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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

STANFORD HEALTH CARE

% CONTROLLER

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

300 PASTEUR DRIVE MC 5555

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

STANFORD, CA 94305

F Name and address of principal officer

LINDA HOFF CFO

300 PASTEUR DRIVE MC 5230

STANFORD, CA 94305

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

HTTP //WWW.STANFORDHEALTHCARE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1957

M State of legal domicile

CA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O

2 Check this box ☐ 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)

31

4 Number of independent voting members of the governing body (Part VI, line 1b)

20

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

14,574

6 Total number of volunteers (estimate if necessary)

1,145

7a Total unrelated business revenue from Part VIII, column (C), line 12

1,374,283

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

44,851,782

4,315,034,987

145,656,535

0

4,505,543,304

Current Year

35,789,010

4,580,588,564

126,779,819

0

4,743,157,393

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶13,898,885

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Prior Year

66,047,781

0

1,771,231,103

0

2,212,753,313

4,050,032,197

455,511,107

Current Year

79,556,326

0

1,848,445,661

0

2,358,083,350

4,286,085,337

457,072,056

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

6,946,414,314

3,083,849,907

3,862,564,407

End of Year

7,550,685,195

3,447,531,125

4,103,154,070

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

\*\*\*\*\*

Signature of officer

2020-07-09

Date

LINDA HOFF CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-06-22

Check ☐ if self-employed

PTIN P00641463

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶ 101 SEAPORT BLVD SUITE 500

Phone no (617) 530-5000

BOSTON, MA 02210

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 3,961,096,151	including grants of \$ 79,556,326	(Revenue \$ 4,580,588,564 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )			
	(Expenses \$	including grants of \$	(Revenue \$	)

<b>4e</b>	<b>Total program service expenses</b>	3,961,096,151
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b> Yes	
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

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

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b> Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</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> . . . . .	<b>25b</b>	No
<b>26</b>	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> . . . . .	<b>26</b> Yes	
<b>27</b>	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> . . . . .	<b>27</b>	No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b>	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> . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b> Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</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> . . . . .	<b>35b</b> Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 845	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	14,574	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ▶BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 31		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 20		
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</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?	<b>16b</b>	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-A 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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ▶ CONTROLLER 1804 EMBARCADERO RD STE 100 1ST PALO ALTO, CA 94303 (650) 723-4000

## 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 ☒

☒

● 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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	12,570,953	10,134,614	2,704,437

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 ▶ 4,760

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
STANFORD UNIVERSITY, 485 BROADWAY ML CODE 8838 PALO ALTO, CA 94063	PROF SERVICES	774,003,181
CLARKMCCARTHY CONSTRUCTION, 1265 BATTERY STREET 3RD FLOOR SAN FRANCISCO, CA 94111	CONSTRUCTION COMPANY	197,091,042
AMN HEALTHCARE INC, 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	HEALTHCARE STAFFING	45,823,656
PHILIPS HEALTHCARE, 3000 MINUTEMAN ROAD MS0400 ANDOVER, MA 01810	HEALTHCARE CONSULT	24,415,639
SODEXO INC AFFILIATES, 9801 WASHINGTON BLVD GAITHERSBURG, MD 20878	FACILITIES MGMT	18,030,630

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 369</p>	
--	--



**Part VIII**      **Statement of Revenue**

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

**Contributions, Gifts, Grants  
and Other Similar Amounts**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . .	<b>1a</b>				
<b>b</b> Membership dues . .	<b>1b</b>				
<b>c</b> Fundraising events . .	<b>1c</b>				
<b>d</b> Related organizations	<b>1d</b>	300,755			
<b>e</b> Government grants (contributions)	<b>1e</b>				
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	35,488,255			
<b>g</b> Noncash contributions included in lines 1a - 1f \$	526,251				
<b>h Total.</b> Add lines 1a-1f . . . . .		35,789,010			

**Program Service Revenue**

	Business Code				
<b>2a</b> PATIENT REVENUE	900099	4,489,380,697	4,489,380,697		
<b>b</b> HOUSE STAFF	900099	25,589,382	25,589,382		
<b>c</b> OUTREACH LAB CLINIC	900099	12,523,531	12,523,531		
<b>d</b> CLINIC REVENUE	900099	12,414,757	12,414,757		
<b>e</b> EMPLOYER HEALTH CLINIC	900099	11,087,572	11,087,572		
<b>f</b> All other program service revenue		29,592,625	24,075,454	1,374,283	4,142,888
<b>g Total.</b> Add lines 2a-2f . . . . .		4,580,588,564			

**Other Revenue**

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		53,677,508			53,677,508
<b>4</b> Income from investment of tax-exempt bond proceeds		0			
<b>5</b> Royalties . . . . .		0			
<b>6a</b> Gross rents	(i) Real      (ii) Personal				
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)	0      0				
<b>d</b> Net rental income or (loss) . . . . .		0			
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities      (ii) Other	74,227,008			
<b>b</b> Less cost or other basis and sales expenses			1,124,697		
<b>c</b> Gain or (loss)	74,227,008      -1,124,697				
<b>d</b> Net gain or (loss) . . . . .		73,102,311			73,102,311
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> 0				
<b>b</b> Less direct expenses . . . . .	<b>b</b> 0				
<b>c</b> Net income or (loss) from fundraising events . .		0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> 0				
<b>b</b> Less direct expenses . . . . .	<b>b</b> 0				
<b>c</b> Net income or (loss) from gaming activities . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . .	<b>a</b> 0				
<b>b</b> Less cost of goods sold . .	<b>b</b> 0				
<b>c</b> Net income or (loss) from sales of inventory . .		0			
Miscellaneous Revenue	Business Code				
<b>11a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .		0			
<b>12 Total revenue.</b> See Instructions . . . . .		4,743,157,393	4,575,071,393	1,374,283	130,922,707

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	79,556,326	79,556,326		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	9,147,475	1,841,188	6,987,097	319,190
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	1,174,058,164	1,093,008,923	80,845,439	203,802
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	104,205,818	95,385,497	8,797,439	22,882
<b>9</b> Other employee benefits.	462,111,286	424,042,192	37,901,289	167,805
<b>10</b> Payroll taxes.	98,922,918	91,274,329	7,633,188	15,401
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	2,184,424	745,379	1,439,045	
<b>b</b> Legal.	8,237,214	0	8,237,214	
<b>c</b> Accounting.	2,012,339	5,250	2,007,089	
<b>d</b> Lobbying.	897,277	199,545	697,732	
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	79,239,264	67,242,015	11,686,662	310,587
<b>12</b> Advertising and promotion.	12,485,446	11,704,710	518,778	261,958
<b>13</b> Office expenses.	153,232,629	119,904,917	33,037,413	290,299
<b>14</b> Information technology.	41,307,956	24,882,947	15,820,272	604,737
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	116,152,198	109,907,270	6,174,582	70,346
<b>17</b> Travel.	5,730,467	3,999,715	1,662,496	68,256
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	1,829,598	1,262,573	545,440	21,585
<b>20</b> Interest.	42,289,567	42,286,488	3,079	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	166,405,617	151,603,936	14,717,927	83,754
<b>23</b> Insurance.	24,106,491	21,445,783	2,660,708	
<b>24</b> 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):				
<b>a</b> OTHER PURCHASED SERVICES	977,708,245	916,281,052	50,603,712	10,823,481
<b>b</b> SUPPLIES	625,714,461	614,522,022	11,162,690	29,749
<b>c</b> HOSPITAL FEE PROGRAM	31,374,272	31,374,272	0	0
<b>d</b> LICENSE AND TAXES	9,607,403	7,242,712	2,364,691	0
<b>e</b> All other expenses	57,568,482	51,377,110	5,586,319	605,053
<b>25</b> Total functional expenses. Add lines 1 through 24e.	4,286,085,337	3,961,096,151	311,090,301	13,898,885
<b>26</b> 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 <input type="checkbox"/> 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 IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		20,752,620	<b>1</b>	900
	<b>2</b>	Savings and temporary cash investments . . . . .		553,297,017	<b>2</b>	465,140,037
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		627,756,183	<b>4</b>	695,209,257
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		6,000,000	<b>5</b>	7,453,000
	<b>6</b>	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	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		51,471,063	<b>8</b>	62,509,437
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		40,872,715	<b>9</b>	64,755,634
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 5,210,157,179			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b> 1,728,138,456	3,062,129,852	<b>10c</b>	3,482,018,723
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		1,788,891,318	<b>12</b>	2,008,269,371
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		239,518,327	<b>13</b>	236,276,500
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		555,725,219	<b>15</b>	529,052,336
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		6,946,414,314	<b>16</b>	7,550,685,195	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		570,437,395	<b>17</b>	766,158,908
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0
	<b>20</b>	Tax-exempt bond liabilities . . . . .		1,457,961,171	<b>20</b>	1,438,594,226
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		1,055,451,341	<b>25</b>	1,242,777,991
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		3,083,849,907	<b>26</b>	3,447,531,125
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		3,205,893,076	<b>27</b>	3,426,358,921
	<b>28</b>	Temporarily restricted net assets . . . . .		648,438,815	<b>28</b>	667,364,372
	<b>29</b>	Permanently restricted net assets . . . . .		8,232,516	<b>29</b>	9,430,777
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		3,862,564,407	<b>33</b>	4,103,154,070
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		6,946,414,314	<b>34</b>	7,550,685,195

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,743,157,393
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,286,085,337
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	457,072,056
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,862,564,407
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	20,148,529
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-236,630,922
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,103,154,070

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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		
<b>2a</b> 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
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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	
<b>3a</b> 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
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-6174066

**Name:** STANFORD HEALTH CARE

Form 990 (2018)

**Form 990, Part III, Line 4a:**

SEE SCHEDULE O

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			
SUSAN BECHTEL ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
WILLIAM BRODY ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
MARIANN BYERWALTER ..... DIRECTOR	2 0 ..... 3 0	X						0	0	0
JEFF CHAMBERS ..... DIRECTOR	2 0 ..... 12 0	X						0	0	0
BRET COMOLLI ..... DIRECTOR	2 0 ..... 2 0	X						0	0	0
ED DAMROSE MD ..... DIRECTOR	2 0 ..... 50 0	X						0	692,913	38,475
DONNA DUBINSKY ..... DIRECTOR (SEE SCHEDULE O)	2 0 ..... 0 0	X						0	0	0
DAVID ENTWISTLE ..... DIRECTOR/CEO	50 0 ..... 6 25	X		X				2,840,925	0	373,297
CHANDLER EVANS ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
KAYE FOSTER-CHEEK ..... DIRECTOR	2 0 ..... 2 0	X						0	0	0

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				
SAM GAMBHIR MD ..... DIRECTOR	2 0 ..... 50 0	X						0	883,420	57,571	
JOHN GOLDMAN ..... DIRECTOR	2 0 .....	X						0	0	0	
LORI GOLER ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0	
JOHN GUNN ..... VICE CHAIR	2 0 .....	X						0	0	0	
FRED HARMAN ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0	
ROBERT HARRINGTON MD ..... DIRECTOR (SEE SCHEDULE O)	2 0 ..... 51 0	X						0	985,892	59,317	
CECILIA HERBERT ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0	
JOEL HYATT ..... DIRECTOR (SEE SCHEDULE O)	2 0 ..... 0 0	X						0	0	0	
PAUL KING ..... DIRECTOR (SEE SCHEDULE O)	2 0 ..... 50 0	X						0	0	0	
CHARLES KOOB ..... DIRECTOR	2 0 ..... 1 0	X						0	0	0	

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			
LATA KRISHNAN ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
CHIEN LEE ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
MARK LESLIE ..... DIRECTOR	2 0 ..... 50 0	X						0	52,936	0
JOHN LEVIN ..... CHAIR	2 0 ..... 3 0	X						0	0	0
RANDALL LIVINGSTON ..... DIRECTOR	2 0 ..... 53 0	X						0	748,481	565,364
DENNIS LUND MD ..... DIRECTOR (SEE SCHEDULE O)	2 0 ..... 51 0	X						0	1,242,885	61,256
CHIP MCDONALD MD ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
SANJAY MEHROTRA ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
LINDA MEIER ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
LLOYD B MINOR MD ..... DIRECTOR	2 0 ..... 53 0	X						0	1,883,422	368,706



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			
MARGARET RAFFIN ..... DIRECTOR	2 0 ..... 1 0	X						0	0	0
CHRISTOPHER REDLICH ..... DIRECTOR (SEE SCHEDULE O)	2 0 ..... 0 0	X						0	0	0
NORMAN RIZK MD ..... DIRECTOR	2 0 ..... 51 0	X						0	1,144,192	41,203
MINDY ROGERS ..... DIRECTOR (SEE SCHEDULE O)	2 0 ..... 5 0	X						0	0	0
YIPING WOO MD ..... DIRECTOR (SEE SCHEDULE O)	2 0 ..... 50 0	X						0	2,500,473	98,911
QUINN MCKENNA ..... COO	50 0 ..... 3 0			X				1,501,697	0	192,016
LINDA HOFF ..... CFO	50 0 ..... 3 25			X				1,165,864	0	153,795
SHIRLEY WEBER ..... VP-CLINICAL OPERATIONS	50 0 ..... 0 0				X			437,062	0	50,467
ERIC YABLONKA ..... CHIEF INFORMATION OFFICER	50 0 ..... 0 0				X			1,077,590	0	105,882
SRIDHAR SESHADRI ..... VP CANCER CENTER & HEART CNTR	50 0 ..... 0 0				X			782,125	0	43,946

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			
DALE BEATTY ..... CNO & VP PATIENT CARE SERVICES	50 0 ..... 0 0				X			690,893	0	93,371
DAVID D JONES ..... VP & CHIEF HR OFFICER	50 0 ..... 0 0					X		820,250	0	119,843
JAMES MARTIN JR ..... VP - CONTROLLER	50 0 ..... 0 0					X		782,967	0	62,978
CATHERINE D KRNA ..... VP - AMBULATORY CARE & GI	50 0 ..... 25 0					X		688,300	0	104,988
JEFFREY DRIVER ..... VP & CHIEF RISK/ADMIN OFFICER	50 0 ..... 0 0					X		659,257	0	31,674
THOMAS KIM ..... VP-CHIEF MARKET DEVELOP OFF	50 0 ..... 0 25					X		587,911	0	63,303
DAVID CONNOR ..... FORMER CFO	50 0 ..... 0 5						X	536,112	0	18,074

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

STANFORD HEALTH CARE

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

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 12, check only one box )

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	52,627,380	20,436,017	28,574,427	44,851,782	35,789,010	182,278,616
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	<b>Total.</b> Add lines 1 through 3	52,627,380	20,436,017	28,574,427	44,851,782	35,789,010	182,278,616
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)						1,408,705
6	<b>Public support.</b> Subtract line 5 from line 4						180,869,911

