| in 1, 10 | EXTENDED I | LAM O | RCH | 16, 2020 | | | |
|---|--|--|-----------------|---|---|---|---|
| Form 990-T | Exempt Organization | า Bus | ine | ss Income Ta | ax Return | . L | OMB No 1545-0887 |
| | | | | ction 6033(e)) | 190 | 41 | 2040 |
| | For calendar year 2018 or other tax year beginning MA | Y 1, | <u>20</u> | 18 and ending API | R 30, 2019 | <u>.</u> | 2018 |
| Department of the Treasury | ➤ Go to www.irs.gov/Form9 | | | | | <u>-</u> | an to Public Inspection for |
| Internal Revenue Service | Do not enter SSN numbers on this form | | | | | | pen to Public Inspection for 1(c)(3) Organizations Only |
| A Check box if address changed | Name of organization (Check box | of name ch | anged | and see instructions.) | | Employe (Employ instruct | er identification number rees' trust, see ions.) |
| B Exempt under section | Print ALTAMED HEALTH SER | RVICE | <u>s è</u> | ORPORATION | | 95 | -2810095 |
| X 501(c)(3) | or Number, street, and room or suite no. If | a P.O. box | , see ir | structions. | E | | ed business activity code tructions) |
| 408(e)220(e) | Type 2040 CAMFIELD AVEN | | | | | | · |
| 408A 530(a) | City or town, state or province, country, | | foreig | n postal code | | | |
| 1 529(a) | | 0040 | | | | <u> 259</u> | 90 |
| C Book value of all assets at end of year | F Group exemption number (See instruc | ctions.) | <u> </u> | | | | |
| <u>\ 860,392,8</u> | 69. G Check organization type X 50 | 01(c) corp | oration | 501(c) trust | 401(à) ti | | Other trust |
| Il rivér de nomber di me | agamzation a difference trades of businesses. | · | <u>1</u> _ | | he only (or first) unre | | |
| trade or business here | | | | | complete Parts I-V. If | | |
| | ank space at the end of the provious sentence, co | implete Par | rts i an | id II, complete a Schedule | M for each additional | trade d | or |
| business, then complete | rarts III-v. he corporation a subsidiary in an affiliated group | | . auba | dent controlled group? | | Yes | X No |
| | nd identifying number of the parent corporation. | | 1-2002 | idiary controlled group? | | 168 | [A] NO |
| | | | FT | NANCE ANTelepho | ne number > 3.2 | 3-7 | 25-8751 |
| | Trade or Business Income | <u> </u> | | (A) Income | (B) Expenses | 1 | (C) Net |
| a Gross receipts or sale | | | | | ······································ | | |
| b Less returns and allow | | > | 10 | | | | |
| | chedule A, line 7) | | 2 | | | | |
| | line 2 from line 1c | | 3 | | | | |
| Aa Capital gain net incom | e (attach Schedule D) | | 4a | | | | |
| Net gain (loss) (Form | 4797, Part II, line 17) (attach Form 4797) | | 4b | | | | |
| | for trusts | | 4c | | | | |
| Income (loss) from a | partnership or an S corporation (attach statement | | 5 | | | $-\!$ | |
| Rent income (Schedu | , , | | 6 | | | | |
| | d income (Schedule E) | I | 7 | 259,975. | · · · · · · · · · · · · · · · · · · · | <u> </u> | 259,975. |
| | altles, and rents from a controlled organization (So | - | 8 | | | | |
| | a section 501(c)(7), (9), or (17) organization (Sch | | 9 | | | | <u> </u> |
| | ity income (Schedule I) | | 10 | | ··· | | |
| 11 Advertising income (S | chedule J) | | 11 | | | | |
| | tructions; attach schedule) | | 13 | 259,975. | | - | 259,975. |
| Part II Deduction | ns Not Taken Elsewhere (See instru | ctions for | | | | | 232,3136 |
| (Except for d | ontributions, deductions must be directly co | onnected | with | the unrelated business | income.) | | |
| 14 Compensation of off | cers, directors, and trustees (Schedule K) | | | ~~~~~ | — Т | 14 | |
| 15 Salaries and wages | cers, directors, and trustees (Schedule K) | RE | :CE | IVED | | 15 | |
| 16 Repairs and mainten | ınce | , | | 2 | | 16 | |
| 17 Bad debts | dule) (see instructions) | ilMZ | \ R1. | . n .2020 Ö | | 17 | |
| 18 Interest (attach sche | ule) (see instructions) |) | | V 2020 (S) | | 18 | |
| 19 Taxes and licenses | | | · D.E. | N [| | 19 | |
| 20 Charitable contribution | ns (See instructions for limitation rules) | ر) کی . بدینه ۱۰۰۰ س میس | | .IV, U I | | 20 | |
| 21 Depreciation (attach | Form 4562) | | | 21 | | | |
| | imed on Schedule A and elsewhere on return | | | | | 22b | · |
| 23 Depletion | | | | *************************************** | 4.5000000000000000000000000000000000000 | 23 | |
| 24 Contributions to defe | rred compensation plans | | | | | 24 | |
| 25 Employee benefit pro | grams | | ••••• | | ····· | 25 | |
| 26 Excess exempt expenses | ses (Schedule I) | | · · · · · · · · | *************************************** | | 26 | |
| 27 Excess readership co28 Other deductions (at | sts (Schedule J) | ,,, , <i></i> | ··· ·· · | | | 27 | |
| 29 Total deductions (ar | ach schedule) | ., | •••• | ** ** | ······ | 28 | 0. |
| 30 Unrelated business to | xable income before net operating loss deduction | | line 29 | 9 from line 13 | | 30 | 259,975. |
| | rating loss arising in tax years beginning on or af | | | | - | 31 | |
| 32 Unrelated business to | xable income. Subtract line 31 from line 30 | | , ., | (managerone) | 21 | 32 | 259,975. |
| 823701 01-09-19 LHA FO | Panerwork Reduction Act Notice, see instruction | ons. | | | | T | Form 990-T (2018) |

