUNDS TO SUPPORT THE MEDICAL DIRECTOR OF THE HOSPITAL'S CANCER CENTER, CLINICAL SERVICES, AND FUNDS TO SUPPORT THE MEDICAL DIRECTOR OF DISASTER PREPAREDNESS. SHC ALSO HAS FUNDS TO SUPPORT EDUCATIONAL PROGRAMS, CHAPLAINCY PROGRAMS, PATIENT CARE, INDIGENT CARE, HEALTH LIBRARY TECHNOLOGY AND NURSING STAFF THAT CARE FOR CANCER PATIENTS TO ENHANCE THE EXPERIENCE & WELLBEING OF CANCER PATIENTS.
PART X, LINE 2	FIN 48 SHC HAS NO UNCERTAIN TAX POSITIONS PERTAINING TO UNRELATED BUSINESS INCOME
PART XI, LINE 2D	OTHER REVENUE ON F/S NOT ON RETURN CHANGE IN MINIMUM PENSION LIABILITY \$ (19,461,000) INTEREST RATE SWAP MTM \$ (59,392,016) EQUITY TRANSFER \$ (36,665,216) PET/CT INCOME BOOK/TAX DIFFERENCE \$ (2,716) SEROC INCOME BOOK/TAX DIFFERENCE \$ 26,710 ----- TOTAL OTHER REVENUE ON F/S NOT ON RETURN \$(115,494,238)
PART XI, LINE 4B	OTHER REVENUE ON RETURN NOT ON F/S REIMBURSEMENT OF SHARED EXPENSE \$ 108,744,251
PART XII, LINE 4B	OTHER EXPENSE ON RETURN NOT ON F/S REIMBURSEMENT OF SHARED EXPENSE \$ 108,744,251

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
STANFORD HEALTH CARE

Employer identification number
94-6174066

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) East Asia and the Pacific	1	0	Program Services	PATIENT NAVIGATION	26,253
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	0			26,253
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	0			26,253

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐

Yes

☒

No

Part V

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	THE AMOUNT LISTED IN COLUMN F IS THE STANFORD CENTER AT PEKING UNIVERSITY OFFICE'S ANNUAL RENTAL FEE IDENTIFIED ON THE ORGANIZATION'S ACCOUNTS PAYABLE. DURING FY 2015, STANFORD HEALTH CARE LEASED OFFICE SPACE, THERE WERE NO OTHER ACTIVITIES

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name 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 <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % 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	3a	Yes	
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)			9,340,225	526,333	8,813,892	0 290 %
b Medicaid (from Worksheet 3, column a)			369,248,121	179,942,730	189,305,391	6 190 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			378,588,346	180,469,063	198,119,283	6 480 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,129,446	289,059	4,840,387	0 160 %
f Health professions education (from Worksheet 5)			77,263,667	19,526,166	57,737,501	1 890 %
g Subsidized health services (from Worksheet 6)			5,670,900	3,458,841	2,212,059	0 070 %
h Research (from Worksheet 7)			498,114		498,114	
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,388,942		2,388,942	0 080 %
j Total. Other Benefits			90,951,069	23,274,066	67,677,003	2 200 %
k Total. Add lines 7d and 7j			469,539,415	203,743,129	265,796,286	8 680 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the 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
1Physical improvements and housing			2,650		2,650	
2Economic development						
3Community support			95,290		95,290	
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development			112,458		112,458	
9Other						
10Total			210,398		210,398	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2123,718,320

3Enter 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.

3148,152

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5674,194,210

6Enter Medicare allowable costs of care relating to payments on line 5.

61,042,162,437

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-367,968,227

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "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.

9bYes

No

Part IVManagement 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				

Part V

Facility Information

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
	See Additional Data Table										

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

	Yes	No
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?	1	No
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	2	No
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)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13		
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
6a 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 <input checked="" type="checkbox"/> Hospital facility's website (list url) HTTP //STANFORDHEALTHCARE.ORG		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) HTTP //STANFORDHEALTHCARE.ORG		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
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" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

STANFORD HEALTH CARE

		Yes	No
Financial Assistance Policy (FAP)			
13 Did the hospital facility have in place during the tax year a written financial assistance policy that 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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?	15	Yes	
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)			
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //STANFORDHEALTHCARE.ORG</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SAME AS ABOVE</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SAME AS ABOVE</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input type="checkbox"/> Other (describe in Section C)			
Billing and Collections			
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 non-payment?	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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

STANFORD HEALTH CARE

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third 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	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
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 18 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> 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	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> Other (describe in Section C)			
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

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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
See Additional Data Table	

Part V

Facility Information *(continued)*

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)

How many non-hospital health care facilities did the organization operate during the tax year? 5

Name and address		Type of Facility (describe)
1	SHC ON-SITE HEALTH CENTER AT QUALCOMM 5535 MOREHOUSE DRIVE SAN DIEGO, CA 92121	SHC ON-SITE HEALTH CENTER AT QUALCOMM
2	SHC ON-SITE HEALTH CENTER AT DREAMWORKS 1400 SEAPORT BOULEVARD REDWOOD CITY, CA 94063	SHC ON-SITE HEALTH CENTER AT DREAMWORKS
3	SHC ON-SITE HEALTH CENTER AT YAHOO 700 FIRST AVENUE SAN JOSE, CA 94089	SHC ON-SITE HEALTH CENTER AT YAHOO
4	SHC ON-SITE HEALTH CENTER AT QUALCOMM 10155 PACIFIC HEIGHTS BLVD SAN DIEGO, CA 92121	SHC ON-SITE HEALTH CENTER AT QUALCOMM
5	SHC ON-SITE HEALTH CENTER AT CISCO 3571 N 1ST STREET SAN JOSE, CA 95134	SHC ON-SITE HEALTH CENTER AT CISCO
6		
7		
8		
9		
10		

Part VI

Supplemental Information

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	COMMUNITY ASSESSMENT PROCESS IN SANTA CLARA COUNTY, COMMUNITY INPUT WAS GATHERED DURING THE FALL OF 2012 THROUGH INTERVIEWS WITH LOCAL HEALTH EXPERTS, FOCUS GROUPS WITH COMMUNITY LEADERS AND REPRESENTATIVES, AND RESIDENT FOCUS GROUPS SECONDARY DATA WAS OBTAINED FROM A VARIETY OF SOURCES IN SAN MATEO COUNTY, RESIDENT INPUT WAS GATHERED THROUGH THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT HEALTH & QUALITY OF LIFE SURVEY THE SURVEY WAS CONDUCTED USING A RANDOM SAMPLE OF 1,000 ADULTS IN SAN MATEO COUNTY VIA LANDLINE AND CELL PHONES IN ADDITION TO THE COUNTYWIDE RANDOM SAMPLING, ADDITIONAL SURVEYS WERE CONDUCTED IN COASTSIDE ZIP CODES AS WELL AS OVERSAMPLING OF AFRICAN-AMERICAN RESIDENTS AND LOW-INCOME RESIDENTS, RESULTING IN A TOTAL OF 1,724 INTERVIEWS THE SECONDARY DATA WAS COLLECTED, SYNTHESIZED AND ANALYZED FROM MULTIPLE SOURCES BY SAN MATEO COUNTY HEALTH SYSTEM

Form and Line Reference	Explanation
PART I, LINE 7E	COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS TOTALLED \$4,840,387 IN FY15

Form and Line Reference	Explanation
PART I, LINE 7F	<p>HEALTH PROFESSIONS EDUCATION RESEARCH, EDUCATION AND TRAINING ARE CORE TO SHC'S MISSION. SHC IS THE SETTING FOR TRAINING MEDICAL STUDENTS, RESIDENTS AND FELLOWS FROM THE STANFORD SCHOOL OF MEDICINE AND, AS SUCH, MAKES A SIGNIFICANT CONTRIBUTION TO TRAINING THE NEXT GENERATION OF HEALTHCARE PROVIDERS. IN FY15, SHC CONTRIBUTED MORE THAN \$58.2 MILLION TO SUPPORT HEALTH RESEARCH, EDUCATION AND TRAINING. OF THIS AMOUNT, \$51 MILLION WAS SPENT TO TRAIN MEDICAL RESIDENTS AND INTERNS. IN ADDITION TO TRAINING PHYSICIANS, SHC SUPPORTS THE TRAINING OF OTHER HEALTH PROFESSIONALS. IN FY15, SHC INVESTED NEARLY \$6.7 MILLION ON THIS TRAINING. HOSPITAL DEPARTMENTS SUCH AS REHABILITATION SERVICES, NURSING AND CLINICAL LABS PROVIDED CLINICAL ROTATIONS FOR PHYSICAL THERAPY, RESPIRATORY THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, NURSING AND LABORATORY SCIENCE STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES. IN ADDITION, PHYSICIAN ASSISTANT STUDENTS ARE TRAINED BY SHC PHYSICIAN ASSISTANTS. SHC ALSO PROVIDES A TRAINING GROUND FOR PHARMACY RESIDENTS AND STUDENTS, RADIOLOGY AND NUCLEAR MEDICINE STUDENTS AND PSYCHOLOGY STUDENTS. THE COMMUNITY HEALTH ADVOCACY PROGRAM PROVIDES UNDERGRADUATE STUDENTS WITH YEAR-LONG STANFORD-BASED COURSEWORK AS WELL AS PLACEMENTS AND CAPACITY-BUILDING PROJECTS IN COMMUNITY HEALTH CLINICS AND SOCIAL SERVICE ORGANIZATIONS. THE 18 STUDENT ADVOCATES PARTICIPATING IN FY 2015 PROVIDED MORE THAN 2,160 HOURS OF DIRECT SERVICE AND COMPLETED 16 CAPACITY-BUILDING/QUALITY IMPROVEMENT PROJECTS DESIGNED TO MEET THE CLINIC OR ORGANIZATIONS SELF-IDENTIFIED NEEDS. COMMUNITY PARTNER SITES IN FY 2015 INCLUDED ARBOR FREE CLINIC (MENLO PARK), PACIFIC FREE CLINIC (EAST SAN JOSE), BOYS AND GIRLS CLUB OF THE PENINSULA (MENLO PARK), DAY WORKER CENTER (MOUNTAIN VIEW), MAYVIEW COMMUNITY HEALTH CENTER (PALO ALTO), PUENTE DE LA COSTA SUR (PESCADERO), SAMARITAN HOUSE FREE CLINIC (REDWOOD CITY) AND SECOND HARVEST FOOD BANK (SAN JOSE). STUDENTS ENROLLED IN CLINICAL PASTORAL EDUCATION COME FROM A WIDE RANGE OF RELIGIOUS TRADITIONS, THE MAJORITY OF WHOM ARE PREPARING FOR A CAREER IN CHAPLAINCY OR SEEKING CONTINUING EDUCATION IN THE FIELD OF PASTORAL/SPIRITUAL CARE. UPON COMPLETION OF THE YEAR-LONG PROGRAM, MOST STUDENTS USE THEIR TRAINING AS CLERGY (PASTORS, PRIESTS, RABBIS, CHAPLAINS, ETC.) TO PROVIDE EFFECTIVE SPIRITUAL CARE TO INDIVIDUALS AND FAMILIES FACING HEALTH CHALLENGES AND OTHER HARDSHIPS SUCH AS DEATH, DYING AND BEREAVEMENT. THIS PROGRAM SERVED APPROXIMATELY 7,500 INDIVIDUALS IN FY 2015.</p>

