

Form 990 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2022 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 09-01-2022, and ending 08-31-2023 B Check if applicable: C Name of organization STANFORD HEALTH CARE D Employer identification number 94-6174066

Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box 3 Number of voting members of the governing body 4 Number of independent voting members of the governing body

Revenue 8 Contributions and grants 9 Program service revenue 10 Investment income 11 Other revenue 12 Total revenue 13 Grants and similar amounts paid 14 Benefits paid to or for members 15 Salaries, other compensation, employee benefits

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.

Sign Here Signature of officer LINDA HOFF CFO Date 2024-07-08 Paid Preparer Use Only Print/Type preparer's name PwC US Tax LLP Preparer's signature Date 2024-06-27

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 (2022)

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? 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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

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

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

4e	Total program service expenses	6,187,649,681		
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's		

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response or note to any line in this Part V

	Yes	No	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	533	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	19,335		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b If "Yes," enter the name of the foreign country: ▶BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 **10a**

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders **11a**

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **12a**

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? **13a**
Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**

c Enter the amount of reserves on hand **13c**

14a Did the organization receive any payments for indoor tanning services during the tax year? **14a** No

14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **14b**

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? **15** Yes

If "Yes," see the instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? **16** No

If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? **17**

If "Yes," complete Form 6069.

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1a 25		
b Enter the number of voting members included in line 1a, above, who are independent 1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3	Yes	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		No
6 Did the organization have members or stockholders? 6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	Yes	
b Each committee with authority to act on behalf of the governing body? 8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 CONTROLLER 300 PASTEUR DRIVE MC 5555 STANFORD, CA 94305 (650) 723-4000

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
 Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) DAVID ENTWISTLE PRESIDENT & CEO	50.0 6.65	X	X				4,675,833	0	438,576
(2) LLOYD B MINOR MD DIRECTOR (SEE SCHEDULE O)	2.0 52.3	X					0	4,398,331	72,491
(3) QUINN MCKENNA CHIEF OPERATING OFFICER	50.0 4.2		X				2,435,914	0	238,310
(4) PAUL KING DIRECTOR (SEE SCHEDULE O)	2.0 50.3	X					0	2,133,596	72,369
(5) LINDA HOFF CFO (SEE SCHEDULE O)	50.0 4.65		X				1,850,502	0	187,068
(6) MARY HAWN MD DIRECTOR (SEE SCHEDULE O)	2.0 48.0	X					0	1,943,863	83,590
(7) PRIYA SINGH VP & CHIEF STRATEGY OFFICER	50.0 0.0				X		1,218,408	85,713	123,522
(8) EILA SKINNER MD DIRECTOR (SEE SCHEDULE O)	2.0 48.0	X					0	1,298,314	69,954
(9) SRIDHAR SESHADRI CHIEF CANCER OPERATION OFFICER	50.0 0.0			X			1,179,841	0	96,163
(10) DALE BEATTY CHIEF NURSE EXECUTIVE	50.0 0.0			X			1,141,554	0	53,563
(11) ALISON M KERR VP-SERVICE LINES & CAO	50.0 0.0			X			1,099,201	0	63,670
(12) RANDALL LIVINGSTON DIRECTOR (SEE SCHEDULE O)	2.0 52.0	X					0	887,487	245,418
(13) THOMAS MONTINE MD DIRECTOR (SEE SCHEDULE O)	2.0 48.0	X					0	1,012,878	59,982
(14) THOMAS Y KIM VP-CHIEF MKT DEVELOP. OFFICER	50.0 0.0				X		930,846	0	54,158
(15) DAVID D JONES VP & CHIEF HR OFFICER	50.0 0.0			X			860,189	0	33,180
(16) JAMES MARTIN JR VP - CONTROLLER	50.0 0.0			X			754,111	0	95,724
(17) GARY FRITZ VP - APPLICATIONS	50.0 0.0				X		712,199	0	76,634

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) CAROL D RORIG VP & CHIEF HR OFFICER	50.0 0.0				X		740,187	0	47,870
(19) JAY SHAH MD DIRECTOR (SEE SCHEDULE O)	2.0 48.0	X					0	607,247	42,629
(20) TIMOTHY SEAY-MORRISON VP-CHIEF AMBU SVC LIN OFFICER	50.0 0.0			X			549,948	0	77,609
(21) CATHERINE D KRNA CHIEF EXEC OFFICER, SMP	25.0 0.0			X			426,651	0	91,361
(22) MEGAN MAHONEY MD DIRECTOR (SEE SCHEDULE O)	2.0 48.0	X					0	318,549	44,499
(23) ROSANNE ROTH	50.0								

CORPORATE SECRETARY	0.0		X				253,362	0	40,218
(24) ELIZABETH CHOI	50.0								
MGR - ADMINISTRATION	0.0		X				140,757	0	34,127
(25) MARK LESLIE	2.0								
DIRECTOR	0.0		X				0	6,290	0
(26) SARA ABBASI	2.0								
DIRECTOR	0.0		X				0	0	0
(27) SUSAN BECHTEL	2.0								
DIRECTOR	0.0		X				0	0	0
(28) JEFFERY BIRD MD	2.0								
DIRECTOR (SEE SCHEDULE O)	0.0		X				0	0	0
(29) WILLIAM BRODY MD	2.0								
DIRECTOR	0.0		X				0	0	0
(30) MARIANN BYERWALTER	2.0								
DIRECTOR	2.0		X				0	0	0
(31) JONATHAN COSLET	2.0								
DIRECTOR (SEE SCHEDULE O)	10.3		X				0	0	0
(32) CHANDLER EVANS	2.0								
DIRECTOR (SEE SCHEDULE O)	1.0		X				0	0	0
(33) KAYE FOSTER	2.0								
DIRECTOR	1.8		X				0	0	0
(34) CECILIA HERBERT	2.0								
DIRECTOR	0.0		X				0	0	0
(35) MARC E JONES	2.0								
CHAIR	7.0		X				0	0	0
(36) KAREN JORDAN	2.0								
DIRECTOR (SEE SCHEDULE O)	0.0		X				0	0	0
(37) LATA KRISHNAN	2.0								
DIRECTOR	0.0		X				0	0	0
(38) SANJAY MEHROTRA	2.0								
DIRECTOR (SEE SCHEDULE O)	0.0		X				0	0	0
(39) HAMID MOGHADAM	2.0								
DIRECTOR (SEE SCHEDULE O)	0.0		X				0	0	0
(40) MINDY B ROGERS	2.0								
VICE CHAIR	7.3		X				0	0	0
(41) JEFF ROTHSCHILD	2.0								
DIRECTOR	0.0		X				0	0	0
(42) ROBERT SANTOS MD	2.0								
DIRECTOR	0.0		X				0	0	0
(43) KAVITARK RAM SHRIRAM	2.0								
DIRECTOR	0.0		X				0	0	0
(44) AMIT SINHA	2.0								
DIRECTOR (SEE SCHEDULE O)	2.0		X				0	0	0

1b Sub-Total				
c Total from continuation sheets to Part VII, Section A				
d Total (add lines 1b and 1c)	18,969,503	12,692,268	2,442,685	

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 ▶ 7,862

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
STANFORD UNIVERSITY, 485 BROADWAY REDWOOD CITY, CA 94063	PROF. SERVICES	1,076,917,643
AYA HEALTHCARE, 5930 CORNERSTONE CRT W SUITE 300 SAN DIEGO, CA 92121	HEALTHCARE STAFFING	111,095,897
HEALTHSOURCE GLOBAL STAFFING, 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	HEALTHCARE STAFFING	78,260,574
AMN HEALTHCARE INC, 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	HEALTHCARE STAFFING	77,950,030
HERRERO BUILDERS INCORPORATED, 2100 OAKDALE AVENUE SAN FRANCISCO, CA 94124	CONSTRUCTION COMPANY	74,444,268

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 374

Form 990 (2022)

Part VIII **Statement of Revenue**

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

	(A)	(B)	(C)	(D)
	Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514

Contributions, Gifts, Grants and Other Similar Amounts	1a			
Membership dues	1b			
Fundraising events	1c			
Related organizations	1d			
Government grants (contributions)	1e			

867,019

28,830,500

f Other contributions, gifts, grants, and similar amounts not included above **1f**

19,679,670

g Noncash contributions included in lines 1a - 1f: **1g**

399,946

h Total. Add lines 1a-1f **49,377,189**

Table with columns: Business Code, PATIENT REVENUE, HOUSE STAFF, OUTREACH LAB CLINIC, EMPLOYER HEALTH CLINIC, CLINIC REVENUE, and All other program service revenue. Total: 6,891,476,909

Table with rows: 3 Investment income (including dividends, interest, and other similar amounts), 4 Income from investment of tax-exempt bond proceeds, 5 Royalties. Total: 106,589,816

Table with columns: (i) Real, (ii) Personal. Rows: 6a Gross rents, 6b Less: rental expenses, 6c Rental income or (loss), 6d Net rental income or (loss). Total: 0

Table with columns: (i) Securities, (ii) Other. Rows: 7a Gross amount from sales of assets other than inventory, 7b Less: cost or other basis and sales expenses, 7c Gain or (loss), 7d Net gain or (loss). Total: 1,758,061

Table with rows: 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c), 8b Less: direct expenses, 8c Net income or (loss) from fundraising events. Total: 0

Table with rows: 9a Gross income from gaming activities, 9b Less: direct expenses, 9c Net income or (loss) from gaming activities. Total: 0

Table with rows: 10a Gross sales of inventory, less returns and allowances, 10b Less: cost of goods sold, 10c Net income or (loss) from sales of inventory. Total: 0

Table with columns: Business Code. Rows: 11a, 11b, 11c, 11d, 11e Total. Add lines 11a-11d. Total: 7,049,201,975

Form 990 (2022)

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

Table with columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows: 1 Grants and other assistance to domestic organizations and domestic governments, 2 Grants and other assistance to domestic individuals, 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals, 4 Benefits paid to or for members, 5 Compensation of current officers, directors, trustees, and key employees, 6 Compensation not included above, to disqualified persons, 7 Other salaries and wages, 8 Pension plan accruals and contributions.