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	52,627,380	20,436,017	28,574,427	44,851,782	35,789,010	182,278,616
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	116,813,575	72,355,460	88,221,042	41,050,785	53,677,508	372,118,370
9	Net income from unrelated business activities, whether or not the business is regularly carried on	172,262	0	0	0	0	172,262
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	<b>Total support.</b> Add lines 7 through 10						554,569,248
12	Gross receipts from related activities, etc. (see instructions)					12	19,764,379,564
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 32.615 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 36.309 %
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	<b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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		

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		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
3 By reason of the relationship described in (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		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <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 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. 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.		
3a		
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		
3b		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		



Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

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

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

<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b>	OMB No 1545-0047
	<b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b>	<b>2018</b>
Department of the Treasury Internal Revenue Service	<b>▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</b>	<b>Open to Public Inspection</b>

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

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

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

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

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

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

Name of the organization STANFORD HEALTH CARE	<b>Employer identification number</b> 94-6174066
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

**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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?	Yes		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?	Yes		30,362
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?	Yes		635,726
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		336,125
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		52,184
<b>i</b>	Other activities?	Yes		261,551
<b>j</b>	Total. Add lines 1c through 1i			1,315,948
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
LOBBYING ACTIVITIES INCLUDE	- SENDING LETTERS OR PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS, - MEETING WITH OR CALLING GOVERNMENT OFFICIALS OR LEGISLATORS, 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 FY19, SHC PAID DUES OF APPROXIMATELY \$1,194,995 TO THESE TRADE ASSOCIATIONS AND THE APPROXIMATE AMOUNT OF THE DUES SPENT ON LOBBYING PURPOSES WAS \$766,777. STANFORD HEALTH CARE WAS ACTIVE IN THE CAMPAIGN TO OPPOSE MEASURE F ON THE NOVEMBER 2018 PALO ALTO BALLOT. MEASURE F PURPORTED TO CONTROL AND REDUCE HEALTH CARE COSTS BUT WOULD HAVE FORCED HEALTH CARE PROVIDERS SUCH AS STANFORD HEALTH CARE TO CLOSE CERTAIN OPERATIONS AND CUTBACK SERVICES. STANFORD HEALTH CARE EDUCATED AND LOBBIED HEALTH CARE PROVIDERS, COMMUNITY LEADERS, ELECTED OFFICIALS, TRADE ASSOCIATIONS, PALO ALTO RESIDENTS, AND OTHERS TO JOIN THE COALITION TO OPPOSE MEASURE F. ACTIVITIES INCLUDED SPEAKING TO REGISTERED VOTERS, SPEAKING TO COMMUNITY GROUPS, SPEAKING TO ELECTED OFFICIALS, AND PROVIDING INPUT ON CAMPAIGN MATERIALS.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
STANFORD HEALTH CARE

Employer identification number  
94-6174066

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on 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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	22,215,001	20,710,182	18,616,809	18,359,232	17,984,715
b Contributions	1,198,000	88,889	250,000	200,000	1,725
c Net investment earnings, gains, and losses	1,301,214	1,797,203	2,207,201	470,094	791,299
d Grants or scholarships					
e Other expenditures for facilities and programs	361,657	381,273	363,828	412,517	418,507
f Administrative expenses					
g End of year balance	24,352,558	22,215,001	20,710,182	18,616,809	18,359,232

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

38 730 %

c

Temporarily restricted endowment

61 270 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)	Yes	
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,517,753		20,517,753
b Buildings		1,349,426,734	607,370,250	742,056,484
c Leasehold improvements		228,120,379	120,463,041	107,657,338
d Equipment		1,184,854,297	993,589,951	191,264,346
e Other		2,427,238,016	6,715,214	2,420,522,802
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,482,018,723

Schedule D (Form 990) 2018

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____ (A) MANAGED POOL	1,430,914,460	F
(B) OTHER INVESTMENTS	577,354,911	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	2,008,269,371	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1) SHORT TERM PORTFOLIO	399,639,070
(2) OTHER ASSETS	94,248,670
(3) PLEDGES RECEIVABLE	35,153,649
(4) ASSETS HELD BY TRUSTEE	10,947
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	529,052,336

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
OTHER LIABILITIES	957,853,945
SELF-INSURED RESERVES	134,814,898
DUE TO RELATED PARTIES	103,142,763
THIRD PARTY PAYOR LIABILITIES	29,918,385
PENSION LIABILITY	17,048,000
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	1,242,777,991

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

☒



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**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
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

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

**Supplemental Information**

Return Reference	Explanation
PART III, LINE 4	SHC MAINTAINS A COLLECTION OF DONATED ART FOR PUBLIC EXHIBITION AT HOSPITAL FACILITIES

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	<p>STANFORD HEALTH CARE'S (SHC) ENDOWMENT CONSISTS OF 22 INDIVIDUAL FUNDS WHICH ARE RESTRICTED TO PARTICULAR USES SHC HAS FUND TO SUPPORT MEDICAL DIRECTOR OF THE HOSPITAL'S CANCER CENTER CLINICAL SERVICES AND FUND TO SUPPORT MEDICAL DIRECTORSHIP OF DISASTER PREPAREDNESS SHC ALSO HAS FUNDS TO SUPPORT MUSIC PROGRAMS, EDUCATIONAL PROGRAMS, CHAPLAINCY PROGRAMS, CLINICAL PASTORAL EDUCATION PROGRAM IN SPIRITUAL CARE, PATIENT CARE, INDIGENT CARE, HEALTH LIBRARY TECHNOLOGY AND NURSING STAFF THAT CARE FOR CANCER PATIENTS TO ENHANCE THE EXPERIENCE &amp; WELLBEING OF CANCER PATIENTS</p>

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	FIN 48 SHC HAS NO UNCERTAIN TAX POSITIONS PERTAINING TO UNRELATED BUSINESS INCOME

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
STANFORD HEALTH CARE

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

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**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
See Add'l Data					
<b>3a</b> Sub-total					196,806
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					196,806

**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.

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

- 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 . . . . . ► \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	THE AMOUNTS LISTED IN COLUMN F ARE THE EXPENSES FOR STANFORD MEDICINE INTERNATIONAL (HONG KONG) CO , LIMITED AND STANFORD INTERNATIONAL MEDICAL SERVICES RAK FZE THE AMOUNT CONSISTS OF THE RESPECTIVE REGION'S ANNUAL HEALTHCARE SYMPOSIUM VENUE RENTAL FEE, HONG KONG TAX PREPARATION FEE, TRAVEL EXPENSE, AND MATERIAL SHIPPING FEE

**Additional Data**

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

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
East Asia and the Pacific			Program Services	PROMOTION OF HEALTH	191,937
Middle East and North Africa			Program Services	PROMOTION OF HEALTH	4,869

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

STANFORD HEALTH CARE

Employer identification number

94-6174066

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☐ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 400 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ 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

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1		19,603,958	410,320	19,193,638	0 450 %
b Medicaid (from Worksheet 3, column a)	1		548,599,017	295,193,753	253,405,264	5 910 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	2		568,202,975	295,604,073	272,598,902	6 360 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	69,734	5,828,798	47,454	5,781,344	0 130 %
f Health professions education (from Worksheet 5)	16	222	138,646,619	21,601,694	117,044,925	2 730 %
g Subsidized health services (from Worksheet 6)	1	409	6,458,832	5,354,890	1,103,942	0 030 %
h Research (from Worksheet 7)	1		1,405,639	0	1,405,639	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	28	34,402	84,224,076	215,659	84,008,417	1 960 %
j Total. Other Benefits	62	104,767	236,563,964	27,219,697	209,344,267	4 880 %
k Total. Add lines 7d and 7j	64	104,767	804,766,939	322,823,770	481,943,169	11 240 %

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

Cat No 50192T

Schedule H (Form 990) 2018

**Part II Community 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
<b>1</b> Physical improvements and housing	1		3,194		3,194	0 %
<b>2</b> Economic development	1		3,754		3,754	0 %
<b>3</b> Community support	1		3,059		3,059	0 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development	1	30	280,915		280,915	0 010 %
<b>9</b> Other						
<b>10 Total</b>	4	30	290,922		290,922	0 010 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	46,587,312	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	952,721,717
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	1,683,866,645
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-731,144,928
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

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

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

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

**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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE SECTION C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

STANFORD HEALTH CARE

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> 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	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 _____ % and FPG family income limit for eligibility for discounted care of 400 _____ %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input type="checkbox"/> Underinsurance discount			
<b>g</b> <input type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b>	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)			
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b>	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //STANFORDHEALTHCARE.ORG</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SAME AS ABOVE</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SAME AS ABOVE</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <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)			
<b>f</b> <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)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

STANFORD HEALTH CARE

**Name of hospital facility or letter of facility reporting group**

**17** Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .

	Yes	No
<b>17</b>	Yes	

**18** Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP

- ☐ **a** Reporting to credit agency(ies)  
☐ **b** Selling an individual's debt to another party  
☐ **c** Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  
☐ **d** Actions that require a legal or judicial process  
☐ **e** Other similar actions (describe in Section C)  
☒ **f** None of these actions or other similar actions were permitted

**19** Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .

<b>19</b>		No
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If "Yes," check all actions in which the hospital facility or a third party engaged

- ☐ **a** Reporting to credit agency(ies)  
☐ **b** Selling an individual's debt to another party  
☐ **c** Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  
☐ **d** Actions that require a legal or judicial process  
☐ **e** Other similar actions (describe in Section C)

**20** Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- ☐ **a** Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  
☒ **b** Made a reasonable effort to orally notify individuals about the FAP and FAP application process  
☒ **c** Processed incomplete and complete FAP applications  
☒ **d** Made presumptive eligibility determinations  
☐ **e** Other (describe in Section C)  
☐ **f** None of these efforts were made

**Policy Relating to Emergency Medical Care**

**21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .

<b>21</b>	Yes	
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If "No," indicate why

- ☐ **a** The hospital facility did not provide care for any emergency medical conditions  
☐ **b** The hospital facility's policy was not in writing  
☐ **c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)  
☐ **d** Other (describe in Section C)

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

STANFORD HEALTH CARE

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**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

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**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)
<b>1</b> STANFORD EMPLOYER HEALTH CLINIC AT CISCO 3571 N 1ST STREET SAN JOSE, CA 95134	STANFORD EMPL HEALTH CLINIC AT CISCO
<b>2</b> STANFORD EMP HEALTH CLINIC AT QUALCOMM 5535 MOREHOUSE DRIVE SAN DIEGO, CA 92121	STANFORD EMP HEALTH CLINIC AT QUALCOMM
<b>3</b> STANFORD EMP HEALTH CLINIC AT QUALCOMM 10155 PACIFIC CENTER DRIVE SAN DIEGO, CA 92121	STANFORD EMP HEALTH CLINIC AT QUALCOMM
<b>4</b> STANFORD EMP HEALTH CLINIC AT YAHOOOATH 701 FIRST AVENUE BUILDING B SUNNYVALE, CA 94089	STANFORD EMP HEALTH CLINIC AT YAHOO/OATH
<b>5</b> STANFORD EMP HEALTH CLINIC AT QUALCOMM 1650 TECHNOLOGY DRIVE SAN JOSE, CA 95110	STANFORD EMP HEALTH CLINIC AT QUALCOMM
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 6A	YES, STANFORD HEALTH CARE PREPARED A COMMUNITY BENEFIT REPORT DURING THE 2018 TAX YEAR PART I, LINE 7E COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS TOTALLED \$5,781,344 IN FY19
PART I, LINE 7F	HEALTH PROFESSIONS EDUCATION CONTRIBUTIONS FOR COMMUNITY BENEFIT TOTALLED \$117,044,925 IN FY19 THE HEALTH PROFESSIONS EDUCATION PROGRAM CONSISTS OF FIVE PROGRAMS - MEDICAL STUDENT, RESIDENT, AND FELLOWS TRAINING STUDENT TRAINING PROGRAMS INCLUDED ALL PRIMARY AND SPECIALTY PROGRAMS - NURSE STUDENT TRAINING - ALLIED HEALTH PROFESSIONS TRAINING, INCLUDING - CLINICAL LABORATORY - CLINICAL NUTRITION - NUCLEAR MEDICINE - PARAMEDIC/EMERGENCY MEDICAL TECHNICIAN (EMT) - PHARMACY - PSYCHOLOGY - RADIOLOGY - REHABILITATION SERVICES - RESPIRATORY CARE SERVICES - OTHER HEALTH PROFESSIONS EDUCATION, INCLUDING - CONTINUING EDUCATION FOR SOCIAL WORK PROFESSIONALS AND SENIOR CARE PROVIDERS - CLINICAL PASTORAL EDUCATION STUDENTS, FROM A RANGE OF RELIGIOUS TRADITIONS, ENROLL IN THIS PROGRAM TO PREPARE FOR A CAREER IN CHAPLAINCY OR RECEIVE CONTINUING EDUCATION IN PASTORAL/SPIRITUAL CARE UPON COMPLETION OF THIS YEAR-LONG PROGRAM, STUDENTS USE THEIR TRAINING AS CLERGY TO PROVIDE EFFECTIVE SPIRITUAL CARE TO INDIVIDUALS AND FAMILIES FACING HEALTH CHALLENGES, INCLUDING DEATH, DYING, AND BEREAVEMENT

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES CONTRIBUTIONS TOTALED \$1,103,942 IN FY19 STANFORD HEALTH CARE SUBSIDIZED HEALTH SERVICES INCLUDES THE STANFORD LIFE FLIGHT PROGRAM HELICOPTER TRANSPORT OF CRITICALLY ILL AND INJURED ADULT, PEDIATRIC, AND NEONATAL PATIENTS TO DEFINITIVE CARE, REGARDLESS OF THE PATIENT'S ABILITY TO PAY PART I, LINE 7H RESEARCH CONTRIBUTIONS TOTALED \$1,405,639 IN FY19 STANFORD HEALTH CARE'S OFFICE OF RESEARCH IS STAFFED BY RESEARCH SCIENTISTS AND COORDINATORS, CONDUCTS RESEARCH STUDENTS AND CLINICAL TRIALS TO IMPROVE CARE DELIVERY AND HEALTH OUTCOMES ACROSS THE HEALTH CARE FIELD RESEARCH INITIATIVES INCLUDED - REFINING STROKE DIAGNOSIS AND TREATMENT PROTOCOLS FOR EMERGENCY MANAGEMENT PERSONNEL AND STREAMLINING STROKE TREATMENT REFERRALS - HEALTHCARE CON AN INTERDISCIPLINARY CONFERENCE DEVELOPED TO DISSEMINATE THE LATEST IN RESEARCH, INNOVATION, QUALITY AND EVIDENCE-BASED HEALTHCARE IMPROVEMENT PROJECTS
PART I, LINE 7I	CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY BENEFIT TOTALED \$84,008,417 IN FY19