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES LIFEFLIGHT IS A SHC-OPERATED HELICOPTER AIR MEDICAL AND CRITICAL CARE GROUND TRANSPORT PROGRAM AVAILABLE 365 DAYS/YEAR, 24 HOURS/DAY, SERVING NORTHERN CA IN THE TRANSPORT OF CRITICALLY ILL AND INJURED ADULT, PEDIATRIC, AND NEONATAL PATIENTS TO DEFINITIVE CARE, REGARDLESS OF THE PATIENTS ABILITY TO PAY LIFE FLIGHT TRANSPORTS 70% OF THE PROGRAMS FLIGHT VOLUME FROM OUTSIDE HOSPITALS TO STANFORD OR OTHER MEDICAL MAJOR MEDICAL CENTERS, AND THE REMAINING PATIENTS ARE TRANSPORTED DIRECTLY FROM ACCIDENT SCENES OR MEDICAL EMERGENCIES TO TRAUMA CENTERS OR SPECIALTY MEDICAL CENTERS (E G , SUCH AS STROKE AND BURNS) IN FY 2015, LIFE FLIGHT TRANSPORTED 403 ADULT AND PEDIATRIC PATIENTS TO MAJOR BAY AREA MEDICAL CENTERS

Form and Line Reference	Explanation
PART I, LINE 7I	CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY BENEFIT TOTALED \$2,388,942 IN FY15

Form and Line Reference	Explanation
PART II	COMMUNITY EMERGENCY RESPONSE SHC PLAYS A KEY ROLE IN DISASTER PLANNING FOR THE COMMUNITY THROUGH THE OFFICE OF EMERGENCY MANAGEMENT (OEM), SHC COLLABORATES WITH LOCAL MUNICIPALITIES, COUNTY GOVERNMENT, AND OTHER HOSPITALS TO COORDINATE PLANNING, MITIGATION, RESPONSE, 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 (EMS) IN BOTH SAN MATEO AND SANTA CLARA COUNTIES ON JOINT DISASTER EXERCISES, DISASTER PLANNING AND MITIGATION, AND BEST PRACTICES OEM PROVIDES A CRITICAL SERVICE 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

Form and Line Reference	Explanation
PART III, LINE 2 AND 4	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE AND OTHER COLLECTION INDICATORS THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS PART III, LINE 3 WHEN ACCOUNTS ARE IN BAD DEBT AND LATER IDENTIFIED AS CHARITY, SHC TRANSFERS BAD DEBT BACK TO ACCOUNTS RECEIVABLE (NO LONGER IN BAD DEBT) AND RECOGNIZE THE AMOUNT AS REGULAR/ROUTINE CHARITY THE AMOUNT REPORTED IN THIS LINE REPRESENTS RESIDUAL BAD DEBT TO BE TRANSFERRED TO CHARITY

Form and Line Reference	Explanation
PART III, LINE 8	<p>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 2015. 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 INCLUDES UNCOMPENSATED COSTS OF PUBLIC PROGRAM FOR TREATING MEDICARE BENEFICIARIES IN EXCESS OF GOVERNMENT PAYMENTS.</p>

Form and Line Reference	Explanation
PART III, 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 HARDSHIP, INCLUDING UNINSURED DISCOUNTING, 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

Form and Line Reference	Explanation
PART V, SECTION A	THE ORGANIZATION HAD CHANGED ITS NAME FROM STANFORD HOSPITAL AND CLINICS TO STANFORD HEALTH CARE THIS INFORMATION WAS PROVIDED TO THE INTERNAL REVENUE SERVICE IN NOVEMBER 2014

Form and Line Reference	Explanation
PART V, SECTION D	IN FY13, SHC ESTABLISHED TWO HEALTH CENTERS AT THE EMPLOYERS' SITES TO PROVIDE PROFESSIONAL HEALTH CARE SERVICE FOR THEIR EMPLOYEES IN FY15, SHC ESTABLISHED THREE ADDITIONAL HEALTH CENTERS THESE HEALTH CENTERS ARE OPERATED EXEMPT FROM SHC LICENSE UNDER THE CALIFORNIA HEALTH AND SAFETY CODE 1206(G)

Form and Line Reference	Explanation
PART VI, LINE 2	<p>NEEDS ASSESSMENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) - PROCESS AND METHODS THE SANTA CLARA COUNTY COMMUNITY BENEFIT COALITION, WHICH INCLUDES EIGHT LOCAL NON-PROFIT HOSPITALS, SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT, UNITED WAY SILICON VALLEY AND OTHER PARTNERS, AND THE HEALTHY COMMUNITY COLLABORATIVE OF SAN MATEO COUNTY, A COALITION OF SEVEN LOCAL NON-PROFIT HOSPITALS, SAN MATEO COUNTY HEALTH SYSTEM AND OTHER PARTNERS (SEE ACKNOWLEDGEMENTS) BEGAN THE CHNA PROCESS IN 2012 (NEXT CHNA WILL BE COMPLETED IN 2016 IN ALIGNMENT WITH IRS FINAL RULES) THE GOAL WAS TO COLLECTIVELY GATHER COMMUNITY FEEDBACK, UNDERSTAND EXISTING DATA ABOUT HEALTH STATUS AND PRIORITIZE LOCAL HEALTH NEEDS IN EACH COUNTY IN SANTA CLARA COUNTY, COMMUNITY INPUT WAS GATHERED DURING THE FALL OF 2012 THROUGH INTERVIEWS WITH LOCAL HEALTH EXPERTS, FOCUS GROUPS WITH COMMUNITY LEADERS AND REPRESENTATIVES, AND RESIDENT FOCUS GROUPS SECONDARY DATA WAS OBTAINED FROM A VARIETY OF SOURCES IN SAN MATEO COUNTY, RESIDENT INPUT WAS GATHERED THROUGH THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT HEALTH & QUALITY OF LIFE SURVEY THE SURVEY WAS CONDUCTED USING A RANDOM SAMPLE OF 1,000 ADULTS IN SAN MATEO COUNTY VIA LANDLINE AND CELL PHONES IN ADDITION TO THE COUNTYWIDE RANDOM SAMPLING, ADDITIONAL SURVEYS WERE CONDUCTED IN COASTSIDE ZIP CODES AS WELL AS OVERSAMPLING OF AFRICAN-AMERICAN RESIDENTS AND LOW-INCOME RESIDENTS, RESULTING IN A TOTAL OF 1,724 INTERVIEWS THE SECONDARY DATA WAS COLLECTED, SYNTHESIZED AND ANALYZED FROM MULTIPLE SOURCES BY SAN MATEO COUNTY HEALTH SYSTEM IN LATE 2012 THROUGH EARLY 2013, HEALTH NEEDS WERE IDENTIFIED BY SYNTHESIZING PRIMARY QUALITATIVE RESEARCH AND SECONDARY DATA, AND THEN FILTERING THOSE NEEDS AGAINST A SET OF CRITERIA NEEDS WERE THEN REVIEWED AND PRIORITIZED BY COUNTYWIDE GROUPS CONSISTING OF MEMBERS OF THE COUNTY COALITIONS AND COMMUNITY LEADERS USING ANOTHER SET OF CRITERIA THE COALITIONS THEN MET AGAIN TO IDENTIFY THE COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE HEALTH NEEDS IDENTIFIED THROUGH THE CHNA PROCESS, INCLUDING HOSPITALS, CLINICS AND COMMUNITY-BASED PROGRAMS AND SERVICES</p>

Form and Line Reference	Explanation
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 PROGRAMS 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, AND IN ALL SHC CARE DELIVERY LOCATIONS

Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMUNITY INFORMATION SHC IS A REGIONAL REFERRAL CENTER FOR AN ARRAY OF ADULT SPECIALTIES, DRAWING PATIENTS FROM THROUGHOUT CALIFORNIA, ACROSS THE COUNTRY, AND INTERNATIONALLY. HOWEVER, A MAJORITY OF SHC'S PATIENTS ARE RESIDENTS OF SAN MATEO AND SANTA CLARA COUNTIES. THEREFORE, FOR PURPOSES OF ITS COMMUNITY BENEFIT PROGRAM INITIATIVES, SHC HAS IDENTIFIED THE SE 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 PART NERSHIP PROGRAM. SANTA CLARA COUNTY WITH 1.8 MILLION RESIDENTS, SANTA CLARA COUNTY (SCC) IS THE SIXTH MOST POPULATED OF CALIFORNIA'S 58 COUNTIES, AND THE MOST POPULATED COUNTY IN THE BAY AREA. MORE THAN HALF OF THE RESIDENTS LIVE IN SAN JOSE. SCC'S POPULATION IS PROJECTED TO GROW FROM THE CURRENT LEVEL TO MORE THAN 2.3 MILLION BY 2030. THE NORTH COUNTY AREA IS EXTENSIVELY URBANIZED. THIRTEEN OF THE COUNTY'S 15 CITIES AND MORE THAN 88 PERCENT OF THE COUNTY'S RESIDENTS ARE LOCATED IN THE NORTH COUNTY. GILROY AND MORGAN HILL, WITH APPROXIMATELY 5 PERCENT OF THE COUNTY'S POPULATION, ARE LOCATED IN THE SOUTH COUNTY, WHICH REMAINS PREDOMINANTLY RURAL, WITH LOW-DENSITY RESIDENTIAL DEVELOPMENTS SCATTERED THROUGH THE VALLEY AND FOOTHILL AREAS. ACCORDING TO THE 2010 US CENSUS, APPROXIMATELY 36 PERCENT OF THE POPULATION IN SCC WAS BORN OUTSIDE OF THE UNITED STATES, OUTPACING THE RATE FOR CALIFORNIA BY NEARLY 10 PERCENT. SCC'S RACIAL/ETHNIC COMPOSITION IS 47 PERCENT WHITE, 32 PERCENT ASIAN, 27 PERCENT LATINO AND 3 PERCENT AFRICAN AMERICAN. IN THE MOST RECENT CENSUS, APPROXIMATELY 12 PERCENT SELECTED "SOME OTHER RACE" AND 5 PERCENT SELECTED "MORE THAN ONE RACE." THE PREDOMINANTLY REPORTED SUB-GROUPS OF THE ASIAN POPULATION ARE CHINESE (27 PERCENT), VIETNAMESE (22 PERCENT), ASIAN INDIAN (22 PERCENT) AND FILIPINO (15 PERCENT). MORE THAN 100 LANGUAGES AND DIALECTS ARE SPOKEN IN SCC. LATINOS REPRESENT THE FASTEST-GROWING DEMOGRAPHIC. ACCORDING TO THE SILICON VALLEY LATINO REPORT CARD, 82 PERCENT OF LATINOS IN SILICON VALLEY ARE FROM MEXICO, WITH ANOTHER 8.5 PERCENT FROM CENTRAL AMERICA. THE VIETNAMESE POPULATION IS ANOTHER DEMOGRAPHIC THAT IS GROWING RAPIDLY IN SCC. WHILE THERE ARE CURRENTLY MORE CHINESE (27 PERCENT) IN SCC THAN VIETNAMESE (22 PERCENT), THE VIETNAMESE POPULATION HAS GROWN VERY QUICKLY IN THE LAST FEW DECADES, FROM 11,717 IN 1980 TO 134,525 IN 2010. THE POPULATION IS THE SECOND LARGEST OF ANY COUNTY IN THE US, SURPASSED ONLY BY ORANGE COUNTY, CALIFORNIA. SAN JOSE HAS THE LARGEST VIETNAMESE POPULATION OF ANY US CITY. PEOPLE AGES 60 AND OLDER MAKE UP SLIGHTLY LESS OF THE POPULATION IN SCC THAN IN CALIFORNIA AS A WHOLE (16.1 PERCENT VS. 16.8 PERCENT), HOWEVER, ACCORDING TO THE COUNCIL ON AGING SILICON VALLEY, "IN THE COMING YEARS, SENIORS WILL COMPRISE A LARGER AND LARGER SHARE OF THE LOCAL POPULATION. IN 1990, FEWER THAN 1 IN 8 COUNTY RESIDENTS WAS AGE 60 OR OLDER. BY 2010, THAT RATIO HAD GROWN TO 1 IN 6. BY 2030, OVER 1 IN 4 COUNTY RESIDENTS WILL BE OVER AGE 60." WHILE SCC IS ONE OF THE MOST DIVERSE COUNTIES IN THE US, THE OLDER ADULT POPULATION IS LESS DIVERSE. NEARLY 60 PERCENT OF THE COUNTY'S SENIOR RESIDENTS ARE WHITE (NON-LATINO), 24 PERCENT ARE ASIAN AND 12 PERCENT ARE LATINO (ANY RACE). IT IS PROJECTED THAT BY 2030, THE DEMOGRAPHIC MAKEUP OF THE COUNTY WILL CHANGE DRAMATICALLY AMONG THE POPULATION OF ADULTS WHO ARE AGES 60 AND OLDER. BY 2030, ABOUT 47 PERCENT OF OLDER ADULTS WILL BE WHITE, 29.5 PERCENT WILL BE ASIAN, AND 17.8 PERCENT WILL BE LATINO. ON THE OTHER HAND, YOUNG PEOPLE (AGES 17 YEARS AND YOUNGER) ARE MORE DIVERSE THAN THE GENERAL POPULATION. THESE YOUNG PEOPLE MAKE UP ABOUT 2.5 PERCENT OF SCC'S POPULATION. WHILE LATINOS ARE 27 PERCENT OF SCC'S OVERALL POPULATION, THEY REPRESENT MORE THAN 35 PERCENT OF THE YOUTH POPULATION. IN 2011, MORE THAN 25 PERCENT OF CHILDREN WERE ENGLISH-LANGUAGE LEARNERS. THE PERCENTAGE OF CHILDREN LIVING BELOW THE FEDERAL POVERTY LEVEL (FPL) HAS INCREASED BY 2.6 PERCENT SINCE 2000. IN SCC, MORE HISPANIC/LATINO AND AFRICAN-AMERICAN CHILDREN ARE LIVING IN POVERTY COMPARED TO CHILDREN OF OTHER RACIAL/ETHNIC GROUPS AND THE COUNTY OVERALL. IN 2012, THE NATIONAL FPL FOR A FAMILY OF FOUR WAS \$23,050. ACCORDING TO THIS MEASURE, NEARLY 1 IN 10 CHILDREN (11 PERCENT) AND 1 IN 12 ADULTS (9 PERCENT) ARE LIVING IN POVERTY BECAUSE THE FPL DOES NOT TAKE INTO CONSIDERATION LOCAL CONDITIONS SUCH AS COST OF LIVING, OTHER MEASURES OF ECONOMIC SECURITY ARE USED TO PROVIDE A MORE REALISTIC MEASURE OF POVERTY IN SCC. THE FAMILY ECONOMIC SELF-SUFFICIENCY STANDARD (FESSS) ESTIMATES THAT AN ANNUAL INCOME OF \$59,140 IS NECESSARY FOR A FAMILY OF THREE (ONE ADULT AND TWO CHILDREN AGES 3-5) TO MEET THEIR MOST BASIC EXPENSES, THIS IS EQUIVALENT TO MORE THAN FOUR FULL-TIME MINIMUM-WAGE JOBS. NEARLY HALF OF SCC OLDER ADULTS ARE ECONOMICALLY INSECURE, WITH INCOMES TOO LOW TO MEET THEIR BASIC NEEDS WITHOUT ADDITIONAL ASSISTANCE. ACCORDING TO THE ELDER ECONOMIC SECURITY I</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>NDEX (ELDER INDEX), A MEASURE THAT PROVIDES A COUNTY-SPECIFIC INDICATOR OF SENIOR POVERTY, 67 PERCENT OF LATINO SENIORS AND 76 PERCENT OF ASIAN SENIORS ARE LIVING IN IMPOVERISHED C ONDITIONS, COMPARED WITH JUST 32 PERCENT OF WHITE (NON-LATINO) SENIORS ADDITIONALLY, FEMA LE SENIORS AND SENIORS AGES 75 AND OLDER (ANY GENDER) ARE MORE LIKELY TO EXPERIENCE POVERT Y COMPARED TO MALE SENIORS AND THOSE BETWEEN THE AGES OF 65 AND 74 SAN MATEO COUNTY SAN M ATEO COUNTY (SMC), LOCATED ON THE SAN FRANCISCO PENINSULA IS MADE UP OF 20 CITIES AND TOWN S, BORDERED BY THE CITY OF SAN FRANCISCO ON THE NORTH, THE SAN FRANCISCO BAY ON THE EAST, SANTA CLARA COUNTY ON THE SOUTH, AND THE PACIFIC OCEAN ON THE WEST SMC IS A MIX OF URBAN AND SUBURBAN INDUSTRIAL, SMALL BUSINESS, AND RESIDENTIAL USE THE COASTAL AREA IS A MIX OF SUBURBAN AND RURAL WITH SIGNIFICANT AGRICULTURAL, FISHING, SMALL BUSINESS AND TOURISM LAN D USE ACCORDING TO THE 2010 U S CENSUS, THE COUNTY'S POPULATION IS 719,467 SMC'S POPULA TION IS EXPECTED TO INCREASE BY 14 PERCENT FROM 2010 TO 2050 SMC IS AMONG THE RICHEST COUN TIES IN TERMS OF ETHNIC DIVERSITY FROM 2006 TO 2010, 34 PERCENT OF THE COUNTY POPULATION WAS FOREIGN BORN AND NEARLY HALF (45 PERCENT) OF THOSE AGES 4 AND OLDER SPOKE A LANGUAGE OTHER THAN ENGLISH AT HOME OVER THE NEXT FOUR DECADES, THE WHITE POPULATION IS EXPECTED T O DECREASE BY NEARLY 50 PERCENT, WHILE HISPANIC AND ASIAN/PACIFIC ISLANDER POPULATIONS ARE EXPECTED TO INCREASE DRAMATICALLY BY THE YEAR 2050, THE ETHNIC MAKEUP OF THE COUNTY IS P ROJECTED TO BE 38 PERCENT HISPANIC, 32 PERCENT ASIAN/PACIFIC ISLANDER, 22 PERCENT WHITE, 5 PERCENT AFRICAN-AMERICAN, AND 4 PERCENT OTHER/MULTI-RACE WHILE OTHER AGE GROUPS WILL DEC REASE IN TERMS OF THE PERCENTAGE OF THE COUNTY POPULATION FROM 2010 TO 2050, THOSE AGES 60 AND OLDER WILL INCREASE FROM 18 9 PERCENT TO 30 9 PERCENT ASIAN/PACIFIC ISLANDER AND HIS PANIC SENIORS WILL COMPRISE THE LARGEST PROPORTION OF SENIORS IN SMC IN 2050 AT THE OTHER END OF THE AGE SPECTRUM, THE ETHNIC MAKEUP OF CHILDREN AGES 14 AND YOUNGER IS PROJECTED T O BE HISPANIC, ASIAN/PACIFIC ISLANDER, WHITE, AFRICAN-AMERICAN, AND MULTI-RACE IN 2050 IN 2010, MEDIAN INCOME FOR SMC RESIDENTS AGES 25 AND OLDER WAS \$47,060 AND THE AVERAGE WEEKL Y WAGE WAS \$1,450, DOWN 13 PERCENT FROM 2000 ACCORDING TO THE U S CENSUS BUREAU, FROM 20 06 TO 2010, THE PERCENTAGE OF SMC INDIVIDUALS BELOW THE FPL WAS 7 PERCENT, WITH 9 1 PERCENT T OF CHILDREN AGES 18 AND YOUNGER BELOW THE FPL ACCORDING TO THE FESSS, A SINGLE PARENT WITH TWO CHILDREN LIVING IN SMC MUST EARN APPROXIMATELY \$78,000 ANNUALLY TO MEET THE FAMILY 'S BASIC NEEDS, THE EQUIVALENT OF NEARLY FIVE FULL-TIME MINIMUM-WAGE JOBS ACCORDING TO TH E ELDER INDEX, 36 PERCENT OF SENIORS STRUGGLE TO COVER BASIC EXPENSES AND IF THEIR ANNUAL INCOME EXCEEDS THE FPL (\$10,830), THEY MAY BE INELIGIBLE FOR PUBLIC-ASSISTANCE PROGRAMS</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH A MAJORITY OF SHC'S TRUSTEES ARE MEMBERS OF THE COMMUNITY SERVED BY THE HOSPITAL AND ARE NOT EMPLOYED BY THE HOSPITAL, NOR ARE THEY FAMILY MEMBERS OF PERSONS EMPLOYED BY THE HOSPITAL SHC EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY IT SERVES WHO WISH TO JOIN THE STAFF, CONSISTENT WITH THE SIZE AND NATURE OF ITS FACILITIES EXCESS RECEIPTS FROM SHC'S OPERATIONS ARE DEVOTED TO IMPROVEMENT OF ITS FACILITIES, DEBT SERVICE, MEDICAL TRAINING, AND RESEARCH SHC HAS USED OPERATIONAL REVENUE TO UPDATE AND EXPAND ITS FACILITIES AND SERVICES, IMPROVE SYSTEMS TO ENHANCE QUALITY, TO FUND RESEARCH, AND FOR OTHER PURPOSES TO IMPROVE PATIENT CARE INVESTMENTS IN VULNERABLE POPULATIONS SHCS LARGEST COMMUNITY BENEFIT INVESTMENT WAS IN IMPROVING ACCESS TO HEALTH CARE FOR VULNERABLE COMMUNITY MEMBERS IN FY 2015, SHC CONTRIBUTED NEARLY \$203.3 MILLION, 76 PERCENT OF ITS COMMUNITY BENEFIT EXPENDITURES, TO ACTIVITIES SUPPORTING VULNERABLE POPULATIONS (EXCLUDING UNCOMPENSATED MEDICARE) SHCS UNCOMPENSATED EXPENSE (COST LESS REIMBURSEMENT) FOR MEDICAL WAS OVER \$189 MILLION CHARITY CARE FOR UNINSURED AND UNDERINSURED PATIENTS TOTALED OVER \$8.8 MILLION ACTIVITIES FOR VULNERABLE POPULATIONS IN ADDITION TO THE INVESTMENTS IN CHARITY CARE AND UNCOMPENSATED MEDICAL, SHCS CONTRIBUTION TO OTHER COMMUNITY BENEFIT ACTIVITIES FOR VULNERABLE POPULATIONS WAS NEARLY \$5.2 MILLION IN FY 2015 THESE ACTIVITIES PROVIDE ESSENTIAL SERVICES FOR THOSE MOST IN NEED IN OUR COMMUNITIES SHC SUPPORTED SEVEN COMMUNITY CLINICS AND A TRANSITIONAL MEDICAL UNIT IN A HOMELESS SHELTER AS PART OF ITS IMPROVE ACCESS TO CARE HEALTH INITIATIVE COMMUNITY PARTNERS INCLUDE CARDINAL FREE CLINICS (ARBOR AND PACIFIC), RAVENSWOOD FAMILY HEALTH CENTER, MAYVIEW COMMUNITY HEALTH CENTER, SAMARITAN HOUSE REDWOOD CITY FREE CLINIC, PENINSULA HEALTHCARE CONNECTION, ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT (AACI) HEALTH CENTER AND THE MEDICAL RESPITE CENTER AT HOME FIRSTS BOCCARDO REGIONAL CENTER IN SAN JOSE THE GOAL OF THIS INITIATIVE IS TO BUILD COMMUNITY CAPACITY TO DELIVER QUALITY PRIMARY AND PREVENTIVE HEALTH CARE SHCS EMERGENCY DEPARTMENT REGISTRATION UNIT PARTNERED WITH THE COUNTIES OF SAN MATEO AND SANTA CLARA IN A PROGRAM DESIGNED TO LINK UNINSURED PEDIATRIC PATIENTS TREATED IN THE EMERGENCY DEPARTMENT WITH ASSISTANCE PROGRAMS SUCH AS MEDICAL, HEALTHY FAMILIES AND HEALTHY KIDS THIS PROGRAM RESULTED FROM STUDIES BY EWEN WANG, MD, ASSOCIATE DIRECTOR OF PEDIATRIC EMERGENCY MEDICINE, STANFORD SCHOOL OF MEDICINE, WHICH SHOWED THAT UNINSURED CHILDREN ARE LESS LIKELY TO RECEIVE ROUTINE CARE DUE TO THE FEAR OF FINANCIAL HARDSHIP ON THEIR FAMILIES IN FY 2015, A TOTAL OF 438 REFERRALS WERE MADE TO COUNTY STAFF OTHER THOSE REFERRALS, 240 CHILDREN WERE ENROLLED IN SOME TYPE OF HEALTH INSURANCE PROGRAM SHC ALSO PROVIDED EXPERTS TO ASSIST UNINSURED, LOW-INCOME PATIENTS TO RESEARCH HEALTHCARE OPTIONS SERVICES PROVIDED BY HEALTH ADVOCATES, AT NO COST TO THE CLIENT, INCLUDED HELPING INDIVIDUALS RESEARCH ELIGIBILITY REQUIREMENTS, IDENTIFY APPROPRIATE HEALTH INSURANCE PROGRAMS, COMPLETE APPLICATIONS, COMPILE REQUIRED DOCUMENTATION, AND FOLLOW UP WITH COUNTY CASE MANAGERS FOR INDIVIDUALS ELIGIBLE FOR THE VARIOUS PROGRAMS, THIS SERVICE ASSISTS PATIENTS IN OBTAINING COVERAGE FOR MEDICAL NECESSITIES SUCH AS HOSPITAL CARE, PRESCRIPTION DRUGS, AND HOME HEALTH CARE IN CASES WHERE A PATIENT IS DISCHARGED BUT HAS LIMITED OR NO ABILITY TO PAY FOR NECESSARY MEDICAL ITEMS AND CERTAIN NON-MEDICAL SERVICES, DEPARTMENTS SUCH AS THE SOCIAL WORK AND CASE MANAGEMENT DEPARTMENT PROVIDED FUNDING TO DEFRAY THE COSTS MEDICAL EQUIPMENT, TRANSPORTATION, TEMPORARY HOUSING, MEDICATIONS AND MEAL ASSISTANCE, AMONG OTHER ITEMS AND SERVICES, ARE FUNDED AND/OR COORDINATED BY THESE HOSPITAL DEPARTMENTS MINORITY POPULATION AN IMPORTANT GOAL OF SHCS COMMUNITY BENEFIT PROGRAM IS TO REDUCE CANCER HEALTH DISPARITIES IT IS A GOAL SHC SHARES WITH THE STANFORD CANCER INSTITUTE IN FY 2015, SHC FUNDED THE FOLLOWING PROJECTS THAT PROVIDED ACCESS TO COMMUNITY-APPROPRIATE CANCER EDUCATION AND SUPPORTIVE SERVICES FOR MINORITIES, WOMEN, AND UNDERSERVED POPULATIONS -ST JAMES COMMUNITY FOUNDATION CULTURALLY COMPETENT, HANDS-ON EDUCATION REGARDING PREPARING HEALTHY FOODS FOR AT-RISK COMMUNITIES, PRIMARILY AFRICAN-AMERICAN, HISPANIC AND PACIFIC ISLANDER -LATINAS CONTRA CANCER PSYCHOSOCIAL SUPPORT FOR SPANISH-SPEAKING CANCER PATIENTS -HEP B FREE SANTA CLARA CANCER EDUCATION AND HEPATITIS B SCREENING EDUCATION AND PROMOTION FOR THE CHINESE AND VIETNAMESE COMMUNITIES OF SANTA CLARA COUNTY -HEART OF HOPE HOSPICE END-OF-LIFE (PALLIATIVE CARE) ALL DAY SEMINAR FOR CHINESE-SPEAKING PATIENTS, FAMILY MEMBERS AND CAREGIVERS - ETHIOPIAN COMMUNITY SERVICES CANCER EDUCATION FOR ETHIOPIAN COMMUNITY IMMIGRANTS ABOUT RISK REDUCTION, CANCER SCREENING, CANCER TREATMENT OPTIONS AND CLINICAL TRIALS THE STANFORD MEDICAL YOUTH SCIENCE PROGRAM IS A FIVE-WEEK SCIENCE- AND MEDICAL</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>NE-BASED ENRICHMENT PROGRAM THAT TAKES PLACE ANNUALLY AND IS OPEN TO LOW-INCOME AND ETHNIC ALLY DIVERSE HIGH SCHOOL SOPHOMORES AND JUNIORS THE GOAL OF THE PROGRAM IS TO PROMOTE THE REPRESENTATION OF ETHNIC MINORITY AND LOW-INCOME GROUPS IN THE HEALTH PROFESSIONS SHC ST AFF FROM VARIOUS DEPARTMENTS SUCH AS ORTHOPEDICS, PHARMACY, LIFEFLIGHT, PHYSICAL THERAPY, EMERGENCY AND OTHERS MENTOR THE STUDENTS OLDER ADULTS ACCORDING TO ONE REPORT, NEARLY ONE IN FOUR SAN MATEO COUNTY RESIDENTS WILL BE OVER THE AGE OF 65 BY 2030 THE SITUATION IS MUCH THE SAME IN SANTA CLARA COUNTY BY 2030, MORE THAN ONE IN FOUR COUNTY RESIDENTS WILL B E AGE 60 OR OLDER SHC PREPARED FOR THIS DEMOGRAPHIC SHIFT BY EXPANDING ITS AGING ADULT SER VICES PROGRAM (AAS) AND OFFERING COMPONENTS OF THAT PROGRAM TO THE COMMUNITY LIFELINE, A PROGRAM OF AAS, IS AN IN-HOME MEDICAL ALERT SERVICE THAT HELPS OLDER ADULTS REMAIN INDEPEN DENT BY PROVIDING AN EASY WAY TO SUMMON HELP IN AN EMERGENCY STANFORD LIFELINE IS ONE OF THE FEW EMERGENCY RESPONSE SERVICES THAT OFFER REDUCED OR SUBSIDIZED RATES TO THOSE IN NEE D NEARLY 150 FREE OR REDUCED-COST LIFELINE SUBSCRIPTIONS WERE PROVIDED TO LOW-INCOME OLDE R ADULTS IN FY 2015 SHCS COMMUNITY BENEFIT PLAN FOCUSES ON THREE HEALTH INITIATIVES IMPR OVE THE HEALTH AND WELLBEING OF OLDER ADULTS, IMPROVE ACCESS TO CARE, AND REDUCE CANCER HE ALTH DISPARITIES IN SUPPORT OF THE FIRST INITIATIVE, SHC IMPLEMENTED FIVE EVIDENCE-BASED PROGRAMS, FREE OF CHARGE, AT LOCAL SENIOR CENTERS AND IN LOW-INCOME COMMUNITIES THOSE PRO GRAMS ARE STRONG FOR LIFE, FAREWELL TO FALLS, MATTER OF BALANCE, STEPPING ON AND CHRONIC D ISEASE SELF-MANAGEMENT AASS STRONG FOR LIFE IS A GROUP EXERCISE PROGRAM WHOSE GOALS ARE T O HELP OLDER ADULTS INCREASE STRENGTH, BALANCE AND MOBILITY, AND REDUCE ISOLATION IN FY 2 015, THIS PROGRAM WAS PROVIDED TO MORE THAN 200 INDIVIDUALS AT EIGHT SENIOR CENTERS, FIVE OF WHICH SERVE PRIMARILY LOW-INCOME OLDER ADULTS AS ALSO PROVIDES A PROGRAM CALLED CHRONI C DISEASE SELF-MANAGEMENT, A BEHAVIORALLY ORIENTED PROGRAM THAT TEACHES OLDER ADULTS HOW T O MANAGE THEIR CHRONIC CONDITIONS PARTICIPANTS LEARN TO DO APPROPRIATE EXERCISES, EAT BET TER, MANAGE STRESS AND PAIN, MANAGE THEIR MEDICATIONS, AND BETTER COMMUNICATE WITH THEIR F AMILIES AND HEALTH CARE PROVIDERS SHC CONDUCTED THREE, SIX-WEEK WORKSHOPS IN FY 2015 SHC S TRAUMA SERVICES COMMUNITY OUTREACH AND INJURY PREVENTION STAFF CONTINUED TO OFFER A BEST PRACTICEMODEL OF FALL PREVENTION TO RESIDENTS IN SAN MATEO AND SANTA CLARA COUNTIES CALLE D FAREWELL TO FALLS, A FALL PREVENTION PROGRAM OCCUPATIONAL THERAPISTS PROVIDE HOME VISIT S AND REVIEW MULTIPLE RISK FACTORS FOR FALLS REGULAR FOLLOW-UP PHONE CALLS ENCOURAGE COMP LIANCE WITH EXERCISE AND OTHER RECOMMENDATIONS ONE YEAR AFTER THE INITIAL HOME VISIT, THE RAPISTS EVALUATE PARTICIPANTS PROGRESS THE PROGRAM ENROLLED 304 OLDER ADULTS INTO THE PRO GRAM IN FY 2015 SHCS TRAUMA SERVICES COMMUNITY OUTREACH AND INJURY PREVENTION STAFF PROVI DED SEVERAL NO-COST, EVIDENCE-BASED PROGRAMS TO HELP OLDER ADULTS IN SAN MATEO AND SANTA C LARA IN FY 2015, FOUR SEVEN SESSION STEPPING ON PROGRAMS WERE PROVIDED IN SANTA CLARA COU NTY THE GOAL OF THIS PROGRAM IS TO EMPOWER OLDER ADULTS TO CHANGE BEHAVIORS THAT CAN HELP REDUCE THE RISK OF FALLING PARTICIPANTS WORK WITH A PHYSICAL THERAPIST ON STRENGTH AND B ALANCE EXERCISES, HEAR LECTURES FROM A PHARMACIST AND VISION SPECIALIST, AND PARTICIPATE I N DISCUSSIONS FACILITATED BY AN OCCUPATIONAL THERAPIST OVER 53 OLDER ADULTS PARTICIPATED AT FOUR SITES AND COMPLETED THE STEPPING ON PROGRAM MATTER OF BALANCE, ANOTHER FREE, EVID ENCE-BASED PROGRAM, IS ALSO PROVIDED BY TRAUMA SERVICES STAFF WORKS WITH OLDER ADULTS IN A GROUP SETTING TO HELP REDUCE THE FEAR OF FALLING IN EIGHT, TWO-HOUR SESSIONS, PARTICIPA NTS LEARN TO VIEW FALLS AS CONTROLLABLE, SET GOALS FOR INCREASING ACTIVITY, LEARN TIPS TO MAKE HOME MODIFICATIONS, AND PRACTICE EXERCISES TO INCREASE STRENGTH AND BALANCE</p>