Table with 4 columns: Description, 990, 991, 992, 993. Rows include Payroll taxes, Fees for services (non-employees), Advertising and promotion, Office expenses, Information technology, Total functional expenses, and Joint costs.

Form 990 (2022)

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Part X Balance Sheet

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

Balance Sheet table with columns (A) Beginning of year and (B) End of year. Rows include Assets (Cash, Investments, Receivables, etc.) and Liabilities (Accounts payable, Grants payable, etc.).

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,049,201,975
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,584,068,268
3	Revenue less expenses. Subtract line 2 from line 1	3	465,133,707
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,870,524,349
5	Net unrealized gains (losses) on investments	5	218,765,491
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-40,676,133
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,513,747,414

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		No
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		
2b Were the organization's financial statements audited by an independent accountant?	Yes	
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		
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Yes	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2022)

Form 990 (2022)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render		ObjectID: 202401939349301010 - Submission: 2024-07-11	TIN: 94-6174066
SCHEDULE A (Form 990)		Public Charity Status and Public Support	
Department of the Treasury Internal Revenue Service		OMB No. 1545-0047	
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 for instructions and the latest information.		2022 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).)
- 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 on 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

9 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						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2022

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	35,789,009	127,528,906	429,891,903	218,283,053	49,377,189	860,870,060
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0
4 Total. Add lines 1 through 3	35,789,009	127,528,906	429,891,903	218,283,053	49,377,189	860,870,060
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4.						860,870,060

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	35,789,009	127,528,906	429,891,903	218,283,053	49,377,189	860,870,060
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	53,677,507	66,589,374	102,005,597	136,343,326	106,621,851	465,237,655
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11 Total support. Add lines 7 through 10						1,326,107,715
12 Gross receipts from related activities, etc. (see instructions)					12	27,930,415,872

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	64.917 %
15 Public support percentage for 2021 Schedule A, Part II, line 14	15	68.180 %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

- and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities (loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2021 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18

- 19a 33 1/3% support tests—2022.** 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—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

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

	Yes	No
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

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

Section A - Adjusted Net Income

(A) Prior Year (B) Current Year (optional)

1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8		
9	Distributable amount for 2022 from Section C, line 6	9		
10	Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022:			
a	From 2017.			
b	From 2018.			
c	From 2019.			
d	From 2020.			
e	From 2021.			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7:			
	\$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018.			
b	Excess from 2019.			
c	Excess from 2020.			
d	Excess from 2021.			
e	Excess from 2022.			

Schedule A (Form 990) (2022)

Schedule A (Form 990) 2022

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

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2022

Additional Data

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Software ID:
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Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2022
	Name of the organization STANFORD HEALTH CARE	Employer identification number 94-6174066

Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

Schedule B (Form 990) (2022)		Page 2
Name of organization STANFORD HEALTH CARE	Employer identification number 94-6174066	

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 3

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 4

Name of organization STANFORD HEALTH CARE	Employer identification number 94-6174066
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

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

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

Schedule B (Form 990) (2022)

Additional Data

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Software ID:
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SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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.

Table with 2 columns: Name of the organization (STANFORD HEALTH CARE) and Employer identification number (94-6174066)

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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.)

Table with 3 columns: Description of lobbying expenditures, (a) Filing organization's totals, (b) Affiliated group totals. Includes a sub-table for lobbying nontaxable amounts.

- 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?

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.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) Total. Row 2a: Lobbying nontaxable amount

b Lobbying ceiling amount (150% of line 2a, column(e))				
c Total lobbying expenditures				
d Grassroots nontaxable amount				
e Grassroots ceiling amount (150% of line 2d, column (e))				
f Grassroots lobbying expenditures				

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		96,493
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		116,448
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		6,847
i Other activities?	Yes		4,248,768
j Total. Add lines 1c through 1i			4,468,556
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
LOBBYING ACTIVITIES INCLUDE:	- SENDING LETTERS OR PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS; - MEETING WITH OR CALLING GOVERNMENT OFFICIALS OR LEGISLATORS - SENDING OR DISTRIBUTING LETTERS OR PUBLICATIONS (INCLUDING NEWSLETTERS, BROCHURES, ETC.) TO MEMBERS OR TO THE GENERAL PUBLIC; AND -SENDING LETTERS TO GOVERNMENT REGULATORY AGENCIES. SHC BELONGS TO CERTAIN TRADE ASSOCIATIONS IN WHICH A PORTION OF DUES PAID TO THESE ORGANIZATIONS IS SPENT ON EFFORTS TO INFLUENCE LEGISLATIVE MATTERS IN THE HEALTH CARE INDUSTRY. DURING FY23, SHC PAID DUES OF APPROXIMATELY \$4,430,321 TO THESE TRADE ASSOCIATIONS AND THE APPROXIMATE AMOUNT OF THE DUES SPENT ON LOBBYING PURPOSES WAS \$4,053,768. SHC GOVERNMENT RELATIONS TEAM HAS TRANSFERRED OVER TO SU. SHC REIMBURSES SU FOR THE COST INCURRED BY THE TEAM ON BEHALF OF SHC. FEDERAL AND STATE OUTREACH IS DELEGATED TO THIRD PARTY FIRMS. THESE FIRMS CONDUCT OUTREACH AND DIRECT CONTACT WHILE KEEPING THE GOVERNMENT RELATIONS TEAM IN THE KNOW. THESE FIRMS WILL ALSO PREPARE THE LETTERS AND MAILINGS THAT ARE SENT TO MEMBERS, LEGISLATORS, OR THE PUBLIC. THESE LETTERS AND MAILINGS ARE REVIEWED AND APPROVED BY THE GOVERNMENT RELATIONS TEAM.

Schedule C (Form 990) 2022

Additional Data

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Software ID:
Software Version:

Department of the Treasury Internal Revenue Service
2022 Open to Public Inspection
Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

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

Table with 2 columns: Held at the End of the Year. Rows include 2a Total number of conservation easements, 2b Total acreage restricted, 2c Number of conservation easements on a certified historic structure, and 2d Number of conservation easements included in (c) acquired after July 25, 2006.

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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1. Rows include (i) Revenue included and (ii) Assets included for financial gain.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2022

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

Table with 2 columns: Public exhibition, Loan or exchange programs, Scholarly research, Other, Preservation for future generations. Includes question 4 about collection description and question 5 about fundraising.

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.

Table with 2 columns: Amount. Rows include 1a Is the organization an agent, trustee, custodian or other intermediary, 1b-1f details of arrangement, and 2a-2b questions about escrow and explanation.

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

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include beginning of year balance, contributions, net investment earnings, grants or scholarships, and other expenditures.

f Administrative expenses					
g End of year balance	41,675,113	41,226,661	42,623,372	31,248,916	24,352,558

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 37.170 %

c Term endowment ▶ 62.830 %

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:

	Yes	No
3a(i) Unrelated organizations		
3a(ii) Related organizations	Yes	
3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		81,330,357		81,330,357
b Buildings		3,622,852,025	1,006,661,660	2,616,190,365
c Leasehold improvements		248,556,383	173,057,189	75,499,194
d Equipment		1,732,586,376	1,389,016,155	343,570,221
e Other		426,288,550	9,747,650	416,540,900
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,533,131,037

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MANAGED POOL	2,516,295,080	F
(B) OTHER INVESTMENTS	1,913,670,338	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	4,429,965,418	

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	73,957,016
(2) ROU OPEX ASSET	276,575,714
(3) OTHER ASSETS	291,097,410
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	641,630,140

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. Federal income taxes	0
THIRD PARTY PAYOR LIABILITIES	67,815,461
SELF-INSURED RESERVES	210,938,334
DUE TO RELATED PARTIES	246,046,565
OTHER LIABILITIES	510,087,851
PENSION LIABILITY	6,164,000
TAXABLE BONDS	1,165,100,000

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

2,206,152,211

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

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and descriptions of revenue adjustments.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and descriptions of expense adjustments.