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, LINE 1	PHYSICAL IMPROVEMENTS AND HOUSING SHC SPONSORED THE 2019 REBUILDING TOGETHER PENINSULA DAY, WHICH SUPPORTED VOLUNTEER EFFORTS TO PROVIDE HOUSING IMPROVEMENTS TO A LOW-INCOME FAMILY HOUSING IMPROVEMENTS, INCLUDING PAINTING THE HOUSE, LANDSCAPING, ROOF REPAIRS, AND INSTALLATION OF WINDOW SECURITY BARS PART II, LINE 2 ECONOMIC DEVELOPMENT SHC PARTICIPATES IN LOCAL ECONOMIC DEVELOPMENT ACTIVITIES THROUGH THE REDWOOD CITY CHAMBER OF COMMERCE THESE ACTIVITIES ARE FOCUSED ON UNDERSERVED RESIDENTS AND/OR IMPROVING THE SOCIAL DETERMINANTS OF HEALTH ACROSS REDWOOD CITY
PART II, LINE 3	COMMUNITY SUPPORT SHC'S OFFICE OF EMERGENCY MANAGEMENT (OEM) PLAYS A KEY ROLE IN DISASTER PLANNING FOR THE COMMUNITY THROUGH OEM, SHC COLLABORATES WITH LOCAL MUNICIPALITIES, COUNTY GOVERNMENT, AND OTHER HOSPITALS TO COORDINATE PLANNING, MITIGATION, REPOSE, AND RECOVERY ACTIVITIES FOR EVENTS THAT COULD ADVERSELY IMPACT THE COMMUNITY THE GOAL OF THESE ACTIVITIES IS TO MINIMIZE THE IMPACT ON LIFE, PROPERTY, AND THE ENVIRONMENT FROM CATASTROPHIC EVENTS SUCH AS PANDEMIC FLU, EARTHQUAKES, AND OTHER DISASTERS OEM WORKS WITH EMERGENCY MEDICAL SERVICES IN BOTH SAN MATEO AND SANTA CLARA COUNTIES ON JOINT DISASTER EXERCISES, DISASTER PLANNING AND MITIGATION, AND BEST PRACTICES OEM PROVIDES 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 ALWAYS SERVICE-READY

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, LINE 8	<p>WORKFORCE DEVELOPMENT STANFORD MEDICINE YOUTH SCIENCE PROGRAM IS A FIVE-WEEK SCIENCE AND MEDICINE-BASED ENRICHMENT PROGRAM THAT TAKE PLACE ANNUALLY AND IS OPEN TO LOW-INCOME, ETHNICALLY DIVERSE HIGH SCHOOL SOPHOMORES AND JUNIORS THE GOALS OF THE PROGRAM ARE TO PROMOTE THE REPRESENTATION OF ETHNIC MINORITY AND LOW-INCOME GROUPS IN THE HEALTH PROFESSIONS SHC STAFF MENTOR STUDENTS IN A VARIETY OF DEPARTMENTS, INCLUDING ORTHOPEDICS, PHARMACY, LIFE FLIGHT, PHYSICAL THERAPY, EMERGENCY PART III, LINE 2 &amp; 4 THE ESTIMATES OF CONTRACTUAL ADJUSTMENTS ARE DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, DISCOUNT POLICY, AND HISTORICAL COLLECTION EXPERIENCE THE PROCESS FOR ESTIMATING THE ULTIMATE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLES INVOLVED HISTORICAL COLLECTION EXPERIENCE, CHANGES IN CONTRACTS WITH PAYORS, AND SIGNIFICANT ASSUMPTIONS AND JUDGEMENT THE ACCOUNT BALANCES ARE WRITTEN OFF AS AN IMPLICIT PRICING CONCESSION WHEN MANAGEMENT BELIEVES IT IS PROBABLE THE RECEIVABLE WILL NOT BE RECOVERED</p>
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 2018 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>



**990 Schedule H, Supplemental Information**

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
PART VI, LINE 2	NEEDS ASSESSMENT LOCAL COLLABORATIVES WERE FORMED IN SAN MATEO AND SANTA CLARA COUNTIES FOR IDENTIFYING AND ADDRESSING CRITICAL HEALTH NEEDS OF THE COMMUNITY THESE COLLABORATIVES ARE GROUPS OF ORGANIZATIONS THAT INCLUDE NONPROFIT HOSPITALS, PUBLIC HEALTH DEPARTMENTS AND OTHER COMMUNITY ORGANIZATIONS BETWEEN 2018 AND 2019, SHC WORKED TOGETHER WITH THESE COLLABORATIVES TO CONDUCT AN EXTENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), WHICH MEETS ALL REQUIREMENTS OF THE CALIFORNIA STATE SENATE BILL 697 AS WELL AS IRS REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGIES PURSUANT TO THE 2010 AFFORDABLE CARE ACT (SECTION 1 501(R){3}) THROUGH THIS PROCESS, THE COLLABORATIVES COMPILED STATISTICAL DATA AND PROVIDED COMPARISONS AGAINST HEALTHY PEOPLE 2020 BENCHMARKS WHERE HEALTHY PEOPLE 2020 BENCHMARKS WERE NOT AVAILABLE, STATEWIDE AVERAGES AND RATES WERE USED AS BENCHMARKS THE COLLABORATIVES CONDUCTED PRIMARY RESEARCH USING THREE STRATEGIES FOR COLLECTING COMMUNITY INPUT INTERVIEWS WITH HEALTH EXPERTS, FOCUS GROUPS WITH COMMUNITY LEADERS AND STAKEHOLDERS, AND RESIDENT FOCUS GROUPS TO PROVIDE A VOICE TO THE COMMUNITY, AND IN ALIGNMENT WITH THE IRS REGULATIONS, THE FOCUS GROUPS TARGETED RESIDENTS WHO ARE MEDICALLY UNDERSERVED, IN POVERTY, AND OF MINORITY POPULATIONS IN SANTA CLARA COUNTY, THE COLLABORATIVE GATHERED FURTHER COMMUNITY INPUT THROUGH AN ONLINE SURVEY THE SURVEY ASKED PARTICIPANTS TO RANK A LIST OF HEALTH NEEDS IN SANTA CLARA COUNTY AND INVITED THEM TO ADD OTHER NEEDS TO THE LIST SURVEY PARTICIPANTS ALSO CONTRIBUTED INFORMATION ABOUT THE CURRENT ASSETS AND RESOURCES AVAILABLE TO MEET HEALTH NEEDS THIS DATA COLLECTION WAS SYNTHESIZED AND PRODUCED A LIST OF 6 SIGNIFICANT HEALTH NEEDS ACROSS STANFORD HEALTH CARE'S SERVICE AREA OF SANTA CLARA AND SAN MATEO COUNTIES THE STANFORD HEALTH CARE COMMUNITY PARTNERSHIP PROGRAM STEERING COMMITTEE PRIORITIZED THE LIST OF SIGNIFICANT HEALTH NEEDS BY APPLYING THE FOLLOWING CRITERIA - CLEAR DISPARITIES OR INEQUITIES RECOGNIZABLE DIFFERENCES EXIST IN HEALTH OUTCOMES AMONG SUBGROUPS OF PEOPLE (BASED ON GEOGRAPHY, LANGUAGE, ETHNICITY, CULTURE, CITIZENSHIP STATUS, ECONOMIC STATUS, SEXUAL ORIENTATION, AGE, GENDER, OR OTHER FACTORS) - COMMUNITY PRIORITY THE HIGH FREQUENCY WITH WHICH THE COMMUNITY PRIORITIZED THE ISSUE OVER OTHERS IT EXPRESSED CONCERN ABOUT DURING THE CHNA PRIMARY DATA COLLECTION PROCESS - MULTIPLIER EFFECT A SUCCESSFUL SOLUTION TO THE HEALTH NEED HAS THE POTENTIAL TO SOLVE MULTIPLE PROBLEMS (FOR EXAMPLE, IF OBESITY RATES DECLINE, HEART ATTACK RATES MAY TOO ) - OPPORTUNITY TO LEVERAGE COLLABORATIVES FOR IMPACT THERE'S AN OPPORTUNITY TO COLLABORATE WITH EXISTING PARTNERS WORKING TO ADDRESS THE NEED, OR TO BUILD ON CURRENT PROGRAMS, EMERGING OPPORTUNITIES, OR OTHER COMMUNITY ASSETS FIVE OF THE 21 SIGNIFICANT HEALTH NEEDS ACROSS SANTA CLARA AND SAN MATEO COUNTIES MET ALL FIVE PRIORITIZATION CRITERIA THESE FIVE HEALTH NEEDS ARE ACCESS & DELIVERY OF CARE, BEHAVIORAL HEALTH, CANCER, COMMUNICABLE DISEASES, AND OBESITY & DIABETES STRATEGIES TO ADDRESS THESE FIVE HEALTH NEEDS WERE INCLUDED IN THE 2017-2019 SHC IMPLEMENTATION STRATEGY, WHICH CAN BE FOUND HERE <a href="https://stanfordhealthcare.org/content/dam/shc/about-us/public-services-and-community-partnerships/docs/shc-fy17-19-is-final-with-cover-pdf">HTTPS //STANFORDHEALTHCARE.ORG/CONTENT/DAM/SHC/ABOUT-US/PUBLIC-SERVICES-AN D-COMMUNITY-PARTNERSHIPS/DOCS/SHC-FY17-19-IS-FINAL-WITH-COVER PDF</a> PLEASE NOTE THAT LINK MUST BE ENTERED IN LOWER CASE LETTERS IN URL