Form and Line Reference	Explanation
PART VI, LINE 5 (CONTINUED)	HEALTH RESEARCH, EDUCATION AND TRAINING HEALTH PROFESSIONS EDUCATION RESEARCH, EDUCATION AND TRAINING ARE CORE TO SHC'S MISSION SHC IS THE SETTING FOR TRAINING MEDICAL STUDENTS, RESIDENTS AND FELLOWS FROM THE STANFORD SCHOOL OF MEDICINE AND, AS SUCH, MAKES A SIGNIFICANT CONTRIBUTION TO TRAINING THE NEXT GENERATION OF HEALTHCARE PROVIDERS IN FY15, SHC CONTRIBUTED MORE THAN \$58.2 MILLION TO SUPPORT HEALTH RESEARCH, EDUCATION AND TRAINING OF THIS AMOUNT, \$51 MILLION WAS SPENT TO TRAIN MEDICAL RESIDENTS AND INTERNS IN ADDITION TO TRAINING PHYSICIANS, SHC SUPPORTS THE TRAINING OF OTHER HEALTH PROFESSIONALS IN FY15, SHC INVESTED MORE THAN \$6.7 MILLION ON THIS TRAINING HOSPITAL DEPARTMENTS SUCH AS REHABILITATION SERVICES, NURSING AND CLINICAL LABS PROVIDED CLINICAL ROTATIONS FOR PHYSICAL THERAPY, RESPIRATORY THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, NURSING AND LABORATORY SCIENCE STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES IN ADDITION, PHYSICIAN ASSISTANT STUDENTS ARE TRAINED BY SHC PHYSICIAN ASSISTANTS SHC ALSO PROVIDES A TRAINING GROUND FOR PHARMACY RESIDENTS AND STUDENTS, RADIOLOGY AND NUCLEAR MEDICINE STUDENTS AND PSYCHOLOGY STUDENTS BENEFITS FOR VULNERABLE POPULATIONS \$ 203,286,250 MEDICARE (UNCOMPENSATED EXPENSE) \$ 367,968,226 BENEFITS FOR THE LARGER COMMUNITY \$ 4,484,819 HEALTH RESEARCH, EDUCATION AND TRAINING \$ 58,235,615 TOTAL EXCLUDING UNCOMPENSATED EXPENSE OF MEDICARE \$ 266,006,684 TOTAL INCLUDING UNCOMPENSATED EXPENSE OF MEDICARE \$ 633,974,910

