

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 09-01-2017, and ending 08-31-2018**

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

**C** Name of organization  
THE HOSPITAL COMMITTEE FOR THE LIVERMORE-  
PLEASANTON AREAS  
% NICOLE PEDIGO  
Doing business as  
STANFORD HEALTH CARE - VALLEYCARE  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1111 E STANLEY BOULEVARD  
City or town, state or province, country, and ZIP or foreign postal code  
LIVERMORE, CA 94550  
**F** Name and address of principal officer  
RICHARD SHUMWAY  
1111 E STANLEY BOULEVARD  
LIVERMORE, CA 94550

**D** Employer identification number  
94-1429628  
**E** Telephone number  
(925) 373-8000  
**G** Gross receipts \$ 276,019,930  
**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527  
**J** Website: ▶ WWW VALLEYCARE COM

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1958 **M** State of legal domicile CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
SEE SCHEDULE O

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	11
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	6
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	1,623
<b>6</b> Total number of volunteers (estimate if necessary)	255
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	420,497
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	277,802

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	344,987	190,741
<b>9</b> Program service revenue (Part VIII, line 2g)	262,805,149	265,381,005
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,194	11,699
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,823,405	7,192,093
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	269,971,347	272,775,538
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	149,415,630	154,103,730
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	127,289,693	158,986,729
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	276,705,323	313,090,459
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-6,733,976	-40,314,921

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	240,330,879	271,205,496
<b>21</b> Total liabilities (Part X, line 26)	119,787,658	126,741,279
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	120,543,221	144,464,217

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \_\_\_\_\_ Date: 2019-07-08  
LINDA HOFF DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: GWEN SPENCER  
Preparer's signature: GWEN SPENCER  
Date: 2019-06-26  
Check  if self-employed PTIN: P00641463  
Firm's name: PRICEWATERHOUSECOOPERS LLP Firm's EIN: \_\_\_\_\_  
Firm's address: 101 SEAPORT BLVD BOSTON, MA 02210 Phone no: (617) 530-5000

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

STANFORD HEALTH CARE - VALLEYCARE'S MISSION IS TO (1) ASSUME THE LEADERSHIP ROLE FOR THE HEALTH OF THE TRI-VALLEY COMMUNITY AND (2) TO CARE, TO EDUCATE, AND TO DISCOVER

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 283,439,447 including grants of \$ ) (Revenue \$ 271,837,916 )  
See Additional Data

**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 ▶ 283,439,447

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	Yes	No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (6); 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? (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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (NICOLE PEDIGO 1111 E STANLEY BOULEVARD LIVERMORE, CA 94550 (925) 373-8000)







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	190,741			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		190,741			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> PATIENT SERVICES . . . . .	621990	264,430,412	264,009,915	420,497	
	<b>b</b> REIMBURSED/SHARED EXPENSES . . . . .	900099	950,593	950,593		
	<b>c</b> _____ . . . . .					
	<b>d</b> _____ . . . . .					
	<b>e</b> _____ . . . . .					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .		265,381,005				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		287,709		287,709	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents . . . . .	(i) Real				
			3,289,012			
		<b>b</b> Less rental expenses . . . . .		2,553,830		
		<b>c</b> Rental income or (loss) . . . . .		735,182	0	
	<b>d</b> Net rental income or (loss) . . . . .		735,182		735,182	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other		414,552		
		<b>b</b> Less cost or other basis and sales expenses . . . . .		690,562		
		<b>c</b> Gain or (loss) . . . . .		-276,010		
	<b>d</b> Net gain or (loss) . . . . .		-276,010		-276,010	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		0		
		<b>b</b> Less direct expenses . . . . .		0		
<b>c</b> Net income or (loss) from fundraising events . . . . .			0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		0			
	<b>b</b> Less direct expenses . . . . .		0			
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0			
	<b>b</b> Less cost of goods sold . . . . .		0			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue	Business Code					
<b>11a</b> DIETARY SERVICES . . . . .	900099	1,284,634	1,284,634			
<b>b</b> MONTHLY DUES-LIFESTYLE . . . . .	624310	2,934,337	2,934,337			
<b>c</b> CLINIC REVENUE . . . . .	900099	708,448	708,448			
<b>d</b> All other revenue . . . . .		1,529,492	1,529,492			
<b>e Total.</b> Add lines 11a-11d . . . . .		6,456,911				
<b>12 Total revenue.</b> See Instructions . . . . .		272,775,538	271,417,419	420,497	746,881	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	2,256,737		2,256,737	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	104,978,132	101,728,113	3,250,019	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,873,688	5,503,854	369,834	
<b>9</b> Other employee benefits.	32,368,406	30,909,912	1,458,494	
<b>10</b> Payroll taxes.	8,626,767	8,246,601	380,166	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	823,578		823,578	
<b>c</b> Accounting.	195,473		195,473	
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	20,118,265	15,773,281	4,344,984	
<b>12</b> Advertising and promotion.	0			
<b>13</b> Office expenses.	9,641,411	8,944,512	696,899	
<b>14</b> Information technology.	21,017,540	16,046,497	4,971,043	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	10,082,148	9,764,143	318,005	
<b>17</b> Travel.	150,367	82,768	67,599	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	94,037	74,899	19,138	
<b>20</b> Interest.	2,126,921	2,126,921		
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	13,862,347	12,510,610	1,351,737	
<b>23</b> Insurance.	2,047,689	1,857,490	190,199	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	38,896,707	38,808,215	88,492	
<b>b</b> PURCHASED SERVICES	21,670,255	14,387,582	7,282,673	
<b>c</b> HOSPITAL QUALITY ASSUR FEE	16,060,115	16,060,115		
<b>d</b> LICENSE, TAX AND FEES	919,579	304,692	614,887	
<b>e</b> All other expenses	1,280,297	309,242	971,055	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	313,090,459	283,439,447	29,651,012	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	13,779,269	<b>1</b>	5,223,192
	<b>2</b> Savings and temporary cash investments . . . . .	35,693,386	<b>2</b>	30,244,316
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	31,844,183	<b>4</b>	28,650,376
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	5,983,141	<b>8</b>	5,977,374
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,750,304	<b>9</b>	1,178,968
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	219,931,171		
	<b>b</b> Less accumulated depreciation	36,369,302		
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	971,437	<b>14</b>	824,896
	<b>15</b> Other assets See Part IV, line 11 . . . . .	16,441,833	<b>15</b>	15,544,505
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	240,330,879	<b>16</b>	271,205,496	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	34,730,360	<b>17</b>	27,096,971
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	1,288,113	<b>19</b>	6,685,148
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	207,247	<b>23</b>	15,204
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	83,561,938	<b>25</b>	92,943,956
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	119,787,658	<b>26</b>	126,741,279
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	120,214,083	<b>27</b>	144,015,005
	<b>28</b> Temporarily restricted net assets . . . . .	329,138	<b>28</b>	449,212
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	120,543,221	<b>33</b>	144,464,217
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	240,330,879	<b>34</b>	271,205,496

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	272,775,538
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	313,090,459
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-40,314,921
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	120,543,221
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	64,235,917
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	144,464,217

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2c</b>	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-1429628

**Name:** THE HOSPITAL COMMITTEE FOR THE LIVERMORE-  
PLEASANTON AREAS

Form 990 (2017)

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

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN BOOTH MD ..... DIRECTOR	1 6 ..... 0 4	X						0	0	0
MARK CULLEN MD ..... DIRECTOR	1 6 ..... 50 4	X						0	469,171	40,701
DAVID ENTWISTLE ..... CHAIR	1 6 ..... 55 65	X						0	2,423,244	357,563
KAYE FOSTER-CHEEK ..... DIRECTOR	1 6 ..... 2 4	X						0	0	0
JOHN GOLDMAN ..... DIRECTOR	1 6 ..... 2 4	X						0	0	0
LINDA HOFF ..... DIRECTOR (as of 01/18)	1 6 ..... 52 4	X						0	901,421	56,757
QUINN MCKENNA ..... DIRECTOR	1 6 ..... 51 4	X						0	1,932,176	164,143
LLOYD B MINOR MD ..... DIRECTOR (THROUGH 11/17)	1 6 ..... 56 4	X						0	3,643,020	163,818
RANDY POND ..... DIRECTOR	1 6 ..... 0 4	X						0	0	0
JOHN SENSIBA ..... DIRECTOR	1 6 ..... 0 4	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TOPHER SHARP ..... DIRECTOR (as of 01/18)	1 6 ..... 0 4	X						0	489,146	53,360
ALCINA WEGRZYNOWSKI ..... DIRECTOR	1 6 ..... 0 4	X						0	0	0
RICHARD ALESCH ..... VP FINANCE (02/18-07/18)	50 0 ..... 0 4			X				0	0	0
PITT CALKIN ..... INTERIM CFO (Through 09/17)	49 6 ..... 0 4			X				0	0	0
DAVID J CONNOR ..... CFO (09/17-02/18)	1 6 ..... 50 65			X				0	845,144	48,370
SCOTT GREGERSON ..... PRESIDENT	49 6 ..... 0 4			X				540,467	0	156,603
DOUG SMITH ..... CFO (as of 08/18)	50 0 ..... 0 4			X				0	0	0
DAVID SVEC MD ..... CMO (AS OF 11/17)	50 0 ..... 0 4			X				0	376,220	53,554
TRACEY LEWIS TAYLOR ..... COO	50 0 ..... 0 4			X				294,172	0	42,553
GINA TEEPLES ..... CNO	50 0 ..... 0 4			X				337,031	0	51,862

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOREEN MAPLES ..... VP COMPLIANCE & QUALITY	50 0 ..... 0 0				X			229,163	0	35,834
JOHN YEE MD ..... VP CLINICAL INITIATIVES	50 0 ..... 0 0				X			252,744	0	32,519
ROBIN AMERSON ..... REGISTERED NURSE	50 0 ..... 0 0					X		280,179	0	15,028
PAUL MUSER ..... LEAD MULTI-MODALITY TECH	50 0 ..... 0 0					X		252,303	0	37,859
JANINE PINKS ..... CARDIO PHYSICIAN ASSISTANT	50 0 ..... 0 0					X		286,648	0	20,183
RONNIE RAYMUNDO ..... REGISTERED NURSE	50 0 ..... 0 0					X		310,438	0	13,279
JOSEPH YATCO ..... REGISTERED NURSE	50 0 ..... 0 0					X		255,209	0	29,006



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

THE HOSPITAL COMMITTEE FOR THE LIVERMORE-  
PLEASANTON AREAS

Employer identification number

94-1429628

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

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

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 ►

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-1429628

**Name:** THE HOSPITAL COMMITTEE FOR THE LIVERMORE-  
PLEASANTON AREAS

**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**



**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

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

**2017**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization THE HOSPITAL COMMITTEE FOR THE LIVERMORE- PLEASANTON AREAS	Employer identification number 94-1429628
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

**4-Year Averaging Period Under section 501(h)**

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

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

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		100,000
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		13,240
<b>j</b> Total Add lines 1c through 1i			113,240
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**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
PART II-B, LINE 1	LOBBYING ACTIVITIES SHC-VC BELONGS TO THE CALIFORNIA HOSPITAL ASSOCIATION/HOSPITAL COUNCIL OF NORTHERN & CENTRAL CALIFORNIA IN WHICH A PORTION OF DUES PAID TO THESE ORGANIZATIONS IS SPENT ON EFFORTS TO INFLUENCE LEGISLATION MATTERS IN THE HEALTH CARE INDUSTRY DURING FY18, SHC-VC PAID DUES OF APPROXIMATELY \$122,362 TO THESE ORGANIZATIONS AND THE APPROXIMATE AMOUNT OF DUES SPENT ON LOBBYING PURPOSES WAS \$13,240 SHC-VC INCURRED A GRANT EXPENSE OF \$100,000 TO PROTECT OUR LOCAL HOSPITALS AND HEALTH CARE THE FUNDS WILL BE USED FOR POLLING, OTHER RESEARCH, LEGAL AND RELATED EXPENSES

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

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
THE HOSPITAL COMMITTEE FOR THE LIVERMORE-  
PLEASANTON AREAS

**Employer identification number**  
94-1429628

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

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

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

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

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

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

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

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 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 ▶
  - c** Temporarily restricted endowment ▶
- 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 |
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .		35,524,005		35,524,005
<b>b</b> Buildings . . . . .		73,455,711	10,843,465	62,612,246
<b>c</b> Leasehold improvements		8,766,000	4,844,824	3,921,176
<b>d</b> Equipment . . . . .		93,959,803	18,949,448	75,010,355
<b>e</b> Other . . . . .		8,225,652	1,731,565	6,494,087
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				183,561,869