**990 Schedule H, Supplemental Information**

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 PROGRAM'S AVAILABILITY AND THEIR POTENTIAL ELIGIBILITY FOR ASSISTANCE BROCHURES AND SIGNAGE ARE CONSPICUOUSLY DISPLAYED AT ALL CARE DELIVERY LOCATIONS WITH INSTRUCTION ON WHERE TO LOCATE ADDITIONAL INFORMATION ON ELIGIBILITY FOR FINANCIAL ASSISTANCE FINANCIAL ASSISTANCE APPLICATIONS, AND INSTRUCTIONS ON HOW TO APPLY ARE ALSO AVAILABLE ON THE SHC WEBSITE, VIA MAIL, AND IN ALL SHC CARE DELIVERY LOCATIONS
PART VI, LINE 4	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, DUE TO ITS LOCATION IN PALO ALTO, ON THE NORTHERN END OF SANTA CLARA COUNTY AND BORDERING SAN MATEO COUNTY, THE MAJORITY OF SHC'S PATIENTS (APPROXIMATELY 51%) ARE RESIDENTS OF SAN MATEO AND SANTA CLARA COUNTIES THEREFORE, FOR THE PURPOSES OF ITS COMMUNITY BENEFIT PROGRAM, SHC HAS IDENTIFIED THESE TWO COUNTIES AS ITS TARGET COMMUNITY SHC MAINTAINS A STRONG COMMITMENT TO THE HEALTH OF ITS COMMUNITY MEMBERS AND DEDICATES CONSIDERABLE RESOURCES TO SUPPORT ITS COMMUNITY BENEFIT PROGRAM IN 2016, APPROXIMATELY 1.9 MILLION RESIDENTS LIVED IN SANTA CLARA COUNTY SAN MATEO COUNTY IS FAR SMALLER WITH APPROXIMATELY 765,000 RESIDENTS IN 2016 THE ETHNIC MAKE-UP OF BOTH COUNTIES IS APPROXIMATELY 60% WHITE, 33% ASIAN, 25% HISPANIC/LATINO, AND 3% BLACK/AFRICAN-AMERICAN THE ASIAN PACIFIC ISLANDER POPULATION IS GREATER IN SAN MATEO COUNTY (2%) THAN IN SANTA CLARA COUNTY (0.5%) MORE THAN ONE-THIRD OF RESIDENTS IN BOTH COUNTIES ARE FOREIGN-BORN THE FEDERAL POVERTY LINE (FPL) IS THE TRADITIONAL MEASURE OF POVERTY IN A COMMUNITY UNFORTUNATELY, THE FPL DOES NOT TAKE INTO CONSIDERATION LOCAL CONDITIONS SUCH AS THE HIGH COST OF LIVING IN THE SAN FRANCISCO BAY AREA AS SUCH, THE CALIFORNIA SELF-SUFFICIENCY STANDARD (CASSS) IS A BETTER ESTIMATE OF ECONOMIC STABILITY IN BOTH COUNTIES CASSS CITES THAT APPROXIMATELY 30% OF HOUSEHOLDS ACROSS SCC AND SMC IN 2018 WERE UNABLE TO MEET THEIR BASIC NEEDS FOR A SINGLE PARENT WITH 2 CHILDREN, CASSS ESTIMATES THAT AN ANNUAL INCOME OF \$107,000 IN SCC AND \$126,000 IN SMC WAS NECESSARY TO MEET BASIC NEEDS WHILE MINIMUM WAGE WAS \$13.00 (SCC) AND \$13.50 (SMC) PER HOUR IN 2018, TO MEET THE CASSS ESTIMATE AN HOURLY WAGE OF \$50 (SCC) AND \$60 (SMC) WAS REQUIRED LASTLY, CASSS REPORTS A 25% INCREASE IN THE COST OF LIVING ACROSS BOTH COUNTIES BETWEEN 2015 AND 2018 UNFORTUNATELY, THE BUREAU OF LABOR STATISTICS CITES ONLY A 4% PER YEAR AVERAGE INCREASE IN WAGES ACROSS THE SAN JOSE-SAN FRANCISCO-OAKLAND METROPOLITAN AREA DURING THE 2015-2018 TIME IN 2018, INSIGHT PUBLISHED THE COST OF BEING CALIFORNIAN, WHICH CITES SIGNIFICANT INCOME, ETHNIC, AND GENDER DISPARITIES EXIST ACROSS CALIFORNIA THE KEY FINDINGS OF THE COST OF BEING CALIFORNIA REPORT, INCLUDE - CALIFORNIA (CA) HOUSEHOLDS OF COLOR ARE TWICE AS LIKELY AS WHITE HOUSEHOLDS TO LACK ADEQUATE INCOME TO MEET THEIR BASIC NEEDS - 52% OF LATINO CA HOUSEHOLDS ARE STRUGGLING TO GET BY VS 23% OF WHITE HOUSEHOLDS - CA HOUSEHOLDS OF COLOR MAKE UP 57% OF ALL CALIFORNIA HOUSEHOLDS, BUT CONSTITUTE 72% OF HOUSEHOLDS THAT FALL BELOW THE CASSS - WOMEN IN CA ARE MORE ECONOMICALLY DISADVANTAGED THAN MEN ACROSS MANY FACTORS, INCLUDING LOWER PAY, TAKING UNPAID TIME TO CARE FOR CHILDREN OR FAMILY MEMBERS, UNDEREMPLOYMENT, AND OCCUPATIONAL SEGREGATION - HAVING CHILDREN NEARLY DOUBLES THE CHANCE OF LIVING BELOW CASSS - POLICY CHANGE TO INCREASE WAGES, INSTITUTE COMPREHENSIVE PAID FAMILY LEAVE, CURB RISING HOUSING COSTS, AND ESTABLISH UNIVERSAL CHILD CARE ARE NEEDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH STANFORD HEALTH CARE MAKES ANNUAL COMMUNITY INVESTMENT GRANTS TO COMMUNITY NONPROFITS WORKING ON SIGNIFICANT HEALTH NEEDS AS DETERMINED BY THE MOST RECENT CHNA IN ADDITION, THE HOSPITAL MAKES SIGNIFICANT INVESTMENTS THAT PROMOTE THE HEALTH OF THE COMMUNITY THESE PROGRAMS ARE FULLY DESCRIBED IN THE FY2019 COMMUNITY BENEFIT REPORT AND IMPLEMENTATION PLAN FILED JANUARY 2020 WITH THE STATE OF CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT A THOROUGH ACCOUNTING OF THE HOSPITAL'S EFFORTS TO PROMOTE COMMUNITY HEALTH CAN BE READ IN THE REPORT, WHICH IS AVAILABLE AT <a href="https://stanfordhealthcare.org/about-us/community-partnerships.html">HTTPS //STANFORDHEALTHCARE.ORG/ABOUT-US/COMMUNITY-PARTNERSHIPS.HTML</a> PLEASE NOTE THAT LINK MUST BE ENTERED IN LOWER CASE LETTERS IN URL BELOW IS A LISTING OF STANFORD HEALTH CARE'S SERVICES AND ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITY WE SERVE HEALTH PROFESSIONS EDUCATION THE HOSPITAL IS A MAJOR EMPLOYER IN THE COMMUNITY IT SERVES AND, AS AN ACADEMIC MEDICAL CENTER, INVESTS SIGNIFICANTLY IN TRAINING THE HEALTH CARE PROFESSIONALS OF THE FUTURE THE HOSPITAL IS A MAJOR PROVIDER OF TRAINING FOR RESIDENT PHYSICIANS, FELLOWS AND MEDICAL STUDENTS, NURSES, AND ALLIED HEALTH PROFESSIONS FROM AROUND THE REGION FROM VARIOUS ORGANIZATIONS COMMUNITY HEALTH IMPROVEMENT THE HOSPITAL CONDUCTS MULTIPLE PROGRAMS THAT ARE OFFERED AT NO COST TO COMMUNITY MEMBERS AND SEEKS TO IMPROVE THE HEALTH AND HEALTH KNOWLEDGE OF THE COMMUNITY THESE ACTIVITIES INCLUDE CLINICAL TRIALS INFORMATION AND ENROLLMENT SERVICES, HEALTH INSURANCE ENROLLMENT SERVICES FOR LOW-INCOME ADULTS AND CHILDREN, COMMUNITY HEALTH EDUCATIONS PROGRAMS, SUPPORTIVE CARE PROGRAMS FOR CANCER AND NEUROSCIENCE PATIENTS, AND ONGOING RESEARCH IN THE AREAS OF CARE DELIVERY AND QUALITY IMPROVEMENT COMMUNITY BUILDING ACTIVITIES THE HOSPITAL PARTICIPATES IN A MYRIAD OF COMMUNITY BUILDING ACTIVITIES THAT SEEK TO IMPROVE THE COMMUNITY'S HEALTH AND SAFETY THESE SERVICES AND ACTIVITIES ARE EITHER PROVIDED BY THE HOSPITAL ITSELF OR INVOLVE SUPPORT FOR COMMUNITY ORGANIZATIONS WORKING IN THE AREAS OF POVERTY, HOMELESSNESS, ECONOMIC DEVELOPMENT, ETC HOSPITAL LEADERSHIP ALSO VOLUNTEERS THEIR EXPERTISE ON MULTIPLE COMMUNITY NONPROFIT BOARDS WORKING TO IMPROVE THE HEALTH OF THE COMMUNITY THE HOSPITAL ALSO SUPPORTS LOCAL EMERGENCY MANAGEMENT EFFORTS, SUPPORTS ECONOMIC AND WORKFORCE DEVELOPMENT IN THE REGION, AND ADVOCATES FOR COMMUNITY HEALTH ISSUES ACADEMIC MEDICAL CENTER RESEARCH STANFORD HEALTH CARE IS PART OF STANFORD UNIVERSITY SCHOOL OF MEDICINE, THE WEST COAST'S OLDEST MEDICAL SCHOOL AND WORLDWIDE LEADER IN PATIENT CARE, EDUCATION, RESEARCH, AND INNOVATION STANFORD HEALTH CARE IS PROUD TO BE THE PRIMARY TEACHING HOSPITAL OF STANFORD UNIVERSITY SCHOOL OF MEDICINE-ONE OF THE TOP RANKED ACADEMIC MEDICAL INSTITUTIONS IN THE COUNTRY THROUGHOUT HISTORY, STANFORD UNIVERSITY SCHOOL OF MEDICINE HAS BEEN HOME TO CUTTING-EDGE MEDICAL ADVANCES, INCLUDING THE FIRST SUCCESSFUL ADULT HUMAN HEART TRANSPLANT IN THE COUNTRY AND THE FIRST COMBINED HEART-LUNG TRANSPLANT IN THE WORLD STANFORD HEALTH CARE FUNDS ONGOING RESEARCH THROUGH STANFORD UNIVERSITY SCHOOL OF MEDICINE THAT SEEKS TO IMPROVE THE HEALTH OF OUR COMMUNITY</p>
PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM IN MAY 2015, THE HOSPITAL COMMITTEE FOR THE LIVERMORE-PLEASANTON AREAS (VCHS) BECAME AN AFFILIATE OF STANFORD HEALTH CARE (SHC) VCHS PARTNERS WITH SHC TO SERVE THE EAST BAY'S TRI-VALLEY REGION OF LIVERMORE, DUBLIN AND PLEASANTON VCHS'S FACILITIES IN LIVERMORE, DUBLIN AND PLEASANTON INCLUDE VALLEY MEDICAL CENTER, EMERGENCY SERVICES AND TWO URGENT CARE CENTERS VCHS ALLOWS SHC TO EXPAND ITS PRESENCE IN THE CRITICAL TRI-VALLEY AREA BY PARTNERING WITH A HIGH QUALITY, HIGH VALUE COMMUNITY HOSPITAL VCHS WILL PARTICIPATE IN ALL THREE OF SHC'S MISSIONS BY PROVIDING SHC'S LEADING EDGE CLINICAL CARE IN THE VCHS COMMUNITY, TRAINING FUTURE MEDICAL LEADERS THROUGH RESIDENCY ROTATIONS AND OTHER ACADEMIC PURSUITS, AND PROVIDING THE TRI-VALLEY AREA INCREASED ACCESS TO CLINICAL TRIALS FOR LIFE-SAVING TREATMENTS IN ADDITION, SHC'S GROWING EXPERTISE IN POPULATION AND PRECISION HEALTH WILL BE LEVERAGED TO SERVE THIS COMMUNITY</p>

990 Schedule H, Supplemental Information	
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 Schedule H, Part V Section A. Hospital Facilities

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	STANFORD HEALTH CARE 300 PASTEUR DRIVE STANFORD, CA 94305 HTTP //STANFORDHEALTHCARE.ORG 070000662	X	X		X			X			

**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	<p>THE CHNA ASSESSED COMMUNITY HEALTH NEEDS BY GATHERING INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THESE PERSONS INCLUDED LOCAL PUBLIC HEALTH DEPARTMENTS, THOSE WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME INDIVIDUALS, MINORITY POPULATIONS, AND PROFESSIONALS WHOSE ORGANIZATIONS SERVE OR REPRESENT THE INTERESTS OF THOSE POPULATIONS INPUT WAS GATHERED THROUGH KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND ONLINE SURVEY (SANTA CLARA COUNTY ONLY) IN ADDITION TO THIS PRIMARY QUALITATIVE INPUT, QUANTITATIVE DATA WAS ANALYZED TO IDENTIFY POOR HEALTH OUTCOMES, HEALTH DISPARITIES, AND HEALTH TRENDS THIS DATA AND INPUT GATHERING OCCURRED OVER SEVEN MONTHS IN 2018 NAMES OF COMMUNITY ORGANIZATIONS PROVIDING INPUT &amp; POPULATION REPRESENTED (SANTA CLARA COUNTY) - SANTA CLARA COUNTY PUBLIC HEALTH DEPT SANTA CLARA COUNTY RESIDENTS, INCLUDING THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITIES - SANTA CLARA COUNTY DENTAL SOCIETY MEDICALLY UNDERSERVED - PROJECT CORNERSTONE MEDICALLY UNDERSERVED - COMMUNITY SOLUTIONS MEDICALLY UNDERSERVED - SECOND HARVEST FOOD BANK OF SILICON VALLEY LOW INCOME - SOMOS MAYFAIR MINORITY, LOW INCOME - PRIVATE PRACTICE PHYSICIAN, PETER R COELHO, MD LOW INCOME - COMMUNITY HEALTH PARTNERSHIP LOW INCOME - NORTEAST MEDICAL SERVICES LOW INCOME - ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT LOW INCOME, MINORITY - INDIAN HEALTH CENTER LOW INCOME - SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY LOW INCOME - PLANNED PARENTHOOD MAR MONTE LOW INCOME - GARDNER FAMILY HEALTH LOW INCOME - RAVENSWOOD FAMILY HEALTH CENTER LOW INCOME - VALLEY HOMELESS CLINIC LOW INCOME - MEDICAL RESPITE PROGRAM LOW INCOME - HOMELESS RESPONSE TEAM LOW INCOME - HOME FIRST LOW INCOME - SANTA CLARA COUNTY BEHAVIORAL HEALTH MEDICALLY UNDERSERVED - CAMINAR/FAMILY AND CHILDREN SERVICES MEDICALLY UNDERSERVED - PATHWAYS SOCIETY MEDICALLY UNDERSERVED - MISSION STREET SLEEPING CENTER MEDICALLY UNDERSERVED - PRIVATE PRACTICE LMFT MEDICALLY UNDERSERVED - EL CAMINO HOSPITAL LOW INCOME, MEDICALLY UNDERSERVED - STANFORD HEALTH CARE LOW INCOME - THE HEALTH TRUST LOW INCOME - COMMUNITY SERVICES AGENCY OF MOUNTAIN VIEW AND LOS ALTOS LOW INCOME - STANFORD UNIVERSITY LOW INCOME - SANTA CLARA COUNTY SOCIAL SERVICES AGENCY LOW INCOME - FIRST 5 MINORITY - SANTA CLARA COUNTY VIOLENCE PREVENTION MINORITY - FOOTHILL COMMUNITY HEALTH CENTER MINORITY - CITY OF SAN JOSE, MAYORS GANG PREVENTION TASKFORCE MINORITY - CITY OF SAN JOSE, PARKS AND RECREATION MINORITY - HEALTHIER KIDS FOUNDATION MEDICALLY UNDERSERVED - ALMADEN VALLEY COUNSELING MEDICALLY UNDERSERVED - CITY OF SUNNYVALE MEDICALLY UNDERSERVED - CHILDRENS HEALTH ADVISORY COUNCIL MEDICALLY UNDERSERVED - MOUNTAIN VIEW/LOS ALTOS SCHOOL DISTRICT MEDICALLY UNDERSERVED - POSSO CLIENTS/SANTA CLARA COUNTY LOW INCOME SENIOR RESIDENTS MEDICALLY UNDERSERVED, LOW INCOME, MINORITY - AVENIDAS CLIENTS/SANTA CLARA COUNTY MID-INCOME SENIOR RESIDENTS MEDICALLY UNDERSERVED, LOW INCOME NAMES OF COMMUNITY ORGANIZATIONS PROVIDING INPUT &amp; POPULATION</p>

**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	<p>ATION REPRESENTED (SAN MATEO COUNTY) - SAN MATEO COUNTY PUBLIC HEALTH DEPARTMENT SAN MATEO COUNTY RESIDENTS, INCLUDING THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITIES - SAN M ATEO COUNTY HEALTH SYSTEM MEDICALLY UNDERSERVED, LOW INCOME, MINORITIES - SECOND HARVEST F OOD BANK OF SILICON VALLEY LOW INCOME - BOYS AND GIRLS CLUB OF THE COASTSIDE LOW INCOME, M INORITY - MID-PENINSULA BOYS AND GIRLS CLUB LOW INCOME, MEDICALLY UNDERSERVED, MINORITY - ADOLESCENT COUNSELING SERVICES MEDICALLY UNDERSERVED - SAN MATEO COUNTY ORAL HEALTH C ION MEDICALLY UNDERSERVED - SEQUOIA UNION HIGH SCHOOL DISTRICT MEDICALLY UNDERSERVED - AFR ICAN AMERICAN COMMUNITY HEALTH ADVISORY COMMITTEE MEDICALLY UNDERSERVED, MINORITY - HEALTH PLAN OF SAN MATEO MEDICALLY UNDERSERVED - PUENTE DE LA COSTA SUR LOW INCOME, MEDICALLY UN DERSERVED, MINORITY - FIRST 5 LOW INCOME - DALY CITY YOUTH HEALTH CENTER MEDICALLY UN DERSE RVED - MIDPEN HOUSING LOW INCOME - STANFORD UNIVERSITY MEDICALLY UNDERSERVED - NORTH EAST MEDICAL SERVICES MEDICALLY UNDERSERVED - SAN MATEO COUNTY OFFICE OF EDUCATION MEDICALLY UN DERSERVED - ABODE SERVICES LOW INCOME, MEDICALLY UNDERSERVED - SAN MATEO COUNTY HUMAN SERV ICES AGENCY LOW INCOME, MEDICALLY UNDERSERVED - LIFEMOVES LOW INCOME, MEDICALLY UNDERSERVE D - SAMARITAN HOUSE LOW INCOME, MEDICALLY UNDERSERVED - COASTSIDE HOPE LOW INCOME, MEDICAL LY UNDERSERVED - EL CONCILIO OF SAN MATEO COUNTY LOW INCOME, MEDICALLY UNDERSERVED - WEHOP E LOW INCOME, MEDICALLY UNDERSERVED - DALY CITY PARTNERSHIP LOW INCOME, MEDICALLY UNDERSER VED - STARVISTA LOW INCOME, MEDICALLY UNDERSERVED - HOME AND HOPE LOW INCOME, MEDICALLY UN DERSERVED - FAIR OAKS COMMUNITY CENTER LOW INCOME, MEDICALLY UNDERSERVED - RAPE TRAUMA SER VICES LOW INCOME, MEDICALLY UNDERSERVED - SAN BRUNO POLICE DEPARTMENT LOW INCOME, MEDICALL Y UNDERSERVED - SAN MATEO COUNTY DISTRICT ATTORNEYS OFFICE LOW INCOME, MEDICALLY UNDERSERV ED - CHILDREN &amp; FAMILY SERVICES LOW INCOME, MEDICALLY UNDERSERVED - SAN MATEO COUNTY LOW I NCOME, MEDICALLY UNDERSERVED - SAN MATEO COUNTY OFFICE OF EDUCATION LOW INCOME, MEDICALLY UNDERSERVED - CITY OF CARLOS PARKS AND RECREATION LOW INCOME - MEALS ON WHEELS LOW INCOME - HICAP OF SAN MATEO COUNTY LOW INCOME - MISSION HOSPICE LOW INCOME - BELMONT LIBRARY LOW INCOME - LESLEY SENIOR COMMUNITIES LOW INCOME - SYNGERY HOMECARE LOW INCOME - PENINSULA FA MILY SERVICES LOW INCOME - HIP HOUSING LOW INCOME - SENIOR ASSIST OF THE PENINSULA LOW INC OME - SEQUOIA HOSPITAL LOW INCOME - THE VILLAGES OF SAN MATEO COUNTY CLIENTS/SAN MATEO COU NTY LOW INCOME SENIOR RESIDENTS LOW INCOME - PENINSULA FAMILY SERVICES AGENCY CLIENTS/SAN MATEO COUNTY SPANISH-SPEAKING SENIOR RESIDENTS LOW INCOME, MEDICALLY UNDERSERVED, MINORITY - NORTH FAIR OAKS SENIOR CENTER CLIENTS/ SAN MATEO COUNTY SPANISH-SPEAKING SENIOR RESIDEN TS LOW INCOME, MEDICALLY UNDERSERVED, MINORITY - PRIDE CENTER CLIENTS/SAN MATEO COUNTY LGB TQI RESIDENTS MEDICALLY UNDERSERVED, MINORITY - CANADA COLLEGE STUDENTS/SAN MATEO COUNTY Y OUNG ADULT RESIDENTS LOW INCOM</p>