Form and Line Reference	Explanation
PART VI, LINE 6	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

Form and Line Reference	Explanation
PART VI, LINE 7	ALL STATES IN WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT CALIFORNIA

Additional Data

Software ID:
Software Version:
EIN: 94-6174066
Name: STANFORD HEALTH CARE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	
PART V, SECTION B, LINE 6A	-EL CAMINO HOSPITAL -KAISER PERMANENTE - SANTA CLARA, SAN JOSE, SOUTH SAN FRANCISCO AND RE DWOOD CITY -LUCILE PACKARD CHILDREN'S HOSPITAL - STANFORD HEALTH CARE -O'CONNOR HOSPITAL - SAINT LOUISE REGIONAL HOSPITAL -SAN MATEO MEDICAL CENTER -SEQUOIA HOSPITAL -SETON MEDICAL CENTER -SUTTER HEALTH PENINSULA COASTAL REGION
PART V, SECTION B, LINE 6B	-UNITED WAY SILICON VALLEY -SAN MATEO COUNTY HEALTH DEPARTMENT -SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT
PART V, SECTION B, LINE 7A/10A	URL AT WHICH THE CHNA IS AVAILABLE HTTPS //STANFORDHEALTHCARE ORG/ABOUT-US/COMMUNITY-PARTNERSHIPS HTML
PART V, SECTION B, LINE 11	OF THE 11 HEALTH NEEDS IDENTIFIED BY THE CHNA PROCESS, SHC SELECTED FOUR TO ADDRESS, ACCES S TO CARE, CANCER, CHRONIC DISEASE AND UNINTENTIONAL INJURIES/FALLS SHC ADDRESSES THESE S IGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE CHNA PROCESS BY PARTNERING WITH FREE- AND C OMMUNITY-BASED CLINICS AND OTHER COMMUNITY-BASED ORGANIZATIONS FOR A DETAILED DESCRIPTION OF SHCS COMMUNITY PARTNERS AND RESOURCES PROVIDED SEE THE IMPLEMENTATION STRATEGY AT HTTP S //STANFORDHEALTHCARE ORG/ABOUT-US/COMMUNITY-PARTNERSHIPS HTML HEALTH NEEDS NOT BEING ADD RESSED OF THE 11 HEALTH NEEDS IDENTIFIED BY THE CHNA PROCESS, SHC SELECTED FOUR TO ADDRES S OF THE SEVEN OTHER HEALTH NEEDS, FOUR ARE INDIRECTLY ADDRESSED THROUGH THE HEALTH INITI ATIVES DESCRIBED IN THE IMPLEMENTATION STRATEGY DIABETES, CARDIOVASCULAR DISEASE, HEART D ISEASE, STROKE, ARTHRITIS AND RESPIRATORY CONDITIONS THE REMAINING THREE HEALTH NEEDS- OBE SITY, MENTAL HEALTH AND ALZHEIMER'S DISEASE ARE NOT CURRENTLY ADDRESSED IN THE IMPLEMENTAT ION STRATEGY OBESITY IS A HEALTH NEED THAT IS A FOCUS OF MULTIPLE HOSPITALS AND OTHER ORG ANIZATIONS IN BOTH COUNTIES SHC, AS AN ADULT HOSPITAL, ADDRESSES THE HEALTH NEEDS OF AN O LDER POPULATION OBESITY IS A HEALTH ISSUE THAT IS BEST ADDRESSED IN CHILDREN AND YOUTH L UCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD HAS MANY INTERVENTIONS FOCUSED ON OBESITY IN CHILDREN AND YOUTH MENTAL HEALTH IS ANOTHER HEALTH NEED THAT IS NOT CURRENTLY ADDRESSED IN THIS IMPLEMENTATION STRATEGY ALTHOUGH THERE IS A DEARTH OF MENTAL HEALTH SERVICES IN B OTH COUNTIES, MENTAL HEALTH IS NOT AN ISSUE THAT SHC HAS THE EXPERTISE OR RESOURCES TO UND ERTAKE ALZHEIMER'S DISEASE WILL BE A MAJOR ISSUE IN BOTH COUNTIES IN THE NEXT DECADE AND BEYOND WHILE SHC DOES NOT HAVE THE RESOURCES TO ADDRESS THIS HEALTH NEED AT THIS TIME, IT S AGING ADULT SERVICE DEPARTMENT IS DEVELOPING INTERVENTIONS TO ADDRESS THE MULTIPLE HEALT H ISSUES FACING OUR AGING POPULATION, INCLUDING ALZHEIMER'S DISEASE IN THE FUTURE, THESE SERVICES WILL BE EXPLORED WITH AN EYE TOWARD COMMUNITY IMPLEMENTATION
PART V, SECTION B, LINE 16A-C	URL AT WHICH THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY IS AVAILABLE HTTPS //STANFORDHEALTHCARE ORG/FINANCIAL-ASSISTANCE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
STANFORD HEALTH CARE

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" to 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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

10

3

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

Part III

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

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

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 WHEN A GRANT IS APPROVED, SOMEONE WITH SIGNATURE AUTHORITY FROM THE GRANTEE ORGANIZATION SIGNS THE GRANT AGREEMENT, WHICH INCLUDES A RECEIPT OF FUNDS STATEMENT (WHEN AND HOW MUCH WAS RECEIVED) AND THE PURPOSE FOR WHICH THE FUNDS MUST BE USED. A GRANTS MANAGER MAINTAINS CONTACT THROUGHOUT THE GRANT PERIOD FOR 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 IN HARD FILES AND ELECTRONICALLY BY THE GOVERNMENT AND COMMUNITY RELATIONS DEPARTMENT.