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**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)		
<b>Total.</b> (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) DEPOSITS	807,790
(2) EQUITY INVESTMENT (PPA-I)	1,651,559
(3) EQUITY INVESTMENT (PPA-II)	7,250,189
(4) HOSP QUAL ASSURANCE RECEIVABLE	2,410,282
(5) NON PATIENT RECEIVABLES	116,187
(6) INTERCOMPANY RECEIVABLES	3,308,498
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	15,544,505

**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
SELF INSURANCE RESERVES	4,327,000
INTERCOMPANY NOTE	63,263,073
REFUNDABLE DEPOSITS	12,141
DEFERRED RENT	1,102,097
ESTIMATED 3RD PARTY PAYOR STTL	-170,362
HOSPITAL QUALITY ASSURANCE PAY	1,647,294
INTERCOMPANY PAYABLE	19,142,880
ASSET RETIREMENT OBLIGATION	3,619,833
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	92,943,956

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-1429628

**Name:** THE HOSPITAL COMMITTEE FOR THE LIVERMORE-  
PLEASANTON AREAS

### Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
SELF INSURANCE RESERVES	4,327,000
INTERCOMPANY NOTE	63,263,073
REFUNDABLE DEPOSITS	12,141
DEFERRED RENT	1,102,097
ESTIMATED 3RD PARTY PAYOR STTL	-170,362
HOSPITAL QUALITY ASSURANCE PAY	1,647,294
INTERCOMPANY PAYABLE	19,142,880
ASSET RETIREMENT OBLIGATION	3,619,833

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FIN 48 SHC AND ITS SUBSIDIARIES HAVE NO UNCERTAIN TAX POSITIONS PERTAINING TO UNRELATED BUSINESS INCOME

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

# Hospitals

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

OMB No 1545-0047  
2017  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

**1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

**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 to its various hospital facilities during the tax year

Applied uniformly to all hospital facilities  Applied uniformly to most hospital facilities

Generally tailored to individual hospital facilities

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

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

100%  150%  200%  Other 400 %

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

200%  250%  300%  350%  400%  Other \_\_\_\_\_ %

**c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

**4** 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?

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

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

**6a** Did the organization prepare a community benefit report during the tax year?

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

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

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>		No
<b>4</b>	Yes	
<b>5a</b>	Yes	
<b>5b</b>		No
<b>5c</b>		
<b>6a</b>	Yes	
<b>6b</b>	Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			2,656,848		2,656,848	0 850 %
<b>b</b> Medicaid (from Worksheet 3, column a)			12,914,580	3,487,267	9,427,313	3 010 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			26,563,749	7,631,743	18,932,005	6 050 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			42,135,177	11,119,010	31,016,166	9 910 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	33	8,128	776,318	76,357	699,961	0 220 %
<b>f</b> Health professions education (from Worksheet 5)	10	236	1,879,659		1,879,659	0 600 %
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	8	1,000	1,082,874	590,463	492,411	0 160 %
<b>j Total.</b> Other Benefits	51	9,364	3,738,851	666,820	3,072,031	0 980 %
<b>k Total.</b> Add lines 7d and 7j	51	9,364	45,874,028	11,785,830	34,088,197	10 890 %

**Part III Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	2	399	73,987		73,987	0.020 %
9 Other						
<b>10 Total</b>	<b>2</b>	<b>399</b>	<b>73,987</b>		<b>73,987</b>	<b>0.020 %</b>

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

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	15,016,347
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME).	5	75,487,506
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	133,555,001
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-58,067,495
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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

**Part V Facility Information****Section A. Hospital Facilities**

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

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

**1**

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

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 HOSPITAL COMMITTEE FOR THE L-P AREAS

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

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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW VALLEYCARE COM</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>WWW VALLEYCARE COM</u>	Yes	
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		No
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

HOSPITAL COMMITTEE FOR THE L-P AREAS

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

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 _____ % and FPG family income limit for eligibility for discounted care of 0 _____ %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW VALLEYCARE COM</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SAME AS ABOVE</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SAME AS ABOVE</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

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

## HOSPITAL COMMITTEE FOR THE L-P AREAS

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

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

**Policy Relating to Emergency Medical Care**

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



**Part V Facility Information** *(continued)*

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

HOSPITAL COMMITTEE FOR THE L-P AREAS

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

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

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



**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? 3

Name and address	Type of Facility (describe)
<b>1</b> LIFESTYLERX 1119 E STANLEY BLVD LIVERMORE, CA 94550	MEDICAL FITNESS FACILITY
<b>2</b> SHC-VC - URGENT CARE CENTER 1133 E STANLEY BLVD LIVERMORE, CA 94550	URGENT CARE CENTER
<b>3</b> SHC-VC - URGENT CARE CENTER 4000 DUBLIN BLVD STE 150 DUBLIN, CA 94568	URGENT CARE CENTER
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 6A	UNDER STATE LAW SB 697, THE STATE OF CALIFORNIA REQUIRES ALL NON-PROFIT HOSPITALS IN CALIFORNIA TO COMPLETE AND SUBMIT AN ANNUAL COMMUNITY BENEFIT REPORT ALTHOUGH HOSPITALS BRING NUMEROUS BENEFITS TO THEIR LOCAL ECONOMIES, THESE REPORTS ARE INTENDED TO DOCUMENT THE WAYS IN WHICH EACH HOSPITAL GOES ABOVE AND BEYOND THE CORE FUNCTIONS OF A HOSPITAL TO SUPPORT THE HEALTH NEEDS OF ITS COMMUNITY
PART I, LINE 7	RATIO OF PATIENT CARE COST TO CHARGES WAS USED TO CALCULATE THE AMOUNTS INCLUDED IN THE TABLE AT SCHEDULE H, PART I, LINES 7A AND 7B AMOUNTS INCLUDED IN OTHER LINES WERE BASED ON VALLEYCARE'S COST ACCOUNTING INFORMATION, INCLUDING AVERAGE HOURLY WAGES FOR STAFF TIME DEVOTED TO SPECIFIC PROGRAMS, AVERAGE COST OF SPACE USED BY COMMUNITY HEALTH PROGRAMS, INDIRECT COST FACTORS, AND RELATED INFORMATION

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, LINE 8	<p>THE FOLLOWING PROGRAMS ADDRESS COMMUNITY WIDE WORKFORCE ISSUES THESE PROGRAMS STRENGTHEN THE COMMUNITIES CAPACITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENCES BY OFFERING THE EXPERTISE AND RESOURCES OF SHC-VC SPECIALIZED HEALTH CARE WORKFORCE TRAINING IN THE HEALTH CARE ADMINISTRATION INTERNSHIP PROGRAM, SHC-VC STAFF SUPERVISED 35 STUDENTS AS THEY LEARNED AND PERFORMED PROFESSIONAL AND TECHNICAL TASKS IN ALL AREAS OF THE HOSPITAL STUDENT INTERNS ROTATED THROUGH VARIOUS HOSPITAL UNITS WITH STAFF AND ADMINISTRATION/ MANAGEMENT SO THAT THEY COULD EXPERIENCE ALL DIMENSIONS OF THE HOSPITAL OPERATION SHC-VC PROVIDED CLINICAL EXPERIENCE AND PRECEPTORS FOR GRADUATE NURSING STUDENTS STUDENTS RECEIVED EXPOSURE TO AND EXPERIENCE IN THE POSITIONS OF NURSE PRACTITIONER, NURSING ADMINISTRATION, AND CLINICAL NURSE SPECIALIST SHC-VC REGISTERED NURSES IN MULTIPLE NURSING UNITS, INCLUDING MEDICAL/SURGICAL AND INTENSIVE CARE UNITS, AND PROVIDED DIRECT SUPERVISION IN A CLINICAL ENVIRONMENT TO STUDENT NURSES CONNECTED WITH CHABOT COLLEGE, SAMUEL MERRITT UNIVERSITY SCHOOL OF NURSING, OHLONE COLLEGE, THE UNIVERSITY OF SAN FRANCISCO, GRAND CANYON UNIVERSITY, AND CALIFORNIA STATE UNIVERSITY EAST BAY APPROXIMATELY 127 STUDENTS PARTICIPATED DURING THE REPORTING PERIOD SHC-VC PROVIDED CLINICAL EXPERIENCE FOR EMERGENCY MEDICAL TECHNICIAN (EMT) STUDENTS FROM LAS POSITAS COLLEGE, SUPERVISED BY APPROPRIATE CLINICAL PERSONNEL THIRTY ONE STUDENTS PARTICIPATED DURING THE REPORTING PERIOD SHC-VC PROVIDED SURGICAL TECHNOLOGY (ST) TRAINING FOR ST STUDENTS IN THE OPERATING ROOM, SUPERVISED BY A SURGICAL TECHNOLOGIST AND REGISTERED NURSES FOUR STUDENTS PARTICIPATED DURING THE REPORTING PERIOD SHC-VC PROVIDED EDUCATION FOR SEVEN STUDENTS FROM LAS POSITAS COLLEGE, CALIFORNIA STATE UNIVERSITY SACRAMENTO, AND NORTHERN CALIFORNIA TRAINING INSTITUTE (NCTI) WHO WERE TRAINING TO BECOME PARAMEDICS THROUGHOUT THE YEAR, SHC-VC HOSTED 13 COLLEGE STUDENT INTERNS IN PHYSICAL AND OCCUPATIONAL THERAPY IN VARYING AFFILIATION PERIODS STUDENTS RECEIVED ON-THE-JOB INSTRUCTION AND HANDS-ON TREATMENT SKILLS IN THE INPATIENT AND/OR OUTPATIENT SETTING IN ORDER TO MEET THE REQUIREMENTS FOR THEIR DEGREES AND LICENSURE SHC-VC PROVIDED HIGH SCHOOL REGIONAL OCCUPATION PROGRAM (ROP) STUDENTS WITH VALUABLE TRAINING, HELPING THEM TO DEVELOP PRACTICAL PATIENT ASSESSMENT AND ASSISTANCE SKILLS STUDENTS WERE PERMITTED TO OBSERVE AND SHADOW HEALTH CARE STAFF IN VARIOUS AREAS OF THE HOSPITAL DURING A TYPICAL WORK DAY AND, WHEN APPROPRIATE, ASSIST WITH SIMPLE PROJECTS FOR A HANDS-ON EXPERIENCE A TOTAL OF 49 HIGH SCHOOL ROP STUDENTS PARTICIPATED DURING THE REPORTING PERIOD SHC-VC'S MEDICAL EXPLORERS PROGRAM INVITED STUDENTS FROM MIDDLE SCHOOL, HIGH SCHOOL, AND JUNIOR COLLEGE TO LEARN MORE ABOUT THE FIELD OF MEDICINE A DIFFERENT SPEAKER EACH MONTH TALKED TO THE STUDENTS ABOUT THEIR SPECIFIC FIELD, ABOUT EDUCATION NEEDED, GAVE ADVICE, ANSWERED QUESTIONS, AND SHARED WHAT THEY KNOW ABOUT THE PROFESSION DURING THE REPORTING PERIOD, THE PROGRAM SERVED APPROXIMATELY 350 STUDENTS</p>
PART III, LINE 2	<p>PROVISION FOR DOUBTFUL ACCOUNTS OR BAD DEBT EXPENSE ON THE INCOME STATEMENT FOR FISCAL YEAR 2018 WAS \$15,016,347, WHICH IS AT CHARGES BAD DEBT IS BASED ON REMAINING ACCOUNT BALANCE AFTER ANY DISCOUNTS OR PAYMENTS HAVE BEEN APPLIED SHC-VC DOES NOT RECLASSIFY ANY BAD DEBT TO CHARITY UNLESS THE PATIENT QUALIFIES UNDER THE CHARITY CARE POLICY A COST TO CHARGE RATIO WAS USED TO DETERMINE COST</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 3	SHC-VC DOES NOT CALCULATE THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY
PART III, LINE 4	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE AND OTHER COLLECTION INDICATORS THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE SHORTFALL OF \$58,067,495 REFLECTED ON SCHEDULE H, PART III, SECTION B WAS DETERMINED USING INFORMATION FROM THE ORGANIZATION'S MEDICARE COST REPORT SHC-VC BELIEVES THIS MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE 1 ABSENT THE MEDICARE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR FINANCIAL ASSISTANCE OR OTHER MEANS-BASED GOVERNMENT PROGRAMS, 2 BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT ARE RELIEVED WITH RESPECT TO THESE INDIVIDUALS, 3 THERE IS A SIGNIFICANT POSSIBILITY THAT CONTINUED REDUCTION ON REIMBURSEMENT MAY ACTUALLY CREATE DIFFICULTIES IN ACCESS FOR THESE INDIVIDUAL, AND 4 THE AMOUNT SPENT TO COVER THE MEDICARE SHORTFALL IS MONEY NOT AVAILABLE TO COVER FINANCIAL ASSISTANCE OR OTHER COMMUNITY BENEFIT NEEDS
PART III, LINE 9B	THE AMOUNT DETERMINED AS CHARITY CARE IS NOT COLLECTED AND WRITTEN OFF TO CHARITY (FINANCIAL ASSISTANCE) IF A REDUCED RATE IS GIVEN, THE AMOUNT DETERMINED AS PATIENT BALANCE IS COLLECTED IN THE SAME MANNER AS ALL OTHER PATIENTS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2	IN ADDITION TO THE CHNA REPORTED IN PART V, SECTION B, SHC-VC ASSESSES COMMUNITY HEALTH NEEDS BY ANALYZING UTILIZATION AND OTHER ADMINISTRATIVE DATA AND BY RECEIVING REGULAR INPUT FROM ITS INDEPENDENT BOARD OF DIRECTORS AND ITS MEDICAL STAFF REGARDING HEALTH ISSUES IN THE COMMUNITY
PART VI, LINE 3	SHC-VC INTERVIEWS EACH PATIENT/GUARANTOR AND DETERMINE THE CAPABILITY TO MEET HIS/HER FINANCIAL OBLIGATIONS FOR MEDICAL CARE SERVICES PROVIDED BY SHC-VC THOSE WHO DETERMINED TO BE UNABLE TO MEET THE FINANCIAL OBLIGATION ARE SCREENED FOR POSSIBLE ELIGIBILITY UNDER STATE OR FEDERAL HEALTHCARE PROGRAMS INDIVIDUALS INELIGIBLE FOR THESE PROGRAMS ARE INTERVIEWED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE, AS DEFINED IN THE FINANCIAL ASSISTANCE/CHARITY CARE POLICY