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.

Table with 2 columns: Return Reference and Explanation. Contains descriptions for Part III, Part V, and Part X.

Schedule D (Form 990) 2022

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

2022

Open to Public Inspection

Name of the organization STANFORD HEALTH CARE

Employer identification number 94-6174066

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes sub-totals and totals for 2022.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) 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.

Schedule F (Form 990) 2022

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

Table with 8 columns: (a) Type of grant or assistance, (b) Region, (c) Number of recipients, (d) Amount of cash grant, (e) Manner of cash disbursement, (f) Amount of noncash assistance, (g) Description of noncash assistance, (h) Method of valuation (book, FMV, appraisal, other).

Schedule F (Form 990) 2022

SCHEDULE H (Form 990) Hospitals
Department of the Treasury Internal Revenue Service
OMB No. 1545-0047
2022 Open to Public Inspection
Name of the organization: STANFORD HEALTH CARE
Employer identification number: 94-6174066

Part I Financial Assistance and Certain Other Community Benefits at Cost
1a Did the organization have a financial assistance policy during the tax year?
1b If "Yes," was it a written policy?
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy...
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.
3a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
3b Did the organization use FPG as a factor in determining eligibility for providing discounted care?
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
5c 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?
6a Did the organization prepare a community benefit report during the tax year?
6b If "Yes," did the organization make it available to the public?

Table with 7 columns: 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. Rows include Medicaid, Total Financial Assistance and Means-Tested Government Programs, and Other Benefits.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50192T Schedule H (Form 990) 2022

Schedule H (Form 990) 2022 Page

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.
Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices
Section A. Bad Debt Expense
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.
Section B. Medicare
5 Enter total revenue received from Medicare (including DSH and IME)
6 Enter Medicare allowable costs of care relating to payments on line 5

3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.

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

- a A definition of the community served by the hospital facility
- b Demographics of the community
- c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d How data was obtained
- e The significant health needs of the community
- f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g The process for identifying and prioritizing community health needs and services to meet the community health needs
- h The process for consulting with persons representing the community's interests
- i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- j Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA: 20 22

5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.

6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

6b 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.

7 Did the hospital facility make its CHNA report widely available to the public?

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

- a Hospital facility's website (list url): SEE SECTION C
- b Other website (list url): _____
- c Made a paper copy available for public inspection without charge at the hospital facility
- d Other (describe in Section C)

8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22

10 Is the hospital facility's most recently adopted implementation strategy posted on a website?

If "Yes" (list url): SEE SECTION C

a If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?

b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

STANFORD HEALTH CARE

Name of hospital facility or letter of facility reporting group

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

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Part V Facility Information (continued)

Table with 1 row: Billing and Collections, STANFORD HEALTH CARE

Table with 3 columns: Name of hospital facility or letter of facility reporting group, Yes, No. Rows 17-20 detailing billing and collections policies.

Policy Relating to Emergency Medical Care

Table with 3 columns: Name of hospital facility or letter of facility reporting group, Yes, No. Row 21 detailing emergency medical care policy.

Schedule H (Form 990) 2022

Schedule H (Form 990) 2022

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Part V Facility Information (continued)

Table with 1 row: Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals), STANFORD HEALTH CARE

Table with 3 columns: Name of hospital facility or letter of facility reporting group, Yes, No. Rows 22-24 detailing charges to individuals.

Schedule H (Form 990) 2022

Schedule H (Form 990) 2022

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24.

Table with 2 columns: Form and Line Reference, Explanation. Row 1: PART V, SECTION B, LINE 5, THE CHNA ASSESSED COMMUNITY HEALTH NEEDS BY GATHERING INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY...

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

PART V, SECTION B, LINE 6A THE CHNA WAS CONDUCTED BY FOUR HOSPITAL PARTNERS WITH HOSPITALS LOCATED IN SANTA CLARA AND SAN MATEO COUNTIES. THE HOSPITAL COLLABORATIVE CONDUCTED THE CHNA FOR THE PURPOSE OF IDENTIFYING AND ADDRESSING CRITICAL HEALTH NEEDS OF THE COMMUNITY. - EL CAMINO HEALTH - LUCILE PACKARD CHILDREN'S HOSPITAL STANFORD - SUTTER HEALTH (INCLUDING MENLO PARK SURGICAL HOSPITAL AND MILLS-PENINSULA MEDICAL CENTER)

PART V, SECTION B, LINE 6B THE FOUR-HOSPITAL COLLABORATIVE ALSO COLLABORATED WITH PALO ALTO MEDICAL FOUNDATION, PART OF SUTTER HEALTH, FOR THE PURPOSE OF IDENTIFYING AND ADDRESSING CRITICAL HEALTH NEEDS OF THE COMMUNITY.

PART V, SECTION B, LINES 7A AND 10A [HTTPS://STANFORDHEALTHCARE.ORG/ABOUT-US/COMMUNITY-PARTNERSHIPS.HTML](https://stanfordhealthcare.org/about-us/community-partnerships.html) PLEASE NOTE THAT LINK MUST BE ENTERED IN LOWER CASE LETTERS IN URL.
[HTTPS://STANFORDHEALTHCARE.ORG/CONTENT/DAM/SHC/ABOUT-US/PUBLIC-SERVICES-AN D-COMMUNITY-PARTNERSHIPS/DOCS/SHC-IS-REPORT-23-25-W-HEALTH-PROFILES.PDF](https://stanfordhealthcare.org/content/dam/shc/about-us/public-services-an-d-community-partnerships/docs/shc-is-report-23-25-w-health-profiles.pdf) PLEASE NOTE THAT LINK MUST BE ENTERED IN LOWER CASE LETTERS IN URL.

PART V, SECTION B, LINE 11 THE 2022 CHNA IDENTIFIED AND PRIORITIZED 10 SIGNIFICANT HEALTH NEEDS ACROSS STANFORD HEALTH CARE'S SERVICE AREA OF SANTA CLARA AND SAN MATEO COUNTIES. THE HEALTH NEEDS WERE PRIORITIZED BY APPLYING THE FOLLOWING CRITERIA: - COMMUNITY PRIORITY: THE COMMUNITY PRIORITIZES THE HEALTH NEED OVER OTHER HEALTH NEEDS; BASED ON THE FREQUENCY WITH WHICH THE KEY INFORMANTS EXPRESSED CONCERN ABOUT

EACH HEALTH OUTCOME DURING THE CHNA PRIMARY DATA COLLECTION. - ASSETS & RESOURCES: THERE IS A LACK OF SUFFICIENT ASSETS AND/OR RESOURCES TO ADDRESS THE HEALTH NEED. FOR EXAMPLE, A LACK OF SPECIALTY CARE, HEALTH FACILITIES, AFFORDABLE HEALTHY BEHAVIORS, OR INFORMATION. - CLEAR DISPARITIES OR INEQUITIES: RECOGNIZABLE DIFFERENCES IN HEALTH OUTCOMES EXIST AMONG SUBGROUPS OF PEOPLE (BASED ON GEOGRAPHY, LANGUAGE, ETHNICITY, CULTURE, CITIZENSHIP STATUS, ECONOMIC STATUS, SEXUAL ORIENTATION, AGE, GENDER IDENTITY, OR OTHER FACTORS). - MULTIPLIER EFFECT: A SUCCESSFUL SOLUTION TO THE HEALTH NEED HAS THE POTENTIAL TO SOLVE MULTIPLE PROBLEMS. FOR EXAMPLE, IF RATES OF OBESITY DECREASE, DIABETES RATES MAY ALSO DECREASE. USING THE CRITERIA, STANFORD HEALTH CARE GATHERED LEADERS WITH KNOWLEDGE AND EXPERTISE IN LOCAL COMMUNITY HEALTH NEEDS AND TRENDS TO PRIORITIZE (RANK) BY ONLINE SURVEY EACH OF THE 10 HEALTH NEEDS GENERATED FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE 10 HEALTH NEEDS ARE LISTED IN PRIORITY ORDER: - ECONOMIC INSECURITY - HOUSING AND HOMELESSNESS - BEHAVIORAL HEALTH - HEALTH CARE ACCESS AND DELIVERY - DIABETES AND OBESITY - MATERNAL AND INFANT HEALTH - CLIMATE AND NATURAL ENVIRONMENT - COMMUNITY SAFETY - CANCER - SEXUALLY TRANSMITTED INFECTIONS SHC'S 2023 - 2025 IMPLEMENTATION STRATEGY PROVIDES DETAILED INFORMATION ABOUT SHC'S STRATEGIES FOR ADDRESSING THE CHNA HEALTH NEEDS AND CAN BE FOUND HERE: [HTTPS://STANFORDHEALTHCARE.ORG/ABOUT-US/COMMUNITY-PARTNERSHIPS.HTML](https://stanfordhealthcare.org/about-us/community-partnerships.html)

PART V, SECTION B, LINE 16A-C URL AT WHICH THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY IS AVAILABLE: [HTTPS://STANFORDHEALTHCARE.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE.HTML](https://stanfordhealthcare.org/for-patients-visitors/financial-assistance.html) PLEASE NOTE THAT LINK MUST BE ENTERED IN LOWER CASE LETTERS IN URL.

