

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
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

D Employer identification number
94-1429628

E Telephone number
(925) 373-8000

G Gross receipts \$ 307,230,890

F Name and address of principal officer:
RICHARD SHUMWAY
1111 E STANLEY BOULEVARD
LIVERMORE, CA 94550

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.

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	1,612
6 Total number of volunteers (estimate if necessary)	6	242
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	369,480
b Net unrelated business taxable income from Form 990-T, line 34	7b	133,203

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	190,741	857,543
9 Program service revenue (Part VIII, line 2g)	265,381,005	296,871,359
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,699	180,426
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,192,093	6,336,494
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	272,775,538	304,245,822

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	154,103,730	153,638,401
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	158,986,729	143,480,555
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	313,090,459	297,118,956
19 Revenue less expenses. Subtract line 18 from line 12	-40,314,921	7,126,866

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	271,205,496	269,498,205
21 Total liabilities (Part X, line 26)	126,741,279	111,525,969
22 Net assets or fund balances. Subtract line 21 from line 20	144,464,217	157,972,236

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: 2020-07-03
Type or print name and title: KYLE WICHELMANN CFO

Paid Preparer Use Only
Print/Type preparer's name: PricewaterhouseCoopers LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P00641463
Firm's name: PricewaterhouseCoopers LLP
Firm's EIN: [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 \$ 269,228,469 including grants of \$ 0) (Revenue \$ 302,680,119)
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 ▶ 269,228,469

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, lobbying activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 23-38 covering various organizational requirements and schedules J through O.

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 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	1,612		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

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



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Management delegation), 4 (Governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Election power), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committees), 9 (Officer reachability).

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include: 10a (Local chapters), 10b (Written policies), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure requirements), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15a/b (Compensation review), 16a (Joint ventures), 16b (Joint venture policy).

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include: 17 (States for Form 990), 18 (Public inspection), 19 (Governing documents), 20 (Person with books and records).

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	857,543		
	g Noncash contributions included in lines 1a - 1f: \$ _____				
h Total. Add lines 1a-1f		857,543			

Program Service Revenue			Business Code				
	2a PATIENT SERVICES		621990	296,659,309	296,289,829	369,480	
	b REIMBURSED/SHARED EXPENSES		900099	212,050	212,050		
	c _____						
	d _____						
	e _____						
	f All other program service revenue.						
g Total. Add lines 2a-2f			296,871,359				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			259,025			259,025	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	(ii) Personal					
		3,170,218						
		b Less: rental expenses	2,642,484					
		c Rental income or (loss)	527,734	0				
	d Net rental income or (loss)			527,734			527,734	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			263,985					
		b Less: cost or other basis and sales expenses		342,584				
		c Gain or (loss)		-78,599				
	d Net gain or (loss)			-78,599			-78,599	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
c Net income or (loss) from fundraising events				0				
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code							
11a DIETARY SERVICES	900099		837,471	837,471				
b MONTHLY DUES-LIFESTYLE	624310		2,899,831	2,899,831				
c CLINIC REVENUE	900099		436,114	436,114				
d All other revenue			1,635,344	1,635,344				
e Total. Add lines 11a-11d			5,808,760					
12 Total revenue. See Instructions.			304,245,822	302,310,639	369,480	708,160		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,537,564		3,537,564	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	103,949,224	99,762,674	4,186,550	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,941,830	5,628,773	313,057	
9 Other employee benefits	31,820,549	30,242,110	1,578,439	
10 Payroll taxes	8,389,234	8,004,897	384,337	
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,073,346		1,073,346	
c Accounting	205,964		205,964	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,760,861	15,545,588	1,215,273	
12 Advertising and promotion	0			
13 Office expenses	8,869,328	8,021,886	847,442	
14 Information technology	18,547,101	11,314,206	7,232,895	
15 Royalties	0			
16 Occupancy	10,346,767	10,202,749	144,018	
17 Travel	155,359	85,680	69,679	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	93,027	84,071	8,956	
20 Interest	2,056,090	2,056,090		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,122,396	10,078,452	43,944	
23 Insurance	1,452,791	1,241,532	211,259	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	37,242,971	37,169,062	73,909	
b PURCHASED SERVICES	26,446,446	20,121,989	6,324,457	
c HOSPITAL QUALITY ASSUR FEE	8,169,578	8,169,578		
d LICENSE, TAX AND FEES	773,195	987,066	-213,871	0
e All other expenses	1,165,335	512,066	653,269	
25 Total functional expenses. Add lines 1 through 24e	297,118,956	269,228,469	27,890,487	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	5,223,192	1	17,325
	2 Savings and temporary cash investments	30,244,316	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	28,650,376	4	31,087,177
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	5,977,374	8	6,363,916
	9 Prepaid expenses and deferred charges	1,178,968	9	6,088,646
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	226,912,720		
	b Less: accumulated depreciation	51,684,660		
		183,561,869	10c	175,228,060
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	824,896	14	678,354
15 Other assets. See Part IV, line 11	15,544,505	15	50,034,727	
16 Total assets. Add lines 1 through 15 (must equal line 34)	271,205,496	16	269,498,205	
Liabilities	17 Accounts payable and accrued expenses	27,096,971	17	34,321,368
	18 Grants payable	0	18	0
	19 Deferred revenue	6,685,148	19	3,351,734
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	15,204	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	92,943,956	25	73,852,867
	26 Total liabilities. Add lines 17 through 25	126,741,279	26	111,525,969
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	144,015,005	27	157,932,478
	28 Temporarily restricted net assets	449,212	28	39,758
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	144,464,217	33	157,972,236
	34 Total liabilities and net assets/fund balances	271,205,496	34	269,498,205

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	304,245,822
2	Total expenses (must equal Part IX, column (A), line 25)	2	297,118,956
3	Revenue less expenses. Subtract line 2 from line 1	3	7,126,866
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	144,464,217
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,381,153
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	157,972,236

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

		Yes	No
1			
2a			No
2b	Yes		
2c	Yes		
3a			No
3b			

Additional Data

Software ID:

Software Version:

EIN: 94-1429628

Name: THE HOSPITAL COMMITTEE FOR THE LIVERMORE-
PLEASANTON AREAS

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN BOOTH MD DIRECTOR (THROUGH 01/19)	1.6 0.4	X						0	0	0
MARK CULLEN MD DIRECTOR (THROUGH 12/18)	1.6 50.4	X						0	478,774	41,988
RON DALMAN DIRECTOR (AS OF 01/19)	1.6 50.4	X						0	729,544	110,654
DAVID ENTWISTLE DIRECTOR	1.6 54.65	X						0	2,845,627	373,297
KAYE FOSTER-CHEEK DIRECTOR	1.6 2.4	X						0	0	0
JOHN GOLDMAN DIRECTOR (THROUGH 04/19)	1.6 2.4	X						0	0	0
LINDA HOFF DIRECTOR	1.6 51.65	X						0	1,165,864	153,795
QUINN MCKENNA DIRECTOR	1.6 51.4	X						0	1,502,990	192,015
RANDY POND DIRECTOR	1.6 0.4	X						0	0	0
AARON SALYAPONGSE DIRECTOR (AS OF 08/19)	1.6 0.2	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			
JOHN SENSIBA CHAIR	1.6	X						0	0	0
TOPHER SHARP DIRECTOR	1.6	X						0	479,887	58,086
ALCINA WEGRZYNOWSKI DIRECTOR	1.6	X						0	0	0
RICHARD SHUMWAY PRESIDENT & CEO (AS OF 05/19)	49.6			X				0	0	0
TRACEY LEWIS TAYLOR COO	50.0			X				346,766	0	56,572
DAVID SVEC MD CMO	50.0			X				0	395,451	55,696
ANITA GIRARD INTERIM CNO (AS OF 07/19)	50.0			X				0	241,363	62,544
SCOTT GREGERSON PRESIDENT (THROUGH 01/19)	49.6			X				664,129	0	142,460
DOUG SMITH CFO (THROUGH 12/18)	50.0			X				0	385,392	24,459
MANOJ SASTRY VP SUPPORT SRVCS (AS OF 08/19)	50.0			X				53,893	241,035	64,470

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			
DAVID J CONNOR FORMER CFO	0.0 0.0						X	0	536,112	24,042

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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 **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b. . .						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** 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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 94-1429628

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2018
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-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		17,510
j	Total. Add lines 1c through 1i			17,510
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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 FY19, SHC-VC PAID DUES OF APPROXIMATELY \$126,336 TO THESE ORGANIZATIONS AND THE APPROXIMATE AMOUNT OF DUES SPENT ON LOBBYING PURPOSES WAS \$17,510.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

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

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		35,524,005		35,524,005
b Buildings		73,671,363	14,152,597	59,518,766
c Leasehold improvements		8,849,550	5,507,595	3,341,955
d Equipment		97,498,223	29,777,925	67,720,298
e Other		11,369,579	2,246,543	9,123,036
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				175,228,060

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)		
Total. (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)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	39,728,875
(2) EQUITY INVESTMENT (PPA-II)	7,097,115
(3) EQUITY INVESTMENT (PPA-I)	1,668,359
(4) DEPOSITS	769,891
(5) HOSP QUAL ASSURANCE RECEIVABLE	651,168
(6) NON PATIENT RECEIVABLES	119,319
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 50,034,727

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
INTERCOMPANY NOTE	61,061,073
ASSET RETIREMENT OBLIGATION	3,743,350
HOSPITAL QUALITY ASSURANCE PAY	3,567,728
SELF INSURANCE RESERVES	3,414,000
DEFERRED RENT	1,176,065
INTERCOMPANY PAYABLE	877,511
REFUNDABLE DEPOSITS	13,140
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 73,852,867

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.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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

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

OMB No. 1545-0047
2018
 Open to Public Inspection

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

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

Employer identification number
 94-1429628

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400</u> %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
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?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,990,118		2,990,118	1.010 %
b Medicaid (from Worksheet 3, column a)			18,387,986	12,879,063	5,508,923	1.850 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			26,455,918	9,775,991	16,679,927	5.610 %
d Total Financial Assistance and Means-Tested Government Programs			47,834,022	22,655,054	25,178,968	8.470 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	34	15,491	1,200,518	224,729	975,789	0.330 %
f Health professions education (from Worksheet 5)	8	159	717,512		717,512	0.240 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	9	4,274	1,252,731	260,552	992,179	0.330 %
j Total. Other Benefits	51	19,924	3,170,761	485,281	2,685,480	0.900 %
k Total. Add lines 7d and 7j	51	19,924	51,004,783	23,140,335	27,864,448	9.370 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
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	3	3,939	88,042		88,042	0.030 %
9 Other						
10 Total	3	3,939	88,042		88,042	0.030 %

Part III Bad Debt, Medicare, & Collection Practices

		Yes	No
Section A. Bad Debt Expense			
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	5,615,115
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	81,307,267
6	Enter Medicare allowable costs of care relating to payments on line 5	6	130,737,549
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-49,430,282
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

1

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

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): _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.VALLEYCARE.COM</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.VALLEYCARE.COM</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.VALLEYCARE.COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SAME AS ABOVE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SAME AS ABOVE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

Policy Relating to Emergency Medical Care

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

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
23		No
24		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)
1 LIFESTYLERX 1119 E STANLEY BLVD LIVERMORE, CA 94550	MEDICAL FITNESS FACILITY
2 SHC-VC - URGENT CARE CENTER 1133 E STANLEY BLVD LIVERMORE, CA 94550	URGENT CARE CENTER
3 SHC-VC - URGENT CARE CENTER 4000 DUBLIN BLVD STE 150 DUBLIN, CA 94568	URGENT CARE CENTER
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

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 2 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 AND OHLONE COLLEGE. APPROXIMATELY 52 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. 31 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. 2 STUDENTS PARTICIPATED DURING THE REPORTING PERIOD. SHC-VC PROVIDED EDUCATION FOR 11 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 17 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 39 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 2019 WAS \$5,615,115, 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 \$49,430,282 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 INDIVIDUALS, 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:	IT IS THE POLICY OF SHC-VC TO FOLLOW THE STANDARDS AND PRACTICES FOR COLLECTION OF PATIENT DEBT IN ACCORDANCE WITH THE REQUIREMENTS 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 CARE PROGRAM. PATIENTS WHO APPLY FOR CHARITY CARE AND QUALIFY MAY RECEIVE UP TO 100% FINANCIAL ASSISTANCE. SHC-VC WILL SUSPEND ANY AND ALL COLLECTION ACTIONS IF A COMPLETED FINANCIAL ASSISTANCE APPLICATION, INCLUDING ALL REQUISITE SUPPORTING DOCUMENTATION, IS RECEIVED. SHC-VC DOES NOT ALLOW THEIR COLLECTION AGENCIES TO REPORT DEBT TO CREDIT BUREAUS, GARNISH WAGES, OR FILE LIENS ON PRIMARY RESIDENCES.