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4	<p>THE TRI-VALLEY REGION IS BASED AROUND THE FOUR SUBURBAN CITIES OF LIVERMORE, PLEASANTON, DUBLIN AND SAN RAMON IN THE THREE VALLEYS FROM WHICH IT TAKES ITS NAME AMADOR VALLEY, LIVERMORE VALLEY AND SAN RAMON VALLEY LIVERMORE, PLEASANTON AND DUBLIN ARE IN ALAMEDA COUNTY, WHILE SAN RAMON IS IN CONTRA COSTA COUNTY VALLEYCARE'S PRIMARY SERVICE AREA IS THE TRI-VALLEY VALLEYCARE HAS FACILITIES IN PLEASANTON, LIVERMORE, AND DUBLIN THE TRI-VALLEY ACCOUNTS FOR THE MAJORITY OF VALLEYCARE'S INPATIENT DISCHARGES BETWEEN 2000 AND 2010, THE POPULATION OF VALLEYCARES SERVICE AREA (THE VCSA) INCREASED BY 24% THE POPULATION OF THE VCSA IS 285,331 ADULTS AGED 25-64 MAKE UP 57% OF THE POPULATION, AND ONE IN TEN RESIDENTS ARE ADULTS AGED 65 AND OVER CHILDREN UNDER 18 MAKE UP ABOUT A QUARTER (26%) OF THE POPULATION, AND YOUTH AGED 18-24 COMPRISE 7% REGARDING RACE/ETHNICITY, ABOUT TWO THIRDS (64%) IN THE VCSA ARE WHITE, AND ABOUT ONE QUARTER (26%) ARE ASIAN BLACKS MAKE UP LESS THAN 3% OF THE POPULATION, AND 13% OF RESIDENTS ARE OF HISPANIC/LATINO ETHNICITY (OF ANY RACE) ONE IN TEN RESIDENTS HAS LIMITED ENGLISH PROFICIENCY, AND 5% LIVE IN LINGUISTICALLY ISOLATED HOUSEHOLDS</p>
PART VI, LINE 5	<p>STANFORD HEALTH CARE - VALLEYCARE (SHC-VC) HAS PROVIDED HIGH-QUALITY, NOT-FOR-PROFIT HEALTH CARE TO THE TRIVALLEY AND SURROUNDING COMMUNITIES SINCE 1961 THROUGH HIGHLY SKILLED PHYSICIANS, NURSES AND STAFF AND STATE-OF-THE ART TECHNOLOGY, VALLEYCARE OFFERS A WIDE RANGE OF HEALTH CARE SERVICES AT ITS LIVERMORE, PLEASANTON AND DUBLIN MEDICAL FACILITIES VALLEYCARE IS NOT PUBLICLY OWNED OR OPERATED, NOR IS IT SUPPORTED BY TAXES VALLEYCARE REINVESTS ANY PROFITS IT MAKES INTO NEW SERVICES, EQUIPMENT AND FACILITIES SHC-VC HAS AN 11-MEMBER BOARD OF DIRECTORS EVERY THREE YEARS, NON-PROFIT HOSPITALS IN CALIFORNIA MUST CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO IDENTIFY THE GREATEST HEALTH NEEDS AFFECTING THEIR RESPECTIVE COMMUNITIES THE COMMUNITY BENEFITS REPORT CAN BE FOUND ON OUR WEBSITE AT <a href="http://www.valleycare.com/about-community-benefits.aspx">HTTP //WWW VALLEYCARE COM/ABOUT-COMMUNITY-BENEFITS ASPX</a> THE FOLLOWING PROGRAMS AND SERVICES FURTHER THE ORGANIZATION'S EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY PLEASANTON CAMPUS VALLEYCARE MEDICAL CENTER, WHICH OPENED IN DECEMBER 1991, IS AN ACUTE CARE COMMUNITY HOSPITAL WITH APPROXIMATELY 114,000 SQUARE FEET OF SPACE THAT PROVIDES A COMPREHENSIVE RANGE OF MEDICAL AND SURGICAL INPATIENT AND OUTPATIENT ACUTE SERVICES, INCLUDING AN OUTPATIENT SURGICAL CENTER, A DIAGNOSTIC IMAGING CENTER INCLUDING COMPUTERIZED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING AND A WOMEN'S CENTER (MAMMOGRAPHY), CARDIAC CARE, EMERGENCY ROOM, INTENSIVE CARE, OBSTETRICS, PEDIATRICS AND OPERATING AND RECOVERY ROOMS THE CURRENT LICENSED BED CAPACITY OF VALLEYCARE MEDICAL CENTER IS 167 ACUTE CARE BEDS (ALL OF WHICH ARE STAFFED), INCLUDING 116 MEDICAL/SURFICAL ACUTE CARE, 15 PERINATAL, 22 CRITICAL CARE, 4 PEDIATRIC, AND 10 INTENSIVE CARE NURSERY BEDS LIVERMORE CAMPUS VALLEY MEMORIAL HOSPITAL, ON THE LIVERMORE CAMPUS, IS AN ACUTE CARE COMMUNITY HOSPITAL WITH APPROXIMATELY 125,000 SQUARE FEET OF SPACE THAT INCLUDES 26 SKILLED NURSING, AND 14 GERIATRIC PSYCHIATRIC BEDS ADDITIONAL SERVICES AT VALLEY MEMORIAL HOSPITAL INCLUDE URGENT CARE, LABORATORY, DIAGNOSTIC IMAGING (ULTRASOUND, MAMMOGRAPHY, BONE DENSITOMETRY) AND RADIOLOGY THE AMBULATORY SURGERY CENTER ON THE LIVERMORE CAMPUS, OPENED IN JULY 2003, HAS FOUR OPERATING ROOMS, THREE GASTRO-INTESTINAL (GI) SUITES, AND A 21-BED-PRE-OP AND POST ANESTHESIA CARE UNIT THE URGENT CARE UNIT ON THE LIVERMORE CAMPUS, ALSO OPENED IN JULY 2003, HAS NINE EXAMINATION ROOMS WHERE PATIENTS RECEIVE CARE FOR CONDITIONS OF AN URGENT NATURE THE LIVERMORE CAMPUS IS ALSO THE LOCATION OF LIFESTYLERX, AN INTEGRATED MEDICAL FITNESS CENTER OWNED AND OPERATED BY THE CORPORATION IT IS DESIGNED TO PROMOTE COMMUNITY WELLNESS THROUGH SERVICES SUCH AS MEDICALLY BASED FITNESS, CARDIAC AND PULMONARY REHABILITATION, STRENGTH AND CARDIAC TRAINING, PHYSICAL AND SPORTS MEDICINE, AND WATER THERAPIES LICENSED AND STAFFED BEDS FOR 2016 AT VALLEYCARE MEDICAL CENTER WERE 167, WHILE AT THE VALLEY MEMORIAL HOSPITAL THE NUMBER OF LICENSED BEDS IS 75, WITH STAFFED BEDS AT 40</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6	IN MAY 2015, THE HOSPITAL COMMITTEE FOR THE LIVERMORE-PLEASANTON AREAS (DBA STANFORD HEALTH CARE - VALLEYCARE "SHC-VC") BECAME AN AFFILIATE OF STANFORD HEALTH CARE (SHC) SHC-VC PARTNERS WITH SHC TO SERVE THE EAST BAY'S TRI-VALLEY REGION OF LIVERMORE, DUBLIN AND PLEASANTON SHC-VC'S FACILITIES IN LIVERMORE, DUBLIN AND PLEASANTON INCLUDE VALLEY MEDICAL CENTER, EMERGENCY SERVICES AND TWO URGENT CARE CENTERS SHC-VC ALLOWS SHC TO EXPAND ITS PRESENCE IN THE CRITICAL TRI-VALLEY AREA BY PARTNERING WITH A HIGH QUALITY, HIGH VALUE COMMUNITY HOSPITAL SHC-VC WILL PARTICIPATE IN ALL THREE OF SHC'S MISSIONS BY PROVIDING SHC'S LEADING EDGE CLINICAL CARE IN THE SHC-VC 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
PART VI, LINE 7	LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT CA

**Schedule H (Form 990) 2017**

**Additional Data****Software ID:****Software Version:****EIN:** 94-1429628**Name:** THE HOSPITAL COMMITTEE FOR THE LIVERMORE-  
PLEASANTON AREAS**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	HOSPITAL COMMITTEE FOR THE L-P AREAS 1111 E STANLEY BLVD LIVERMORE, CA 94550 WWW.VALLEYCARE.COM 140000114	X	X					X		LIFESTYLERX MEDICAL FITNESS FACILITY	

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B	TWO FACILITIES OPERATE UNDER THE HOSPITAL COMMITTEE FOR THE LIVERMORE-PLEASANTON AREAS' LICENSE VALLEY MEMORIAL HOSPITAL 1111 E STANLEY BLVD LIVERMORE, CA 94550 VALLEYCARE MEDICAL CENTER 5555 W LAS POSITAS BLVD PLEASANTON, CA 94588