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

Part V Facility Information (continued)

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

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

Name and address	Type of Facility (describe)
1 STANFORD EMPLOYER HEALTH CLINIC AT CISCO 3571 N 1ST STREET BLDG Q SAN JOSE, CA 95134	STANFORD EMPL HEALTH CLINIC AT CISCO
2 STANFORD EMP HEALTH CLINIC AT QUALCOMM 3165 KIFER RD SANTA CLARA, CA 95051	STANFORD EMP HEALTH CLINIC AT QUALCOMM BAY AREA
3 STANFORD EMP HEALTH CLINIC AT VERIZON 1189 COLMAN AVE SAN JOSE, CA 95110	STANFORD EMP HEALTH CLINIC AT VERISON MEDIA
4 STANFORD EMP HEALTH CLINIC AT QUALCOMM 5535 MOREHOUSE DRIVE S-270 SAN DIEGO, CA 92121	STANFORD EMP HEALTH CLINIC AT QUALCOMM
5 STANFORD EMP HEALTH CLINIC AT QUALCOMM 10155 PACIFIC HEIGHTS BLVD SAN DIEGO, CA 92121	STANFORD EMP HEALTH CLINIC AT QUALCOMM
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

Form and Line Reference	Explanation
PART I, LINE 6A	<p>YES, STANFORD HEALTH CARE PREPARED A COMMUNITY BENEFIT REPORT DURING THE 2022 TAX YEAR. PART I, LINE 7E COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS TOTALED \$(3,103,059) IN FY23. THE COMMUNITY HEALTH IMPROVEMENT SERVICES CONSISTS OF - COMMUNITY HEALTH EDUCATION PROGRAMS - HEALTH LIBRARY SERVICES - INSURANCE ENROLLMENT FOR UNINSURED AND UNDERINSURED PATIENTS - SUPPORTIVE CARE PROGRAMS - COVID-19 RESPONSE* *STANFORD HEALTH CARE'S COVID-19 RESPONSE ACTIVITIES ARE INCLUDED AS COMMUNITY HEALTH IMPROVEMENT SERVICES. THESE ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO BROAD COMMUNITY TESTING AND VACCINATION; PURCHASE AND STORAGE OF ANTIGEN TESTS AND PERSONAL PROTECTIVE EQUIPMENT FOR HOSPITAL USE; PATIENT CARE SERVICES; STAFFING; CAPITAL IMPROVEMENTS AND INFRASTRUCTURE TO SUPPORT PATIENT CARE AND COMMUNITY HEALTH; AND COMMUNITY-BASED EMERGENCY MANAGEMENT LEADERSHIP AND SUPPORT. TO DATE (FY20-FY23), SHC HAS PROVIDED \$5.5M IN UNCOMPENSATED COVID-19-RELATED COMMUNITY BENEFITS. PER SCH H INSTRUCTIONS, NEGATIVE NUMBERS ARE TO BE REPORTED AS \$0. SINCE COVID-19 PANDEMIC INCEPTION, SHC COVID-19 RESPONSE FINANCIALS ARE: FY20 FY21 FY22 FY23 FOUR YEAR TOTAL EXPENSES (GROSS) \$405M \$183.5M \$130M \$17M \$736M OFFSETTING REVENUE \$102M \$392M \$208M \$28M \$731M TOTAL UNCOMPENSATED COVID-19 RESPONSE \$303M \$(208.5)M \$(77)M \$(11)M \$5.5M *SOME DIRECT COVID-19-RELATED OFFSETTING REVENUE RECEIVED IN FY23 REIMBURSES FOR COVID-19-RELATED COSTS INCURRED DURING FY20, FY21 AND FY22. STANFORD HEALTH CARE'S COMMUNITY HEALTH IMPROVEMENT SERVICES, NOT RELATED TO COVID-19 RESPONSE, AND COMMUNITY BENEFIT OPERATIONS TOTAL \$7,937,532 AND INCLUDE: - COMMUNITY HEALTH EDUCATION PROGRAMS - HEALTH LIBRARY SERVICES - INSURANCE ENROLLMENT FOR UNINSURED AND UNDERINSURED PATIENTS - SUPPORTIVE CARE PROGRAMS</p>
PART I, LINE 7F	<p>HEALTH PROFESSIONS EDUCATION CONTRIBUTIONS FOR COMMUNITY BENEFIT TOTALED \$161,989,085 IN FY23. THE HEALTH PROFESSIONS EDUCATION PROGRAM CONSISTS OF FOUR PROGRAMS: - MEDICAL STUDENT TRAINING, RESIDENT AND FELLOW TRAINING: STUDENT TRAINING PROGRAMS INCLUDED ALL PRIMARY AND SPECIALTY PROGRAMS. - NURSE STUDENT TRAINING - ALLIED HEALTH PROFESSIONS TRAINING, INCLUDING - CLINICAL LABORATORY - CLINICAL NUTRITION/DIETICIANS - DOSIMETRY - NUCLEAR MEDICINE - PARAMEDIC - PHARMACY - PHYSICIAN ASSISTANT - PSYCHOLOGY - RADIOLOGY - REHABILITATION SERVICES - RESPIRATORY CARE SERVICES - ULTRASOUND - WOUND CARE - OTHER HEALTH PROFESSIONS EDUCATION, INCLUDING - CONTINUING EDUCATION FOR NURSES AND SOCIAL WORK PROFESSIONALS. - CLINICAL PASTORAL EDUCATION: STUDENTS, FROM A RANGE OF RELIGIOUS TRADITIONS, ENROLL IN THIS PROGRAM TO PREPARE FOR A CAREER IN CHAPLAINCY OR RECEIVE CONTINUING EDUCATION IN PASTORAL/SPIRITUAL CARE. UPON COMPLETION OF THIS YEAR-LONG PROGRAM, STUDENTS USE THEIR TRAINING AS CLERGY TO PROVIDE EFFECTIVE SPIRITUAL CARE TO INDIVIDUALS AND FAMILIES FACING HEALTH CHALLENGES, INCLUDING DEATH, DYING, AND BEREAVEMENT.</p>
PART I, LINE 7G	<p>SUBSIDIZED HEALTH SERVICES CONTRIBUTIONS TOTALED \$6,049,402 IN FY23. STANFORD HEALTH CARE SUBSIDIZED HEALTH SERVICES INCLUDES THE STANFORD LIFE FLIGHT PROGRAM AND SECOND OPINION SERVICES AVAILABLE TO THE COMMUNITY. - STANFORD LIFE FLIGHT IS HELICOPTER TRANSPORT OF CRITICALLY ILL AND INJURED ADULT, PEDIATRIC, AND NEONATAL PATIENTS TO DEFINITIVE CARE, REGARDLESS OF THE PATIENT'S ABILITY TO PAY. - THE ONLINE SECOND OPINION PROGRAM OFFERS THE BROAD COMMUNITY SECOND OPINION SERVICES. COMMUNITY MEMBERS CAN PROVIDE THEIR HEALTH RECORDS FOR SHC PROVIDERS TO REVIEW AND PROVIDE A SECOND OPINION FOR DIAGNOSIS AND TREATMENT PLAN. LINKAGE TO SHC SPECIALTY CARE IS AVAILABLE, REGARDLESS OF PAYER.</p>