| Form 990-1 | (2018) ALTAMED HEALTH SERVICES CORPORATION | 95-2810095 | Page 2 |
|------------|---|--|---------------------------------|
| Part I | Total Unrelated Business Taxable Income | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | | 259,975. |
| 34 | Amounts paid for disallowed fringes | 34 | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | | |
| 36 | | | |
| | Total of unrelated business taxable income before opecific deduction. Subtract line 35 from the sum of lines 33 and 34 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 36 | 259,975. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 58 37 | 1,000. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | 1 1 1 | |
| | enter the smaller of zero or line 36 | 39 18 | 258,975. |
| Part I | V Tax Computation | ······································ | |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | (1n ► 39 | 54,385. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: | ···· • • • • • • • • • • • • • • • • • | 34/303. |
| 70 | Tax rate schedule or Schedule D (Form 1041) | ▶ 48 | |
| 41 | | | |
| 42 | Proxy tax. See instructions | | |
| | Alternative minimum tax (trusts only) | | |
| 43 | Tax on Noncompliant Facility Income. See instructions Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | | E 4 20E |
| Port V | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments | 45 44 1 | 54,385. |
| Part \ | | | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | |
| b | Other credits (see instructions) 45b | | |
| C | General business credit. Attach Form 3800 | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | | |
| e | Total credits. Add lines 45a through 45d | | |
| 46 | Subtract line 45e from line 44 | 46 | 54,385. |
| 47 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (et | tach schedule) 47 | <u> </u> |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | | 54,385. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | | 0. |
| 60 a | Payments: A 2017 overpayment credited to 2018 | ' | |
| b | 2018 estimated tax payments 50b 5 | 4,385. | |
| C | Tax deposited with Form 8868 | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | | |
| | Backup withholding (see instructions) 59e | | |
| | Credit for small employer health insurance promiums (attach Form 8941) | | |
| a | Other credits, adjustments, and payments: Form 2439 | | |
| • | ☐ Form 4136 ☐ Other ☐ Total ► 50g | 1 1 | |
| 51 | Table assessed Add base 50s through 50s | की | 54,385. |
| 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overnoument. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overnal. | 53 12 | 1,025. |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 54 ▶ 18 | 1,025. |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | |
| | | nded > 95 | |
| Part V | | | ··· |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | Yes No |
| 00 | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | 11.5 / /// |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | |
| | here | | \ \ v |
| F-7 | | ion trust? | $\frac{\mathbf{x}}{\mathbf{x}}$ |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore | ign trost? | ······ |
| 50 | If "Yes," see instructions for other forms the organization may have to file. | | |
| 50 | Enter the amount of tax exempt interest received or accrued during the tax year > \$ | hant of my knowledge and h | ated it to true |
| Sign | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than toxpayer) is based on all information of which preparer has any knowledge. | 9 | sner, it is true, |
| Here | SR VP OF FINANC | May the IRS dis | cuss this return with |
| 110.0 | Significant September 3/2/20 AND CFO | the preparer sho | |
| | Signature of Officer Date Title | instructions)? | X Yes No |
| | | heck if PTIN | |
| Paid | | elf- employed | |
| Prepa | rer LINN D. BOSIER 77 | | 440365 |
| Use O | nly Firm's name ► VASQUEZ & COMPANY LLP | irm's EIN ► 33- | 0700332 |
| - | 655 N. CENTRAL AVENUE, STE 1550 | | |
| | Firm's address ► GLENDALE, CA 91203 | | <u>873-1700</u> |
| 823711 01- | 09-19 | Fo | orm 990-T (2018) |