Additional Data

Software ID:
Software Version:
EIN: 94-6174066
Name: STANFORD HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE FDN OF NORTHERN AND CENTRAL CA1215 K ST 730 SACRAMENTO,CA 95814	86-1174825	501(C)(3)	58,500				MEDICAL RESPITE PROGRAM
LATINAS CONTRA CANCER	56-2412069	501(C)(3)	7,500				CANCER SUPPORT EDUCATION
MAYVIEW270 GRANT AVE PALO ALTO,CA 94306	94-2239648	501(C)(3)	70,000				SUPPORT COMMUNITY CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF TRUSTEES STANFORD UNIVERSITY 3145 PORTER DR PALO ALTO,CA 94304	94-1156365	501(C)(3)	65,000				COMMUNITY HEALTH
PENINSULA HEALTHCARE CONNECTION33 ENCINA AVE 103 PALO ALTO,CA 94301	20-2886131	501(C)(3)	50,000				HOMELESS HEALTH CLINIC
SOUTH COUNTY COMMUNITY HEALTH CENTER1798 A BAY RD EAST PALO ALTO,CA 94303	94-3372130	501(C)(3)	57,500				RAVENSWOOD CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN HOUSE4301 PACIFIC BLVD SAN MATEO,CA 94403	23-7416272	501(C)(3)	50,000				SH RWC FREE CLINIC
VMC FOUNDATION	77-0187890	501(C)(3)	7,500				CANCER EDUCATION
ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT2400 MOORPARK AVE SAN JOSE,CA 95128	94-2292491	501(c)(3)	27,000				HEALTH CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JAMES COMMUNITY FOUNDATIONPO BOX 995 SAN MATEO,CA 94403	46-3224440	501(c)(3)	7,500				Cancer Support Education

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in 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	1b	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 in line 1a?	2	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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> 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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III.	5a		No
		5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.	6a		No
		6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
8	Were any amounts reported in 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.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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	HOUSING ALLOWANCE DURING CALENDAR YEAR 2014, 2 OFFICERS AND 3 HIGHEST COMPENSATED EMPLOYEES 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. AT THE LAST DATE OF EACH QUARTER EACH PARTICIPANT'S ACCOUNT IS CREDITED WITH AN AMOUNT EQUAL TO A PERCENTAGE OF BASE SALARY (DEPENDING ON THE INDIVIDUAL'S POSITION). THE COMPENSATION COMMITTEE MAY DETERMINE THAT CREDITS SHALL BE MADE IN ADDITION TO THOSE ABOVE IN ITS SOLE DISCRETION. A PARTICIPANT BECOMES VESTED IN THE ACCOUNT AS FOLLOWS: (A) THE FIRST BUSINESS DAY OF JANUARY FOLLOWING THE SECOND CALENDAR YEAR IN WHICH THE ACCOUNT WAS ESTABLISHED AND THE PARTICIPANT COMPLETES TWO FULL YEARS OF PARTICIPATION, THE PARTICIPANT BECOMES FULLY VESTED WHEN (A) DISCHARGE FROM EMPLOYMENT WITHOUT CAUSE, (B) ENTITLEMENT TO LONG-TERM DISABILITY INCOME BENEFITS, (C) THE PARTICIPANT ATTAINS THE AGE OF 60 WHILE EMPLOYED OR IF LATER, THE PARTICIPANT'S COMPLETION OF TWO FULL YEARS OF PARTICIPATION, OR (D) THE PARTICIPANT COMPLETES SEVEN YEARS AS AN ELIGIBLE EMPLOYEE, OR (E) DEATH OF THE PARTICIPANT. THE FOLLOWING AMOUNTS BECAME VESTED AND WERE PAID TO THE FOLLOWING INDIVIDUALS IN CALENDAR YEAR 2014: CHRISTOPHER DAWES \$ 153,393; AMIR DAN RUBIN \$ 284,718; NANCY LEE \$ 47,251; MARK TORTORICH \$ 38,051; SRIDHAR SESHADRI \$ 49,933; DANIEL MORISSETTE \$ 269,311; JERROLD MAKI \$ 38,192; JENNIFER VARGAS \$ 186,665; PRAVENE NATH \$ 33,095; BRUCE HARRISON \$ 48,706; DAVID CONNOR \$ 34,453; BENJIE LOANZON \$ 98,053; DOUGLAS GUNDERSON \$ 1,376. 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 2014 ARE REPORTED IN COLUMN (F). CHRISTOPHER DAWES, PRESIDENT OF LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD, HAS A NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT. UNDER THE AGREEMENT, MR. DAWES RECEIVES AN ANNUAL CREDIT TO HIS ACCOUNT THROUGH 2016 PROVIDED HE REMAINS EMPLOYED IN HIS CURRENT POSITION. AMOUNTS CREDITED UNDER THE PLAN WILL BE PAYABLE UPON THE EARLIER OF: (1) TERMINATION WITHOUT CAUSE, (2) DISABILITY, (3) DEATH, OR (4) AUGUST 31, 2016 PROVIDED MR. DAWES REMAINS EMPLOYED AT THAT DATE. LLOYD B. MINOR PARTICIPATES IN A DEFERRED COMPENSATION PLAN AT STANFORD UNIVERSITY, A RELATED ORGANIZATION. ANNUALLY, AMOUNTS ARE CREDITED TO THE PLAN BASED ON PERFORMANCE AND CERTAIN OTHER FACTORS. THESE AMOUNTS APPEAR IN SCHEDULE J, PART II, COLUMN C. PLAN BALANCES ARE SUBJECT TO FORFEITURE AND/OR PAYMENT ONLY IF CERTAIN CONDITIONS ARE MET.
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.

Additional Data

Software ID:
Software Version:
EIN: 94-6174066
Name: STANFORD HEALTH CARE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHRISTOPHER DAWES, DIRECTOR	(i) (ii)	0 885,545	0 487,700	0 176,757	0 240,500	0 30,270	0 1,820,772	0 0
LLOYD B MINOR MD, DIRECTOR	(i) (ii)	0 1,340,166	0 200,000	0 59,653	0 315,600	0 57,385	0 1,972,804	0 0
NORMAN RIZK MD, DIRECTOR	(i) (ii)	0 370,227	0 546,403	0 0	0 26,000	0 20,052	0 962,682	0 0
AMIR DAN RUBIN, DIRECTOR/CEO	(i) (ii)	1,704,324 0	1,022,000 0	321,654 0	321,942 0	37,288 0	3,407,208 0	270,987 0
MARK WELTON MD, DIRECTOR	(i) (ii)	0 289,928	0 248,200	0 2,001	0 26,000	0 47,306	0 613,435	0 0
JAMES HEREFORD, COO	(i) (ii)	688,503 0	304,682 0	33,667 0	110,172 0	32,086 0	1,169,110 0	0 0
DANIEL MORISSETTE, CFO	(i) (ii)	714,551 0	427,909 0	321,220 0	23,400 0	36,777 0	1,523,857 0	168,506 0
DOUGLAS GUNDERSON, VP - OPS DIAG & TREAT SVCS	(i) (ii)	342,341 0	96,875 0	7,976 0	48,301 0	30,810 0	526,303 0	0 0
NANCY LEE, CNO & VP PATIENT CARE SRVCS	(i) (ii)	382,949 0	69,174 0	54,668 0	26,000 0	39,529 0	572,320 0	0 0
PRAVENE NATH, CHIEF DIGITAL OFFICER	(i) (ii)	452,490 0	140,593 0	52,722 0	71,692 0	8,515 0	726,012 0	31,499 0
MARK TORTORICH, VP PLANNING DESIGN & CONSTRUCT	(i) (ii)	288,984 0	92,739 0	58,716 0	23,400 0	25,049 0	488,888 0	0 0
BRUCE HARRISON, VP NTWK DEV SHC & EXEC DIR-UHA	(i) (ii)	484,305 0	120,152 0	88,149 0	75,084 0	42,483 0	810,173 0	46,357 0
BENJIE M LOANZON, SHC VP-CONTROLLER, SHC VC CFO	(i) (ii)	298,188 0	131,241 0	133,621 0	23,885 0	25,277 0	612,212 0	0 0
SRIDHAR SESHADRI, VP CANCER CTR & HEART CTR	(i) (ii)	382,190 0	111,557 0	75,275 0	25,933 0	37,571 0	632,526 0	0 0
JENNIFER VARGAS, CHIEF STRATEGY OFFICER	(i) (ii)	505,308 0	154,502 0	214,838 0	23,400 0	39,404 0	937,452 0	119,197 0
DAVID CONNOR, VP - FINANCE	(i) (ii)	318,050 0	100,764 0	75,233 0	26,030 0	19,904 0	539,981 0	0 0
JERROLD MAKI, VP SPECIAL PROJECTS	(i) (ii)	292,273 0	93,082 0	67,209 0	23,400 0	17,118 0	493,082 0	0 0

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

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

▶ **Attach to Form 990.**

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

2014

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	California Health Facilities Financing Authority	52-1643828	13033F3U2	06-02-2008	428,500,000	2008 SERIES AB- SEE PART VI		X		X		X
B	California Health Facilities Financing Authority	52-1643828	13033LJH1	06-16-2010	310,291,489	2010 SERIES AB- SEE PART VI		X		X		X
C	California Health Facilities Financing Authority	52-1643828	13033LZNO	05-23-2012	608,293,722	2012 SERIES ABCD- SEE PART VI		X		X		X
D	California Health Facilities Financing Authority	52-1643828	13033L8P5	06-26-2015	180,626,500	2015 SERIES AB- SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D									
1	Amount of bonds retired	8,500,000		19,125,000		15,440,000		0									
2	Amount of bonds legally defeased	0		0		0		0									
3	Total proceeds of issue	428,500,000		310,291,489		613,530,391		180,628,757									
4	Gross proceeds in reserve funds	0		0		0		0									
5	Capitalized interest from proceeds	0		0		4,780		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		0		138,552,860		0									
11	Other spent proceeds	428,500,000		310,291,489		79,397,297		0									
12	Other unspent proceeds	0		0		395,575,454		180,628,757									
13	Year of substantial completion	2008		2010		<table><tr><td>Yes</td><td>No</td><td>Yes</td><td>No</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>				Yes	No	Yes	No				
Yes	No	Yes	No														
		Yes	No	Yes	No												
14	Were the bonds issued as part of a current refunding issue?	X		X			X		X								
15	Were the bonds issued as part of an advance refunding issue?		X		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									

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	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 060 %		0 030 %		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								
6	Total of lines 4 and 5	0 060 %		0 030 %					
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	
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			
c	Term of hedge								
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?	X							