**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	E - PENINSULA CONFLICT RESOLUTION CENTER CLIENTS/SAN MATEO COUNTY PACIFIC ISLANDER RESIDENTS - MINORITY



**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 6A	THE CHNA WAS CONDUCTED BY TWO COMMUNITY-BASED COLLABORATIVE GROUPS FOR IDENTIFYING AND ADDRESSING CRITICAL HEALTH NEEDS OF THE COMMUNITY THE HEALTHY COMMUNITY COLLABORATIVE OF SAN MATEO COUNTY AND THE SANTA CLARA COUNTY COMMUNITY BENEFIT COALITION ARE GROUPS OF ORGANIZATIONS THAT INCLUDE NONPROFIT HOSPITALS, PUBLIC HEALTH DEPARTMENTS, AND OTHER COMMUNITY ORGANIZATIONS THE OTHER HOSPITAL FACILITIES PARTICIPATING IN EACH COLLABORATIVE ARE LISTED BELOW SANTA CLARA COUNTY - EL CAMINO HOSPITAL - KAISER PERMANENTE (SAN JOSE AND SANTA CLARA KAISER FOUNDATION HOSPITALS) - LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD - STANFORD HEALTH CARE - VERITY HEALTH SYSTEM (O'CONNOR HOSPITAL AND ST LOUISE REGIONAL HOSPITAL) SAN MATEO COUNTY - DIGNITY HEALTH SEQUOIA HOSPITAL - KAISER PERMANENTE (REDWOOD CITY AND SOUTH SAN FRANCISCO KAISER FOUNDATION HOSPITALS) - LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD - STANFORD HEALTH CARE - SUTTER HEALTH (MILLS-PENINSULA MEDICAL CENTER AND MENLO PARK SURGICAL HOSPITAL) - VERITY HEALTH SYSTEM (SETON MEDICAL CENTER)

**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 6B	THE CHNA WAS CONDUCTED BY TWO COMMUNITY-BASED COLLABORATIVE GROUPS FOR IDENTIFYING AND ADDRESSING CRITICAL HEALTH NEEDS OF THE COMMUNITY THE HEALTH COMMUNITY COLLABORATIVE OF SAN MATEO COUNTY AND THE SANTA CLARA COUNTY COMMUNITY BENEFIT COALITION ARE GROUPS OF ORGANIZATIONS THAT INCLUDE NONPROFIT HOSPITALS, PUBLIC HEALTH DEPARTMENTS, AND OTHER COMMUNITY ORGANIZATIONS THE OTHER NON-HOSPITAL ORGANIZATIONS PARTICIPATING IN EACH COLLABORATIVE ARE LISTED BELOW SANTA CLARA COUNTY - HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA - SUTTER HEALTH (PALO ALTO MEDICAL FOUNDATION) - SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT SAN MATEO COUNTY - COUNTY OF SAN MATEO HUMAN SERVICES AGENCY - HOSPITAL CONSORTIUM OF SAN MATEO COUNTY - PENINSULA HEALTH CARE DISTRICT - SAN MATEO COUNTY HEALTH SYSTEM - VERITY HEALTH SYSTEM (SETON COASTSIDE) PART V, SECTION B, LINES 7A AND 10A <a href="https://stanfordhealthcare.org/about-us/community-partnerships.html">HTTPS //STANFORDHEALTHCARE ORG/ABOUT-US/COMMUNITY-PARTNERSHIPS HTML</a> PLEASE NOTE THAT LINK MUST BE ENTERED IN LOWER CASE LETTERS IN URL

**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 11	<p>THE 2019 CHNA IDENTIFIED 6 SIGNIFICANT HEALTH NEEDS ACROSS STANFORD HEALTH CARE'S SERVICE AREA OF SANTA CLARA AND SAN MATEO COUNTIES STANFORD HEALTH CARE PRIORITIZED ALL 6 HEALTH NEEDS TO ADDRESS, HEALTH CARE ACCESS AND CARE DELIVERY, BEHAVIORAL HEALTH, DIABETES/OBESIT Y, ORAL HEALTH, HOUSING AND HOMELESSNESS, AND ECONOMIC STABILITY THE HEALTH NEEDS WERE PR IORITIZED BY APPLYING THE FOLLOWING CRITERIA - CLEAR DISPARITIES OR INEQUITIES RECOGNIZA BLE DIFFERENCES EXIST IN HEALTH OUTCOMES AMONG SUBGROUPS OF PEOPLE (BASED ON GEOGRAPHY, LA NGUAGE, ETHNICITY, CULTURE, CITIZENSHIP STATUS, ECONOMIC STATUS, SEXUAL ORIENTATION, AGE, GENDER, OR OTHER FACTORS) - COMMUNITY PRIORITY THE HIGH FREQUENCY WITH WHICH THE COMMUNI TY PRIORITIZED THE ISSUE OVER OTHERS IT EXPRESSED CONCERN ABOUT DURING THE CHNA PRIMARY DA TA COLLECTION PROCESS - MULTIPLIER EFFECT A SUCCESSFUL SOLUTION TO THE HEALTH NEED HAS T HE POTENTIAL TO SOLVE MULTIPLE PROBLEMS (FOR EXAMPLE, IF OBESITY RATES DECLINE, HEART ATTA CK RATES MAY TOO ) - OPPORTUNITY TO LEVERAGE COLLABORATIVES FOR IMPACT THERE'S AN OPPORTU NITY TO COLLABORATE WITH EXISTING PARTNERS WORKING TO ADDRESS THE NEED, OR TO BUILD ON CUR RENT PROGRAMS, EMERGING OPPORTUNITIES, OR OTHER COMMUNITY ASSETS USING THE CRITERIA, CONS ENSUS WAS REACHED, AND THE 6 HEALTH NEEDS ARE LISTED IN PRIORITY ORDER - HOUSING AND HOME LESSNESS - BEHAVIORAL HEALTH - HEALTH CARE ACCESS AND CARE DELIVERY - DIABETES AND OBESITY - ECONOMIC STABILITY - ORAL/DENTAL HEALTH THE 2016 CHNA IDENTIFIED 21 SIGNIFICANT HEALTH NEEDS IN SAN MATEO AND SANTA CLARA COUNTIES OF THE 21 HEALTH NEEDS, SHC SELECTED FIVE HEA LTH NEEDS TO ADDRESS, BEHAVIORAL HEALTH, CANCER, COMMUNICABLE DISEASES, DIABETES AND OBESI TY, AND HEALTHCARE ACCESS AND DELIVERY THESE FIVE HEALTH NEEDS WERE SELECTED BY APPLYING THE FOLLOWING CRITERIA CRITERION 1 CUTS ACROSS BOTH SAN MATEO AND SANTA CLARA COUNTIES ( IMPACTS SHC'S COMMUNITY) CRITERION 2 IDENTIFIED AS A PRIORITY HEALTH NEED BY COMMUNITY IN PUT CRITERION 3 SHC HAS THE REQUIRED EXPERTISE AND RESOURCES TO MAKE AN IMPACT CRITERION 4 MAGNITUDE/SCALE - AFFECTS A LARGE NUMBER OF INDIVIDUALS CRITERION 5 ALTHOUGH NOT A NEE D IN THE GENERAL POPULATION, DISPARITIES OR INEQUITIES EXIST *EACH OF SHC'S FIVE PRIORITIZ ED HEALTH NEEDS MET ALL FIVE PRIORITIZATION CRITERIA SHC'S 2017-2019 IMPLEMENTATION STRAT EGY PROVIDES DETAILED INFORMATION ABOUT SHC'S STRATEGIES FOR ADDRESSING THE 5 PRIORITIZED HEALTH NEEDS AND CAN BE FOUND HERE <a href="https://stanfordhealthcare.org/content/dam/shc/about-us/public-services-and-community-partnerships/docs/shc-fy17-19-is-final-with-cover.pdf">HTTPS //STANFORDHEALTHCARE ORG/CONTENT/DAM/SHC/ABOUT-U S/PUBLIC-SERVICES-AN D-COMMUNITY-PARTNERSHIPS/DOCS/SHC-FY17-19-IS-FINAL-WITH-COVER PDF</a> PLE ASE NOTE THAT LINK MUST BE ENTERED IN LOWER CASE LETTERS IN URL THE REMAINING 16 HEALTH N EEDS NOT PRIORITIZED FOR SHC DID NOT MEET ONE OR MORE PRIORITIZATION CRITERIA - HOUSING - DID NOT MEET CRITERION 3 - ORAL &amp; DENTAL HEALTH - DID NOT MEET CRITERION 3 - VIOLENCE &amp; A BUSE DID NOT MEET CRITERION 3 &amp; 4 - ALZHEIMER'S DISEASE AND DEMENTIA - DID NOT MEET CRITE RION 2 &amp; 5 - BIRTH OUTCOMES -</p>

**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 11	DID NOT MEET CRITERION 2 & 3 - CEREBROVASCULAR DISEASES - DID NOT MEET CRITERION 2 - ECONO MIC STABILITY - DID NOT MEET CRITERION 2 & 3 - RESPIRATORY CONDITIONS - DID NOT MEET CRITE RION 2 - SEXUAL HEALTH - DID NOT MEET CRITERION 2, 3, & 4 - DIET/FITNESS/NUTRITION - DID N OT MEET CRITERION 1, 3, 4, & 5 - LEARNING DISABILITIES - DID NOT MEET CRITERION 1, 3, 4, & 5 - TOBACCO USE - DID NOT MEET CRITERION 1, 3, 4, & 5 - TRANSPORTATION AND TRAFFIC - DID NOT MEET CRITERION 1, 3, 4, & 5 - ARTHRITIS - DID NOT MEET CRITERION 1 - 5 - CLIMATE CHANG E - DID NOT MEET CRITERION 1 - 5 - UNINTENTIONAL INJURIES - DID NOT MEET CRITERION 1, 2, 4 , & 5

**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 16A-C	URL AT WHICH THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY IS AVAILABLE HTTPS //STANFORDHEALTHCARE ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE HTML PLEASE NOTE THAT LINK MUST BE ENTERED IN LOWER CASE LETTERS IN URL

**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 20A	SHC WILL PURSUE PAYMENT FOR DEBTS OWED FOR HEALTH CARE SERVICES PROVIDED BY SHC ALL PATIENT ACCOUNT BALANCES THAT MEET SHC CRITERIA FOR ASSIGNMENT TO BAD DEBT ACCORDING TO SHC POLICY AND PROCEDURES ARE ELIGIBLE FOR PLACEMENT WITH A COLLECTION AGENCY HOWEVER, SHC DOES NOT CURRENTLY ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITY (ECA) PER SHC POLICY, ECA IS DEFINED TO INCLUDE PLACING LIENS ON INDIVIDUAL PROPERTY, FORECLOSING ON REAL PROPERTY, ATTACHING OR SEIZING AN INDIVIDUALS BANK ACCOUNT OR OTHER PERSONAL PROPERTY, COMMENCING A CIVIL ACTION AGAINST AN INDIVIDUAL, CAUSING AN INDIVIDUALS ARREST, GARNISHING WAGES, REPORTING ADVERSE INFORMATION TO A CREDIT AGENCY, DEFERRING OR DENYING MEDICALLY NECESSARY CARE, REQUIRING PAYMENT BEFORE PROVIDING MEDICALLY NECESSARY CARE BECAUSE OF OUTSTANDING BILLS, AND SALE OF DEBT TO A THIRD PARTY

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

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
STANFORD HEALTH CARE

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

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

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

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number  
94-6174066

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 19

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

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

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

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

Return Reference	Explanation
PROCEDURES FOR MONITORING USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2 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 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
ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT 2400 MOORPARK AVE SAN JOSE, CA 95128	94-2292491	501(c)(3)	25,000				SUPPORT COMMUNITY CLINIC
VMC FOUNDATION 2400 MOORPARK 207 SAN JOSE, CA 95128	77-0187890	501(C)(3)	10,000				INFECTIOUS DISEASE SUPPORT/EDUCATION

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 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
LATINAS CONTRA COSTA 255 NO MARKET ST SAN JOSE, CA 95110	56-2412069	501(C)(3)	10,000				CANCER SUPPORT/EDUCATION
MAYVIEW COMMUNITY HEALTH CENTER INC 270 GRANT AVE PALO ALTO, CA 94306	94-2239648	501(C)(3)	320,000	56,103	IN-KIND 0 5 FTE SOCI	IN-KIND 0 5 FTE SOCI	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 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 FOUNDATION OF NORTHERN & CENTRAL CALIFO 1215 K ST STE 730 SACRAMENTO, CA 95814	86-1174825	501(C)(3)	82,140				MEDICAL RESPITE PROGRAM
PENINSULA HEALTHCARE CONNECTION 33 ENCINA AVE 103 PALO ALTO, CA 94301	20-2886131	501(C)(3)	50,000				HEALTHCARE FOR HOMELESS