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. THE U.S. CENSUS ESTIMATES A POPULATION OF ABOUT 750,000 IN THE TRI-VALLEY/CENTRAL CONTRA COSTA COUNTY (TV/C-CCC). THE AREA IS HIGHLY DIVERSE: THE TWO LARGEST ETHNIC SUBPOPULATIONS ARE WHITE AND ASIAN (60% AND 18%, RESPECTIVELY). FOREIGN-BORN RESIDENTS ACCOUNT FOR 25% OF THE POPULATION IN CONTRA COSTA COUNTY AND 32% OF THE POPULATION IN ALAMEDA COUNTY.</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 HTTP://WWW.VALLEYCARE.COM/ABOUT-COMMUNITY-BENEFITS.ASPX. 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, 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/SURGICAL 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

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**

Section A. Hospital Facilities		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? 1											
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 THE RESEARCH FIRM ACTIONABLE INSIGHTS, LLC (AI), TO ASSIST WITH THE VARIOUS ASSESSMENTS FOR THE 2019 CHNA. STANFORD HEALTH CARE - VALLEYCARE (SHC-VC) AND 13 OTHER HOSPITALS IN ALAMEDA AND CONTRA COSTA COUNTIES (SUBSEQUENTLY REFERRED TO AS "THE HOSPITALS") COLLABORATED FOR THE PURPOSE OF IDENTIFYING CRITICAL HEALTH NEEDS OF THE COMMUNITY. WORKING TOGETHER, THE HOSPITALS CONDUCTED AN EXTENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE 2019 CHNA BUILT UPON EARLIER ASSESSMENTS CONDUCTED BY THE HOSPITALS. AI 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 2019 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/KEY INFORMANT INTERVIEWS ACTIONABLE INSIGHTS (AI) CONDUCTED THE PRIMARY RESEARCH FOR THIS ASSESSMENT. AI USED THREE STRATEGIES FOR COLLECTING COMMUNITY INPUT: KEY INFORMANT INTERVIEWS WITH HEALTH EXPERTS, FOCUS GROUPS WITH PROFESSIONALS, AND FOCUS GROUPS WITH RESIDENTS. AI SOLICITED INPUT FROM NEARLY 20 COMMUNITY LEADERS AND REPRESENTATIVES OF VARIOUS ORGANIZATIONS AND SECTORS. THESE REPRESENTATIVES EITHER WORK IN THE HEALTH FIELD OR IN COMMUNITY-BASED ORGANIZATIONS THAT FOCUS ON IMPROVING HEALTH AND QUALITY OF LIFE CONDITIONS BY SERVING THOSE FROM IRS-IDENTIFIED HIGH-NEED TARGET POPULATIONS. AI CONDUCTED PRIMARY RESEARCH VIA INTERVIEWS WITH EIGHT LOCAL AND/OR REGIONAL EXPERTS FROM VARIOUS ORGANIZATIONS. THESE KEY INFORMANTS INCLUDED INDIVIDUALS FROM THE PUBLIC HEALTH DEPARTMENT, COMMUNITY CLINIC MANAGERS, AND CLINICIANS. INTERVIEWS WERE CONDUCTED IN PERSON OR BY TELEPHONE. A FOCUS GROUP WAS CONDUCTED IN AUGUST 2018 AT AXIS COMMUNITY HEALTH WITH FIVE PROFESSIONALS WHO SERVE LATINX AND/OR LOW-INCOME INDIVIDUALS. INPUT FROM RESIDENTS AI CONDUCTED TWO RESIDENT FOCUS GROUPS WITH A TOTAL OF 18 RESIDENTS. NON PROFIT HOSTS RECRUITED PARTICIPANTS FOR THE FOCUS GROUPS. TO PROVIDE A VOICE TO THE COMMUNITY IT SERVES, AND IN ALIGNMENT WITH IRS REGULATIONS, THE FOCUS GROUPS TARGETED RESIDENTS OF THE TRI-VALLEY AREA WHO ARE</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>MEDICALLY UNDERSERVED, LOW-INCOME, OR OF A MINORITY POPULATION. DEPUTY DIRECTOR, PUBLIC HEALTH, ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT - PUBLIC HEALTH DIRECTOR OF HEALTH & WELLNESS ALAMEDA COUNTY, ABODE SERVICES - NEEDS OF INDIVIDUALS EXPERIENCING HOMELESSNESS EXECUTIVE DIRECTOR, ABODE SERVICES - NEEDS OF INDIVIDUALS EXPERIENCING HOMELESSNESS HUMAN SERVICES PROGRAMS MANAGER, LIVERMORE HOUSING & HUMAN SERVICES - GOVERNMENT, HEALTH/HUMAN SERVICES CHIEF EXECUTIVE OFFICER, AXIS COMMUNITY HEALTH - NEEDS OF LOW-INCOME POPULATION EXECUTIVE DIRECTOR, SENIOR SUPPORT SERVICES OF TRI-VALLEY - OLDER ADULT NEEDS SCHOOL NURSE, LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT - K-12 STUDENT HEALTH DISTRICT COMMUNITY LIAISON, DUBLIN UNIFIED SCHOOL DISTRICT - K-12 STUDENT HEALTH AND EDUCATION DIRECTOR OF STUDENT SERVICES, LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT - K-12 STUDENT HEALTH DISTRICT NURSE, DUBLIN UNIFIED SCHOOL DISTRICT - K-12 STUDENT HEALTH ASSISTANT SUPERINTENDENT OF STUDENT SUPPORT SERVICES, PLEASANTON UNIFIED SCHOOL DISTRICT - K-12 STUDENT HEALTH AND EDUCATION DISTRICT NURSE, PLEASANTON UNIFIED SCHOOL DISTRICT - K-12 STUDENT HEALTH FOCUS GROUPS HOST : AXIS COMMUNITY HEALTH ATTENDEES BELOW - NEEDS OF LATINX LOW-INCOME INDIVIDUALS ENROLLMENT, AXIS COMMUNITY HEALTH - NEEDS OF LATINX LOW-INCOME INDIVIDUALS BHCC, AXIS COMMUNITY HEALTH - NEEDS OF LATINX LOW-INCOME INDIVIDUALS CDCC, AXIS COMMUNITY HEALTH - NEEDS OF LATINX LOW-INCOME INDIVIDUALS CLINIC MANAGER, AXIS COMMUNITY HEALTH - NEEDS OF LATINX LOW-INCOME INDIVIDUALS COMMUNITY HEALTH WORKER, AXIS COMMUNITY HEALTH - NEEDS OF LATINX LOW-INCOME INDIVIDUALS HOST: OPEN HEART KITCHEN - INDIVIDUALS EXPERIENCING HOMELESSNESS OR HOUSING INSTABILITY HOST: MARYLIN ELEMENTARY SCHOOL - FAMILIES WITH ELEMENTARY-SCHOOL-AGE CHILDREN</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	COMMUNITY BENEFIT MANAGERS FROM 14 LOCAL HOSPITALS IN ALAMEDA AND CONTRA COSTA COUNTIES ("THE HOSPITALS") CONTRACTED WITH ACTIONABLE INSIGHTS TO CONDUCT THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT. THE HOSPITALS THAT PARTNERED WITH STANFORD HEALTH CARE - VALLEYCARE WERE: - JOHN MUIR HEALTH AND ITS JOINT VENTURE PARTNER, SAN RAMON REGIONAL MEDICAL CENTER - KAISER PERMANENTEDIABLO AREA (ANTIOCH AND WALNUT CREEK KAISER FOUNDATION HOSPITALS) - KAISER PERMANENTEEAST BAY AREA (OAKLAND AND RICHMOND KAISER FOUNDATION HOSPITALS) - KAISER PERMANENTEGREATER SOUTHERN ALAMEDA AREA (FREMONT AND SAN LEANDRO KAISER FOUNDATION HOSPITALS) - ST. ROSE HOSPITAL - SUTTER HEALTH BAY AREA (ALTA BATES SUMMIT MEDICAL CENTER AND HERRICK CAMPUS, DELTA MEDICAL CENTER, AND EDEN MEDICAL CENTER) - UCSF BENIOFF CHILDRENS HOSPITAL OAKLAND - WASHINGTON HOSPITAL HEALTHCARE SYSTEM