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	<p>THE HOSPITAL COMMISSIONED APPLIED SURVEY RESEARCH (ASR), A NONPROFIT SOCIAL RESEARCH FIRM, TO ASSIST WITH THE VARIOUS ASSESSMENTS FOR THE 2016 CHNA. ASR CONDUCTED PRIMARY RESEARCH, COLLECTED SECONDARY DATA, SYNTHESIZED PRIMARY AND SECONDARY DATA FOR A FINAL HEALTH NEEDS LIST, ASSISTED WITH THE HOSPITALS' PRIORITIZATION OF COMMUNITY HEALTH NEEDS, AND DOCUMENTED THE PROCESS AND FINDINGS IN A REPORT DURING THE 2016 CHNA PROCESS. THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED, INCLUDING FROM THOSE WITH SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH THROUGH INTERVIEWS OF PUBLIC AND COMMUNITY HEALTH LEADERS, ADVOCATES AND EXPERTS. INPUT WAS ALSO GATHERED FROM RESIDENT AND PROFESSIONAL FOCUS GROUPS WHICH REPRESENTED THE FOLLOWING POPULATIONS: MEDICALLY UNDERSERVED, LOW-INCOME INDIVIDUALS AND MINORITY POPULATIONS. FINDINGS REGARDING COMMUNITY HEALTH CONCERNS THAT HAD BEEN IDENTIFIED FROM AN ANALYSIS OF SECONDARY DATA WERE DISCUSSED WITH GROUPS OF PEOPLE FROM UNDERSERVED, MINORITY AND LOW-INCOME POPULATIONS. THE LIST OF COMMUNITY HEALTH NEEDS ALSO WAS SHARED AND DISCUSSED WITH A MEETING OF PUBLIC HEALTH AND SOCIAL SERVICE AGENCY LEADERS WHO WERE ASKED TO DETERMINE RELATIVE PRIORITY AMONG THE NEEDS. FOCUS GROUP DISCUSSIONS INCLUDED TEN PEOPLE ON AVERAGE AND LASTED ONE HOUR. RESIDENTS WERE RECRUITED BY THE NONPROFIT HOST, OPEN HEART KITCHEN, IN THE TRI-VALLEY AREA (WHICH SERVES LOW-INCOME RESIDENTS). THE HOSPITALS ALSO CONVENED A GROUP OF LEADERS OF SAFETY NET CLINICS THAT SERVE LOW-INCOME AND MINORITY RESIDENTS IN ALAMEDA AND CONTRA COSTA COUNTIES TO DRAW ON THEIR KNOWLEDGE OF THE COMMUNITY. TWO FOCUS GROUPS WERE HELD ON BEHALF OF THE TRI-VALLEY AREA BETWEEN JUNE AND OCTOBER 2015. ONE GROUP WAS HELD WITH PROFESSIONALS FROM ORGANIZATIONS THAT SERVE THE FOCUS POPULATION, AND ONE WAS HELD WITH RESIDENTS THEMSELVES. NINE PROFESSIONALS AND 12 NON-PROFESSIONAL RESIDENTS PARTICIPATED IN FOCUS GROUPS. KEY INFORMANT INTERVIEWS: ASR INTERVIEWED VARIOUS PROFESSIONALS WHO EITHER WORK IN THE HEALTH FIELD OR IMPROVE HEALTH AND QUALITY OF LIFE CONDITIONS BY SERVING THOSE FROM IRIS-IDENTIFIED, HIGH-NEED POPULATIONS AND ALSO COMMUNITY LEADERS OR REPRESENTATIVES. EXPERTS WERE INTERVIEWED IN PERSON OR BY TELEPHONE FOR APPROXIMATELY ONE HOUR. INFORMANTS WERE ASKED TO IDENTIFY THE TOP NEEDS OF THEIR CONSTITUENCIES AND TO GIVE THEIR PERCEPTIONS ABOUT HOW ACCESS TO HEALTHCARE HAS CHANGED IN THE POST-AFFORDABLE CARE ACT ENVIRONMENT. ASR CONDUCTED 14 KEY INFORMANT INTERVIEWS WITH 20 PROFESSIONALS. IN ADDITION TO THE CORE QUESTIONS ABOUT HEALTH PRIORITIES AND ACCESS DESCRIBED ABOVE, INFORMANTS WERE ASKED TO EXPLAIN WHAT BARRIERS TO HAVING GOOD HEALTH OR ADDRESSING HEALTH NEEDS EXIST, AND TO SHARE WHICH SOLUTIONS MAY IMPROVE HEALTH (INCLUDING EXISTING RESOURCES AND POLICY CHANGES). THE FOLLOWING LEADERS WERE CONSULTED FOR THEIR EXPERTISE IN THE COMMUNITY. THEY WERE IDENTIFIED BASED ON THEIR PROFESSIONAL EXPERTISE.</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	<p>E AND KNOWLEDGE OF TARGET GROUPS INCLUDING CHILDREN, YOUTH, OLDER ADULTS, LOW-INCOME POPUL ATIONS, MINORITIES, AND THE MEDICALLY UNDERSERVED THE COALITION INCLUDED LEADERS FROM HEA LTH SYSTEMS INCLUDING THE ALAMEDA AND CONTRA COSTA COUNTIES' PUBLIC HEALTH DEPARTMENTS, LO CAL HOSPITAL AND HEALTH CARE AGENCY LEADERS AND REPRESENTATIVES, LOCAL GOVERNMENT EMPLOYEE S, APPOINTED COUNTY GOVERNMENT LEADERS, SCHOOL DISTRICTS, AND NONPROFIT ORGANIZATIONS CON TRA COSTA COUNTY PUBLIC HEALTH - EPIDEMIOLOGIST TRI-VALLEY HAVEN - EXECUTIVE DIRECTOR LIVE RMORE UNIFIED SCHOOL DISTRICT - NURSE, DIRECTOR BEHAVIORAL HEALTH SERVICES, CONTRA COSTA C OUNTY - DIRECTOR ALAMEDA COUNTY PUBLIC HEALTH - EPIDEMIOLOGIST ALAMEDA COUNTY PUBLIC HEALT H/HEALTH CARE SERVICES - MEDICAL DIRECTOR ALAMEDA COUNTY PUBLIC HEALTH/HEALTH CARE SERVICE S - DIRECTOR, PUBLIC HEALTH OFFICER MEALS-ON-WHEELS SENIOR OUTREACH - EXECUTIVE DIRECTOR S UPERVISOR HAGGERTY'S OFFICE - DEPUTY CHIEF OF STAFF PLEASANTON UNIFIED SCHOOL DISTRICT - D IRECTOR ALAMEDA COUNTY PUBLIC HEALTH - DEPUTY DIRECTOR PUBLIC HEALTH BEHAVIORAL HEALTH SER VICES, ALAMEDA COUNTY - DIRECTOR AXIS COMMUNITY HEALTH - CHIEF EXECUTIVE OFFICER PLEASANTO N UNIFIED SCHOOL DISTRICT - NURSE DUBLIN UNIFIED SCHOOL DISTRICT - DIRECTOR, DISTRICT NURS E CONTRA COSTA HEALTH SERVICES - ASSISTANT DIRECTOR COMMUNITY CLINIC CONSORTIUM - CONTRA C OSTA PROJECT COORDINATOR ALAMEDA HEALTH SYSTEM - CHIEF STRATEGY OFFICER CALIFORNIA CHILDR E N'S SERVICES, ALAMEDA COUNTY - MEDICAL DIRECTOR OPERATION ACCESS - PRESIDENT &amp; CHIEF EXECU TIVE OFFICER ALAMEDA HEALTH CONSORTIUM - DIRECTOR OF POLICY &amp; PLANNING ASIAN HEALTH SERVIC ES - DIRECTOR OF PROGRAM PLANNING &amp; DEVELOPMENT ALAMEDA HEALTH CONSORTIUM - DIRECTOR OF PO LICY &amp; PLANNING LIFELONG MEDICAL CARE - DEPUTY DIRECTOR LOW-INCOME, ACCESS TO CARE, UNDERS ERVED ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT, NURSE FAMILY PARTNERSHIP - NURSE MANAGER LA CLINICA DE LA RAZA - DIRECTOR OF MEDICAL OPERATIONS</p>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A	2016 COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED THROUGH COLLABORATION BETWEEN SHC-VC, JOHN MUIR HEALTH, KAISER PERMANENTE, ST ROSE HOSPITAL, SAN RAMON REGIONAL HOSPITAL, UCSF BENIOFF CHILDRENS HOSPITAL OAKLAND, AND WASHINGTON HOSPITAL HEALTHCARE SYSTEM, REPRESENTING TWELVE HOSPITAL FACILITIES



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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINES 7A/10A	URL AT WHICH THE CHNA AND IMPLEMENTATION STRATEGY ARE AVAILABLE <a href="http://www.valleycare.com/about-community-benefits.aspx">HTTP //WWW VALLEYCARE COM/ABOUT-COMMUNITY-BENEFITS ASPX</a>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>STANFORD HEALTH CARE - VALLEYCARE CONVENED A GROUP OF COMMUNITY AND HOSPITAL REPRESENTATIVES THAT MET TO REVIEW RESULTS OF THE CHNA DATA COLLECTION AND DATA SYNTHESIS AND TO PRIORITIZE THE HEALTH NEEDS IN FULFILLMENT OF IRS REGULATIONS. THE VALLEYCARE GROUP PRIORITIZED THE HEALTH NEEDS LIST BY APPLYING CRITERIA TO THE LIST OF 14 HEALTH NEEDS OF THE 14 HEALTH NEEDS IDENTIFIED BY THE CHNA PROCESS, STANFORD HEALTH CARE - VALLEYCARE SELECTED THREE TO ADDRESS, (1) HEALTH CARE ACCESS AND DELIVERY, (2) BEHAVIORAL HEALTH (INCLUDES MENTAL HEALTH AND SUBSTANCE ABUSE/TOBACCO USE), (3) OBESITY, DIABETES, HEALTHY EATING, ACTIVE LIVING. VALLEYCARE HAS UNIQUE RESOURCES AND CAPACITY TO DEDICATE TO THE CHOSEN HEALTH NEEDS, AND ALSO, THE COMMUNITY HAD DESIGNATED THOSE THREE AS TOP PRIORITIES. FOR A DETAILED DESCRIPTION OF SHC-VC'S VALLEYCARE'S COMMUNITY PARTNERS AND RESOURCES PROVIDED SEE THE IMPLEMENTATION STRATEGY AT <a href="http://www.valleycare.com/about-community-benefits.aspx">HTTP://WWW.VALLEYCARE.COM/ABOUT-COMMUNITY-BENEFITS.ASPX</a>. HEALTH NEEDS SHC-VC DOES NOT INTEND TO ADDRESS THE FOLLOWING HEALTH NEEDS DID NOT MEET THE CRITERIA TO THE SAME EXTENT AS THE CHOSEN NEEDS DID AND SHC-VC DOES NOT PLAN TO ADDRESS THEM AT THIS TIME -ASTHMA. MANY OTHER COMMUNITY-BASED ORGANIZATIONS ADDRESS THIS NEED (E.G., ASTHMA COALITION, ASTHMA START). VALLEYCARE IS BETTER POSITIONED TO ADDRESS EDUCATION ABOUT THIS NEED VIA HEALTH CARE ACCESS AND DELIVERY STRATEGIES. ADDITIONALLY, ASTHMA WAS NOT A HIGH PRIORITY OF THE COMMUNITY (I.E., THE PRIORITIZATION SCORE WAS LOWER) COMPARED TO OTHER NEEDS. -CANCER. VALLEYCARE IS BETTER POSITIONED TO ADDRESS DRIVERS OF THIS NEED VIA STRATEGIES RELATED TO OBESITY, DIABETES, HEALTHY EATING, AND ACTIVE LIVING, AND EDUCATION ABOUT THIS NEED VIA HEALTH CARE ACCESS AND DELIVERY STRATEGIES. -CARDIOVASCULAR DISEASE &amp; STROKE. VALLEYCARE IS BETTER POSITIONED TO ADDRESS DRIVERS OF THIS NEED VIA STRATEGIES RELATED TO EDUCATION ABOUT OBESITY, DIABETES, HEALTHY EATING, ACTIVE LIVING, AND HEALTH CARE ACCESS AND DELIVERY. -CLIMATE &amp; HEALTH. THIS TOPIC IS OUTSIDE OF VALLEYCARE'S CORE COMPETENCIES (I.E., VALLEYCARE HAS LITTLE EXPERTISE IN THIS AREA) AND THE FACILITY FEELS IT CANNOT MAKE A SIGNIFICANT IMPACT ON THIS NEED THROUGH COMMUNITY BENEFIT INVESTMENT. -COMMUNICABLE DISEASES. THIS NEED IS BEING ADDRESSED BY OTHER COMMUNITY-BASED ORGANIZATIONS AND COUNTY PUBLIC HEALTH DEPARTMENTS. BY INCREASING ACCESS TO HEALTH CARE AS A STRATEGY RELATED TO HEALTH CARE ACCESS AND DELIVERY, CERTAIN KEY ACTIVITIES RELATED TO COMMUNICABLE DISEASES, SUCH AS SCREENINGS AND VACCINATIONS, MAY BE ADDRESSED INDIRECTLY. -ECONOMIC SECURITY. VALLEYCARE LACKS SUFFICIENT EXPERTISE TO ADDRESS THIS NEED. MANY OTHER LOCAL COMMUNITY-BASED ORGANIZATIONS SUPPORT VULNERABLE POPULATIONS WHO LACK ECONOMIC SECURITY. ALSO, VALLEYCARE SERVES THE LOW-INCOME COMMUNITY THROUGH CHARITY CARE AND OTHER HEALTH CARE ACCESS AND DELIVERY STRATEGIES. BY INCREASING NUTRITIOUS FOOD ACCESS AS A STRATEGY RELATED TO OBESITY, DIABETES, HEALTHY EATING, AND ACTIVE LIVING, ONE OF</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>THE KEY INDICATORS OF ECONOMIC INSECURITY IN THE TRI-VALLEY AREA, FOOD INSECURITY, MAY BE ADDRESSED INDIRECTLY -MATERNAL &amp; CHILD HEALTH VALLEYCARE IS BETTER POSITIONED TO ADDRESS THIS NEED THROUGH HEALTH CARE ACCESS AND DELIVERY STRATEGIES -VIOLENCE &amp; INJURY PREVENTION WHILE VALLEYCARE LACKS EXPERTISE TO ADDRESS THIS HEALTH NEED, BEHAVIORAL HEALTH ISSUES SUCH AS SUBSTANCE ABUSE, STRESS, AND ANXIETY HAVE BEEN SHOWN TO BE DRIVERS OF VIOLENCE AND INTENTIONAL INJURY VALLEYCARE BELIEVES THAT STRATEGIES INTENDED TO ADDRESS THE COMMUNITY'S BEHAVIORAL HEALTH NEED HAVE THE POTENTIAL TO DECREASE VIOLENCE AND INTENTIONAL INJURY IN THE COMMUNITY AS WELL</p> <p>-UNINTENTIONAL INJURIES WHILE VALLEYCARE LACKS EXPERTISE TO ADDRESS THIS HEALTH NEED, BEHAVIORAL HEALTH ISSUES SUCH AS SUBSTANCE ABUSE HAVE BEEN SHOWN TO BE DRIVERS OF UNINTENTIONAL INJURY (E G , MOTOR VEHICLE ACCIDENTS DUE TO DRUNK DRIVING) VALLEYCARE BELIEVES THAT STRATEGIES INTENDED TO ADDRESS THE COMMUNITY'S BEHAVIORAL HEALTH NEED HAVE THE POTENTIAL TO DECREASE CERTAIN TYPES OF UNINTENTIONAL INJURIES IN THE COMMUNITY AS WELL</p>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A-C	URL AT WHICH THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY IS AVAILABLE HTTP //WWW VALLEYCARE COM/PATIENTS-BILLING ASPX