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 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
SOUTH COUNTY COMMUNITY HEALTH CENTER INC 1885 BAY RD PALO ALTO, CA 94303	94-3372130	501(C)(3)	75,000	50,000	EMPLOYEE SALARY	IN-KIND 0.5 FTE SOCI	SUPPORT COMMUNITY CLINIC
SAMARITAN HOUSE 4031 PACIFIC BLVD SAN MATEO, CA 94403	23-7416272	501(C)(3)	125,000				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 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
COMMUNITY HEALTH PARTNERSHIP INC 1401 PARKMOOR AVE STE 200 SAN JOSE, CA 95111	77-0352645	501(C)(3)	10,000				COMMUNITY MAMMOGRAPHY ACCESS PROJECT
COMMUNITY INITIATIVES - SF HEP B FREE PROJECT 101 GROVE ST 406 SAN FRANCISCO, CA 94102	94-3255070	501(C)(3)	15,000				INFECTIOUS DISEASE SUPPORT/EDUCATION

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 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
AVENIDAS 450 BRYANT STREET PALO ALTO, CA 94301	94-1480548	501(C)(3)	175,000	24	FMV PER POUND BASIS	FURNITURE	COMMUNITY BASED HOME HEATH HOME PROGRAM
KARA 457 KINGSLEY AVENUE PALO ALTO, CA 94301	94-2431483	501(C)(3)	12,000				CLINICAL THERAPY PROGRAM

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 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
MENTAL HEALTH AMERICA OF NORTH CALIFORNIA 9719 LINCOLN VILLAGE DR SACRMENTO, CA 95827	94-1476949	501(C)(3)	8,747				BEHAVIOURAL HEATH SUPPORT
AMBULATORY SURGERY ACCESS COALITION 1119 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	94-3180356	501(C)(3)	10,000				CANCER SUPPORT

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 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
SANTA CLARA VALLEY MEDICAL CENTER PO BOX 398414 SAN FRANCISCO, CA 94139	94-6000533	GOVT	20,000				INFECTIOUS DISEASE SUPPORT/EDUCATION & MED RESPITE VEHICLE
VOLUNTEERS FOR INTER-AMERICAN DEVELOPMENT ASSISTAN 1519 63RD STREET EMERYVILLE, CA 94608	68-0249466	501(C)(3)		619,763	FAIR MARKET VALUE PE	MEDICAL SUPPLY AND M	MEDICAL SUPPLY AND EQUIPMENT DONATION



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 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
GO COPIA PBC 1160 E BATTERY ST STE 100 SAN FRANCISCO, CA 94111	47-1068807	170(E)		128,677	FAIR MARKET VALUE FO	FOOD DONATION	FOOD DONATION
THE BOARD OF TRUSTEES OF STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	77,672,477				ACCESS TO CARE AND RESEARCH SUPPORT

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 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
NAMI SANTA CLARA COUNTY 1150 S BASCOM AVE STE 24 SAN JOSE, CA 95128	94-2430956	501(c)(3)	70,000				COMMUNITY PEER MENTOR PROGRAM
PALO ALTO UNIFIED SCHOOL DISTRICT 25 CHURCHILL AVENUE PALO ALTO, CA 94306	94-2168440	GOVT		11,395	FMV PER POUND BASIS	EQUIPMENT/FURNITURE	EQUIPMENT AND FURNITURE DONATION

<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <b>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>		OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div>
			Open to Public Inspection
	Department of the Treasury Internal Revenue Service		
Name of the organization STANFORD HEALTH CARE		Employer identification number  94-6174066	

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

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

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

See Additional Data Table

**Schedule J (Form 990) 2018**

**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 3 OFFICERS, 2 KEY EMPLOYEES, 2 HIGHEST COMPENSATED EMPLOYEES, AND 1 FORMER OFFICER RECEIVED HOUSING AS A TAXABLE BENEFIT AND THE AMOUNT HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN B (III)

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	IN 2018 IN CONNECTION WITH THEIR DEPARTURE, ONE HIGHEST COMPENSATED EMPLOYEE & ONE FORMER OFFICER RECEIVED TOTAL SEVERANCE PAYMENTS OF \$383,843 & \$387,962 WHICH ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III)

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	<p>STANFORD HEALTH CARE ("SHC") PROVIDES ALL SENIOR EXECUTIVES WITH A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO SUPPLEMENT THEIR RETIREMENT BENEFITS. FOR EACH CALENDAR YEAR, A HYPOTHETICAL ACCOUNT IS ESTABLISHED FOR EACH PARTICIPANT AND CREDITED WITH AN AMOUNT EQUAL TO A PERCENTAGE OF BASE SALARY (DEPENDING ON THE INDIVIDUAL'S POSITION) AS OF THE LAST DAY OF EACH QUARTER. THE COMPENSATION COMMITTEE MAY DETERMINE THAT CREDITS SHALL BE MADE IN ADDITION TO THOSE ABOVE IN ITS SOLE DISCRETION. A PARTICIPANT BECOMES VESTED IN EACH CALENDAR YEAR ACCOUNT ON THE FIRST BUSINESS DAY OF JANUARY FOLLOWING THE SECOND CALENDAR YEAR IN WHICH THE ACCOUNT WAS ESTABLISHED (OR, IF LATER, THE DATE ON WHICH THE PARTICIPANT COMPLETES TWO FULL YEARS OF PARTICIPATION). THE PARTICIPANT BECOMES FULLY VESTED IN HIS OR HER ACCOUNTS UNDER THE SERP UPON THE EARLIST OF (A) DISCHARGE FROM EMPLOYMENT WITHOUT CAUSE, (B) ENTITLEMENT TO LONG-TERM DISABILITY INCOME BENEFITS, (C) ATTAINMENT OF AGE OF 60 WHILE EMPLOYED OR IF LATER, THE PARTICIPANT'S COMPLETION OF TWO FULL YEARS OF PARTICIPATION, (D) COMPLETION OF SEVEN YEARS AS AN ELIGIBLE EMPLOYEE, OR (E) DEATH. THE FOLLOWING AMOUNTS BECAME VESTED AND WERE PAID TO THE FOLLOWING INDIVIDUALS IN CALENDAR YEAR 2018: DAVID ENTWISTLE \$132,801; SRIDHAR B. SESHADRI \$ 67,935; THOMAS KIM \$ 32,402; CATHERINE D. KRNA \$ 35,856; JEFFREY DRIVER \$ 30,342; SHIRLEY WEBER \$ 26,676. 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 2018 ARE REPORTED IN COLUMN (F). RANDALL LIVINGSTON AND LLOYD B. MINOR PARTICIPATE IN A DEFERRED COMPENSATION PLAN AT STANFORD UNIVERSITY, A RELATED ORGANIZATION. AMOUNTS ARE CREDITED TO THE PLAN BASED ON PERFORMANCE AND CERTAIN OTHER FACTORS. PLAN BALANCES ARE SUBJECT TO FORFEITURE AND/OR PAYMENT IF CERTAIN CONDITIONS ARE MET. CERTAIN BONUS AMOUNTS MAY BE DEFERRED AND PAID IN A LATER YEAR SUBJECT TO IRC SECTION 457(F).</p>

Return Reference	Explanation
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



Return Reference	Explanation
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

Return Reference	Explanation
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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ED DAMROSE MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	277,626	413,665	1,622	27,067	11,408	731,388	0
DAVID ENTWISTLE DIRECTOR/CEO	(i)	1,691,047	967,607	182,271	321,425	51,872	3,214,222	124,053
	(ii)	0	0	0	0	0	0	0
SAM GAMBHIR MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	611,245	270,675	1,500	27,500	30,071	940,991	0
ROBERT HARRINGTON MD DIRECTOR (SEE SCHEDULE O)	(i)	0	0	0	0	0	0	0
	(ii)	579,599	373,082	33,211	27,260	32,057	1,045,209	0
RANDALL LIVINGSTON DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	748,190	0	291	531,167	34,197	1,313,845	0
DENNIS LUND MD DIRECTOR (SEE SCHEDULE O)	(i)	0	0	0	0	0	0	0
	(ii)	394,948	820,769	27,168	19,967	41,289	1,304,141	0
LLOYD B MINOR MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,517,476	250,000	115,946	327,500	41,206	2,252,128	0
NORMAN RIZK MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	442,971	701,221	0	27,500	13,703	1,185,395	0
YIPING WOO MD DIRECTOR (SEE SCHEDULE O)	(i)	0	0	0	0	0	0	0
	(ii)	1,433,090	1,049,704	17,679	24,376	74,535	2,599,384	0
QUINN MCKENNA COO	(i)	1,041,733	405,564	54,400	154,401	37,615	1,693,713	0
	(ii)	0	0	0	0	0	0	0
LINDA HOFF CFO	(i)	786,299	337,504	42,061	123,532	30,263	1,319,659	0
	(ii)	0	0	0	0	0	0	0
SHIRLEY WEBER VP-CLINICAL OPERATIONS	(i)	306,358	74,221	56,483	26,351	24,116	487,529	0
	(ii)	0	0	0	0	0	0	0
ERIC YABLONKA CHIEF INFORMATION OFFICER	(i)	690,500	293,847	93,243	85,113	20,769	1,183,472	0
	(ii)	0	0	0	0	0	0	0
SRIDHAR SESHADRI VP CANCER CENTER & HEART CNTR	(i)	529,588	134,719	117,818	31,391	12,555	826,071	0
	(ii)	0	0	0	0	0	0	0
DALE BEATTY CNO & VP PATIENT CARE SERVICES	(i)	469,502	129,779	91,612	74,754	18,617	784,264	0
	(ii)	0	0	0	0	0	0	0
DAVID D JONES VP & CHIEF HR OFFICER	(i)	506,164	284,141	29,945	89,577	30,266	940,093	0
	(ii)	0	0	0	0	0	0	0
JAMES MARTIN JR VP - CONTROLLER	(i)	429,088	300,135	53,744	40,546	22,432	845,945	0
	(ii)	0	0	0	0	0	0	0
CATHERINE D KRNA VP - AMBULATORY CARE & GI	(i)	483,483	131,067	73,750	65,851	39,137	793,288	0
	(ii)	0	0	0	0	0	0	0
JEFFREY DRIVER VP & CHIEF RISK/ADMIN OFFICER	(i)	145,322	0	513,935	24,516	7,518	691,291	0
	(ii)	0	0	0	0	0	0	0
THOMAS KIM VP-CHIEF MARKET DEVELOP OFF	(i)	421,543	112,155	54,213	60,510	2,793	651,214	0
	(ii)	0	0	0	0	0	0	0

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID CONNOR FORMER CFO	(i)	53,038	0	483,074	14,423	3,651	554,186	0
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
		0	0	0	0	0	0	0

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

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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	13033LNX1	06-02-2008	428,500,000	2008 SERIES AB-SEE PART VI	X			X		X
B CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY		52-1643828	13033LJB4	06-16-2010	310,291,489	2010 SERIES AB-SEE PART VI	X			X		X
C CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY		52-1643828	13033LZN0	05-23-2012	608,293,722	2012 SERIES ABCD-SEE PART VI		X		X		X
D California Health Facilities Financing Authority		52-1643828	13033L8Q3	06-30-2015	180,626,500	2015 SERIES AB-SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	15,850,000		42,000,000		39,550,000		0	
2	Amount of bonds legally defeased . . . . .	240,325,000		240,860,000		0		0	
3	Total proceeds of issue . . . . .	428,500,000		310,291,489		614,499,969		182,519,359	
4	Gross proceeds in reserve funds . . . . .	0		0		0		0	
5	Capitalized interest from proceeds . . . . .	0		0		0		0	
6	Proceeds in refunding escrows . . . . .	0		0		0		0	
7	Issuance costs from proceeds . . . . .	0		0		4,780		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		535,097,892		182,519,359	
11	Other spent proceeds . . . . .	428,500,000		310,291,489		79,397,297		0	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .	2008		2010		2019		2019	
		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
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			X
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 020 %		0 010 %		0 010 %		0 %	
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b>	Total of lines 4 and 5 . . . . .	0 020 %		0 010 %		0 010 %			
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .		X		X		X		X
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b>	If "No" to line 1, did the following apply? . . . .								
<b>a</b>	Rebate not due yet? . . . . .		X		X		X		X
<b>b</b>	Exception to rebate? . . . . .	X		X			X		X
<b>c</b>	No rebate due? . . . . .		X		X	X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .	X			X	X		X	
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
<b>b</b>	Name of provider . . . . .	see part VI		0		0		0	
<b>c</b>	Term of hedge . . . . .								
<b>d</b>	Was the hedge superintegrated? . . . . .		X						
<b>e</b>	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 I BOND ISSUES A CUSIP# 13033LNX1 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# 13033LJB4 SERIES 2010 SERIES A DESCRIPTION OF PURPOSE CURRENT REFUNDING OF 1998 SERIES B DATE OF ISSUE MARCH 31, 1998 BOND ISSUES B CUSIP# 13033LJB4 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, C AND D DESCRIPTION OF PURPOSE CONSTRUCTION OF REPLACEMENT ACUTE CARE HOSPITAL FACILITY AND RENOVATION OF PORTIONS OF EXISTING ACUTE CARE HOSPITAL Date of Issue May 23, 2012 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 D CUSIP 13033L8Q3 SERIES 2015 SERIES A & B DESCRIPTION OF PURPOSE CONSTRUCTION OF REPLACEMENT ACUTE CARE HOSPITAL FACILITY AND RENOVATION OF PORTIONS OF EXISTING ACUTE CARE HOSPITAL DATE OF ISSUE 06/30/2015 PART II, COLUMN (C), LINE 3 this amount differs from the issue price due to investment earnings Part II, Column C, line 14 2012B Bonds advance refunded 2003A Bonds PART III, Column C, Line 4&6 the private use % of 0 01% is generated from 2012B only 2012ACD have been used for the new Stanford Hospital Project which was placed in service on 11/17/19 Part IV, Line 2c, Column C Rebate calculation date for Series 2012 10/17/2019 Part IV, Line 2c, Column D Rebate calculation date for Series 2015 10/23/2019 PART IV ISSUE A SERIES 2008 SERIES B1 and 2008 Series B2 NAME OF PROVIDER DEUTSCHE BANK AG* TERM OF HEDGE 10 TERMINATED 02/26/14 NOVATED FROM ORIGINAL COUNTERPARTY, J P MORGAN CHASE BANK N A EFFECTIVE JANUARY 1, 2011 Part IV Line 3 2012CD are variable bonds 2015B is a variable bond BOND ISSUES A CUSIP# 13032UQR2 SERIES 2017 SERIES A DESCRIPTION OF PURPOSE Advanced Refunding of a portion of 2008A, a portion of 2010A and entire 2010B issue Part IV, Line 2c, Column A calculation date 02/25/2019