PART I, LINE 7H	<p>RESEARCH CONTRIBUTIONS TOTALED \$64,133 IN FY23. STANFORD HEALTH CARE'S CONDUCTS CLINICAL AND COMMUNITY HEALTH RESEARCH THROUGH THE OFFICE OF NURSING, PATIENT CARE, HEALTH EQUITY AND RESEARCH(OONPCHER). ADDITIONALLY, SHC PROVIDES FINANCIAL SUPPORT TO STANFORD UNIVERSITY FOR CLINICAL AND COMMUNITY HEALTH RESEARCH. OONPCHER IS STAFFED BY RESEARCH SCIENTISTS AND COORDINATORS, CONDUCTS RESEARCH AND CLINICAL TRIALS TO IMPROVE CARE DELIVERY AND HEALTH OUTCOMES ACROSS THE HEALTH CARE FIELD. THE FY23 RESEARCH INITIATIVES STUDIED WERE: 1. RACE IN CLINICAL INFORMATICS, 2. BUILDING A CULTURE OF HEALTH EQUITY IN RESEARCH AND 3. THE ROLE OF NURSING IN HEALTH EQUITY OONPCHER PARTNERS WITH SAFETY NET CARE PROVIDERS, LOCAL LAW ENFORCEMENT, AND THE LOCAL CHAPTER OF THE NATIONAL BLACK NURSES ASSOCIATION. PART I, LINE 7I CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY BENEFIT TOTALED \$90,429,175 IN FY23.</p>
PART II, LINE 1	<p>PHYSICAL IMPROVEMENTS AND HOUSING: SHC SPONSORED THE 2023 REBUILDING TOGETHER PENINSULA DAY, WHICH SUPPORTED VOLUNTEER EFFORTS TO PROVIDE HOUSING IMPROVEMENTS TO A LOW-INCOME FAMILY. HOUSING IMPROVEMENTS INCLUDED UPDATING FENCING TO MEET HUD HEALTHY HOUSING STANDARDS, THROUGH TEARDOWN OF EXISTING FENCING AND INSTALLATION OF NEW, SECURE FENCING FOR ELDERLY HOMEOWNERS.</p>
PART II, LINE 3	<p>COMMUNITY SUPPORT: SHC'S OFFICE OF EMERGENCY MANAGEMENT (OEM) PLAYS A KEY ROLE IN DISASTER PLANNING FOR THE COMMUNITY. THROUGH OEM, SHC COLLABORATES WITH LOCAL MUNICIPALITIES, COUNTY GOVERNMENT, AND OTHER HOSPITALS TO COORDINATE PLANNING, MITIGATION, REPOSE, AND RECOVERY ACTIVITIES FOR EVENTS THAT COULD ADVERSELY IMPACT THE COMMUNITY. THE GOAL OF THESE ACTIVITIES IS TO MINIMIZE THE IMPACT ON LIFE, PROPERTY, AND THE ENVIRONMENT FROM CATASTROPHIC EVENTS SUCH AS PANDEMIC FLU, EARTHQUAKES, AND OTHER DISASTERS. OEM WORKS WITH EMERGENCY MEDICAL SERVICES IN BOTH SAN MATEO AND SANTA CLARA COUNTIES ON JOINT DISASTER EXERCISES, DISASTER PLANNING AND MITIGATION, AND BEST PRACTICES. OEM PROVIDES CRITICAL SERVICES FOR SAN MATEO AND SANTA CLARA COUNTIES' EMS AND OTHER AGENCIES, AS WELL AS THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND OTHER HOSPITALS BY MAINTAINING CACHES OF EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES FOR READY ACCESS AND DEPLOYMENT IN THE CASE OF DISASTER OR EMERGENCIES. OEM PROVIDES REGULAR INVENTORY REVIEW AND 24/7 SECURITY TO ENSURE THAT THESE EMS SUPPLIES ARE SERVICE-READY AT ALL TIMES. SHC'S OFFICE OF EMERGENCY MANAGEMENT DEVOTED SIGNIFICANT LEADERSHIP AND RESOURCES TO THE LOCAL AND REGIONAL COVID-19 EMERGENCY MANAGEMENT EFFORTS. THESE EFFORTS ARE ACCOUNTED FOR IN COMMUNITY HEALTH IMPROVEMENT SERVICES (CATEGORY 7A). PART II, LINE 8 WORKFORCE DEVELOPMENT: SHC OFFERED A CORPORATE WORK STUDY EXPERIENCE FOR LOW-INCOME AND VULNERABLE HIGH SCHOOL STUDENTS, AN INTERNSHIP FOR LOW-INCOME, FIRST-GENERATION STUDENTS, AN ORTHOPEDIC TECHNICIAN STUDENT TRAINING PROGRAM AND AN IMMERSIVE YOUTH SCIENCE PROGRAM FOR LOW-INCOME, FIRST-GENERATION HIGH SCHOOL STUDENTS.</p>
PART III, LINE 2 & 4	<p>THE ESTIMATES OF CONTRACTUAL ADJUSTMENTS ARE DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, DISCOUNT POLICY, AND HISTORICAL COLLECTION EXPERIENCE. THE PROCESS FOR ESTIMATING THE ULTIMATE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLES INVOLVED HISTORICAL COLLECTION EXPERIENCE, CHANGES IN CONTRACTS WITH PAYORS, AND SIGNIFICANT ASSUMPTIONS AND JUDGMENT.</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 2023. THE AMOUNT OF THE COST FOR PART III, SECTION B LINE 6 IS DETERMINED BY APPLYING THE PAYER SPECIFIC RCC TO ALL CHARGES FOR MEDICARE RELATED PROGRAMS, INCLUDING TRADITIONAL MEDICARE PROGRAM AND MANAGED CARE SENIOR PROGRAMS RESPECTIVELY. SHC'S LARGEST COMMUNITY BENEFIT INVESTMENT IS IN IMPROVING ACCESS TO NEEDED HEALTHCARE SERVICES FOR VULNERABLE COMMUNITY MEMBERS. BENEFITS AND THE SERVICES ARE NOT ONLY PROVIDED TO THE POOR BUT TO THOSE WHO NEED SPECIAL SERVICES AND SUPPORT, WHICH INCLUDES MEDICARE BENEFICIARIES. THUS, TOTAL COMMUNITY BENEFIT EXPENSE WHICH INCLUDES UNCOMPENSATED COSTS OF PUBLIC PROGRAM FOR TREATING MEDICARE BENEFICIARIES IN EXCESS OF GOVERNMENT PAYMENTS. PART III, SECTION C, LINE 9B IT IS THE POLICY OF SHC TO FOLLOW THE STANDARDS AND PRACTICES FOR COLLECTION OF PATIENT DEBT IN ACCORDANCE WITH THE REQUIREMENTS OF CALIFORNIA ASSEMBLY BILL 774. SHC HAS A VARIETY OF OPTIONS FOR PATIENTS FACING FINANCIAL ASSISTANCE HARDSHIP INCLUDING UNINSURED DISCOUNTS, NO INTEREST PAYMENT ARRANGEMENTS, AND A CHARITY CARE PROGRAM. PATIENTS WHO APPLY FOR CHARITY CARE AND QUALIFY MAY RECEIVE UP TO 100% FINANCIAL ASSISTANCE. SHC WILL SUSPEND ANY AND ALL COLLECTION ACTIONS IF A COMPLETED FINANCIAL ASSISTANCE APPLICATION, INCLUDING ALL REQUISITE SUPPORTING DOCUMENTATION, IS RECEIVED. SHC</p>

