Form 990-T	Ex	cempt Organization E				rn	OMB No 1545-0047
Form 330-1				der section 6033(2020	0010
	For cale						2019
Department of the Treasury Internal Revenue Service		► Go to www irs gov/Form990T				.,,	Open to Public Inspection for
	Do Do	not enter SSN numbers on this form as				1	501(c)(3) Organizations Only over identification number
A Check box if address change	d	· · · ·		ne changed and see instruction			oyees' trust, see instructions)
D. Program of condens anatom	-	THE HOSPITAL COMMITTE	خاذ	FOR THE BIVERHOR	n –		
B Exempt under section	Print	Number, street, and room or suite no. If a	9/1-1	429628			
X 501(C 103)	l or	Number, street, and room of suite no in a	150	DOX, SEE ITSTRUCTIONS			lated business activity code
408(e) 220(1,700	Type 1111 E. STANLEY BOULEVARD (See instructions)					
408A530(a)	City or town, state or province, country,					
529(a) C Book value of all assets		LIVERMORE, CA 94550	allu Z	ir or loreign postar code		6215	0.0
at end of year		up exemption number (See instruction	ne \ 1	·· - ··		0020	
340.867.690.		eck organization type X 501(c			\ trust	401(a)	trust Other trust
		inization's unrelated trades or business	•				(or first) unrelated
trade or business h							e than one, describe the
		e end of the previous sentence, comp	nlete		•		·
trade or business,			Jicto	r arts r and ir, complete a c	cricodic ivi for ca	or addition	ng.
		corporation a subsidiary in an affiliat	ed ar	roup or a parent-subsidiary	controlled group?		Yes X No
		identifying number of the parent corporation			orna onou group		
J The books are in ca			010110	Telephor	e number ▶ 92	5-847-	-3000
		or Business Income		(A) Income	(B) Expen		(C) Net
		1,448,285.					
b Less returns and allo	vances	1 110 107 1	1c	329,848.			
		ule A, line 7)	2	····································			
·		2 from line 1c	3	329,848.			329,848.
•			4a				
			4b			<i>p</i>	
		· · · · · · · · · · · · · · · · · · ·	4c				
•		r an S corporation (attach statement)	5				
			6				
•	-	come (Schedule E)	7				
		ents from a controlled organization (Schedule F)	8				
9 Investment income o	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exemp	t activity i	ncome (Schedule I)	10				
11 Advertising inco	me (Sched	dule J)	11				
12 · Other income (S	See instruc	ctions, attach schedule)	12				
13 Total Combine	lines 3 thr	ough 12	13	329,848.			329,848.
Part II Deduction	ons Not	Taken Elsewhere (See instru	ctıo	ns for limitations on o	leductions) (l	Deducti	ons must be directly
connecte	ed with the	ne unrelated business income	<u>) </u>	- · · · · · · · · · · · · · · · · · · ·			
14 Compensation of	of officers,	directors, and trustees (Schedule K)-	= 6	E17/E17 · · ·		14	
				EIVED		15	
		. /				16	
17 Bad debts	/	(see instructions)	UL:	2 2 2021 9		17	
18 Interest (attach	schedule)	(see instructions) 🖨		· · · · · · · · · · · · · · · · · · ·		18	10.057
19 Taxes and licens	es /		a F	APAN THE TOTAL		19	13,357.
20 Depreciation (at	tach Form	4562)	<u>GL</u>)EN, U 20			
21 Less depreciațion	n claimed	on Schedule A and elsewhere on retu	ırn .	21a		21b	
,		compensation plans					
,		s					
		Schedule I)				- 1	
		chedule j)					004 151
/		chedule)				- 1	234,151.
		s 14 through 27					247,508.
		le income before net operating lo					82,340.
/		g loss arising in tax years beginning				P	00 240
		e income Subtract line 30 from line 2 Notice, see instructions	9	<u></u>	<u> </u>	31	82,340. Form 990-T (2019)