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 HTTP://WWW.VALLEYCARE.COM/ABOUT-COMMUNITY-BENEFITS.ASPX.

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>SHC - VC'S COMMUNITY BENEFIT ADVISORY GROUP (CBAG) MET TO REVIEW THE HEALTH NEEDS IDENTIFIED DURING THE CHNA AND TO PARTICIPATE IN THE PRIORITIZATION PROCESS. THE CBAG USED THESE CRITERIA TO PRIORITIZE THE LIST OF HEALTH NEEDS: - COMMUNITY PRIORITY. THE FREQUENCY WITH WHICH THE COMMUNITY EXPRESSED CONCERN OVER THE HEALTH NEED (COMPARED WITH OTHERS) DURING THE CHNA PRIMARY DATA COLLECTION PROCESS. - CLEAR DISPARITIES OR INEQUITIES. THE DIFFERENCES IN HEALTH OUTCOMES BY SUBGROUP. SUBGROUPS MAY BE BASED ON GEOGRAPHY, LANGUAGE, ETHNICITY, CULTURE, CITIZENSHIP STATUS, ECONOMIC STATUS, SEXUAL ORIENTATION, AGE, GENDER, OR OTHER FACTORS. - MULTIPLIER EFFECT. THE POTENTIAL A SUCCESSFUL SOLUTION TO THE HEALTH NEED HAS TO SOLVE ADDITIONAL PROBLEMS. (FOR EXAMPLE, IF OBESITY RATES DROP, HEART ATTACK RATES MAY DO SO AS WELL.) - MAGNITUDE. THE NUMBER OF PEOPLE AFFECTED BY THE HEALTH NEED. BASED ON THESE CRITERIA, THE CBAG MEMBERS REACHED CONSENSUS IN RANKING THE 11 COMMUNITY HEALTH NEEDS AS FOLLOWS. 1. BEHAVIORAL HEALTH 2. HEALTH CARE ACCESS AND DELIVERY 3. HOUSING AND HOMELESSNESS 4. HEALTHY EATING/ACTIVE LIVING, DIABETES, AND OBESITY 5. HEART DISEASE AND STROKE 6. ECONOMIC STABILITY 7. COMMUNITY AND FAMILY SAFETY 8. ORAL/DENTAL HEALTH 9. CANCER 10. CLIMATE AND NATURAL ENVIRONMENT 11. TRANSPORTATION AND TRAFFIC THIS INFORMATION BELOW IS BASED ON THE 2017-19 IMPLEMENTATION STRATEGY AND DOES NOT FALL UNDER THE CHNA ABOVE. THE VALLEY CARE 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 VALLEY CARE 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 HTTP://WWW.VALLEYCARE.COM/ABOUT-COMMUNITY-BENEFITS.ASPX 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 & STROKE: VALLEYCARE IS BETTE</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>R POSITIONED TO ADDRESS DRIVERS OF THIS NEED VIA STRATEGIES RELATED TO EDUCATION ABOUT OBE SITY, DIABETES, HEALTHY EATING, ACTIVE LIVING, AND HEALTH CARE ACCESS AND DELIVERY. -CLIMA TE & 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.</p> <p>-COMMUNICABLE DISEASES: THIS NEED IS B EING 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 DELI VERY, CERTAIN KEY ACTIVITIES RELATED TO COMMUNICABLE DISEASES, SUCH AS SCREENINGS AND VACC INATIONS, MAY BE ADDRESSED INDIRECTLY. -ECONOMIC SECURITY: VALLEYCARE LACKS SUFFICIENT EXP ERTISE TO ADDRESS THIS NEED. MANY OTHER LOCAL COMMUNITY-BASED ORGANIZATIONS SUPPORT VULNER ABLE POPULATIONS WHO LACK ECONOMIC SECURITY. ALSO, VALLEYCARE SERVES THE LOW-INCOME COMMUN ITY THROUGH CHARITY CARE AND OTHER HEALTH CARE ACCESS AND DELIVERY STRATEGIES. BY INCREASI NG NUTRITIOUS FOOD ACCESS AS A STRATEGY RELATED TO OBESITY, DIABETES, HEALTHY EATING, AND ACTIVE LIVING, ONE OF THE KEY INDICATORS OF ECONOMIC INSECURITY IN THE TRI-VALLEY AREA, FO OD INSECURITY, MAY BE ADDRESSED INDIRECTLY.</p> <p>-MATERNAL & CHILD HEALTH: VALLEYCARE IS BETTER POSITIONED TO ADDRESS THIS NEED THROUGH HEALTH CARE ACCESS AND DELIVERY STRATEGIES. -VIOL ENCE & INJURY PREVENTION: WHILE VALLEYCARE LACKS EXPERTISE TO ADDRESS THIS HEALTH NEED, BE HAVIORAL 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 T O ADDRESS THE COMMUNITY'S BEHAVIORAL HEALTH NEED HAVE THE POTENTIAL TO DECREASE VIOLENCE A ND INTENTIONAL INJURY IN THE COMMUNITY AS WELL. -UNINTENTIONAL INJURIES: WHILE VALLEYCARE LACKS EXPERTISE TO ADDRESS THIS HEALTH NEED, BEHAVIORAL HEALTH ISSUES SUCH AS SUBSTANCE AB USE HAVE BEEN SHOWN TO BE DRIVERS OF UNINTENTIONAL INJURY (E.G., MOTOR VEHICLE ACCIDENTS D UE TO DRUNK DRIVING). VALLEYCARE BELIEVES THAT STRATEGIES INTENDED TO ADDRESS THE COMMUNIT Y'S BEHAVIORAL HEALTH NEED HAVE THE POTENTIAL TO DECREASE CERTAIN TYPES OF UNINTENTIONAL I NJURIES 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	SHC-VC WILL PURSUE PAYMENT FOR DEBTS OWED FOR HEALTH CARE SERVICES PROVIDED BY SHC-VC. ALL PATIENT ACCOUNT BALANCES THAT MEET SHC-VC CRITERIA FOR ASSIGNMENT TO BAD DEBT ACCORDING TO THE DEBT COLLECTION POLICY ARE ELIGIBLE FOR PLACEMENT WITH A COLLECTION AGENCY. HOWEVER, SHC-VC DOES NOT CURRENTLY ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITY (ECA). PER SHC-VC POLICY, ECA IS DEFINED TO INCLUDE PLACING LIENS ON INDIVIDUAL PROPERTY, FORECLOSING ON REAL PROPERTY, ATTACHING OR SEIZING AN INDIVIDUALS BANK ACCOUNT OR OTHER PERSONAL PROPERTY, COMMENCING A CIVIL ACTION AGAINST AN INDIVIDUAL, CAUSING AN INDIVIDUALS ARREST, GARNISHING WAGES, REPORTING ADVERSE INFORMATION TO A CREDIT AGENCY, DEFERRING OR DENYING MEDICALLY NECESSARY CARE, REQUIRING PAYMENT BEFORE PROVIDING MEDICALLY NECESSARY CARE BECAUSE OF OUTSTANDING BILLS, AND SALE OF DEBT TO A THIRD PARTY.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