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 20A	IT IS THE POLICY OF SHC-VC TO FOLLOW THE STANDARDS AND PRACTICES FOR COLLECTION OF PATIENT DEBT IN ACCORDANCE OF CALIFORNIA ASSEMBLY BILL 774 SHC-VC HAS A VARIETY OF OPTIONS FOR PATIENTS FACING FINANCIAL HARDSHIP, INCLUDING UNINSURED DISCOUNTING, NO INTEREST PAYMENT ARRANGEMENTS, AND A CHARITY PROGRAM PATIENTS WHO APPLY FOR CHARITY CAR AND QUALIFY MAY RECEIVE UP TO 100% FINANCIAL ASSISTANCE SHC-VC WILL SUSPEND ANY AND ALL COLLECTIONS ACTIONS IF A COMPLETED FINANCIAL ASSISTANCE APPLICATION, INCLUDING ALL REQUISITE SUPPORTIVE DOCUMENTATION IS RECEIVED SHC-VC DOES NOT ALLOW THEIR COLLECTION AGENCIES TO REPORT BAD DEBT TO CREDIT BUREAUS, GARNISH WAGES, OR FILE LIENS ON PRIMARY RESIDENCES

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE HOSPITAL COMMITTEE FOR THE LIVERMORE-  
PLEASANTON AREAS

**Employer identification number**  
94-1429628

**Part I Questions Regarding Compensation**

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



**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 4B	STANFORD HEALTH CARE ("SHC"), A RELATED ORGANIZATION, PROVIDES ALL SENIOR EXECUTIVES WITH A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO SUPPLEMENT THEIR RETIREMENT BENEFITS. AT THE LAST DATE OF EACH QUARTER EACH PARTICIPANT'S ACCOUNT IS CREDITED WITH AN AMOUNT EQUAL TO A PERCENTAGE OF BASE SALARY (DEPENDING ON THE INDIVIDUAL'S POSITION). THE COMPENSATION COMMITTEE MAY DETERMINE THAT CREDITS SHALL BE MADE IN ADDITION TO THOSE ABOVE IN ITS SOLE DISCRETION. A PARTICIPANT BECOMES VESTED IN THE ACCOUNT AS FOLLOWS: (A) THE FIRST BUSINESS DAY OF JANUARY FOLLOWING THE SECOND CALENDAR YEAR IN WHICH THE ACCOUNT WAS ESTABLISHED AND THE PARTICIPANT COMPLETES TWO FULL YEARS OF PARTICIPATION, THE PARTICIPANT BECOMES FULLY VESTED WHEN (A) DISCHARGE FROM EMPLOYMENT WITHOUT CAUSE, (B) ENTITLEMENT TO LONG-TERM DISABILITY INCOME BENEFITS, (C) THE PARTICIPANT ATTAINS THE AGE OF 60 WHILE EMPLOYED OR IF LATER, THE PARTICIPANT'S COMPLETION OF TWO FULL YEARS OF PARTICIPATION, OR (D) THE PARTICIPANT COMPLETES SEVEN YEARS AS AN ELIGIBLE EMPLOYEE, OR (E) DEATH OF THE PARTICIPANT. THE FOLLOWING AMOUNTS BECAME VESTED AND WERE PAID TO THE FOLLOWING INDIVIDUAL IN CALENDAR YEAR 2017: DAVID CONNOR \$ 50,816 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 2017 ARE REPORTED IN COLUMN (F). LLOYD B MINOR PARTICIPATES IN A DEFERRED COMPENSATION PLAN AT STANFORD UNIVERSITY, A RELATED ORGANIZATION. ANNUALLY, AMOUNTS ARE CREDITED TO THE PLAN BASED ON PERFORMANCE AND CERTAIN OTHER FACTORS. THESE AMOUNTS APPEAR IN SCHEDULE J, PART II, COLUMN C. PLAN BALANCES ARE SUBJECT TO FORFEITURE AND/OR PAYMENT ONLY IF CERTAIN CONDITIONS ARE MET. SHC-VC'S PRESIDENT PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO SUPPLEMENT HIS RETIREMENT BENEFITS. UNDER THE PLAN, A HYPOTHETICAL ACCOUNT IS ESTABLISHED FOR THE PARTICIPANT AND CREDITED WITH AN AMOUNT EQUAL TO A PERCENTAGE OF BASE SALARY 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. THE 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 AMOUNT BECAME VESTED AND WAS PAID TO SCOTT GREGORSON IN CALENDAR YEAR 2017: \$31,659. AMOUNTS CREDITED UNDER THE PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C).
SCHEDULE J, PART I, LINE 7	THREE EXECUTIVE RECEIVED A BONUS THAT WAS APPROVED BY SENIOR MANAGEMENT.
SCHEDULE J, PART II, COLUMN B(III)	OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN B(III) INCLUDES ACCRUED VACATION AND SICK LEAVE PAY OUT.
SCHEDULE J, PART II	DIRECTORS ARE NOT COMPENSATED IN THEIR CAPACITY AS DIRECTORS OF SHC-VC. HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF RELATED ORGANIZATIONS, POSITIONS FOR WHICH THEY RECEIVED COMPENSATION AS REPORTED IN PART II.



**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 94-1429628

**Name:** THE HOSPITAL COMMITTEE FOR THE LIVERMORE-  
PLEASANTON AREAS

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ROBIN AMERSON REGISTERED NURSE	(i)	120,215	0	159,964	5,962	9,066	295,207	0
	(ii)	0	0	0	0	0	0	0
1DAVID J CONNOR CFO (09/17-02/18)	(i)	0	0	0	0	0	0	0
	(ii)	575,468	179,100	90,576	26,775	21,595	893,514	0
2MARK CULLEN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	275,710	176,620	16,841	27,000	13,701	509,872	0
3DAVID ENTWISTLE CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	1,605,703	768,009	49,532	305,599	51,964	2,780,807	0
4SCOTT GREGERSON PRESIDENT	(i)	482,809	0	57,658	136,089	20,514	697,070	0
	(ii)	0	0	0	0	0	0	0
5LINDA HOFF DIRECTOR (as of 01/18)	(i)	0	0	0	0	0	0	0
	(ii)	347,949	500,000	53,472	42,670	14,087	958,178	0
6DOREEN MAPLES VP COMPLIANCE & QUALITY	(i)	223,373	0	5,790	22,695	13,139	264,997	0
	(ii)	0	0	0	0	0	0	0
7QUINN MCKENNA DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	950,442	928,847	52,887	118,505	45,638	2,096,319	0
8LLOYD B MINOR MD DIRECTOR (THROUGH 11/17)	(i)	0	0	0	0	0	0	0
	(ii)	1,467,861	250,000	1,925,159	124,300	39,518	3,806,838	1,360,452
9PAUL MUSER LEAD MULTI-MODALITY TECH	(i)	128,761	0	123,542	10,700	27,159	290,162	0
	(ii)	0	0	0	0	0	0	0
10JANINE PINKS CARDIO PHYSICIAN ASSISTANT	(i)	269,071	0	17,577	11,117	9,066	306,831	0
	(ii)	0	0	0	0	0	0	0
11RONNIE RAYMUNDO REGISTERED NURSE	(i)	138,998	0	171,440	4,213	9,066	323,717	0
	(ii)	0	0	0	0	0	0	0
12TOPHER SHARP DIRECTOR (as of 01/18)	(i)	0	0	0	0	0	0	0
	(ii)	309,756	103,485	75,905	23,978	29,382	542,506	0
13DAVID SVEC MD CMO (AS OF 11/17)	(i)	0	0	0	0	0	0	0
	(ii)	190,206	172,594	13,420	20,190	33,364	429,774	0
14TRACEY LEWIS TAYLOR COO	(i)	271,412	20,000	2,760	19,969	22,584	336,725	0
	(ii)	0	0	0	0	0	0	0
15GINA TEEPLES CNO	(i)	248,617	75,000	13,414	40,733	11,129	388,893	0
	(ii)	0	0	0	0	0	0	0
16JOSEPH YATCO REGISTERED NURSE	(i)	132,103	200	122,906	4,110	24,896	284,215	0
	(ii)	0	0	0	0	0	0	0
17JOHN YEE MD VP CLINICAL INITIATIVES	(i)	245,639	0	7,105	7,500	25,019	285,263	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**2017****Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE HOSPITAL COMMITTEE FOR THE LIVERMORE-  
PLEASANTON AREAS

Employer identification number

94-1429628

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1	STANFORD HEALTH CARE - VALLEYCARE'S MISSION IS TO (1) ASSUME THE LEADERSHIP ROLE FOR THE HEALTH OF THE TRI-VALLEY COMMUNITY AND (2) TO CARE, TO EDUCATE, AND TO DISCOVER