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

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
STANFORD HEALTH CARE

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

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	13032UQR2	12-28-2017	530,337,859	2017 SERIES A-SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	0							
2	Amount of bonds legally defeased . . . . .	0							
3	Total proceeds of issue . . . . .	530,337,859							
4	Gross proceeds in reserve funds . . . . .	0							
5	Capitalized interest from proceeds . . . . .	0							
6	Proceeds in refunding escrows . . . . .	513,203,026							
7	Issuance costs from proceeds . . . . .	0							
8	Credit enhancement from proceeds . . . . .	0							
9	Working capital expenditures from proceeds . . . . .	0							
10	Capital expenditures from proceeds . . . . .	0							
11	Other spent proceeds . . . . .	17,134,833							
12	Other unspent proceeds . . . . .	0							
13	Year of substantial completion . . . . .	2017							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .		X						
15	Were the bonds issued as part of an advance refunding issue? . . . .	X							
16	Has the final allocation of proceeds been made? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X							

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 040 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .	0 040 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .		X						
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X							

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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							

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
STANFORD HEALTH CARE

Employer identification number  
94-6174066

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

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

2 Enter the amount of tax incurred by 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
See Additional Data Table												
Total						▶ \$ 7,453,000						

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**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
See Additional Data Table					

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART II	LOANS TO/FROM INTERESTED PERSONS EACH LOAN TO AN INTERESTED PERSON IS MADE FROM STANFORD HEALTH CARE (SHC) TO THE INDIVIDUAL (COLUMN D) NONE OF THE LOANS ARE IN DEFAULT (COLUMN G) ALL LOANS HAVE BEEN APPROVED BY THE BOARD OF DIRECTORS (COLUMN H) AND, FOR EACH LOAN ISSUED, THERE EXISTS A WRITTEN AGREEMENT BETWEEN SHC AND THE BORROWER (COLUMN I) THE LOANS TO INTERESTED PERSONS FALL UNDER THREE CATEGORIES MORTGAGE ASSISTANCE PROGRAM (MAP), DEFERRED INTEREST PAYMENT (DIP), AND ZERO INTEREST PROGRAM (ZIP) FOR THE THREE TYPES OF LOANS, SHC WILL SHARE IN ANY APPRECIATION IN VALUE OF THE PROPERTY AT THE TIME OF REPAYMENT BASED ON ITS PERCENTAGE OF OWNERSHIP INTEREST APPRECIATION IS THE DIFFERENCE BETWEEN THE DUE DATE FAIR MARKET VALUE OF THE PROPERTY AND THE ORIGINAL PURCHASE PRICE THE MORTGAGE ASSISTANCE PROGRAM LOAN (MAP) IS A NON-AMORTIZING, INTEREST ONLY HOME LOAN REQUIRING THE PRINCIPAL TO BE PAYABLE AT THE TIME OF SALE, PREPAYMENT OR REFINANCING THE DEFERRED INTEREST PAYMENT LOAN (DIP) IS A NON-AMORTIZING HOME LOAN REQUIRING NO PAYMENT UNTIL THE PRINCIPAL AND DEFERRED INTEREST ARE DUE AT THE TIME OF SALE, PREPAYMENT OR REFINANCING ZERO INTEREST PROGRAM LOAN (ZIP) IS A NON-AMORTIZING, ZERO INTEREST HOME LOAN, REQUIRING PRINCIPAL TO BE PAYABLE AT THE TIME OF SALE, PREPAYMENT OR REFINANCING

Additional Data

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

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

(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
DALE BEATTY	KEY EMPLOYEE	HOUSING LOAN		X	500,000	500,000		No	Yes		Yes	
DAVID ENTWISTLE	OFFICER	HOUSING LOAN		X	500,000	500,000		No	Yes		Yes	
DAVID ENTWISTLE	OFFICER	HOUSING LOAN		X	1,000,000	1,000,000		No	Yes		Yes	
DAVID ENTWISTLE	OFFICER	HOUSING LOAN		X	1,000,000	1,000,000		No	Yes		Yes	
DAVID ENTWISTLE	OFFICER	HOUSING LOAN		X	1,000,000	1,000,000		No	Yes		Yes	
QUINN MCKENNA	OFFICER	HOUSING LOAN		X	500,000	500,000		No	Yes		Yes	
QUINN MCKENNA	OFFICER	HOUSING LOAN		X	500,000	500,000		No	Yes		Yes	
QUINN MCKENNA	OFFICER	HOUSING LOAN		X	500,000	500,000		No	Yes		Yes	
QUINN MCKENNA	OFFICER	HOUSING LOAN		X	500,000	500,000		No	Yes		Yes	
LINDA HOFF	OFFICER	HOUSING LOAN		X	953,000	953,000		No	Yes		Yes	
JAMES MARTIN JR	HIGHEST COMPENSATED	HOUSING LOAN		X	500,000	500,000		No	Yes		Yes	

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
BETH DAWES			COMPENSATION FOR EMPLOYMENT		
EXPRESSSCRIPTS			PAYMENT FOR PRODUCTS		

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
VARIAN MEDICAL SYSTEMS			PAYMENT FOR PRODUCTS		
STANFORD PET-CT LLC			PAYMENT FOR SERVICES		



Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
SUMIT INSURANCE COMPANY LTD			PAYMENT FOR INSURANCE PREMIUMS		
SU MED NETWORK RISK MGMT AUTHORITY			PAYMENT FOR SERVICES TO SRA		

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
SU MED NETWORK RISK MGMT AUTHORITY			PAYMENT FOR SERVICES TO SHC		

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

OMB No 1545-0047

2018

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	20	526,251	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

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?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

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

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

Cat No 51227J

Schedule M (Form 990) (2018)

**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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493196027650	
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.				OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">2018</div> <div style="background-color: black; color: white; padding: 5px; font-weight: bold;">Open to Public Inspection</div>
Department of the Treasury Name of the organization STANFORD HEALTH CARE				Employer identification number 94-6174066	

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
MISSION	<p>FORM 990, PART I, LINE 1 &amp; PART III, LINE 1 STANFORD HEALTH CARE ("SHC") IS A NON-PROFIT CALIFORNIA PUBLIC BENEFIT CORPORATION OF WHICH THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY (THE "UNIVERSITY") IS THE SOLE MEMBER THE OBJECTIVE AND THE PURPOSE OF SHC IS TO PROVIDE PATIENT CARE SERVICES, SUPPORT, BENEFIT AND FURTHER THE CHARITABLE, AND SCIENTIFIC AND EDUCATIONAL PURPOSES OF THE UNIVERSITY AND THE UNIVERSITY'S SCHOOL OF MEDICINE SHC OPERATES A LICENSED ACUTE CARE HOSPITAL, CANCER CENTERS IN PALO ALTO AND SAN JOSE, AN AMBULATORY OUTPATIENT CENTER IN REDWOOD CITY AND NUMEROUS OUTPATIENT PHYSICIAN CLINICS IN THE SAN FRANCISCO BAY AREA, IN COMMUNITY SETTINGS AND IN ASSOCIATION WITH REGIONAL HOSPITALS STANFORD HEALTH CARE HAS A MISSION TO CARE, TO EDUCATE, AND TO DISCOVER SHC'S VISION STATEMENT IS HEALING HUMANITY THROUGH SCIENCE AND COMPASSION, ONE PATIENT AT A TIME STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4A STANFORD HEALTH CARE ("SHC") IS KNOWN WORLDWIDE FOR ADVANCED PATIENT CARE PROVIDED BY ITS PHYSICIANS AND STAFF, PARTICULARLY IN AREAS SUCH AS CARDIAC CARE, CANCER TREATMENT, NEUROLOGY, NEUROSURGERY, ORTHOPEDICS, SURGERY AND ORGAN TRANSPLANTS SHC HAD 27,187 PATIENT DISCHARGES SHC HAD 172,128 PATIENT DAYS INCLUDING ACUTE, BEHAVIORIAL HEALTH, AND SHORT STAY OUTPATIENT TOTAL OUTPATIENT AND EMERGENCY ROOM VISITS WERE 943,217 FOR THE FISCAL YEAR ENDED AUGUST 31, 2019</p>

**990 Schedule O, Supplemental Information**

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 UNIVE RSITY SCHOOL OF MEDICINE, THE PRESIDENT OF THE CORPORATION, THE CHAIR OF THE FINANCE COMMI TTEE AND THE CHAIR OF THE AUDIT COMMITTEE, REQUIRES ACTION BY THE BOARD BEFORE THE NEXT RE GULAR OR SPECIAL MEETING OF THE BOARD, THEN ANY FOUR (4) OR MORE OUT OF THOSE SIX (6) DIRE CTORS ACTING AS A COMMITTEE OF THE BOARD OF DIRECTORS, ARE AUTHORIZED JOINTLY TO TAKE WHAT EVER 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 BOAR D, PROVIDED, HOWEVER, THAT AT LEAST ONE (1) OF THE FOUR (4) DIRECTORS ACTING AS A COMMITTE E OF THE BOARD PURSUANT TO THIS SECTION SHALL NOT BE EMPLOYED BY STANFORD HEALTH CARE, LUC ILE SALTER PACKARD CHILDRENS HOSPITAL OR STANFORD UNIVERSITY AND PROVIDED, FURTHER, THAT T HE DIRECTORS ACTING AS A COMMITTEE OF THE BOARD SHALL NOT IN ANY CASE BE AUTHORIZED BY THI S SECTION TO EXERCISE THOSE POWERS WHICH BY LAW, THE ARTICLES OF INCORPORATION, THESE BYLA WS OR SPECIFIC ACTION BY THE MEMBER, SET FORTH IN A RESOLUTION OF THE MEMBER, MAY BE EXERC ISED ONLY BY THE MEMBER OR MAY NOT BE DELEGATED TO A COMMITTEE OF THE BOARD</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FAMILY/BUSINESS RELATIONSHIPS	FORM 990, PART VI, LINE 2 THE FOLLOWING INDIVIDUALS ARE DIRECTORS AT LUCILE SALTER PACKARD CHILDREN'S HOSPITAL MARIANN BYERWALTER LLOYD B MINOR MD JOHN LEVIN DAVID ENTWISTLE RAND ALL LIVINGSTON JEFF CHAMBERS PAUL KING MINDY ROGERS THE FOLLOWING INDIVIDUALS ARE EMPLOYEE S OF STANFORD UNIVERSITY ED DAMROSE MD NORMAN RIZK MD LLOYD B MINOR MD SAM GAMBHIR MD RO BERT HARRINGTON MD MARK LESLIE YIPING WOO MD DENNIS LUND RANDALL LIVINGSTON THE FOLLOWING INDIVIDUAL IS AN OFFICER AT STANFORD UNIVERSITY RANDALL LIVINGSTON THE FOLLOWING INDIVIDU ALS ARE TRUSTEES AT STANFORD UNIVERSITY BRET COMOLLI MINDY ROGERS THE FOLLOWING INDIVIDUA LS ARE MANAGERS AT STANFORD PET-CT LLC DAVID ENTWISTLE QUINN MCKENNA LLOYD B MINOR MD SA M GAMBHIR MD THE FOLLOWING INDIVIDUALS ARE VOTING BOARD MEMBERS AT SUMIT HOLDING INTERNATI ONAL, LLC DAVID ENTWISTLE LINDA HOFF PAUL KING DENNIS LUND MD NORMAN RIZK MD THE FOLLOWIN G INDIVIDUALS ARE VOTING BOARD MEMBERS AT SUMIT INSURANCE COMPANY, LTD DAVID ENTWISTLE L INDIA HOFF PAUL KING DENNIS LUND MD LLOYD B MINOR MD NORMAN RIZK MD THE FOLLOWING INDIVIDU ALS ARE CLASS A SUBSCRIBER VOTING MEMBERS AT THE PROFESSIONAL EXCHANGE ASSURANCE COMPANY (AS OF 8/16/2019) DAVID ENTWISTLE LINDA HOFF PAUL KING NORMAN RIZK MD DENNIS LUND MD

## 990 Schedule O, Supplemental Information

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



**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE 990 TAX RETURN IS PREPARED BY THE FINANCE DEPARTMENT OF SHC. THE FINANCIAL DATA IS EXTRACTED FROM THE AUDITED FINANCIAL STATEMENT AND SUPPLEMENTAL INFORMATION AUDITED BY THE INDEPENDENT ACCOUNTING FIRM OF PRICEWATERHOUSECOOPERS (PWC). COMPENSATION DATA IS EXTRACTED FROM PAYROLL RECORDS. OTHER INFORMATION IS PROVIDED BY THE RELEVANT AREAS WITH EXPERTISE IN SHC. UPON COMPLETION, THE RETURN IS REVIEWED BY THE SENIOR MANAGEMENT OF SHC, THE COUNSEL OF SHC, STANFORD UNIVERSITY TAX DEPARTMENT AND EXTERNAL TAX ACCOUNTANT (PWC). THE DRAFT FORM 990 IS REVIEWED AT THE AUDIT AND COMPLIANCE COMMITTEE MEETING. THE FORM 990 IS THEN FORWARDED TO ALL BOARD MEMBERS FOR THEIR REVIEW. THE CFO OF SHC AND PWC AS PAID PREPARER SIGN THE RETURN PRIOR TO FILING WITH IRS.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AN INITIAL CONFLICT-OF-INTEREST DISCLOSURE STATEMENT ("DISCLOSURE STATEMENT") WITHIN 30 DAYS OF BEGINNING SERVICE AT SHC. ADDITIONALLY, AN UPDATED DISCLOSURE STATEMENT IS REQUIRED THEREAFTER ON AN ANNUAL BASIS. FURTHERMORE, OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO UPDATE THEIR DISCLOSURE STATEMENT WITHIN TEN (10) BUSINESS DAYS OF A MATERIAL CHANGE IN THEIR SITUATIONS THAT MAY CREATE AN ACTUAL OR PERCEIVED CONFLICT-OF-INTEREST. A DISCLOSURE THAT APPEARS TO BE A CONFLICT WILL BE RESOLVED BY A MUTUAL AGREEABLE PLAN WITH THE VICE PRESIDENT OF HUMAN RESOURCES THAT OUTLINES THE STEPS THE OFFICER, DIRECTOR OR KEY EMPLOYEE MUST TAKE TO RECTIFY THE CONFLICT. IN MATTERS THAT ARE UNCLEAR OR QUESTIONABLE, THE OFFICE OF CHIEF COMPLIANCE OFFICER WILL BE CONSULTED FOR A RULING. IF FURTHER INQUIRY IS NECESSARY THE OFFICE OF THE GENERAL COUNSEL WILL BE CONSULTED FOR A RULING.