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

Employer identification number
94-1429628

Part I Questions Regarding Compensation

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

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 4A	IN 2018 IN CONNECTION WITH HIS DEPARTURE, A FORMER OFFICER RECEIVED A SEVERANCE PAYMENT OF \$387,962 WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	<p>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 2018: DAVID ENTWISTLE \$ 132,801 FOR CERTAIN INDIVIDUALS LISTED ON SCHEDULE J, PART II, AMOUNTS CREDITED UNDER THE PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C). AMOUNTS CREDITED AND DISCLOSED ON THE FORM 990 IN PRIOR YEARS THAT VESTED AND WERE PAID IN CALENDAR 2018 ARE REPORTED IN COLUMN (F). 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 GREGERSON IN CALENDER YEAR 2018: \$52,904 AMOUNTS CREDITED UNDER THE PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C).</p>

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	SIX EXECUTIVES RECEIVED A BONUS THAT WAS APPROVED BY SENIOR MANAGEMENT.

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN B(II)	OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN B(III) INCLUDES ACCRUED VACATION AND SICK LEAVE PAY OUT.

Return Reference	Explanation
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.



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				
RONNIE RAYMUNDO REGISTERED NURSE	(i)	144,421	0	148,323	8,743	8,151	309,638	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
GLENN CHING REGISTERED NURSE	(i)	132,743	400	123,621	7,495	13,496	277,755	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
DAVID J CONNOR FORMER CFO	(i)	0	0	0	0	0	0	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	53,038	0	483,074	20,391	3,651	560,154	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