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>OPERATION OF TWO ACUTE CARE HOSPITALS WITH A TOTAL OF 167 ACUTE, 26 SKILLED NURSING AND 14 ACUTE PSYCHIATRIC BEDS SERVICES INCLUDE ICU/CCU, MEDICAL, SURGICAL, OBSTETRIC, NURSERY INPATIENT SERVICE, AND EMERGENCY ROOM, URGENT CARE AND OUTPATIENT SERVICES ALSO CARE IS PROVIDED TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER THE CHARITY-CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES ANY PROFITS MADE FROM OPERATIONS ARE INVESTED INTO NEW FACILITIES, EQUIPMENT AND SERVICES IN ADDITION TO THE INVESTMENTS IN CHARITY CARE AND UNCOMPENSATED MEDICAL, SHC-VC CONTRIBUTES TO OTHER COMMUNITY BENEFIT ACTIVITIES FOR THE VULNERABLE POPULATIONS, THE BROADER COMMUNITY AND HEALTH RESEARCH, TRAINING AND EDUCATION THESE ACTIVITIES PROVIDE ESSENTIAL SERVICES FOR THOSE MOST IN NEED IN OUR COMMUNITIES AS PART OF SHC'S SUPPORT FOR ITS COMMUNITY PARTNERS AND OTHER COMMUNITY-BASED AGENCIES, SHC-VC CONDUCTED A VARIETY OF ACTIVITIES FOR COMMUNITY MEMBERS, RANGING FROM EDUCATION AND SUPPORT TO PERSONS WITH CHRONIC CONDITIONS, MEALS TO THE DISABLED AND SENIORS AND REDUCED-COST WELLNESS PROGRAMS FOR ECONOMICALLY DISADVANTAGED MEMBERS OF THE COMMUNITY ACTIVITIES FOR VULNERABLE POPULATIONS SHC-VC ACTIVELY PARTICIPATED IN THE TRI-VALLEY HEALTH INITIATIVE THIS INITIATIVE SERVES AS A GATEWAY TO MAKE CONTACT AND ENGAGE WITH UNDER-SERVED COMMUNITIES, AS WELL AS TO PROVIDE HEALTH SCREENINGS, LINKAGES, AND HEALTH CARE ENROLLMENT OPPORTUNITIES TO YOUTH AND FAMILIES IN THE TRI-VALLEY THE INITIATIVE AIMS TO INCREASE ACCESS TO HEALTH CARE FOR YOUTH AND FAMILIES, INCLUDING CULTURALLY-RELEVANT PREVENTION SERVICES, AND STRENGTHENS THE CONTINUUM OF SCHOOL-LINKED HEALTH SUPPORTS THROUGHOUT THE TRI-VALLEY ALSO, THE INITIATIVE PROVIDES FURTHER OPPORTUNITY TO COLLABORATE WITH SCHOOL HEALTH OFFICIALS IN THE LOCAL SCHOOL DISTRICTS REGARDING ONGOING HEALTH CONCERNS SUCH AS ASTHMA AND BEHAVIORAL HEALTH IN FY18, SHC-VC WAS ALSO ACTIVE IN THE TRI-VALLEY ANTI-POVERTY COLLABORATIVE THIS COLLECTIVE IMPACT INITIATIVE TO END POVERTY IN THE TRI-VALLEY AREA INVOLVES PARTNERS FROM GOVERNMENT, NONPROFITS, FAITH-BASED ORGANIZATIONS, SCHOOLS, PHILANTHROPIC ORGANIZATIONS, BUSINESSES, AND INDIVIDUAL COMMUNITY RESIDENTS THE TRI-VALLEY ANTI-POVERTY COLLABORATIVE SUPPORTS A PROGRAM IN WHICH STRUGGLING RESIDENTS ACROSS THE REGION CAN ACHIEVE A BASIC STANDARD OF LIVING IN HOUSING, HEALTH CARE, NOURISHMENT, EDUCATION, AND SUSTAINABLE FINANCIAL RESOURCES DURING FY18, SHC-VC'S FUNDING ALLOWED THE SENIOR SUPPORT PROGRAM OF THE TRI-VALLEY (SSPTV) TO PROVIDE FREE, PREVENTIVE HEALTH SCREENINGS AND EXAMS TO 324 LOW-INCOME SENIORS THESE SCREENINGS GENERALLY INCLUDED BLOOD PRESSURE AND DIABETES CHECKS, COMPLETE FOOT CARE, EDUCATION ABOUT MEDICATION MANAGEMENT, ALCOHOL AND DRUG EDUCATION, AS WELL AS REFERRALS, WHEN APPROPRIATE SOME SENIORS ALSO CHOSE TO RECEIVE COLORECTAL CANCER SCREENINGS AND/OR URINE TESTS FOR INFECTIONS AND OTHER TOXICITIES ALL PARTICIPATING SENIORS WERE ENCOURAGED TO VISIT THEIR</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>PHYSICIANS REGULARLY THROUGHOUT FY18, SHC-VC PROVIDED OPEN HEART KITCHEN SPACE ON ITS LIVERMORE CAMPUS FREE OF CHARGE. THIS LOCAL NONPROFIT ORGANIZATION, WHICH SERVES FREE MEALS TO THE HUNGRY, STORED FOOD AND ASSEMBLED BOX LUNCHES IN THE SPACE ON CAMPUS FOR INCOMING RESIDENTS OF THE TRI-VALLEY HAVEN SHELTER, SHC-VC OFFERED TB SCREENING TESTS AND PROVIDED INITIAL PATIENT EVALUATION AND FOLLOW-UP DIAGNOSTIC TESTING FOR ANY POSITIVE TB TESTS AT NO CHARGE. SHC-VC PROVIDED 72 TB TESTS DURING THE REPORTING PERIOD. IN ADDITION, SHC-VC DONATED 202 TURKEYS TO THE SHELTER OVER THE THANKSGIVING HOLIDAY. SHC-VC PROVIDED FUNDING TO CRISIS SUPPORT SERVICES OF ALAMEDA COUNTY'S HEALING HEARTS 5K WALK/RUN FOR SUICIDE PREVENTION. THE EVENT, ATTENDED BY 82 PEOPLE, FOCUSED ON RAISING AWARENESS OF THE TRAGEDY OF SUICIDE, REDUCING THE STIGMA ASSOCIATED WITH DEPRESSION AND MENTAL ILLNESS, EDUCATING THE COMMUNITY ABOUT AVAILABLE SERVICES, SUPPORTING LOCAL SUICIDE PREVENTION PROGRAMS, AND PROVIDING A SAFE PLACE TO HEAL FOR THOSE WHO HAVE LOST LOVED ONES TO SUICIDE. LIFESTYLERX IS SHC-VC'S 70,000-SQUARE-FOOT WELLNESS CENTER, WHICH PROVIDES COMPREHENSIVE, MEDICAL-BASED, HIGH-QUALITY EDUCATION AND FITNESS SERVICES TO ALL COMMUNITY MEMBERS. THE LIFESTYLERX SCHOLARSHIP PROGRAM PROVIDES LOW-INCOME MEMBERS OF THE COMMUNITY THE OPPORTUNITY TO ACHIEVE THEIR MAXIMUM HEALTH, FITNESS, AND WELL-BEING POTENTIAL BY PROVIDING SCHOLARSHIPS FOR MEMBERSHIP. DURING THE REPORTING PERIOD, THE SCHOLARSHIP PROGRAM PROVIDED 17 LIFESTYLERX MEMBERSHIPS TO LOW-INCOME MEMBERS OF THE COMMUNITY. MARYLIN AVENUE ELEMENTARY SCHOOL IN LIVERMORE HAD LIMITED FUNDING TO SUPPORT A PHYSICAL EDUCATION (PE) PROGRAM. SHC-VC FUNDED A PE PROGRAM, WHICH ALLOWED FOR AN INSTRUCTOR TO CONDUCT PE CLASSES FOR MARYLIN AVENUE STUDENTS DURING THE SCHOOL WEEK. THIS PROJECT FOCUSED ON IMPROVING SCORES FOR STATE TESTING, IMPROVING STUDENT PHYSICAL HEALTH, EDUCATING THE STUDENTS ON HEALTHY LIVING, AND ILLUSTRATING HOW TO USE EXERCISE AS A TOOL TO HELP WITH FOCUS IN THE CLASSROOM. TWICE A WEEK THROUGHOUT THE SCHOOL YEAR, 123 STUDENTS IN FOURTH AND FIFTH GRADES RECEIVED 75 MINUTES OF PHYSICAL EDUCATION. OVERALL, MORE THAN 90% OF MARYLIN AVENUE FOURTH-GRADERS WHO PARTICIPATED IN PHYSICAL EDUCATION IN 2017-2018 IMPROVED ON AT LEAST TWO OF FOUR PHYSICAL FITNESS TESTS, AND OVER HALF (58%) IMPROVED ON THREE OF THE FOUR. AVERAGE RESULTS FOR ALL FOUR TESTS IMPROVED (MILE AVERAGE TIMES SHORTENED BY ALMOST ONE MINUTE, PUSH-UPS INCREASED BY 10, CURL-UPS INCREASED BY 17, PACERS INCREASED BY 2.25 LAPS). NEARLY TWO-THIRDS (66%) OF MARYLIN AVENUE FIFTH-GRADE RS WHO PARTICIPATED IN PHYSICAL EDUCATION IN 2017-2018 IMPROVED ON AT LEAST TWO OF THREE P HYSICAL FITNESS TESTS. AVERAGE RESULTS FOR ALL THREE TESTS IMPROVED (MILE AVERAGE TIMES SH ORTENED BY SIX MINUTES, PUSH-UPS INCREASED BY 4, CURL-UPS INCREASED BY 7.5). TEACHERS REPORTED THAT STUDENTS IN THEIR CLASSROOMS HAD BETTER BEHAVIOR, WERE MORE FOCUSED, AND EXHIBITED BETTER TEAMWORK OVER THE CO</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	<p>URSE OF THE SCHOOL YEAR FOR MEALS ON WHEELS, SHC-VC PREPARED MORE THAN 900 MEALS A DAY, FIVE DAYS A WEEK, FOR HOMEBOUND SENIORS IN SEVEN ALAMEDA COUNTY CITIES, INCLUDING PLEASANTON, LIVERMORE, DUBLIN AND SUNOL. THESE HOT MEAL PROGRAMS PROVIDE LOCAL SENIORS WITH THE NUTRITION CRITICAL TO THEIR HEALTH AND WELL-BEING. SHC-VC ALSO PROVIDED OFFICE SPACE TO SPECTRUM, THE NONPROFIT ORGANIZATION IN CHARGE OF ORGANIZING THE MEALS ON WHEELS PROGRAM IN THE TRI-VALLEY AREA. SUPPORTED CONVOY OF HOPE TRI-VALLEY'S "DAY OF HOPE," ATTENDED BY 922 LOW-INCOME INDIVIDUALS. SHC-VC PROVIDED ENOUGH GROCERIES TO THOSE IN ATTENDANCE TO FEED A SMALL FAMILY FOR TWO WEEKS. EACH FAMILY RECEIVED APPROXIMATELY FIVE BAGS OF GROCERIES THAT INCLUDED STAPLES AND NONPERISHABLE ITEMS. IN ADDITION, SHC-VC STAFF PROVIDED REUSABLE GROCERY BAGS, WATER BOTTLES, AND NUTRITION INFORMATION TO EVENT ATTENDEES, THE NUTRITION INFORMATION INCLUDED HEALTHY RECIPES, HANDOUTS ON HEALTHY EATING, AND HEALTHY EATING COLORING BOOKS FOR CHILDREN. PROVIDED EXPERTS TO ASSIST UNINSURED, LOW-INCOME PATIENTS RESEARCH THEIR HEALTH CARE OPTIONS. SERVICES PROVIDED AT NO COST BY MEDDATA INVOLVE HELPING INDIVIDUALS RESEARCH ELIGIBILITY REQUIREMENTS, IDENTIFY APPROPRIATE HEALTH INSURANCE PROGRAMS, COMPLETE APPLICATIONS, COMPILE REQUIRED DOCUMENTATION, AND FOLLOW UP WITH COUNTY CASE MANAGERS. THIS SERVICE ASSISTS ELIGIBLE PATIENTS IN OBTAINING COVERAGE FOR MEDICAL NECESSITIES, SUCH AS HOSPITAL CARE, PRESCRIPTION DRUGS, AND HOME HEALTH CARE. PROVIDED FUNDS FOR A LICENSED MARRIAGE AND FAMILY THERAPIST (MFT) FOR AXIS COMMUNITY HEALTH. THIS THERAPIST, HIRED IN DECEMBER 2017, INCREASED CAPACITY TO SERVE TRI-VALLEY RESIDENTS AT AXIS' CLINICAL SITE. THE ADDITIONAL COUNSELOR HAS HELPED TO ALLEVIATE THE DIRE NEED FOR MORE MENTAL HEALTH SERVICES IN THE COMMUNITY. IN ADDITION, WAIT TIMES FOR MENTAL HEALTH SERVICES APPOINTMENTS AT THE CLINIC HAVE BEEN REDUCED. FROM DECEMBER 2017 TO OCTOBER 2018, A TOTAL OF 763 MENTAL HEALTH VISITS WERE PROVIDED TO 117 UNIQUE PATIENTS, ALL OF WHOM WERE UNINSURED.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT )	<p>SHC-VC PROVIDED A WIDE VARIETY OF RESOURCES AND SERVICES TO THE BROADER COMMUNITY REGARDING CARDIAC INFORMATION AND EDUCATION THROUGH ITS CANCER PROGRAMS, SHC-VC OFFERED EDUCATION, AWARENESS-BUILDING, AND CANCER SUPPORT GROUPS FOR THE COMMUNITY - IN ITS YOGA FOR CANCER PROGRAM, SHC-VC PROVIDED A COMMUNITY SUPPORT GROUP THAT TEACHES YOGA TO THOSE SUFFERING FROM CANCER AND TO THEIR FAMILIES - THE SHC-VC HEALING TOUCH PROGRAM ENSURED THAT EACH PERSON IN THE COMMUNITY RECEIVING CANCER TREATMENT WAS OFFERED SUPPORTIVE CARE BY IMPLEMENTING HEALING TOUCH TECHNIQUES, WHICH SUPPORT THE PERSON AS A WHOLE AND HELP MANAGE SYMPTOMS OF PAIN, MALAISE, NAUSEA, AND/OR STRESS - SHC-VC HOSTED A FREE, EDUCATIONAL BREAST CANCER SYMPOSIUM OPEN TO ANYONE CONCERNED ABOUT THE FOLLOWING TOPICS BREAST CANCER AND THE LATEST, CUTTING-EDGE TREATMENTS, FERTILITY PRESERVATION DURING BREAST CANCER THERAPY, VALUE AND QUALITY IN BREAST CANCER TREATMENT, AND BREAST CANCER GENETICS AND GENOMICS - SHC-VC OFFERED SEMINARS ON BREAST CANCER-RELATED LYMPHEDEMA, INCLUDING CAUSES, SIGNS, SYMPTOMS, RISK-REDUCTION, AND TREATMENT OPTIONS, INCLUDING PHYSICAL THERAPY - SHC-VC OFFERED THE LOOK GOOD FEEL BETTER PROGRAM, A SUPPORT GROUP FOR WOMEN DEALING WITH THE SIDE EFFECTS OF CANCER TREATMENT THROUGH THIS PROGRAM, SPECIALLY TRAINED VOLUNTEERS TEACH SELF-CARE, BEAUTY, AND PSYCHOLOGICAL SUPPORT, PROVIDE WIGS AND SCARVES, AND CONDUCT DEMONSTRATIONS ON COPING WITH HAIR LOSS SHC-VC PROVIDED FUNDING TO THE FOLLOWING ORGANIZATIONS FIGHTING CANCER - THE SANDRA J WING HEALING THERAPIES FOUNDATION, WHICH PROVIDES CANCER PATIENTS WITH FINANCIAL ASSISTANCE DURING THEIR TREATMENT PERIOD FOR COMPLEMENTARY HEALING SERVICES, SUCH AS ACUPUNCTURE, ACUPRESSURE, THERAPEUTIC MASSAGE, GUIDED/VISUAL IMAGERY, AND DEEP BREATHING MEDITATION - THE HERS BREAST CANCER FOUNDATION, WHICH HELPS SUPPORT WOMEN HEALING FROM BREAST CANCER BY PROVIDING POST-SURGICAL PRODUCTS AND SERVICES, REGARDLESS OF FINANCIAL STATUS - A 24-HOUR WALK EVENT (RELAY FOR LIFE) FOR CANCER AWARENESS AND FUNDRAISING IN SUPPORT OF THE AMERICAN CANCER SOCIETY AT THIS EVENT, SHC-VC PROVIDED EDUCATION ABOUT LUNG CANCER, INCLUDING EDUCATION ON PREVENTION AND EARLY DETECTION THE SHC-VC MY HEART'S CONTENT PROGRAM PROVIDED LECTURES TO THE COMMUNITY ON CARDIOVASCULAR HEALTH THE INFANT CPR PROGRAM PROVIDED CPR TRAINING TO THE COMMUNITY AT LARGE, AND WAS ALSO OFFERED FREE TO LOW-INCOME PARENTS OF NEWBORNS SHC-VC HELD MATERNAL AND CHILD EDUCATION CLASSES TO PREPARE PARENTS FOR CHILDBIRTH THESE CLASSES WERE OFFERED TO THE COMMUNITY AT LARGE AND WERE FREE TO LOW-INCOME PARENTS SHC-VC ALSO SPONSORED A CLASS TO HELP SIBLINGS ADJUST TO A NEW BABY IN ADDITION, SHC-VC PROVIDED EDUCATION FOR NEW MOTHERS ON THE BENEFITS AND IMPORTANCE OF BREASTFEEDING THEIR INFANTS THE NEW MOMS SUPPORT GROUP SUPPORTED NEW MOTHERS WITH GUEST SPEAKERS WHO FOCUSED ON BREASTFEEDING AS A HEALTHY START TO LIFE THE SHC-VC NEW MOM WELLNESS PROGRAM OFFERED BY LIFESTYLERX WAS A</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A (CONT )</p>	<p>N EFFECTIVE WAY FOR NEW MOTHERS IN THE COMMUNITY TO INCREASE THEIR FITNESS AND FEEL BETTER WHILE COPING WITH A NEW BABY THIS COMPREHENSIVE FOUR-WEEK PROGRAM TAUGHT METHODS OF GAIN ING ENERGY, LIVING A HEALTHY LIFESTYLE, AND BECOMING MOTIVATED TO TAKE CARE OF NEWLY-EXPAN DED FAMILIES IN FY18, THE SHC-VC HEALTH LIBRARY PROVIDED SCIENTIFICALLY BASED HEALTH INFO RMATION TO ASSIST COMMUNITY MEMBERS IN MAKING MORE INFORMED DECISIONS ABOUT THEIR HEALTH A ND HEALTH CARE THE HEALTH LIBRARY IS OPEN TO THE COMMUNITY AND REACHES OUT TO THE LOCAL P OPULATION, AS WELL AS TO ANYONE WHO USES THE INTERNET THE LIBRARY HAS AN EXTENSIVE COLLEC TION OF ONLINE HEALTH AND WELLNESS RESOURCES, INCLUDING MEDICAL WEBSITES AND FULL-TEXT ART ICLES IT ALSO INCLUDES CONVENTIONAL HEALTH AND WELLNESS RESOURCES SUCH AS BOOKS, MEDICAL JOURNALS, PERIODICALS, AND VIDEOS ALL INFORMATIONAL AND EDUCATIONAL MATERIALS ARE AVAILAB LE IN ENGLISH AND SPANISH AS OBESITY IS A MAJOR HEALTH ISSUE IN THE TRI-VALLEY AREA, OBES ITY AND FITNESS EDUCATION AND PREVENTION IS A TOP FOCUS FOR SHC-VC MORE THAN ONE IN FIVE FIFTH-GRADERS IN THE TRI-VALLEY AREA ARE OVERWEIGHT OR OBESE (21% IN THE DUBLIN SCHOOL DIS TRICT, 24% IN THE PLEASANTON SCHOOL DISTRICT, AND 32% IN THE LIVERMORE VALLEY JOINT UNIFIE D SCHOOL DISTRICT) FITNESS METRICS SUGGEST THAT 6% OF DUBLIN LATINO FIFTH-GRADERS, 19% OF PLEASANTON LATINO FIFTH-GRADERS, AND 24% OF LIVERMORE LATINO FIFTH-GRADERS ARE EXPERIENCI NG HEALTH RISKS RELATED TO BODY COMPOSITION (E G , BMI) SHC-VC CONDUCTED A WIDE VARIETY O F PROGRAMS ON HEALTHY EATING AND PHYSICAL FITNESS FOR BOTH THE BROADER COMMUNITY AND FOR V ULNERABLE COMMUNITIES SHC-VC PROVIDED FUNDING TO MARYLIN AVENUE ELEMENTARY SCHOOL IN LIVE RMORE AND LYDIKSEN ELEMENTARY SCHOOL IN PLEASANTON TO FUND NEEDED EQUIPMENT FOR PHYSICAL E DUCATION SHC-VC PROVIDED FUNDING TO SUPPORT THE VIA HEART PROJECT'S TEEN HEART SCREENING EVENT AT LIVERMORE VALLEY HIGH SCHOOL TEEN CARDIAC SCREENINGS WERE PROVIDED, INCLUDING HE ALTH HISTORY REVIEW, BLOOD PRESSURE READINGS, EKGS AND ECHOCARDIOGRAMS, AND CONSULTATION W ITH A CARDIOLOGIST A TOTAL OF 275 YOUTH RECEIVED EKGS AND ECHOCARDIOGRAMS, WITH OVER FIVE PERCENT NEEDING AND RECEIVING FURTHER FOLLOW-UP OF THIS FIVE PERCENT, APPROXIMATELY HALF HAD HIGH-RISK CARDIAC ISSUES, THE REST HAD LOW-RISK CARDIAC ISSUES SHC-VC PROVIDED MEDIC AL SUPPLIES AND FIRST AID TO A WIDE VARIETY OF LOCAL COMMUNITY EVENTS, SUCH AS RACES, PARA DES, FESTIVALS, AND ATHLETIC EVENTS FOR THOSE WITH DIABETES, SHC-VC OFFERED A MONTHLY DIA BETES SUPPORT GROUP WITH OCCASIONAL GUEST SPEAKERS ADDITIONALLY, SHC-VC HELD THE ANNUAL D IABETES EDUCATION SEMINAR TO EDUCATE TRI-VALLEY COMMUNITY MEMBERS ABOUT HEALTHY EATING HAB ITS AND PREVENTION OF PRE- DIABETES SHC-VC STAFF CONDUCTED FREE BALANCE TESTING, EXPLAINED RESULTS, AND GAVE A PRESENTATION ABOUT FALL RISK FACTORS AND PREVENTION FOR PLEASANTON SE NIOR SUPPORT SERVICES, OPEN TO THE COMMUNITY A TOTAL OF 30 SENIORS ATTENDED SPECIALIZED HEALTH CARE WORKFORCE TRAINING</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A (CONT )	- SEE SCHEDULE H, PART VI SUPPLEMENTAL INFORMATION RELATED TO PART II, LINE 8