	DOES NOT ALLOW THEIR COLLECTION AGENCIES TO REPORT DEBT TO CREDIT BUREAUS, GARNISH WAGES OR FILE LIENS ON PRIMARY RESIDENCES.
PART VI, LINE 2	A FOUR-HOSPITAL COLLABORATIVES WAS FORMED FOR THE PURPOSE OF IDENTIFYING AND ADDRESSING CRITICAL HEALTH NEEDS OF THE COMMUNITY. DURING 2022, SHC WORKED TOGETHER WITH THE COLLABORATIVE TO CONDUCT AN EXTENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), WHICH MEETS ALL REQUIREMENTS OF THE CALIFORNIA STATE SENATE BILL 697 AS WELL AS IRS REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGIES PURSUANT TO THE 2010 AFFORDABLE CARE ACT (SECTION 1501(B)(3)). THROUGH THIS PROCESS, THE COLLABORATIVE COMPILED STATISTICAL DATA AND PROVIDED COMPARISONS AGAINST HEALTHY PEOPLE 2020 BENCHMARKS. WHERE HEALTHY PEOPLE 2020 BENCHMARKS WERE NOT AVAILABLE, STATEWIDE AVERAGES AND RATES WERE USED AS BENCHMARKS. THE COLLABORATIVES CONDUCTED PRIMARY RESEARCH USING THREE STRATEGIES FOR COLLECTING COMMUNITY INPUT: INTERVIEWS WITH HEALTH EXPERTS, FOCUS GROUPS WITH COMMUNITY LEADERS AND STAKEHOLDERS, AND RESIDENT FOCUS GROUPS. TO PROVIDE A VOICE TO THE COMMUNITY, AND IN ALIGNMENT WITH THE IRS REGULATIONS, THE FOCUS GROUPS TARGETED RESIDENTS WHO ARE MEDICAL UNDERSERVED, IN POVERTY, AND OF MINORITY POPULATIONS. THIS DATA COLLECTION WAS SYNTHESIZED AND PRODUCED A LIST OF 10 SIGNIFICANT HEALTH NEEDS ACROSS STANFORD HEALTH CARE'S SERVICE AREA OF SANTA CLARA AND SAN MATEO COUNTIES. THE STANFORD HEALTH CARE COMMUNITY PARTNERSHIP PROGRAM STEERING COMMITTEE PRIORITIZED THE LIST OF SIGNIFICANT HEALTH NEEDS BY APPLYING THE FOLLOWING CRITERIA: - COMMUNITY PRIORITY: THE COMMUNITY PRIORITIZES THE HEALTH NEED OVER OTHER HEALTH NEEDS; BASED ON THE FREQUENCY WITH WHICH THE KEY INFORMANTS EXPRESSED CONCERN ABOUT EACH HEALTH OUTCOME DURING THE CHNA PRIMARY DATA COLLECTION. - ASSETS & RESOURCES: THERE IS A LACK OF SUFFICIENT ASSETS AND/OR RESOURCES TO ADDRESS THE HEALTH NEED. FOR EXAMPLE, A LACK OF SPECIALTY CARE, HEALTH FACILITIES, AFFORDABLE HEALTHY BEHAVIORS, OR INFORMATION. - CLEAR DISPARITIES OR INEQUITIES: RECOGNIZABLE DIFFERENCES IN HEALTH OUTCOMES EXIST AMONG SUBGROUPS OF PEOPLE (BASED ON GEOGRAPHY, LANGUAGE, ETHNICITY, CULTURE, CITIZENSHIP STATUS, ECONOMIC STATUS, SEXUAL ORIENTATION, AGE, GENDER IDENTITY, OR OTHER FACTORS). - MULTIPLIER EFFECT: A SOLUTION TO THE HEALTH NEED HAS THE POTENTIAL TO SOLVE MULTIPLE PROBLEMS. FOR EXAMPLE, IF RATES OF OBESITY DECREASE, DIABETES RATES MAY ALSO DECREASE. PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE SHC PROVIDES DEDICATED RESOURCES TO PATIENTS THAT APPLY FOR CHARITY CARE AND PROACTIVELY CONDUCTS OUTREACH TO PATIENTS TO INFORM THEM OF THE PROGRAM'S AVAILABILITY AND THEIR POTENTIAL ELIGIBILITY FOR ASSISTANCE. BROCHURES AND SIGNAGE ARE CONSPICUOUSLY DISPLAYED AT ALL CARE DELIVERY LOCATIONS WITH INSTRUCTION ON WHERE TO LOCATE ADDITIONAL INFORMATION ON ELIGIBILITY FOR FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE APPLICATIONS, AND INSTRUCTIONS ON HOW TO APPLY ARE ALSO AVAILABLE ON THE SHC WEBSITE, VIA MAIL, MYHEALTH (SHC'S ONLINE PATIENT BILLING PLATFORM) AND IN ALL SHC CARE DELIVERY LOCATIONS.
PART VI, LINE 4	SHC IS A REGIONAL REFERRAL CENTER FOR AN ARRAY OF ADULT SPECIALTIES, DRAWING PATIENTS FROM THROUGHOUT CALIFORNIA, ACROSS THE COUNTRY, AND INTERNATIONALLY. HOWEVER, DUE TO ITS LOCATION IN PALO ALTO, ON THE NORTHERN END OF SANTA CLARA COUNTY AND BORDERING SAN MATEO COUNTY, THE MAJORITY OF SHC'S PATIENTS (APPROXIMATELY 51%) ARE RESIDENTS OF SAN MATEO AND SANTA CLARA COUNTIES. THEREFORE, FOR THE PURPOSES OF ITS COMMUNITY BENEFIT PROGRAM, SHC HAS IDENTIFIED THESE TWO COUNTIES AS ITS TARGET COMMUNITY. SHC MAINTAINS A STRONG COMMITMENT TO THE HEALTH OF ITS COMMUNITY MEMBERS AND DEDICATES CONSIDERABLE RESOURCES TO SUPPORT ITS COMMUNITY BENEFIT PROGRAM. IN 2022, APPROXIMATELY 1.87 MILLION RESIDENTS LIVED IN SANTA CLARA COUNTY. SAN MATEO COUNTY IS FAR SMALLER WITH APPROXIMATELY 729,000 RESIDENTS IN 2022. THE POPULATION OF BOTH COUNTIES IS VERY DIVERSE WITH THE NON-WHITE POPULATION REPRESENTING 70% (SCC) AND 43% (SMC) OF THE TOTAL POPULATION. ABOUT 4% OF BOTH COUNTIES IS UNINSURED. MORE THAN ONE THIRD OF RESIDENTS IN BOTH COUNTIES ARE FOREIGN-BORN. THE FEDERAL POVERTY LINE (FPL) IS THE TRADITIONAL MEASURE OF POVERTY IN A COMMUNITY. UNFORTUNATELY, THE FPL DOES NOT TAKE INTO CONSIDERATION LOCAL CONDITIONS SUCH AS THE HIGH COST OF LIVING IN THE SAN FRANCISCO BAY AREA. AS SUCH, THE INSIGHT CENTER FOR COMMUNITY ECONOMIC DEVELOPMENT'S CALIFORNIA SELF-SUFFICIENCY STANDARD (CASS) IS A BETTER ESTIMATE OF ECONOMIC STABILITY IN BOTH COUNTIES. CASS CITES THAT 28% OF HOUSEHOLDS IN SCC AND 33% OF HOUSEHOLDS IN SMC IN 2021 WERE UNABLE TO MEET THEIR BASIC NEEDS. FOR A FAMILY WITH TWO CHILDREN, CASS ESTIMATES THAT AN ANNUAL INCOME OF \$138,742 IN SCC AND \$160,617 IN SMC WAS NECESSARY TO MEET BASIC NEEDS, COMPARED TO \$126,616 ACROSS THE BAY AREA. WHILE MINIMUM WAGE WAS \$14-\$16.30 (SCC) AND \$14-\$15.90 (SMC) PER HOUR IN 2021, FOR TWO ADULTS (ONE WORKING) WITH TWO CHILDREN, SELF-SUFFICIENCY REQUIRES AN HOURLY WAGE OF \$51.82 (SMC) AND \$54.28 (SMC). LASTLY, CASS REPORTS A 23% INCREASE IN THE COST OF BASIC LIVING EXPENSES ACROSS BOTH COUNTIES BETWEEN 2018 AND 2021. UNFORTUNATELY, THE BUREAU OF LABOR STATISTICS CITES ONLY A 3.3% PER YEAR AVERAGE INCREASE IN WAGES ACROSS THE SAN JOSE-SAN FRANCISCO-OAKLAND METROPOLITAN AREA DURING 2023. IN 2021, THE INSIGHT CENTER FOR COMMUNITY ECONOMIC DEVELOPMENT PUBLISHED THE COST OF BEING CALIFORNIAN, WHICH CITES SIGNIFICANT INCOME, ETHNIC, AND GENDER DISPARITIES EXIST ACROSS CALIFORNIA. THE KEY FINDINGS OF THE COST OF BEING CALIFORNIA REPORT, INCLUDE: - CALIFORNIA (CA) HOUSEHOLDS OF COLOR ARE TWICE AS LIKELY AS WHITE HOUSEHOLDS TO LACK ADEQUATE INCOME TO MEET THEIR BASIC NEEDS - 46% OF BLACK, 35% OF NATIVE, AND 38% OF HISpanic HOUSEHOLDS ARE STRUGGLING TO MEET B.S. 18% OF WHITE HOUSEHOLDS - CA HOUSEHOLDS OF COLOR MAKE UP 59% OF ALL CALIFORNIA HOUSEHOLDS, BUT CONSTITUTE 73% OF HOUSEHOLDS THAT FALL BELOW THE CASS - WOMEN IN CA ARE MORE ECONOMICALLY DISADVANTAGED THAN MEN ACROSS MANY FACTORS, INCLUDING LOWER PAY, TAKING UNPAID TIME TO CARE FOR CHILDREN OR FAMILY MEMBERS, UNDEREMPLOYMENT, AND OCCUPATIONAL SEGREGATION - HAVING EVEN ONE CHILD NEARLY DOUBLES THE LIKELIHOOD OF LIVING BELOW CASS - POLICY CHANGE TO INCREASE WAGES, INSTITUTE COMPREHENSIVE PAID FAMILY LEAVE, CURB RISING HOUSING COSTS, AND ESTABLISH UNIVERSAL CHILD CARE ARE NEEDED
PART VI, LINE 5	STANFORD HEALTH CARE MAKES ANNUAL COMMUNITY INVESTMENT GRANTS TO COMMUNITY NONPROFITS WORKING ON SIGNIFICANT HEALTH NEEDS AS DETERMINED BY THE MOST RECENT CHNA. IN ADDITION, THE HOSPITAL MAKES SIGNIFICANT INVESTMENTS THAT PROMOTE THE HEALTH OF THE COMMUNITY. THESE PROGRAMS ARE FULLY DESCRIBED IN THE FY2023 COMMUNITY BENEFIT REPORT AND IMPLEMENTATION PLAN FILED JANUARY 2024 WITH THE STATE OF CALIFORNIA DEPARTMENT OF HEALTHCARE ACCESS AND INFORMATION (CA-HCAI). A THOROUGH ACCOUNTING OF THE HOSPITAL'S EFFORTS TO PROMOTE COMMUNITY HEALTH CAN BE READ IN THE REPORT, WHICH IS AVAILABLE AT HTTPS://STANFORDHEALTHCARE.ORG/ABOUT-US/COMMUNITY-PARTNERSHIPS.HTML . BELOW IS A LISTING OF STANFORD HEALTH CARE'S SERVICES AND ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITY WE SERVE: HEALTH PROFESSIONS EDUCATION THE HOSPITAL IS A MAJOR EMPLOYER IN THE COMMUNITY IT SERVES AND, AS AN ACADEMIC MEDICAL CENTER, INVESTS SIGNIFICANTLY IN TRAINING 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.
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM IN MAY 2015, THE HOSPITAL COMMITTEE FOR THE LIVERMORE-PLEASANTON AREAS (VCHS) BECAME AN AFFILIATE OF STANFORD HEALTH CARE (SHC). VCHS PARTNERS WITH SHC TO SERVE THE EAST BAY'S TRI-VALLEY REGION OF LIVERMORE, DUBLIN AND PLEASANTON. VCHS'S FACILITIES IN LIVERMORE, DUBLIN AND PLEASANTON INCLUDE VALLEY MEDICAL CENTER, EMERGENCY SERVICES AND TWO URGENT CARE CENTERS. VCHS ALLOWS SHC TO EXPAND ITS PRESENCE IN THE CRITICAL TRI-VALLEY AREA BY PARTNERING WITH A HIGH QUALITY, HIGH VALUE COMMUNITY HOSPITAL. VCHS WILL PARTICIPATE IN ALL THREE OF SHC'S MISSIONS BY PROVIDING SHC'S LEADING EDGE CLINICAL CARE IN THE VCHS COMMUNITY, TRAINING FUTURE MEDICAL LEADERS THROUGH RESIDENCY ROTATIONS AND OTHER ACADEMIC PURSUITS, AND PROVIDING THE TRI-VALLEY AREA INCREASED ACCESS TO CLINICAL TRIALS FOR LIFE-SAVING TREATMENTS. IN ADDITION, SHC'S GROWING EXPERTISE IN POPULATION AND PRECISION HEALTH WILL BE LEVERAGED TO SERVE THIS COMMUNITY. EFFECTIVE JULY 26, 2022, STANFORD HEALTH CARE-VALLEYCARE (FORMERLY VCHS) HAS CHANGED ITS NAME TO STANFORD HEALTH CARE TRI-VALLEY.
PART VI, LINE 7	ALL STATES IN WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT: CALIFORNIA