	7900 - LT-t-LUnreleted Ducinese Tayable Income				
32	Total Unrelated Business Taxable Income				
	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	1.4		82,	340
	instructions)			-027	
33	Amounts paid for disallowed fringes	· - 1			
34 35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract no.	1 1 1			
,	34 from the sum of lines 32 and 33	. 35		82,	340
6	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			<u> </u>	
0	instructions)	36			
7	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37,		82,	340
8	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)				000
9	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37	1 1			
	enter the smaller of zero or line 37	l ['] . 39		81,	340
Pai	t IV Tax Computation				
	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	▶ 40		17,	081
1	Trusts Taxable at Trust Rates See instructions for tax computation Income tax or	~ 1 1			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)				
2	Proxy tax See instructions				
3	Alternative minimum tax (trusts only)				
ļ	Tax on Noncompliant Facility Income See instructions				
5	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	. 45		17,	081
ar	t V [[(Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a				
	Other credits (see instructions)				
	General business credit Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits Add lines 46a through 46d	. 4 ₄ 6e			
•	Subtract line 46e from line 45	. 47		17,	081
}	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)). 48			
)	Total tax. Add lines 47 and 48 (see instructions)	. 49		17,	081
)	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	. 50			
a	Payments A 2018 overpayment credited to 2019	'네'			
b	2019 estimated tax payments	_			
	Tax deposited with Form 8868	_			
đ	Foreign organizations Tax paid or withheld at source (see instructions)	⊣			
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)	⊣			
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ [51g]	– _լ			
	Total payments Add lines 51a through 51g			4 -	
2		. 52		45,	139
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53		45,	139
} -	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53 > 54			
3 4 5	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53 54 55		28,	
3 4 5 5 []	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53 54 55 55			
3 4 5 6 () Par	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53 54 55 56 ons)		28,	058
3 4 5 6 () Par	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53 54 55 56 ons)			058
3 4 5 6 () Par	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53 54 55 56 ons) or other a	to file	28,	058
3 4 5 6 () Par	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53 54 55 56 ons) or other a	to file	28,	058 No
3 4 5 6 (1) Par	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53 54 55 56 ons) or other a may have e foreign	to file country	28,	058
3 4 5 6 () Par 7	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed. Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Enter the amount of line 55 you want. Credited to 2020 estimated tax. > 28, 058. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Credited to 2020 estimated tax. > 28, 058. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Refunded Tax due. If line 52	53 54 55 56 ons) or other a may have e foreign	to file country	28,	058 No
3 4 5 6 () Par 7	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed. Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Enter the amount of line 55 you want. Credited to 2020 estimated tax. > 28, 058. Refunded Statements Regarding Certain Activities and Other Information (see instruction and time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for if "Yes," see instructions for other forms the organization may have to file	53 54 55 56 ons) or other a may have e foreign	to file country	28,	058
3 4 5 6 (1) Par 7	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53 54 55 56 ons) or other a may have e foreign	to file country	Yes	058 N4
3 4 5 6 1 1 Par 7	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want Credited to 2020 estimated tax 28, 058. Refunded Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due.	53 54 55 56 ons) or other a may have e foreign	to file country	Yes	058
3 4 5 6 1 1 Par 7 7	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	53 54 55 56 ons) Vor other a may have e foreign trust? e best of my May the IR	to file country	Yes	No X
3 4 5 6 1 1 Par 7	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	53 54 55 56 ons) or other a may have e foreign trust? May the IR with the p	knowledge	Yes	No.
3 4 5 6 (1) Par 7	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	53 54 55 56 ons) or other a may have e foreign trust? e best of my May the IR with the p (see instruction)	knowledge	Yes	058
3 4 5 6 1 7 8 8 9	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	53 54 55 56 ons) or other a may have e foreign trust? e best of my May the IR with the p (see instruction leck if	knowledge RS discuss reparer sh s)? PTIN	Yes and bel	No. XXX
3 4 5 6 1 Par 7 7 8 9 9	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed. Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Enter the amount of line 55 you want. Credited to 2020 estimated tax. 28, 058. Refunded It I Statements Regarding Certain Activities and Other Information (see instruction. At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a form if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Decharation by preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name. Preparer's signature. Date Title Print/Type preparer's name. GWEN SPENCER	53 54 55 56 ons) or other a may have e foreign trust? e best of my May the IR with the p (see instruction teck if if-if-employed	knowledge RS discuss reparer sh rs)? PTIN P006	Yes And bell this thought the ses [54146]	No X X X Inef. it return below No
Par 57 58 59 Sign Fer Paid	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	53 54 55 56 ons) or other a may have e foreign trust? e best of my May the IR with the p (see instruction leck if If-employed m's EIN	knowledge RS discuss reparer sh is)? PTIN	Yes Yes this is hown bees 54146	No X X X Preturn below No