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 STATEMENT: FOR THE BENEFIT OF OUR PATIENTS AND THE COMMUNITY WE SERVE, OUR MISSION IS TO CARE, TO EDUCATE, AND TO DISCOVER. VISION STATEMENT: HEALING HUMANITY THROUGH SCIENCE AND COMPASSION, ONE PATIENT AT A TIME.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<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 FY19, 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 FY19, SHC-VC'S FUNDING ALLOWED THE SENIOR SUPPORT PROGRAM OF THE TRI-VALLEY (SSPTV) TO PROVIDE FREE, PREVENTIVE HEALTH SCREENINGS AND EXAMS TO 900 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. THROUGHOUT FY19, SHC-VC PROVIDED OPEN HEART KITCHEN SPACE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>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 83 TB TESTS DURING THE REPORTING PERIOD. IN ADDITION, SHC-VC DONATED 192 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 83 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 12 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 FUNDS 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, 119 STUDENTS IN FOURTH AND FIFTH GRADES RECEIVED 75 MINUTES OF PHYSICAL EDUCATION. 4TH GRADE AVERAGE RESULTS (49 STUDENTS): - MILE AVERAGE TIME 12:17 (NO BASELINE). - SIT-UPS IMPROVED FROM 16 TO 19. - PUSH-UPS REDUCED FROM 13 TO 9. 5TH GRADE AVERAGE RESULTS (70 STUDENTS): - MILE IMPROVED FROM 13:28 TO 11:16 MINUTES. - PACER IMPROVED FROM 18 TO 26. - PUSH-UPS IMPROVED FROM 11 TO 16. - CURL-UPS IMPROVED FROM 28 TO 51. OVERALL, THE STUDENTS HAD BETTER FOCUS IN CLASS AFTER PE. MOST OF THE KIDS HAD AN ENJOYABLE EXPERIENCE WITH PE. MANY STUDENTS WHO WERE NOT PHYSICALLY ACTIVE BEFORE SHOWED A LARGE AMOUNT OF IMPROVEMENT. MANY STUDENTS WERE ABLE TO BRING BETTER PROBLEM-SOLVING SOLUTIONS AND TEAMWORK THEY LEARNED FROM PHYSICAL EDUCATION TO THE CLASSROOM. FOR MEALS ON WHEELS, SHC-VC PREPARED MORE THAN 34,420 MEALS (MORE THAN 90 MEALS PER DAY, 5 DAYS PER WEEK) 800 PEOPLE ARE SERVED, FOR HOMEBOUND SENIORS IN THE FOLLOWING ALAMEDA COUNTY CITIES, PLEASANTON, LIVERMORE, DUBLIN AND SUNOL. THESE HOT MEAL PROGRAMS PROVIDE LOCAL SENIORS W</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ITH THE NUTRITION CRITICAL TO THEIR HEALTH AND WELL-BEING. SHC-VC ALSO PROVIDED OFFICE SPA CE TO SPECTRUM, THE NONPROFIT ORGANIZATION IN CHARGE OF ORGANIZING THE MEALS ON WHEELS PRO GRAM IN THE TRI-VALLEY AREA. SHC-VC SUPPORTED CAPE'S PROVISION OF MEALS FOR PRESCHOOL-AGED CHILDREN BY PREPARING ALL THE MEALS. CAPE, INC.'S PRIMARY FOCUS IS PROVIDING THE HIGHEST QUALITY EARLY CHILDHOOD DEVELOPMENT SERVICES THAT MEET THE NEEDS OF LOW-INCOME CHILDREN AN D THEIR FAMILIES INCLUDING HEALTH AND NUTRITION. SERVED OVER 150 PRESCHOOLERS. SUPPORTED " DAY OF HOPE," SERVED 700 LOW-INCOME INDIVIDUALS. SHC-VC PROVIDED ENOUGH GROCERIES TO THOSE IN ATTENDANCE TO FEED A FAMILY OF FIVE FOR A THANKSGIVING MEAL. EACH LOW-INCOME FAMILY RE CEIVED ONE BOX OF GROCERIES THAT INCLUDED STAPLES AND NONPERISHABLE ITEMS. IN ADDITION, SH C-VC STAFF PROVIDED REUSABLE GROCERY BAGS, FIRST AID KITS, AND NUTRITION INFORMATION TO EV ENT ATTENDEES; THE NUTRITION INFORMATION INCLUDED HEALTHY RECIPES, HANDOUTS ON HEALTHY EAT ING, 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 M EDDATA INVOLVE HELPING INDIVIDUALS RESEARCH ELIGIBILITY REQUIREMENTS, IDENTIFY APPROPRIATE HEALTH INSURANCE PROGRAMS, COMPLETE APPLICATIONS, COMPILE REQUIRED DOCUMENTATION, AND FOL LOW UP WITH COUNTY CASE MANAGERS. THIS SERVICE ASSISTS ELIGIBLE PATIENTS IN OBTAINING COVE RAGE FOR MEDICAL NECESSITIES, SUCH AS HOSPITAL CARE, PRESCRIPTION DRUGS, AND HOME HEALTH C ARE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A (CONT.)