Schedule H (Form 990) 2022

Additional Data

Return to Form

Software ID:

Software Version:

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 for the latest information.

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.

Table with 8 columns: (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. Contains 28 rows of grant data.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 28
3 Enter total number of other organizations listed in the line 1 table. 0

Schedule I (Form 990) 2022 Page 2

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

Table with 6 columns: (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. Contains 7 rows.

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

Table with 2 columns: Return Reference, Explanation. Contains one row regarding procedures for monitoring use of grant funds.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. 2022

Part I Questions Regarding Compensation. 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. 1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on line 1a?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Table with 7 columns: (A) Name and Title, (B) Base compensation, (C) Bonus & incentive compensation, (D) Other reportable compensation, (E) Retirement and other deferred compensation, (F) Nontaxable benefits, (G) Total of columns (B)-(F), (H) Compensation in column (B) reported as deferred on prior Form 990. Rows include David Entwistle, Linda Hoff, Quinn McKenna, Sridhar Seshadri, David D Jones, Priya Singh, Dale Beatty, Gary Fritz, Alison M Kerr, Catherine D Krna, James Martin Jr, Thomas Y Kim, Carol D Roric, Rosanne Roth, Timothy Seay-Morrison, Elizabeth Choi, Mary Hawn, Paul King, Randall Livingston, Megan Mahoney, and Lloyd B Minor.

		41,591,822	25,188,000	1,948,208	51,200	41,591	4,470,822	1,500,000
22 THOMAS MONTINE MD DIRECTOR (SEE SCHEDULE O)	(i)	0	0	0	0	0	0	0
	(ii)	694,037	315,145	3,696	30,500	29,482	1,072,860	0
23 JAY SHAH MD DIRECTOR (SEE SCHEDULE O)	(i)	0	0	0	0	0	0	0
	(ii)	356,443	210,804	40,000	11,224	31,405	649,876	0
24 EILA SKINNER MD DIRECTOR (SEE SCHEDULE O)	(i)	0	0	0	0	0	0	0
	(ii)	794,024	504,290	0	30,500	39,454	1,368,268	0

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	3 OFFICERS, 2 KEY EMPLOYEES, 1 HIGHEST COMPENSATED EMPLOYEE, AND 1 FORMER KEY EMPLOYEE RECEIVED HOUSING AS A TAXABLE BENEFIT AND THE AMOUNT HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN B (III).
SCHEDULE J, PART I, LINE 4A	IN CONNECTION WITH HIS DEPARTURE, DAVID D. JONES RECEIVED A SEVERANCE PAYMENT OF \$595,136 IN 2022.
SCHEDULE J, PART I, LINE 4B	STANFORD HEALTH CARE ("SHC") PROVIDES ALL SENIOR EXECUTIVES WITH A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO SUPPLEMENT THEIR RETIREMENT BENEFITS. FOR EACH CALENDAR YEAR, A HYPOTHETICAL ACCOUNT IS ESTABLISHED FOR EACH PARTICIPANT AND CREDITED WITH AN AMOUNT EQUAL TO A PERCENTAGE OF BASE SALARY (DEPENDING ON THE INDIVIDUAL'S POSITION) AS OF THE LAST DAY OF EACH QUARTER. THE COMPENSATION COMMITTEE MAY DETERMINE THAT CREDITS SHALL BE MADE IN ADDITION TO THOSE ABOVE IN ITS SOLE DISCRETION. A PARTICIPANT BECOMES VESTED IN EACH CALENDAR YEAR ACCOUNT ON THE FIRST BUSINESS DAY OF JANUARY FOLLOWING THE SECOND CALENDAR YEAR IN WHICH THE ACCOUNT WAS ESTABLISHED (OR, IF LATER, THE DATE ON WHICH THE PARTICIPANT COMPLETES TWO FULL YEARS OF PARTICIPATION). THE PARTICIPANT BECOMES FULLY VESTED IN HIS OR HER ACCOUNTS UNDER THE SERP UPON THE EARLIEST OF (A) DISCHARGE FROM EMPLOYMENT WITHOUT CAUSE; (B) ENTITLEMENT TO LONG-TERM DISABILITY INCOME BENEFITS; (C) ATTAINMENT OF AGE OF 60 WHILE EMPLOYED OR IF LATER, THE PARTICIPANT'S COMPLETION OF TWO FULL YEARS OF PARTICIPATION; (D) COMPLETION OF SEVEN YEARS AS AN ELIGIBLE EMPLOYEE; OR (E) DEATH. THE FOLLOWING AMOUNTS BECAME VESTED AND WERE PAID TO THE FOLLOWING INDIVIDUALS IN CALENDAR YEAR 2022: SRIDHAR B. SESHADRI \$ 94,344 CATHERINE D. KRNA \$ 53,176 DAVID ENTWISTLE \$ 346,221 DAVID D. JONES \$ 5,625 QUINN MCKENNA \$ 152,613 LINDA HOFF \$ 117,466 DALE BEATTY \$ 179,881 ALISON M. KERR \$ 169,113 THOMAS Y. KIM \$ 147,353 PRIYA SINGH \$ 76,236 JAMES J. MARTIN, JR. \$ 42,814 GARY FRITZ \$ 37,174 PAUL KING \$ 200,546 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 2022 ARE REPORTED IN COLUMN (F). RANDALL LIVINGSTON AND LLOYD B. MINOR PARTICIPATE IN A DEFERRED COMPENSATION PLAN AT STANFORD UNIVERSITY, A RELATED ORGANIZATION. AMOUNTS CREDITED TO THE PLAN ARE BASED ON PERFORMANCE AND CERTAIN OTHER FACTORS. PLAN BALANCES ARE SUBJECT TO FORFEITURE AND/OR PAYMENT IF CERTAIN CONDITIONS ARE MET. CERTAIN BONUS AMOUNTS MAY BE DEFERRED AND PAID IN A LATER YEAR SUBJECT TO IRC SECTION 457(F).
SCHEDULE J, PART I, LINE 7 & PART II, DESCRIPTION FOR COLUMN B(II)	OFFICERS AND OTHERS WITH AMOUNTS IN THIS COLUMN RECEIVE BONUS AWARDS AND INCENTIVE COMPENSATION. THE ANNUAL INCENTIVE PLAN (AIP) IS BASED ON ACHIEVING CERTAIN GOALS ESTABLISHED PRIOR TO THE NEW FISCAL YEAR. THE GOALS ARE BASED ON THE FOCUSED AREAS, SUCH AS PATIENT CARE, QUALITY/SAFETY SERVICE, FINANCIAL RESULT, AND DEPARTMENT/PERSONAL PERFORMANCE.
SCHEDULE J, PART II, DESCRIPTION FOR COLUMN B(III)	OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN B(III) INCLUDES HOUSING ASSISTANCE, SERP CASH DISTRIBUTION, GRANT MONIES, ACCRUED VACATION PAY OUT, GROUP TERM LIFE, AND TAXABLE MOVING ASSISTANCE. IN ADDITION, SHC HAS PROVIDED VARIOUS ITEMS OF "LISTED PROPERTY" (E.G. COMPUTERS AND PERIPHERALS) TO THE ABOVE LISTED EMPLOYEES PRINCIPALLY FOR THEIR BUSINESS USE.
SCHEDULE J, PART II	DIRECTORS ARE NOT COMPENSATED IN THEIR CAPACITY AS DIRECTORS OF SHC. HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF RELATED ORGANIZATIONS, POSITIONS FOR WHICH THEY RECEIVED COMPENSATION AS REPORTED IN PART II.