Form 990-T (2019)	THE HO	OLITAL	COPETETEE	5 1 010 1111	J HIVHIG.	IONE	J4 142JU2U	Page	
Schedule A - Cost of G	oods Sold Er	ter metho	d of inventor	v valuation				rage	
		iter memo				ar	6		
	· -					-			
	• • • — — —				•	old Subtract line			
3 Cost of labor						here and in Part	1_1		
4a Additional section 263A c			i					T	
(attach schedule)			8	3 Do the	rules of	section 263A (v	vith respect to	Yes No	
b Other costs (attach schedum)	ıle) . 4b					or acquired for			
5 Total Add lines 1 through						<u> </u>			
Schedule C - Rent Income	e (From Real P	roperty a	nd Persona	al Property	Leased V	Vith Real Prope	rty)		
(see instructions)									
1 Description of property									
(1)					<u> </u>				
(2)									
(3)									
(4)									
	2. Rent recei	ved or accru	ed						
(a) From personal property (if the	percentage of rent	(b) F	rom real and pe	ersonal property	(if the	3(a) Deductions directly connected with the income			
for personal property is more th	an 10% but not		entage of rent for personal property excentions or if the rent is based on profit or incom			in columns 2(a) and 2(b) (attach sch	(b) (attach schedule)	
more than 50%)		50% aı	r if the rent is ba	ased on profit or	income)				
(1)				-					
(2)									
(3)		_		-					
(4)					<u></u>				
Total		Total							
(c) Total income Add totals of co	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6		•				Part I, line 6, colur			
Schedule E - Unrelated D			ee instruction	ns)		· · · · · · · · · · · · · · · · · · ·			
			2 Gross inc	•	3 [Deductions directly cor		le to	
1 Description of deb	t-financed property		allocable to o		(a) Straigh	debt-financ	ea property (b) Other dedu	ctions	
			brob	erty		ch schedule)	(attach sched		
(1)									
(2)									
(3)									
(4)									
4 Amount of average	5 Average adjus	ted basis					0. 411		
acquisition debt on or	of or allocat					Gross income reportable (column 6 x tota			
allocable to debt-financed property (attach schedule)	debt-financed ; (attach sche		by cole		(columr	n 2 x column 6)	3(a) and 3(
(1)	, , , , , , , , , , , , , , , , , , , ,	`		%					
(2)				%					
(3)				%					
(4)			 	%					
\~/			<u></u>	70	Enter her	e and on page 1,	Enter here and o	n nage 1	
						e 7, column (A)	Part I, line 7, col		

Form **990-T** (2019)

ightharpoonup

Total dividends-received deductions included in column 8

Schedule F – Interest, Ann	dides, Royalde			ontrolled Or			Lations (30	oc matract	10113)	
Name of controlled organization	2 Employer identification numb	,ei		ated income instructions)	4 Total of spec payments ma		ied include	t of column 4 that is led in the controlling zation's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)								- 		
(4)										
Nonexempt Controlled Organiz	zations					·				
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specified , payments made			, 10 Part of column 9 that is included in the controlling organization's gross income				i Deductions directly inected with income in column 10
(1)										
(2)				•						
(3)										
(4)										
Totals	ncome of a Sec	tion 501(с)(7),	(9), or (17		Pa	er here and or it I, line 8, colu on (see ins	ımn (A)		er here and on page 1, rt I, line 8, column (B) 5 Total deductions
1 Description of income	2 Amount of	ıncome	_	directly con (attach sch	nected			et-asides i schedule)		and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)	Enter here and o					L				Enter here and on page 1
Totals	Part I, line 9, co		ner Th	an Adverti	sing In	come	(see instru	uctions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirectly connected production unrelated business in	y with n of ed	4 Net incom from unrelate or business of 2 minus cole If a gain, co- cols 5 thro	ed trade column imn 3) mpute	from is no	ross income activity that of unrelated less income	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						_				
(2)								1		
(3)				-				 	_	<u> </u>
(4)				-		-	-			
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, co	art I,				Enter here and on page 1, Part II, line 25			
Totals ▶ Schedule J– Advertising In	come (see instri	ictions)		L						<u> </u>
			oncoli	idated Bas	ie					<u>.</u>
Part I Income From Peri	oulcais Report	eu on a C	OUSOI	uateu Das	19					
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs		4 Adverti gain or (loss 2 minus co a gain, con cols 5 throi	s) (col 3) If pute	5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)	 			 -						
(4)								 		
								 		
Totals (carry to Part II, line (5))					·		··	<u></u>		Form 990-T (2019

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)				·· <u>-</u>	<u>-</u>	
(4)						
Totals from Part I ▶				<u> </u>		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		٠.		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
2)		%	
3)		%	
4)		%	
Total Enter here and on page 1, Part II, line 14			

Form **990-T** (2019)

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

LAB SERVICES TO PATIENTS WHERE BLOOD DRAWS ARE NOT PERFORMED BY STANFORD HEALTH CARE - VALLEYCARE STAFF.

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

OVERHEAD ALLOCATION TAX PREPARATION FEES

222,906. 11,245.

PART II - LINE 27 - OTHER DEDUCTIONS

234,151.