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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 II, COLUMN (C), LINE 3 THIS AMOUNT DIFFERS FROM THE ISSUE PRICE BECAUSE OF INVESTMENT EARNINGS FORM 990, SCHEDULE K, PART I BOND ISSUES A CUSIP# 13033F3U2 SERIES 2008 SERIES A&B DESCRIPTION OF PURPOSE CURRENT REFUNDING OF 2006 SERIES A & B DATE OF ISSUE MARCH 9, 2006 BOND ISSUES B CUSIP# 13033LJH1 SERIES 2010 SERIES A DESCRIPTION OF PURPOSE CURRENT REFUNDING OF 1998 SERIES B DATE OF ISSUE MARCH 31, 1998 BOND ISSUES B CUSIP# 13033LJH1 SERIES 2010 SERIES B DESCRIPTION OF PURPOSE CURRENT REFUNDING OF 2003 SERIES B, C, AND D DATE OF ISSUE JULY 1, 2003 BOND ISSUES C CUSIP# 13033LZN0 SERIES 2012 SERIES A DESCRIPTION OF PURPOSE CONSTRUCTION OF REPLACEMENT ACUTE CARE HOSPITAL FACILITY AND RENOVATION OF PORTIONS OF EXISTING ACUTE CARE HOSPITAL FACILITY, A PORTION OF WHICH WILL REMAIN IN USE BOND ISSUES C CUSIP# 13033LZN0 SERIES 2012 SERIES B DESCRIPTION OF PURPOSE ADVANCE REFUNDING OF 2003 SERIES A DATE OF ISSUE JULY 1, 2003 BOND ISSUES C CUSIP# 13033LZN0 SERIES 2012 SERIES C DESCRIPTION OF PURPOSE CONSTRUCTION OF REPLACEMENT ACUTE CARE HOSPITAL FACILITY AND RENOVATION OF PORTIONS OF EXISTING ACUTE CARE HOSPITAL FACILITY, A PORTION OF WHICH WILL REMAIN IN USE BOND ISSUES C CUSIP# 13033LZN0 SERIES 2012 SERIES D DESCRIPTION OF PURPOSE CONSTRUCTION OF REPLACEMENT ACUTE CARE HOSPITAL FACILITY AND RENOVATION OF PORTIONS OF EXISTING ACUTE CARE HOSPITAL FACILITY, A PORTION OF WHICH WILL REMAIN IN USE BOND ISSUES D CUSIP# 13033L8P5 SERIES 2015 SERIES A & B DESCRIPTION OF PURPOSE CONSTRUCTION OF REPLACEMENT ACUTE CARE HOSPITAL FACILITY AND RENOVATION OF PORTIONS OF EXISTING ACUTE CARE HOSPITAL FACILITY, A PORTION OF WHICH WILL REMAIN IN USE DATE OF ISSUE 6/26/2015 TAX-EXEMPT BONDS FORM 990, SCHEDULE K, PART IV ISSUE A SERIES 2008 SERIES B1 NAME OF PROVIDER DEUTSCHE BANK AG* TERM OF HEDGE 10 TERMINATED 02/26/14 ISSUE A SERIES 2008 SERIES B2 NAME OF PROVIDER DEUTSCHE BANK AG* TERM OF HEDGE 10 TERMINATED 02/26/14 * NOVATED FROM ORIGINAL COUNTERPARTY, J P MORGAN CHASE BANK N A EFFECTIVE JANUARY 1, 2011

Return Reference	Explanation
0	

Return Reference	Explanation
0	

Return Reference	Explanation
0	

Return Reference	Explanation
0	

Return Reference	Explanation
0	

Schedule L
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization STANFORD HEALTH CARE	Employer identification number 94-6174066
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by 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) AMIR DAN RUBIN	OFFICER	HOUSING LOAN		X	1,250,000	1,250,000		No	Yes		Yes	
(2) JAMES HEREFORD	OFFICER	HOUSING LOAN		X	500,000	500,000		No	Yes		Yes	

Total	► \$	1,750,000			
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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

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
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
STANFORD HEALTH CARE

Employer identification number
94-6174066

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	28	1,709,479	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶ ()				

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

29

1

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

Part II

Supplemental Information.

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	STANFORD HEALTH CARE IS REPORTING THE NUMBER OF CONTRIBUTIONS SCHEDULE M, PART I, QUESTION 32B STANFORD HEALTH CARE UTILIZES THE SERVICES OF STANFORD UNIVERSITY TO ASSIST WITH THE SOLICITATION AND PROCESSING OF NON-CASH GIFTS

2014

**Open to Public
Inspection**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
STANFORD HEALTH CARE

Employer identification number

94-6174066

Return Reference	Explanation
MISSION	<p>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. THEIR VISION STATEMENT IS HEALING HUMANITY THROUGH SCIENCE AND COMPASSION, ONE PATIENT AT A TIME.</p>

Return Reference	Explanation
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 26,046 PATIENT DISCHARGES SHC HAD 150,326 PATIENT DAYS INCLUDING ACUTE, BEHAVIORIAL HEALTH, AND SHORT STAY OUTPATIENT TOTAL OUTPATIENT AND EMERGENCY ROOM VISITS WERE 632,252 FOR THE FISCAL YEAR ENDED AUGUST 31, 2015

Return Reference	Explanation
EXECUTIVE COMMITTEE	<p>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 BE AN "OUTSIDE DIRECTOR," AS DEFINED IN BYLAWS 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</p>

Return Reference	Explanation
FAMILY/BUSINESS RELATIONSHIPS FORM 990, PART VI, LINE 2	CHRISTOPHER DAWES IS AN EMPLOYEE, CHIEF EXECUTIVE OFFICER AND A DIRECTOR OF LUCILE SALTER PACKARD CHILDREN'S HOSPITAL THE FOLLOWING INDIVIDUALS ARE DIRECTORS AT LUCILE SALTER PACKARD CHILDREN'S HOSPITAL MARY CRANSTON MARIANN BYERWALTER AMIR DAN RUBIN LLOYD B MINOR MD JOHN LEVIN THE FOLLOWING INDIVIDUALS ARE EMPLOYEES OF STANFORD UNIVERSITY NORMAN RIZK MD MARK WELTON MD LLOYD B MINOR MD THE FOLLOWING INDIVIDUALS ARE TRUSTEES AT STANFORD UNIVERSITY JOHN GUNN BRET COMOLLI RONALD JOHNSON THE FOLLOWING INDIVIDUALS ARE BOARD MEMBERS AT STANFORD PET-CT LLC AMIR DAN RUBIN JAMES HEREFORD LLOYD B MINOR MD THE FOLLOWING INDIVIDUALS ARE BOARD MEMBERS AT SUMIT HOLDING INTERNATIONAL, LLC AMIR DAN RUBIN DANIEL MORISSETTE CHRISTOPHER DAWES NORMAN RIZK MD THE FOLLOWING INDIVIDUALS ARE BOARD MEMBERS AT SUMIT INSURANCE COMPANY, LTD AMIR DAN RUBIN DANIEL MORISSETTE CHRISTOPHER DAWES LLOYD B MINOR MD NORMAN RIZK MD THE FOLLOWING INDIVIDUALS ARE CLASS A SUBSCRIBER VOTING MEMBERS AT THE PROFESSIONAL EXCHANGE ASSURANCE COMPANY AMIR DAN RUBIN DANIEL MORISSETTE CHRISTOPHER DAWES NORMAN RIZK MD THE FOLLOWING INDIVIDUALS ARE BOARD MEMBERS AT GLOBALITY, INC JOEL HYATT RONALD JOHNSON

Return Reference	Explanation
FORM 990, PART VI, LINE 4	THE ORGANIZATION AMENDED ITS ARTICLES OF INCORPORATION AND BYLAWS TO CHANGE ITS NAME FROM STANFORD HOSPITAL AND CLINICS TO STANFORD HEALTH CARE. THIS INFORMATION WAS PROVIDED TO THE INTERNAL REVENUE SERVICE IN NOVEMBER 2014

Return Reference	Explanation
MEMBERS	FORM 990, PART VI, LINE 6 STANFORD UNIVERSITY IS THE SOLE MEMBER OF STANFORD HEALTH CARE ("SHC")

Return Reference	Explanation
ELECTION BY MEMBERS	FORM 990, PART VI, LINE 7A STANFORD UNIVERSITY, AS THE SOLE MEMBER OF SHC, APPOINTS THE SHC BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	THE SOLE MEMBER, STANFORD UNIVERSITY , MAY REMOVE AN ELECTED DIRECTOR AT ANY TIME WITHOUT CAUSE

Return Reference	Explanation
REVIEW OF FORM 990	<p>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 EXPERTISE OF SUBJECTS IN SHC. UPON COMPLETION, THE RETURN IS REVIEWED BY THE SENIOR MANAGEMENT OF SHC, THE COUNSEL OF SHC, STANFORD UNIVERSITY CONTROLLER'S OFFICE 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. WHEN STANFORD HEALTH CARE RECEIVES CONTRIBUTIONS FROM DONORS WHO MEET THE SCHEDULE B THRESHOLD REPORTING REQUIREMENTS BUT WISH TO REMAIN ANONYMOUS, THE BOARD REVIEWS THE FORM 990 WITHOUT DISCLOSURE OF THESE DONORS' NAME IN ORDER TO PROTECT THE DONORS' ANONYMITY.</p>

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	<p>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 DETERMINE THE APPROPRIATE COURSE OF ACTION.</p>

Return Reference	Explanation
PROCEDURES FOR DETERMINING COMPENSATION	<p>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 EACH SEPTEMBER 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</p>

Return Reference	Explanation
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 FINANCIAL 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.