| Schedule A - Cost of Good: | s Sold. Enter | method of invent | tory v | aluation N/A | | · · · · · · · · · · · · · · · · · · · | | | |
|---|----------------|---|----------|---|----------|--|-----------|--|----------|
| 1 Inventory at beginning of year | 1 | | 6 | Inventory at end of year | ar | | 6 | | |
| 2 Purchases | | | | Cost of goods sold. St | | | | | |
| 3 Cost of labor | | | 1 | from line 5. Enter here | and in I | Part I, | | | |
| 4a Additional section 263A costs | | | 1 | line 2 | | | _7 | | |
| (attach schedule) | 48 | | 8 | Do the rules of section | | | | Yes | No |
| b Other costs (attach schedule) | 4b | |] | property produced or a | acquire | d for resale) apply to | | | T |
| 5 Total. Add lines 1 through 4b | 5 | | <u> </u> | the organization? | | ********** | | | <u> </u> |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | i Pei | rsonal Property | Leas | ed With Real Pro | per | ty) | |
| 1 Description of property | | | | | | | | | |
| (1) | | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | _ | | |
| (4) | | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | | | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | than | of rent for pe | ersonal | onal property (if the percente property exceeds 50% or if ed on profit or income) | age | 3(a) Deductions directi columns 2(a) a | | ected with the income (attach schedule) | In |
| (1) | | | | | | | | | |
| (2) | ·* . · · · · · | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | 0. | Total | | | 0. | | | | |
| (c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column | (A) | | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (6) | . ▶ | | 0. |
| Schedule E - Unrelated Dcb | t-Financec | i income (see i | nstru | ctions) | r | | | | |
| | | | , ا | . Gross income from | | 3 Deductions directly conto debt-finant | | | |
| 1. Description of debt-fin | anced property | | _ | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deduction (attach schedule) | |
| (1) OMNICARE MEDICAL | GROUP : | INC. | | 259,975. | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a | adjusted basis allocable to nced property hachedule) | 6 | . Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | | 8 Allocable deduction (column 6 x total of column 3(a) and 3(b)) | olumns |
| STATEMENT 1 | STATE | | <u> </u> | 100 00 | ļ | 050 055 | - | | |
| (1) 9,146,157. | 9 | ,146,157. | | 100.00% | | 259,975 | <u>'-</u> | | |
| (2) | | | <u> </u> | <u>%</u> | ļ | | | | |
| (3) | | | <u> </u> | % | | | + | | |
| (4) | | | L | % | <u> </u> | | - | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A). | | Enter here and on page Part I, line 7, column | |
| Totals | | | | | | 259,975 | | | 0. |
| Total dividends-received deductions in | | | | | | | ▶ | | 0. |

Form 990-T (2018)

(1)
(2)
(3)
(4)

Totals (carry to Part II; line (5)) ▶ 0. 0. Form 990-T (2018)

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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.)

| Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 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) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| | Enter here and on page 1, Part I, line 11, col (A). | Enter here and on page 1, Part I, line 11, col (B), | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | 0. | 0. | | | | 0. |

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

| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | 🕨 | 0. |

Form 990-T (2018)

| FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN | | | STATEMENT | 1 |
|--|--------------------|------------|-----------|-----|
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| ENDING BALANCE OF DEBT-FINANCE - SUBTOTAL - | - 1 | 9,146,157. | 9,146,15 | 57. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN | 4 | | 9,146,15 | 57. |

| FORM 990-T AVERAGE ADJUSTE ALLOCABLE TO DEBT- | STATEMENT | | | |
|---|--------------------|------------|----------|-----|
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| ENDING BALANCE OF DEBT-FINANCE - SUBTOTAL | - 1 | 9,146,157. | 9,146,15 | 57. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUM | N 5 | | 9,146,15 | 57. |