</p>	<p>PROVIDED FUNDS FOR A LICENSED MARRIAGE AND FAMILY THERAPIST (MFT) FOR AXIS COMMUNITY HEALT H. THIS THERAPIST, HIRED IN DECEMBER 2017, INCREASED CAPACITY TO SERVE TRI-VALLEY RESIDENT S AT AXIS' CLINICAL SITE. THE ADDITIONAL COUNSELOR HAS HELPED TO ALLEVIATE THE DIRE NEED F OR MORE MENTAL HEALTH SERVICES IN THE COMMUNITY. IN ADDITION, WAIT TIMES FOR MENTAL HEALTH SERVICES APPOINTMENTS AT THE CLINIC HAVE BEEN REDUCED. A TOTAL OF 1033 MENTAL HEALTH VISI TS WERE PROVIDED TO 107 UNIQUE PATIENTS, ALL OF WHOM WERE UNINSURED. SHC VC FUNDED A GRANT TO THE ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES - SANTA RITA MENTAL HEALTH ASSESSME NT, REFERRAL AND DROP-IN CENTER. THIS GRANT SUPPORTED THE DEVELOPMENT OF A NEW HOMELESS ME NTALLY ILL OUTREACH AND TREATMENT PROGRAM OPENING IN EARLY 2020. THE DROP-IN CENTER WILL B E PROVIDED ON THE GROUNDS OF SANTA RITA JAIL FOR PEOPLE WITH MENTAL ILLNESS, CO-OCCURRING CONDITIONS, AND SUBSTANCE USE DISORDERS, ASSISTING THEM WITH IMMEDIATE NEEDS AS THEY ARE R ELEASED FROM JAIL. THE DROP-IN CENTER WILL PROVIDE A SAFE, COMFORTABLE, NON-THREATENING, T EMPORARY STOP-OVER AS NEXT OPTIONS ARE CONSIDERED, AND WILL PROVIDE ASSISTANCE/CONNECTION WITH: LOCATING BOTH IMMEDIATE AND LONG-TERM HOUSING, MEDICATION, BRIEF COUNSELING AND CRIS IS COUNSELING, REFERRALS TO FURTHER MENTAL HEALTH AND/OR SUBSTANCE USE SERVICES, CONNECTIO N TO TRANSPORTATION (BART, BUS, CAB), REFRESHMENTS AND CHANGE OF CLOTHES. TELEPHONE AND/OR INTERNET TO LINE UP TRANSPORTATION AND OTHER POST RELEASE NECESSITIES. SHC VC PROVIDED A DOCUMENTARY SCREENING AND DISCUSSION PANEL TO RAISE AWARENESS FOR SUICIDE PREVENTION. MEMB ERS FROM THE COMMUNITY WERE EDUCATED ON SIGNS AND SYMPTOMS TO LOOK FOR IN INDIVIDUALS IN T HEIR COMMUNITY AND FAMILIES AROUND SUICIDAL IDEATION, AND HOW TO BEST APPROACH CONVERSATIO NS AROUND MENTAL HEALTH. SHC-VC PROVIDED A WIDE VARIETY OF RESOURCES AND SERVICES TO THE B RADOER COMMUNITY REGARDING CARDIAC INFORMATION AND EDUCATION. SHC-VC PROVIDES FREE, NON-ME DICAL SUPPORT SERVICES TO CANCER PATIENTS, FAMILY MEMBERS, AND CAREGIVERS REGARDLESS OF WH ERE PATIENTS RECEIVE TREATMENT. SERVICES PROVIDED INCLUDE SUPPORT GROUPS, HEALTH EDUCATION CLASSES, SEMINARS, AND SYMPOSIA, EXERCISE AND YOGA CLASSES, AND HEALING TOUCH SUPPORTIVE CARE. PERSONS SERVED: 2,564 SHC-VC PROVIDED FUNDING TO THE FOLLOWING ORGANIZATIONS FIGHTIN G CANCER: - THE SANDRA J. WING HEALING THERAPIES FOUNDATION, WHICH PROVIDES CANCER PATIENT S WITH FINANCIAL ASSISTANCE DURING THEIR TREATMENT PERIOD FOR COMPLEMENTARY HEALING SERVIC ES, SUCH AS ACUPUNCTURE, ACUPRESSURE, THERAPEUTIC MASSAGE, GUIDED/VISUAL IMAGERY, AND DEEP BREATHING MEDITATION. - THE HERS BREAST CANCER FOUNDATION, WHICH HELPS SUPPORT WOMEN HEAL ING FROM BREAST CANCER BY PROVIDING POST-SURGICAL PRODUCTS AND SERVICES, REGARDLESS OF FIN ANCIAL STATUS. 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 L ARGE, AND WAS ALSO OFFERED FRE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT.)	<p>E 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 LIFESTYLIX WAS AN 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 GAINING ENERGY, LIVING A HEALTHY LIFESTYLE, AND BECOMING MOTIVATED TO TAKE CARE OF NEWLY-EXPANDED FAMILIES. IN FY19, THE SHC-VC HEALTH LIBRARY PROVIDED SCIENTIFICALLY BASED HEALTH INFORMATION TO ASSIST COMMUNITY MEMBERS IN MAKING MORE INFORMED DECISIONS ABOUT THEIR HEALTH AND HEALTH CARE. THE HEALTH LIBRARY IS OPEN TO THE COMMUNITY AND REACHES OUT TO THE LOCAL POPULATION, AS WELL AS TO ANYONE WHO USES THE INTERNET. THE LIBRARY HAS AN EXTENSIVE COLLECTION OF ONLINE HEALTH AND WELLNESS RESOURCES, INCLUDING MEDICAL WEBSITES AND FULL-TEXT ARTICLES. IT ALSO INCLUDES CONVENTIONAL HEALTH AND WELLNESS RESOURCES SUCH AS BOOKS, MEDICAL JOURNALS, PERIODICALS, AND VIDEOS. ALL INFORMATIONAL AND EDUCATIONAL MATERIALS ARE AVAILABLE IN ENGLISH AND SPANISH. SHC-VC PROVIDED FUNDING TO MARYLIN AVENUE ELEMENTARY SCHOOL IN LIVERMORE AND LYDIKSEN ELEMENTARY SCHOOL IN PLEASANTON TO FUND NEEDED EQUIPMENT FOR PHYSICAL EDUCATION. SHC-VC PROVIDED MEDICAL SUPPLIES AND FIRST AID TO A WIDE VARIETY OF LOCAL COMMUNITY EVENTS, SUCH AS RACES, PARADES, FESTIVALS, AND ATHLETIC EVENTS. FOR THOSE WITH DIABETES, SHC-VC OFFERED A MONTHLY DIABETES SUPPORT GROUP WITH OCCASIONAL GUEST SPEAKERS. ADDITIONALLY, SHC-VC HELD THE ANNUAL DIABETES EDUCATION SEMINAR TO EDUCATE TRI-VALLEY COMMUNITY MEMBERS ABOUT HEALTHY EATING HABITS 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 SENIOR SUPPORT SERVICES, OPEN TO THE COMMUNITY. A TOTAL OF 30 SENIORS ATTENDED. SPECIALIZED HEALTH CARE WORKFORCE TRAINING - SEE SCHEDULE H, PART VI SUPPLEMENTAL INFORMATION RELATED TO PART II, LINE 8.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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 CHIEF FINANCIAL OFFICER 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	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 2019.