Return Reference	Explanation
BOARD OF DIRECTORS CHANGES	FORM 990, PART VII, SECTION A THE FOLLOWING BOARD MEMBERS RETIRED FROM THE BOARD OF DIRECTORS DURING FY 15 AS NOTED WOODROW MYERS MD - UNTIL 12/31/2014 THE FOLLOWING BOARD MEMBERS WERE APPOINTED TO THE BOARD DURING FY 15 AS NOTED MARIANN BYERWALTER AS OF 1/1/2015 KAYE FOSTER-CHEEK AS OF 11/1/2014

Return Reference	Explanation
HOURS AT RELATED ORGANIZATIONS	FORM 990, PART VII, COLUMN B CHRISTOPHER DAWES IS A DIRECTOR OF SHC FOR FY15 HE WAS ALSO THE PRESIDENT AND CEO OF THE LUCILE SALTER PACKARD CHILDREN'S HOSPITAL AT STANFORD (LPCH), A RELATED ORGANIZATION MR DAWES RECEIVES COMPENSATION FROM LPCH FOR HIS SERVICES AT LPCH MR DAWES RECEIVED NO COMPENSATION FOR HIS DUTIES AS A DIRECTOR OF SHC LLOYD B MINOR MD, NORMAN RISK MD, AND MARK WELTON MD ARE DIRECTORS OF SHC FOR FY15 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 A DIRECTORS OF SHC

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES CHANGE IN MINIMUM PENSION LIABILITY \$ (19,461,000) INTEREST RATE SWAP MTM \$ (59,392,016) EQUITY TRANSFER \$ (36,665,216) PET/CT INCOME BOOK/TAX DIFFERENCE \$ (2,716) SERO C INCOME BOOK/TAX DIFFERENCE \$ 26,710 ----- OTHER CHANGES IN NET ASSETS OR FUND BALANCES\$(115,494,238)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
STANFORD HEALTH CARE

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 300 PASTEUR DRIVE MC 5555 STANFORD, CA 94305 68-0396696	MEDICAL	CA	2,603,542	726,548	SHC
(2) STANFORD BLOOD CENTER LLC 3373 HILLVIEW AVENUE PALO ALTO, CA 94304 81-0816100	BLOOD CENTER	CA	0	0	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
See Additional Data Table							

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	
See Additional Data Table												

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
See Additional Data Table									

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

1g

Yes

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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
See Additional Data Table			

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
SCHEDULE R	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
SCHEDULE R, PART IV, LINE 6	CHARITABLE LEAD ANNUITY TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA SCHEDULE R, PART IV, LINE 7 CHARITABLE REMAINDER TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA SCHEDULE R, PART IV, LINE 1 OTHER TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA SCHEDULE R, PART IV, LINE 2 POOLED INCOME FUNDS ARE PRINCIPALLY DOMICILED IN CALIFORNIA

Additional Data

Software ID:

Software Version:

EIN: 94-6174066

Name: STANFORD HEALTH CARE

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

(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 3145 PORTER DRIVE PALO ALTO, CA 94304 94-1156365	EDUCATION	CA	501(C)(3)	2	NA		No
(1) LUCILE SALTER PACKARD CHILDRENS HOSPITAL 725 WELCH ROAD MC 5553 PALO ALTO, CA 94304 77-0003859	HEALTHCARE	CA	501(C)(3)	3	STANFORD	Yes	
(2) HOSPITAL COMMITTEE FOR THE L-P AREAS 1111 E STANLEY BLVD LIVERMORE, CA 94550 94-1429628	HOSPITAL	CA	501(C)(3)	3	SHC	Yes	
(3) VALLEYCARE MEDICAL FOUNDATION INC 5655 W LAS POSITAS BLVD 220 PLEASANTON, CA 94588 26-2593526	SUPPORT VCHS	CA	501(C)(3)	9	HOSP CMTE LP	Yes	
(4) VALLEYCARE SENIOR HOUSING 1111 E STANLEY BLVD LIVERMORE, CA 94550 94-3382224	SR FACILITY	CA	501(C)(3)	11C, III-FI	HOSP CMTE LP	Yes	
(5) THE FREIDENRICH SUPPORT FOUNDATION 3145 PORTER DRIVE PALO ALTO, CA 94304 30-0519583	SUPPORT	CA	501(C)(3)	11A, I	STANFORD	Yes	
(6) SHR HOLDINGS INC 3145 PORTER DRIVE PALO ALTO, CA 94304 94-3187167	REAL ESTATE	CA	501(C)(25)	N/A	STANFORD	Yes	
(7) SU EMP BEN TRUST POST RETEMPYNT BEN 3145 PORTER DRIVE PALO ALTO, CA 94304 94-3246199	BENEFITS	CA	501(C)(9)	N/A	STANFORD	Yes	
(8) UNIVERSITY HEALTHCARE ALLIANCE 855 OAK GROVE AVE SUITE 100 MENLO PARK, CA 94205 94-3192446	HEALTHCARE	CA	501(C)(3)	3	SHC	Yes	
(9) THE DUDLEY E CHAMBERS FOUNDATION JP MORGAN CHASE PO BOX 3038 MILWAUKEE, WI 53201 38-6841793	SUPPORT	NY	501(C)(3)	11D, III-O	STANFORD	Yes	
(10) STANFORD UNIVERSITY BOOKSTORE BLDG 60 MAIN QUAD NO 105 STANFORD, CA 94305 94-0894150	SUPPORT	CA	501(C)(3)	11A, I	STANFORD	Yes	
(11) PACKARD CHILDREN'S HEALTH ALLIANCE 725 WELCH ROAD MC5551 PALO ALTO, CA 94304 32-0359189	HEALTHCARE	CA	501(C)(3)	3	LPCH	Yes	
(12) STANFORD HABITAT CONSERVATION BOARD 3160 PORTER DR STE 200 PALO ALTO, CA 94304 46-1882243	CONSERVATION	CA	501(C)(3)	7	STANFORD	Yes	
(13) STANFORD FACULTY CLUB PO BOX 7229 STANFORD, CA 94309 94-1187089	FAC INTERACT	CA	501(C)(7)	N/A	STANFORD	Yes	
(14) THE HONG KONGSU CHARITABLE TRUST 1401 CAROLINE CENTER 28 PING ROAD, CAUSEWAY HK 98-6078093	SUPPORT	HK	501(C)(3)		STANFORD	Yes	
(15) THE STANFORD TRUST 65 HIGH STREET OXFORD OX1 46L UK	SUPPORT	UK	501(C)(3)		STANFORD	Yes	
(16) STANFORD PROGRAMME (CAPE TOWN) NPC WAVERLY BUSINESS PARK BUILDING 11 CAPE TOWN SF	EDUCATION	SF	501(C)(3)		STANFORD	Yes	
(17) STANFORD FEDERAL CREDIT UNION 1860 EMBARCADERO RD PALO ALTO, CA 94303 94-1492212	CREDIT UNION	CA	501(C)(1)	N/A	STANFORD	Yes	
(18) STANFORD HEALTH CARE ADVANTAGE 3220 BLUME DR STE 260 RICHMOND, CA 948065741 46-4071746	HEALTHCARE	CA	501(c)(3)	11A, I	SHC	Yes	
(19) STANFORD SCHOOLS CORPORATION 475 POPE STREET MENLO PARK, CA 94025 20-2699147	EDUCATIONAL	CA	501(C)(3)	2	STANFORD	Yes	

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

(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							
STANFORD SGGS EUROPE INC UGLAND HOUSE S CHURCH ST PO BOX 309GT, GEORGE TOWN CJ 13-1684331	INVESTMENTS	CJ	NA	C CORP				
BLACK RIVER EMEA INVESTORS FUND LTD UGLAND HOUSE S CHURCH ST GEORGE TOWN CJ 98-0428006	INVESTMENTS	CJ	NA	C CORP				
EAST SAIL C/O INTL FS INC IFS COURT TWENTYEIGHT, CYBERCITY, EBENE MP	INVESTMENTS	MP	NA	C CORP				
GAVEA INVESTMENT FUND II-C LP PO BOX 896GT HARBOUR CENTRE GEORGE TOWN, CAYMAN ISLANDS CJ 98-0537952	INVESTMENTS	CJ	NA	C CORP				
LS ALBERTA III LP C/O JE ROBERT COS 1650 TYSON BLVD MCLEAN, VA 22102 98-0493425	INVESTMENTS	CA	NA	C CORP				
CLAT (15)	CHARITABLE TR	CA	NA	TRUST				
CRT (536)	CHARITABLE TR	CA	NA	TRUST				
OTHER (7)	CHARITABLE TR	CA	NA	TRUST				
PIF (77)	CHARITABLE TR	CA	NA	TRUST				
ALPINE CHALET INC PO BOX 9988 SOUTH LAKE TAHOE, CA 96158 94-1556099	SKI LODGE	CA	NA	C CORP				
STANFORD (BEIJING) CNSLTNG CO LTD (WFOE) 5275TH FLBLDG CACADEMY SOUTH RD HAIDAN DISTRICT, BEIJING CH	EDUCATION	CH	NA	C CORP				
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				
PROFESSIONAL EXCHANGE ASSURANCE COMPANY 201 MERCHANT STREET SUITE 2400 HONOLULU, HI 96813 90-0897686	INSURANCE	HI	NA	C CORP				
ARCOLA RES DEVELOPMENT CORP C/O SMC 635 KNIGHT WAY STANFORD, CA 943057297 80-0804754	INVESTMENT	DE	NA	C CORP				
BREP VII ALBERTA FEEDER (OFFSHORE)TE7 LP C/O THE BLACKSTONE GROUP 345 PARK NEW YORK, NY 10154 98-1066351	INVESTMENTS	CA	NA	C CORP				

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Yes	No							
BREP VII ALBERTA FEEDER (OFFSHORE)TE7NQLP C/O THE BLACKSTONE GROUP 345 PARK NEW YORK, NY 10154 98-1066355	INVESTMENTS	CA	NA	C CORP				
WEST FACE ALTERNATIVE CREDIT CAYMAN LP PO BOX 10008 WILLOW HOUSE GRAND CAYMAN, CAYMAN ISLANDS KY1-1001 CJ 98-1140761	INVESTMENTS	CJ	NA	C CORP				
MIDPOINT TECHNOLOGY PARK OWNERS ASSOC 3145 PORTER DRIVE PALO ALTO, CA 94304 94-3287254	REAL ESTATE	CA	NA	C CORP				
BIENVILLE ARGENTINA OPPTS OFFSHORE FUND 405 LEXINGTON AVE 34TH FLOOR NEW YORK, NY 10174	INVESTMENTS	CJ	NA	C CORP				
ICHIGO JAPAN FUND K 1 NORTH BRIDGE RD 6-8 SINGAPORE, SINGAPORE 179094 SN	INVESTMENTS	CJ	NA	C CORP				
AFFINITY MEDICAL SOLUTIONS INC 1221 BROADWAY 3RD FLOOR OAKLAND, CA 94612 20-3134011	HEALTHCARE	DE	NA	C CORP				
BISHOP ROCK OPPORTUNITY OFFSHORE FUND C/O SMC 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	CJ	NA	C CORP				

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SUMIT HOLDING INTERNATIONAL LLC	R	7,242,357	BOOK
SEROC	Q	342,797	BOOK
LPCH	L	75,979,323	FMV
LPCH	M	1,654,478	FMV
LPCH	N	5,294,320	FMV
LPCH	O	28,555,874	FMV
LPCH	P	342,005	BOOK
LPCH	Q	27,397,841	BOOK
LPCH	S	26,600,000	BOOK
UNIVERSITY HEALTHCARE ALLIANCE	B	43,842,449	BOOK
UNIVERSITY HEALTHCARE ALLIANCE	P	12,421,555	COST
UNIVERSITY HEALTHCARE ALLIANCE	Q	4,056,086	COST
UNIVERSITY HEALTHCARE ALLIANCE	S	120,835	COST
HOSPITAL COMMITTEE FOR THE L-P AREAS	Q	379,143	COST
HOSPITAL COMMITTEE FOR THE L-P AREAS	R	912,783	COST
STANFORD HEALTH CARE ADVANTAGE	O	248,613	COST
STANFORD HEALTH CARE ADVANTAGE	Q	1,576,256	COST