**990 Schedule O, Supplemental Information**

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>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
AVAILABILITY OF GOVERNING DOCUMENTS	FORM 990, PART VI, LINE 19 COPIES OF THE FINANCIAL STATEMENTS ARE AVAILABLE ON SHC'S WEBSI TE FURTHERMORE, THE STATEMENTS OF OPERATIONS AND BALANCE SHEET ARE PART OF THE UNIVERSITY 'S ANNUAL REPORT POSTED ON THE ORGANIZATION'S PUBLIC WEBSITE COPIES OF THE GOVERNING DOCU MENTS AND THE CONFLICT OF INTEREST POLICY ARE GENERALLY NOT AVAILABLE FOR PUBLIC INSPECTIO N BUT REQUESTS WILL BE EVALUATED ON A CASE-BY-CASE BASIS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
BOARD OF DIRECTORS CHANGES	FORM 990, PART VII, SECTION A THE FOLLOWING BOARD MEMBERS RETIRED FROM THE BOARD OF DIRECTORS DURING FY19 AS NOTED ROBERT HARRINGTON MD AS OF 12/31/2018 JOEL HYATT AS OF 12/31/2018 DENNIS LUND MD AS OF 01/27/2019 CHRISTOPHER REDLICH AS OF 12/31/2018 THE FOLLOWING BOARD MEMBERS WERE APPOINTED TO THE BOARD AS OF DURING FY19 AS NOTED DONNA DUBINSKY AS OF 01/01/2019 PAUL KING AS OF 01/28/2019 MINDY ROGERS AS OF 11/01/2018 YIPING WOO MD AS OF 01/01/2019

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
HOURS AT RELATED ORGANIZATIONS	FORM 990, PART VII, COLUMN B DENNIS LUND MD AND PAUL KING ARE DIRECTORS OF SHC FOR FY19 M R KING IS THE PRESIDENT AND CEO OF THE LUCILE SALTER PACKARD CHILDREN'S HOSPITAL AT STANF ORD (LPCH), A RELATED ORGANIZATION DR LUND WAS INTERIM PRESIDENT AND CEO OF LPCH AND REC EIVES COMPENSATION FROM STANFORD UNIVERSITY FOR HIS SERVICES AT STANFORD UNIVERSITY DR LU ND RECEIVED NO COMPENSATION FOR HIS DUTIES AS A DIRECTOR OF SHC LLOYD B MINOR MD, NORMAN RIZK MD, MARK LESLIE, ED DAMROSE MD, SAM GAMBHIR MD, ROBERT HARRINGTON MD, DENNIS LUND MD , RANDALL LIVINGSTON, YIPING WOO MD, ARE DIRECTORS OF SHC FOR FY19 THEY WERE EMPLOYED AT STANFORD UNIVERSITY (SU), A RELATED ORGANIZATION THESE INDIVIDUALS RECEIVE COMPENSATION F ROM SU FOR THEIR SERVICES AT SU THEY RECEIVED NO COMPENSATION FOR DUTIES AS DIRECTORS OF SHC



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INTEREST RATE SWAP MTM \$ (134,268,843) 2003 B ONDS SWAP PAYMENTS \$ (2,521,635) 2006/2008 BONDS SWAP PAYMENTS \$ (5,791,592) 2012 BONDS SW AP PAYMENTS \$ (4,211,587) EQUITY TRANSFER \$ (63,509,509) CHANGE IN MINIMUM PENSION LIABILI TY \$ (26,422,000) SEROC BOOK/TAX DIFFERENCE \$ 94,244 ----- OTHER CHANGES IN NET ASSETS OR \$ (236,630,922) FUND BALANCES

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

OMB No 1545-0047

2018

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 899 NORTHGATE DRIVE STE 530 SAN RAFAEL, CA 94903 68-0396696	HLTHCRE ADVOC	CA	2,407,242	223,746	SHC
(2) STANFORD BLOOD CENTER LLC 3373 HILLVIEW AVENUE PALO ALTO, CA 94304 81-0816100	MEDICAL LAB	CA	67,426,972	39,408,752	SHC
(3) AUGMNTED INTELLIGENCE MED SYS PSYCHIATRY PO BOX 60954 PALO ALTO, CA 94306 37-1865230	RESEARCH	DE	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.

See Additional Data Table

(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

**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.

See Additional Data Table

(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	

**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.

See Additional Data Table

(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

**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

Yes

1b

Yes

1c

No

1d

No

1e

No

1f

No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2018

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART IV, LINE 4	CHARITABLE LEAD ANNUITY TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA

Return Reference	Explanation
SCHEDULE R, PART IV, LINE 5	CHARITABLE LEAD UNITRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA

Return Reference	Explanation
SCHEDULE R, PART IV, LINE 6	CHARITABLE REMAINDER TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA



Return Reference	Explanation
SCHEDULE R, PART IV, LINE 5	OTHER TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA

Return Reference	Explanation
SCHEDULE R, PART IV, LINE 6	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
485 BROADWAY MAIL CODE 8838 REDWOOD CITY, CA 94063 94-1156365	EDUCATION	CA	501(C)(3)	2	NA		No
1111 E STANLEY BLVD LIVERMORE, CA 94550 94-1429628	HOSPITAL	CA	501(C)(3)	3	SHC	Yes	
400 HAMILTON AVENUE SUITE 340 PALO ALTO, CA 94301 77-0440090	HEALTHCARE	CA	501(C)(3)	7	LPCH	Yes	
725 WELCH ROAD MC 5553 PALO ALTO, CA 94304 77-0003859	HEALTHCARE	CA	501(C)(3)	3	STANFORD	Yes	
725 WELCH ROAD MC5551 PALO ALTO, CA 94304 32-0359189	HEALTHCARE	CA	501(C)(3)	3	LPCH	Yes	
485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 94-3187167	REAL ESTATE	CA	501(C)(25)	N/A	STANFORD	Yes	
PO BOX 7229 STANFORD, CA 94309 94-1187089	FAC INTERACT	CA	501(C)(7)	N/A	STANFORD	Yes	
1860 EMBARCADERO RD PALO ALTO, CA 94303 94-1492212	CREDIT UNION	CA	501(C)(1)	N/A	STANFORD	Yes	
415 BROADWAY REDWOOD CITY, CA 94063 46-1882243	CONSERVATION	CA	501(C)(3)	7	STANFORD	Yes	
1221 BROADWAY 3RD FLOOR OAKLAND, CA 94612 46-4071746	HEALTHCARE	CA	501(c)(3)	12A, I	SHC	Yes	
WAVERLY BUSINESS PARK BLDG 11 CAPE TOWN SF	EDUCATION	SF	501(C)(3)	N/A	STANFORD	Yes	
BLDG 60 MAIN QUAD NO 105 STANFORD, CA 94305 94-0894150	SUPPORT	CA	501(C)(3)	12A, I	STANFORD	Yes	
485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 94-3246199	BENEFITS	CA	501(C)(9)	N/A	STANFORD	Yes	
JP MORGAN CHASE PO BOX 3038 MILWAUKEE, WI 53201 38-6841793	SUPPORT	NY	501(C)(3)	12D, III-O	STANFORD	Yes	
485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 30-0519583	SUPPORT	CA	501(C)(3)	12A, I	STANFORD	Yes	
1401 CAROLINE CENTER 28 PING ROAD CAUSEWAY HK98-6078093	SUPPORT	HK	501(C)(3)	N/A	STANFORD	Yes	
65 HIGH STREET OXFORD OX1 46L UK	SUPPORT	UK	501(C)(3)	N/A	STANFORD	Yes	
7999 GATEWAY BLVD STE 300 NEWARK, CA 94560 94-3192446	HEALTHCARE	CA	501(C)(3)	3	SHC	Yes	
5655 W LAS POSITAS BLVD 220 PLEASANTON, CA 94588 26-2593526	SUPPRT SHC-VC	CA	501(C)(3)	10	HOSP CMTE LP	Yes	
1111 E STANLEY BLVD LIVERMORE, CA 94550 94-3382224	SR FACILITY	CA	501(C)(3)	12A, I	HOSP CMTE LP	Yes	

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**[illegible]

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**[illegible]

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**[illegible]

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
(1) BREP VII ALBERTA FDR (OFFSHORE) TE7 LP 635 KNIGHT WAY STANFORD, CA 94305 98-1066351	INVESTMENTS	CA	NA	C CORP					
(1) BREP VII ALBERTA FDR (OFFSHORE) TE7-NQ 635 KNIGHT WAY STANFORD, CA 94305 98-1066355	INVESTMENTS	CA	NA	C CORP					
(2) CANARY SC FUND LTD 89 NEXUS WAY CAYMANA BAY GRAND CAYMAN KY1-9009 CJ 98-1268195	INVESTMENTS	CJ	NA	C CORP					
(3) CLAT (16)	CHARITABLE TR	CA	NA	TRUST					
(4) CLUT (2)	CHARITABLE TR	CA	NA	TRUST					
(5) CRT (554)	CHARITABLE TR	CA	NA	TRUST					
(6) EAST SAIL C/O INTL FS INC IFS COURT TWENTYEIGHT CYBERCITY EBENE MP	INVESTMENTS	MP	NA	C CORP					
(7) GAVEA INVESTMENT FUND II-C LP PO BOX 896GT HARBOUR CENTRE GEORGE TOWN CJ 98-0537952	INVESTMENTS	CJ	NA	C CORP					
(8) HHBG SF LIMITED 635 KNIGHT WAY STANFORD, CA 94305	REAL ESTATE	CJ	NA	C CORP					
(9) KAIZEN FUND 2ND FL MIDTOWN PLAZA PO BOX 448 GRAND CAYMAN KY1-1106 CJ	INVESTMENTS	CJ	NA	C CORP					
(10) LS ALBERTA III LP C/O JE ROBERT COS 1650 TYSON BLVD MCLEAN, VA 22102 98-0493425	INVESTMENTS	CA	NA	C CORP					
(11) OTHER (5)	CHARITABLE TR	CA	NA	TRUST					
(12) PIF (2)	CHARITABLE TR	CA	NA	TRUST					
(13) PEPPERTREE CAPITAL CAYMAN ISLAND FUND LP 86 West Street Chagrin Falls, OH 44022 98-1235268	INVESTMENTS	CJ	NA	C CORP					
(14) PROFESSIONAL EXCHANGE ASSURANCE COMPANY 201 MERCHANT STREET SUITE 2400 HONOLULU, HI 96813 90-0897686	INSURANCE	HI	NA	C CORP					

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
(16) SBFF LTD PO BOX 1344 GEORGE TOWN KY1-1108 CJ	INVESTMENTS	CJ	NA	C CORP					
(1) SEA SMOKE FUND LLC 190 ELGIN AVENUE GEORGE TOWN KY 9005 CJ	INVESTMENTS	DE	NA	C CORP					
(2) SEA SMOKE FUND LTD 635 KNIGHT WAY STANFORD, CA 943057297	INVESTMENTS	CJ	NA	C CORP					
(3) STANFORD (BEIJING) CNSLTNG CO LTD (WFOE) 5275TH FLBLDG CACADEMY SOUTH RD BEIJING CH	EDUCATION	CH	NA	C CORP					
(4) STANFORD IN JAPAN GODO KAISHA DOSHISHA UNIVERSITY MEITOKUKAN-NAI KYOTOSHI JA	EDUCATION	JA	NA	C CORP					
(5) STANFORD INDIA PVT LTD 333 3RD FLOOR DEVIKA TOWER 6 NEH DELHI IN	EDUCATION	IN	NA	C CORP					
(6) STANFORD INTL MEDICAL SERVICES RAK FZE PO BOX 56500 AE	PATIENT SRVC	AE	NA	C CORP	0	0	100 000 %	Yes	
(7) STANFORD MEDICINE INTL (HONG KONG) CO LT 833 CHEUNG SHA WAN ROAD KOWLOON HK	PATIENT SRVC	HK	NA	C CORP	0	0	100 000 %	Yes	
(8) STANFORD SGGS EUROPE INC UGLAND HOUSE S CHURCH ST PO BOX 3 GEORGE TOWN CJ 13-1684331	INVESTMENTS	CJ	NA	C CORP					
(9) 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					
(10) STRUCTURED SERVICING HOLDINGS (OFFSHORE) 87 MARY STREET GEORGE TOWN KY1-9002 CJ	INVESTMENTS	CJ	NA	C CORP					
(11) THE RUBRUM FUND PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ	INVESTMENTS	CJ	NA	C CORP					
(12) VERMILION PEAK FUND 635 KNIGHT WAY STANFORD, CA 943057297 98-1333885	INVESTMENTS	CJ	NA	C CORP					
(13) WINTER ROCK ALTERNATIVE CREDIT I LP PO BOX 10008 WILLOW HOUSE CRICKET GRAND CAYMAN KY1-1001 CJ 98-1140761	INVESTMENTS	CJ	NA	C CORP					
(14) WOODBOURNE CANADA PARTNERS II - CAYMAN 190 ELGIN AVENUE GRAND CAYMAN KY1-9005 CJ 98-0705321	INVESTMENTS	CJ	NA	C CORP					



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

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	SEROC	Q	1,069,533	FMV
<b>(1)</b>	SUMIT	R	16,997,886	FMV
<b>(2)</b>	LPCH	L	78,047,202	FMV
<b>(3)</b>	LPCH	M	1,110,672	FMV
<b>(4)</b>	LPCH	N	4,232,717	FMV
<b>(5)</b>	LPCH	O	38,174,817	FMV
<b>(6)</b>	LPCH	Q	10,316,176	FMV
<b>(7)</b>	HOSPITAL COMMITTEE FOR THE L-P AREAS	A	2,056,050	FMV
<b>(8)</b>	HOSPITAL COMMITTEE FOR THE L-P AREAS	Q	17,896,156	FMV
<b>(9)</b>	HOSPITAL COMMITTEE FOR THE L-P AREAS	L	3,674,417	FMV
<b>(10)</b>	HOSPITAL COMMITTEE FOR THE L-P AREAS	R	66,910,192	FMV
<b>(11)</b>	HOSPITAL COMMITTEE FOR THE L-P AREAS	S	2,202,000	FMV
<b>(12)</b>	SHC ADVANTAGE	B	11,000,000	FMV
<b>(13)</b>	SHC ADVANTAGE	L	10,532,255	FMV
<b>(14)</b>	SHC ADVANTAGE	Q	10,304,544	FMV
<b>(15)</b>	SHC ADVANTAGE	P	9,370,953	FMV
<b>(16)</b>	SHC ADVANTAGE	M	172,997	FMV
<b>(17)</b>	UHA	B	13,433,144	FMV
<b>(18)</b>	UHA	L	9,692,476	FMV
<b>(19)</b>	UHA	P	84,418,896	FMV
<b>(20)</b>	UHA	Q	35,719,175	FMV
<b>(21)</b>	UHA	S	51,530,224	FMV