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES: EQUITY TRANSFER - \$6,381,153

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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.

See Additional Data Table

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY HEALTHCARE ALLIANCE	P	1,636,225	COST
(2) UNIVERSITY HEALTHCARE ALLIANCE	Q	1,686,663	COST

Part VII **Supplemental Information**

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

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

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

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

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

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

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

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

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
485 BROADWAY MAIL CODE 8838 REDWOOD CITY, CA 94063 94-1156365	EDUCATION	CA	501(C)(3)	2	NA		No
400 HAMILTON AVENUE SUITE 340 PALO ALTO, CA 94301 77-0440090	HEALTHCARE	CA	501(C)(3)	7	LPCH	Yes	
725 WELCH ROAD MC 5553 PALO ALTO, CA 94304 77-0003859	HEALTHCARE	CA	501(C)(3)	3	STANFORD	Yes	
725 WELCH ROAD MC5551 PALO ALTO, CA 94304 32-0359189	HEALTHCARE	CA	501(C)(3)	3	LPCH	Yes	
485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 94-3187167	REAL ESTATE	CA	501(C)(25)	N/A	STANFORD	Yes	
PO BOX 7229 STANFORD, CA 94309 94-1187089	FAC INTERACT.	CA	501(C)(7)	N/A	STANFORD	Yes	
1860 EMBARCADERO RD PALO ALTO, CA 94303 94-1492212	CREDIT UNION	CA	501(C)(1)	N/A	STANFORD	Yes	
415 BROADWAY REDWOOD CITY, CA 94063 46-1882243	CONSERVATION	CA	501(C)(3)	7	STANFORD	Yes	
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 BLDG 11 CAPE TOWN SF	EDUCATION	SF	501(C)(3)	N/A	STANFORD	Yes	
BLDG 60 MAIN QUAD NO 105 STANFORD, CA 94305 94-0894150	SUPPORT	CA	501(C)(3)	12A, I	STANFORD	Yes	
485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 94-3246199	BENEFITS	CA	501(C)(9)	N/A	STANFORD	Yes	
JP MORGAN CHASE PO BOX 3038 MILWAUKEE, WI 53201 38-6841793	SUPPORT	NY	501(C)(3)	12D, III-O	STANFORD	Yes	
485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 30-0519583	SUPPORT	CA	501(C)(3)	12A, I	STANFORD	Yes	
1401 CAROLINE CENTER 28 PING ROAD CAUSEWAY 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	
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
(1) BREP VII ALBERTA FDR (OFFSHORE) TE7 LP 635 KNIGHT WAY STANFORD, CA 94305 98-1066351	INVESTMENTS	CA	NA	C CORP					
(1) BREP VII ALBERTA FDR (OFFSHORE) TE7-NQ 635 KNIGHT WAY STANFORD, CA 94305 98-1066355	INVESTMENTS	CA	NA	C CORP					
(2) CANARY SC FUND LTD 89 NEXUS WAY CAYMANA BAY GRAND CAYMAN KY1-9009 CJ 98-1268195	INVESTMENTS	CJ	NA	C CORP					
(3) CLAT (16)	CHARITABLE TR	CA	NA	TRUST					
(4) CLUT (2)	CHARITABLE TR	CA	NA	TRUST					
(5) CRT (554)	CHARITABLE TR	CA	NA	TRUST					
(6) EAST SAIL C/O INTL FS INC IFS COURT TWENTYEIGHT CYBERCITY EBENE MP	INVESTMENTS	MP	NA	C CORP					
(7) GAVEA INVESTMENT FUND II-C LP PO BOX 896GT HARBOUR CENTRE GEORGE TOWN CJ 98-0537952	INVESTMENTS	CJ	NA	C CORP					
(8) HHBG SF LIMITED 635 KNIGHT WAY STANFORD, CA 94305	REAL ESTATE	CJ	NA	C CORP					
(9) KAIZEN FUND 2ND FL MIDTOWN PLAZA PO BOX 448 GRAND CAYMAN KY1-1106 CJ	INVESTMENTS	CJ	NA	C CORP					
(10) LS ALBERTA III LP C/O JE ROBERT COS 1650 TYSON BLVD MCLEAN, VA 22102 98-0493425	INVESTMENTS	CA	NA	C CORP					
(11) OTHER (5)	CHARITABLE TR	CA	NA	TRUST					
(12) PIF (2)	CHARITABLE TR	CA	NA	TRUST					
(13) PEPPERTREE CAPITAL CAYMAN ISLAND FUND LP 86 West Street Chagrin Falls, OH 44022 98-1235268	INVESTMENTS	CJ	NA	C CORP					
(14) PROFESSIONAL EXCHANGE ASSURANCE COMPANY 201 MERCHANT STREET SUITE 2400 HONOLULU, HI 96813 90-0897686	INSURANCE	HI	NA	C CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) SBFF LTD PO BOX 1344 GEORGE TOWN KY1-1108 CJ	INVESTMENTS	CJ	NA	C CORP					
(1) SEA SMOKE FUND LLC 190 ELGIN AVENUE GEORGE TOWN KY 9005 CJ	INVESTMENTS	DE	NA	C CORP					
(2) SEA SMOKE FUND LTD 635 KNIGHT WAY STANFORD, CA 943057297	INVESTMENTS	CJ	NA	C CORP					
(3) STANFORD (BEIJING) CNSLTNG CO LTD (WFOE) 5275TH FLBLDG CACADEMY SOUTH RD BEIJING CH	EDUCATION	CH	NA	C CORP					
(4) STANFORD IN JAPAN GODO KAISHA DOSHISHA UNIVERSITY MEITOKUKAN-NAI KYOTOSHI JA	EDUCATION	JA	NA	C CORP					
(5) STANFORD INDIA PVT LTD 333 3RD FLOOR DEVIKA TOWER 6 NEH DELHI IN	EDUCATION	IN	NA	C CORP					
(6) STANFORD INTL MEDICAL SERVICES RAK FZE PO BOX 56500 AE	PATIENT SRVC	AE	NA	C CORP					
(7) STANFORD MEDICINE INTL (HONG KONG) CO LT 833 CHEUNG SHA WAN ROAD KOWLOON HK	PATIENT SRVC	HK	NA	C CORP					
(8) STANFORD SGGS EUROPE INC UGLAND HOUSE S CHURCH ST PO BOX 3 GEORGE TOWN CJ 13-1684331	INVESTMENTS	CJ	NA	C CORP					
(9) STANFORD UNIV MED NETWORK RISK AUTHORITY 1400 PAGE MILL RD MSC 5713 PALO ALTO, CA 94304 46-1132002	RISK MGMT CON	CA	NA	C CORP					
(10) STRUCTURED SERVICING HOLDINGS (OFFSHORE) 87 MARY STREET GEORGE TOWN KY1-9002 CJ	INVESTMENTS	CJ	NA	C CORP					
(11) THE RUBRUM FUND PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ	INVESTMENTS	CJ	NA	C CORP					
(12) VERMILION PEAK FUND 635 KNIGHT WAY STANFORD, CA 943057297 98-1333885	INVESTMENTS	CJ	NA	C CORP					
(13) WINTER ROCK ALTERNATIVE CREDIT I LP PO BOX 10008 WILLOW HOUSE CRICKET GRAND CAYMAN KY1-1001 CJ 98-1140761	INVESTMENTS	CJ	NA	C CORP					
(14) WOODBOURNE CANADA PARTNERS II - CAYMAN 190 ELGIN AVENUE GRAND CAYMAN KY1-9005 CJ 98-0705321	INVESTMENTS	CJ	NA	C CORP					