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING INDIVIDUALS ARE EMPLOYEES OF STANFORD HEALTH CARE DAVID CONNOR DAVID ENTWISTLE LINDA HOFF QUINN MCKENNA THE FOLLOWING INDIVIDUALS ARE EMPLOYEES OF STANFORD UNIVERSITY MARK CULLEN MD LLOYD B MINOR MD TOPHER SHARP THE FOLLOWING INDIVIDUALS ARE BOARD MEMBERS AT STANFORD HEALTH CARE DAVID ENTWISTLE JOHN GOLDMAN LLOYD B MINOR MD KAYE FOSTER-CHEEK THE FOLLOWING INDIVIDUALS ARE VOTING BOARD MEMBERS AT SUMIT HOLDING INTERNATIONAL, LLC DAVID ENTWISTLE DAVID CONNOR LINDA HOFF THE FOLLOWING INDIVIDUALS ARE VOTING BOARD MEMBERS AT SUMIT INSURANCE COMPANY, LTD DAVID ENTWISTLE DAVID CONNOR LLOYD B MINOR MD LINDA HOFF THE FOLLOWING INDIVIDUALS ARE CLASS A SUBSCRIBER VOTING MEMBERS AT THE PROFESSIONAL EXCHANGE ASSURANCE COMPANY DAVID ENTWISTLE DAVID CONNOR LINDA HOFF

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 3	PITT CALKIN SERVED AS SHC-VC'S INTERIM CFO THROUGH SEPTEMBER 2017 HE WAS COMPENSATED AS AN INDEPENDENT CONTRACTOR THROUGH THE MANAGEMENT COMPANY MANCHESTER GROUP THE TOTAL COMPENSATION PAID THROUGH OCTOBER 2017 WAS \$74,267 RICHARD ALESCH SERVED AS SHC-VC'S INTERIM VP FINANCE FROM FEBRUARY 2018 THROUGH JULY 2018 HE WAS COMPENSATED AS AN INDEPENDENT CONTRACTOR THROUGH THE MANAGEMENT COMPANY RESOURCES GLOBAL PROFESSIONALS THE TOTAL COMPENSATION PAID THROUGH JULY 2018 WAS \$272,307