Schedule J (Form 990) 2022

Additional Data

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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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Employer identification number 94-6174066

Table with 10 columns: (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. Rows A, B, C, D.

Table with 4 columns: A, B, C, D. Rows 1-13 for Proceeds, 14-17 for Paperwork Reduction Act Notice.

Schedule K (Form 990) 2022

Part III Private Business Use

Table with 8 columns: A, B, C, D. Rows 1-9 regarding private business use of bond-financed property.

Schedule K (Form 990) 2022

Part IV Arbitrage (Continued)

Table with 8 columns: A, B, C, D. Rows 4a-7 regarding arbitrage.

Part V Procedures To Undertake Corrective Action

Table with 8 columns: A, B, C, D. Row 1 regarding corrective action procedures.

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

Table with 2 columns: Return Reference, Explanation. Row 1: TAX EXEMPT BONDS.

REFUNDED BONDS: 06/02/2008 (2008A BONDS) & 06/16/2010 (2010A & 2010B BONDS) BOND ISSUES: D CUSIP#: 13022UVN5 SERIES: 2020 SERIES A
 DESCRIPTION OF PURPOSE: CONSTRUCTION OF REPLACEMENT ACUTE CARE HOSPITAL FACILITY AND RENOVATION OF PORTIONS OF EXISTING ACUTE CARE
 HOSPITAL. CURRENT REFUNDING OF THE 2012C ISSUE DATE OF ISSUE OF REFUNDED BONDS: MAY 23, 2012 (2012C BONDS) PART II, COLUMN (B), LINE 3 : THIS
 AMOUNT DIFFERS FROM THE ISSUE PRICE DUE TO INVESTMENT EARNINGS PART II, COLUMN (C), LINE 3 : THIS AMOUNT DIFFERS FROM THE ISSUE PRICE DUE
 TO INVESTMENT EARNINGS PART II, COLUMN (D), LINE 3 : THIS AMOUNT DIFFERS FROM THE ISSUE PRICE DUE TO INVESTMENT EARNINGS PART III, LINE 4,
 COLUMN (B) EQUITY WAS ALLOCATED TO PRIVATE USE SPACES WHICH RESULTED IN ZERO PERCENT PRIVATE USE FOR THESE BONDS PART III, LINE 4, COLUMN
 (D) EQUITY WAS ALLOCATED TO PRIVATE USE SPACES WHICH RESULTED IN ZERO PERCENT PRIVATE USE FOR THESE BONDS PART IV, LINE 2C, COLUMN (A) -
 REBATE CALCULATION DATE FOR SERIES 2008: 07/02/2023 PART IV, LINE 2C, COLUMN (B) - REBATE CALCULATION DATE FOR SERIES 2015: 08/31/2023 PART IV,
 LINE 2C, COLUMN (C) - REBATE CALCULATION DATE FOR SERIES 2017: 08/31/2023 PART IV, LINE 2C, COLUMN (D) - REBATE CALCULATION DATE FOR SERIES
 2020: 08/31/2023 PART IV ISSUE A: SERIES: 2008 SERIES B1 AND 2008 SERIES B2 NAME OF PROVIDER: DEUTSCHE BANK AG* TERM OF HEDGE: 10
 TERMINATED: 02/26/2014 NOVATED FROM ORIGINAL COUNTERPARTY, J.P. MORGAN CHASE BANK N.A. EFFECTIVE JANUARY 1, 2011 PART IV, LINE 3: 2015B WERE
 VARIABLE BONDS (DEFEASED AND RETIRED IN APRIL 2021). 2008B ARE VARIABLE RATE BONDS

Schedule K (Form 990) 2022

Additional Data

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Schedule K

Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
STANFORD HEALTH CARE

Employer identification number
94-6174066

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) DAVID ENTWISTLE	OFFICER			HOUSING LOAN	X		1,000,000	1,000,000	
(2) DAVID ENTWISTLE	OFFICER	HOUSING LOAN	X		1,000,000	1,000,000		No	Yes		Yes	
(3) DAVID ENTWISTLE	OFFICER	HOUSING LOAN	X		1,000,000	200,000		No	Yes		Yes	
(4) QUINN MCKENNA	OFFICER	HOUSING LOAN	X		500,000	500,000		No	Yes		Yes	
(5) QUINN MCKENNA	OFFICER	HOUSING LOAN	X		500,000	500,000		No	Yes		Yes	
(6) QUINN MCKENNA	OFFICER	HOUSING LOAN	X		500,000	500,000		No	Yes		Yes	
(7) QUINN MCKENNA	OFFICER	HOUSING LOAN	X		500,000	200,000		No	Yes		Yes	
(8) DALE BEATTY	KEY EMPLOYEE	HOUSING LOAN	X		500,000	500,000		No	Yes		Yes	
(9) LINDA HOFF	OFFICER	HOUSING LOAN	X		953,000	953,000		No	Yes		Yes	
(10) GARY FRITZ	FORMER KEY EMPLOYEE	HOUSING LOAN	X		300,000	300,000		No	Yes		Yes	
Total						\$ 5,653,000						

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

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
SCHEDULE L, PART II	LOANS TO/FROM INTERESTED PERSONS EACH LOAN TO AN INTERESTED PERSON IS MADE FROM STANFORD HEALTH CARE (SHC) TO THE INDIVIDUAL (COLUMN D). NONE OF THE LOANS ARE IN DEFAULT (COLUMN G). ALL LOANS HAVE BEEN APPROVED BY THE BOARD OF DIRECTORS (COLUMN H) AND, FOR EACH LOAN ISSUED, THERE EXISTS A WRITTEN AGREEMENT BETWEEN SHC AND THE BORROWER (COLUMN I). THE LOANS TO INTERESTED PERSONS FALL UNDER FOUR CATEGORIES: MORTGAGE ASSISTANCE PROGRAM (MAP), DEFERRED INTEREST PAYMENT (DIP), REDUCED INTEREST PROGRAM (RIP), AND ZERO INTEREST PROGRAM (ZIP). FOR CERTAIN LOANS, SHC WILL SHARE IN ANY APPRECIATION IN VALUE OF THE PROPERTY AT THE TIME OF REPAYMENT BASED ON ITS PERCENTAGE OF OWNERSHIP INTEREST. APPRECIATION IS THE DIFFERENCE BETWEEN THE DUE DATE FAIR MARKET VALUE OF THE PROPERTY AND THE ORIGINAL PURCHASE PRICE. THE MORTGAGE ASSISTANCE PROGRAM LOAN (MAP) IS A NON-AMORTIZING, INTEREST ONLY HOME LOAN REQUIRING THE PRINCIPAL TO BE PAYABLE AT THE TIME OF SALE, PREPAYMENT OR REFINANCING. THE DEFERRED INTEREST 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. THE REDUCED INTEREST PROGRAM LOAN (RIP) IS A NON-AMORTIZING, INTEREST ONLY HOME LOAN REQUIRING PRINCIPAL TO BE PAYABLE AT THE TIME OF SALE, PREPAYMENT, OR REFINANCING. THE ZERO INTEREST PROGRAM LOAN (ZIP) IS A NON-AMORTIZING, ZERO INTEREST HOME LOAN, REQUIRING PRINCIPAL TO BE PAYABLE AT THE TIME OF SALE, PREPAYMENT OR REFINANCING.

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SCHEDULE M | **Nonca**
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SCHEDULE O | **Supplemental Inf**

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SCHEDULE R | **R**