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	STANFORD HEALTH CARE IS THE SOLE MEMBER OF SHC-VC

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	STANFORD HEALTH CARE, AS THE SOLE MEMBER OF SHC-VC, APPOINTS ALL CLASS "B" DIRECTORS, AND APPROVES APPOINTMENT OF CLASS "A" DIRECTORS TO THE SHC-VC BOARD OF DIRECTORS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING POWERS ARE RESERVED TO STANFORD HEALTH CARE, AS THE SOLE MEMBER OF SHC-VC (A) APPOINTMENT AND REMOVAL OF ALL SENIOR LEADERSHIP AND ENGAGEMENT OF STANFORD UNIVERSITY TO PROVIDE LEGAL AND INTERNAL AUDIT SERVICES TO THE CORPORATION, (B) SELECTION OF THE AUDITORS OF THE CORPORATION, (C) AMENDMENT OF THESE BYLAWS, EXCEPT AS PROVIDED IN ARTICLE X, (D) APPROVAL OF THE INCURRENCE OF DEBT BY THE CORPORATION OTHER THAN DEBT PROVIDED FOR IN AN APPROVED CAPITAL BUDGET APPROVED BY THE MEMBER, (E) APPROVAL OF OPERATING AND CAPITAL BUDGETS OF THE CORPORATION, AND (F) APPROVAL OF STRATEGIC PLANS THAT HAVE BEEN DEVELOPED BY MANAGEMENT AND SUBMITTED FOR APPROVAL TO THE BOARD OF DIRECTORS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE DEPARTMENT REVIEWS THE FORM 990 FOR ACCURACY, WITH INPUT FROM COMMUNITY BENEFITS DEPARTMENT PRIMARILY FOR SCHEDULE H PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE, A COMPLETE COPY OF THE FORM 990 IS SENT ELECTRONICALLY TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR THEIR REVIEW THE INTERIM VP OF FINANCE REVIEWS THE FORM 990 WITH THE AUDIT COMMITTEE AND INVITES QUESTIONS FOLLOWING THIS REVIEW, A FULL COPY OF THE FINAL RETURN IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING ONCE THESE STEPS ARE COMPLETE, THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A&B	SHC-VC UTILIZES THE SERVICES OF WILLIS TOWERS WATSON FOR COMPENSATION BENCHMARKING, ANALYSIS, AND REPORTING THE BOARD OF DIRECTORS HAS A COMPENSATION SUB-COMMITTEE WHO REVIEW THE RESULTS OF THE COMPENSATION REVIEW AND IS ASSURED THAT TOTAL COMPENSATION IS CONSISTENT WITH THE MARKET THIS PROCESS WAS LAST PERFORMED IN 2017



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING/ORGANIZING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 19	OTHER CHANGES IN NET ASSETS OR FUND BALANCES EQUITY TRANSFER - \$64,235,917

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE HOSPITAL COMMITTEE FOR THE LIVERMORE-  
PLEASANTON AREAS

**Employer identification number**  
94-1429628

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)UNIVERSITY HEALTHCARE ALLIANCE	P		COST
(2)UNIVERSITY HEALTHCARE ALLIANCE	Q		COST



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

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

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE R, PART III, COLUMNS (E), (F), (G), (H), (I), (J), AND (K)	RESPONSE IS "N/A" FOR ALL ORGANIZATIONS

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE R, PART IV, LINE (5)	CHARITABLE LEAD ANNUITY TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA



<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE R, PART IV, LINE (6)	CHARITABLE REMAINDER TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE R, PART IV, LINE (5)	OTHER TRUSTS ARE PRINCIPALLY DOMICILED IN CALIFORNIA

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE R, PART IV, LINE (6)	POOLED INCOME FUNDS ARE PRINCIPALLY DOMICILED IN CALIFORNIA

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE R, PART IV, COLUMNS (F), (G), AND (H)	RESPONSE IS "N/A" FOR ALL ORGANIZATIONS

Schedule Form 990 2012

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 94-1429628

**Name:** THE HOSPITAL COMMITTEE FOR THE LIVERMORE-  
PLEASANTON AREAS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
3145 PORTER DRIVE PALO ALTO, CA 94304 94-1156365	EDUCATION	CA	501(C)(3)	2	NA		No
475 POPE STREET MENLO PARK, CA 94025 20-2699147	EDUCATIONAL	CA	501(C)(3)	2	STANFORD	Yes	
400 HAMILTON AVENUE SUITE 340 PALO ALTO, CA 94301 77-0440090	HEALTHCARE	CA	501(C)(3)	7	LPCH	Yes	
725 WELCH ROAD MC 5553 PALO ALTO, CA 94304 77-0003859	HEALTHCARE	CA	501(C)(3)	3	STANFORD	Yes	
725 WELCH ROAD MC5551 PALO ALTO, CA 94304 32-0359189	HEALTHCARE	CA	501(C)(3)	3	LPCH	Yes	
485 BROADWAY MAIL CODE 8838 REDWOOD CITY, CA 94063 94-3187167	REAL ESTATE	CA	501(C)(25)	N/A	STANFORD	Yes	
PO BOX 7229 STANFORD, CA 94309 94-1187089	FAC INTERACT	CA	501(C)(7)	N/A	STANFORD	Yes	
1860 EMBARCADERO RD PALO ALTO, CA 94303 94-1492212	CREDIT UNION	CA	501(C)(1)	N/A	STANFORD	Yes	
485 BROADWAY MAIL CODE 8838 REDWOOD CITY, CA 94063 46-1882243	CONSERVATION	CA	501(C)(3)	7	STANFORD	Yes	
300 PASTEUR DRIVE MC 5555 STANFORD, CA 94305 94-6174066	HEALTHCARE	CA	501(C)(3)	3	STANFORD	Yes	
1221 BROADWAY 3RD FLOOR OAKLAND, CA 94612 46-4071746	HEALTHCARE	CA	501(c)(3)	12A, I	SHC	Yes	
WAVERLY BUSINESS PARK BUILDING 11 CAPE TOWN SF	EDUCATION	SF	501(C)(3)	N/A	STANFORD	Yes	
BLDG 60 MAIN QUAD NO 105 STANFORD, CA 94305 94-0894150	SUPPORT	CA	501(C)(3)	12A, I	STANFORD	Yes	
485 BROADWAY MAIL CODE 8838 REDWOOD CITY, CA 94063 94-3246199	BENEFITS	CA	501(C)(9)	N/A	STANFORD	Yes	
JP MORGAN CHASE PO BOX 3038 MILWAUKEE, WI 53201 38-6841793	SUPPORT	NY	501(C)(3)	12D, III-O	STANFORD	Yes	
485 BROADWAY MAIL CODE 8838 REDWOOD CITY, CA 94063 30-0519583	SUPPORT	CA	501(C)(3)	12A, I	STANFORD	Yes	
1401 CAROLINE CENTER 28 PING ROAD CAUSEWAY HK 98-6078093	SUPPORT	HK	501(C)(3)	N/A	STANFORD	Yes	
65 HIGH STREET OXFORD OX1 46L UK	SUPPORT	UK	501(C)(3)	N/A	STANFORD	Yes	
7999 GATEWAY BLVD STE 300 NEWARK, CA 94560 94-3192446	HEALTHCARE	CA	501(C)(3)	3	SHC	Yes	
5655 W LAS POSITAS BLVD 220 PLEASANTON, CA 94588 26-2593526	SUPPRT SHC-VC	CA	501(C)(3)	10	HOSP CMTE LP	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
1111 E STANLEY BLVD LIVERMORE, CA 94550 94-3382224	SR FACILITY	CA	501(C)(3)	12A, I	HOSP CMTE LP	Yes	









Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ALPINE CHALET INC PO BOX 9988 SOUTH LAKE TAHOE, CA 96158 94-1556099	SKI LODGE	CA	NA	C CORP					
BIENVILLE ARGENTINA OPPS OFFSHORE FUND 405 LEXINGTON AVE 34TH FLOOR NEW YORK, NY 10174	INVESTMENTS	CJ	NA	C CORP					
BISHOP ROCK OPPORTUNITY OFFSHORE FUND LT 635 KNIGHT WAY STANFORD, CA 94305	INVESTMENTS	CJ	NA	C CORP					
BREP VII Alberta Feeder (Offshore) TE7 635 KNIGHT WAY STANFORD, CA 94305 98-1066351	INVESTMENTS	CA	NA	C CORP					
BREP VII Alberta Feeder (Offshore) TE7- 635 KNIGHT WAY STANFORD, CA 94305 98-1066355	INVESTMENTS	CA	NA	C CORP					
CANARY SC FUND LTD 89 NEXUS WAY CAYMANA BAY GRAND CAYMAN KY1-9009 CJ 98-1268195	INVESTMENTS	CJ	NA	C CORP					
CLAT (16)	CHARITABLE TR	CA	NA	TRUST					
CRT (552)	CHARITABLE TR	CA	NA	TRUST					
EAST SAIL C/O INTL FS INC IFS COURT TWENTYEIGHT CYBERCITY EBENE MP	INVESTMENTS	MP	NA	C CORP					
GAVEA INVESTMENT FUND II-C LP PO BOX 896GT HARBOUR CENTRE GEORGE TOWN CJ 98-0537952	INVESTMENTS	CJ	NA	C CORP					
HHBG SF Limited 635 KNIGHT WAY STANFORD, CA 94305	REAL ESTATE	CA	NA	C CORP					
KAIZEN FUND 2ND FL MIDTOWN PLAZA PO BOX 448 GRAND CAYMAN KY1-1106 CJ	INVESTMENTS	CJ	NA	C CORP					
LS ALBERTA III LP C/O JE ROBERT COS 1650 TYSON BLVD MCLEAN, VA 22102 98-0493425	INVESTMENTS	CA	NA	C CORP					
OTHER (5)	CHARITABLE TR	CA	NA	TRUST					
PIF (2)	CHARITABLE TR	CA	NA	TRUST					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
PROFESSIONAL EXCHANGE ASSURANCE COMPANY 201 MERCHANT STREET SUITE 2400 HONOLULU, HI 96813 90-0897686	INSURANCE	HI	NA	C CORP					
SBFF LTD PO BOX 1344 GEORGE TOWN KY1-1108 CJ	INVESTMENTS	CJ	NA	C CORP					
SEA SMOKE FUND LLC 190 ELGIN AVENUE GEORGE TOWN KY 9005 CJ	INVESTMENTS	DE	NA	C CORP					
SEA SMOKE FUND LTD 635 KNIGHT WAY STANFORD, CA 943057297	INVESTMENTS	CJ	NA	C CORP					
STANFORD (BEIJING) CNSLTNG CO LTD (WFOE) 5275TH FLBLDG CACADEMY SOUTH RD BEIJING CH	EDUCATION	CH	NA	C CORP					
STANFORD IN JAPAN GODO KAISHA DOSHISHA UNIVERSITY MEITOKUKAN-NAI KYOTOSHI JA	EDUCATION	JA	NA	C CORP					
STANFORD INDIA PVT LTD 333 3RD FLOOR DEVIKA TOWER 6 NEH DELHI IN	EDUCATION	IN	NA	C CORP					
STANFORD INTL MEDICAL SERVICES RAK FZE PO BOX 56500 AE	PATIENT SRVC	AE	NA	C CORP					
STANFORD MEDICINE INTL (HONG KONG) CO LT 833 CHEUNG SHA WAN ROAD KOWLOON HK	PATIENT SRVC	HK	NA	C CORP					
STANFORD SGGGS EUROPE INC UGLAND HOUSE S CHURCH ST PO BOX 3 GEORGE TOWN CJ 13-1684331	INVESTMENTS	CJ	NA	C CORP					
STANFORD UNIV MED NETWORK RISK AUTHORITY 1400 PAGE MILL RD MSC 5713 PALO ALTO, CA 94304 46-1132002	RISK MGMT CON	CA	NA	C CORP					
STRUCTURED SERVICING HOLDINGS (OFFSHORE) 87 MARY STREET GEORGE TOWN KY1-9002 CJ	INVESTMENTS	CJ	NA	C CORP					
THE RUBRUM FUND PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ	INVESTMENTS	CJ	NA	C CORP					
VERMILION PEAK FUND 635 KNIGHT WAY STANFORD, CA 943057297	INVESTMENTS	CJ	NA	C CORP					
WINTER ROCK ALTERNATIVE CREDIT I LP PO BOX 10008 WILLOW HOUSE CRICKET GRAND CAYMAN KY1-1001 CJ 98-1140761	INVESTMENTS	CJ	NA	C CORP					