

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 05-01-2018, and ending 04-30-2019

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

C Name of organization
ALTAMED HEALTH SERVICES CORPORATION
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2040 CAMFIELD AVENUE
City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90040

D Employer identification number
95-2810095
E Telephone number
(323) 725-8751

F Name and address of principal officer
JOSE ESPARZA
2040 CAMFIELD AVENUE
LOS ANGELES, CA 90040

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
J Website: HTTP://WWW.ALTAMED.ORG

K Form of organization
Corporation
L Year of formation 1970
M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O TO ELIMINATE DISPARITIES IN HEALTH CARE ACCESS AND OUTCOMES BY PROVIDING SUPERIOR QUALITY HEALTH AND HUMAN SERVICES THROUGH AN INTEGRATED WORLD-CLASS DELIVERY SYSTEM FOR LATINO, MULTI-ETHNIC AND UNDERSERVED COMMUNITIES IN SOUTHERN CALIFORNIA VISION TO BE THE LEADING COMMUNITY-BASED PROVIDER OF QUALITY HEALTH CARE AND HUMAN SERVICES

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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: JOSE ESPARZA SR VP OF FINANCE AND CFO
Date: 2020-02-28

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no.

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

TO ELIMINATE DISPARITIES IN HEALTH CARE ACCESS AND OUTCOMES BY PROVIDING SUPERIOR QUALITY HEALTH AND HUMAN SERVICES THROUGH AN INTEGRATED WORLD-CLASS DELIVERY SYSTEM FOR LATINO, MULTI-ETHNIC UNDERSERVED COMMUNITIES IN SOUTHERN CALIFORNIA

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 \$ 447,156,313 including grants of \$ 741,450) (Revenue \$ 400,178,157)
See Additional Data

4b (Code) (Expenses \$ 181,402,819 including grants of \$) (Revenue \$ 226,773,718)
See Additional Data

4c (Code) (Expenses \$ 10,391,905 including grants of \$) (Revenue \$ 37,905,844)
See Additional Data

(Code) (Expenses \$ 5,258,474 including grants of \$) (Revenue \$ 2,663,881)

YOUTH SERVICES - ALTAMED PROVIDES AN ARRAY OF YOUTH SERVICES TO OVER 1,500 AT-RISK TEENS AND YOUNG ADULTS IN MEDICALLY-UNDERSERVED COMMUNITIES EACH YEAR SERVICES INCLUDE PREGNANCY AND STD PREVENTION PROGRAMS, FAMILY PLANNING, HEALTH EDUCATION AND INFORMATION WORKSHOPS, LINKAGES TO CLINICAL SERVICES, CASE MANAGEMENT FOR PREGNANT/PARENTING TEENS, PARENTING EDUCATION, SUPPORT FOR PARENTING TEENS TO HELP THEM STAY IN SCHOOL AND LIFE-SKILLS DEVELOPMENT ALTAMED ALSO PROVIDES INTENSIVE TUTORING FOR HIGH SCHOOL STUDENTS, MENTORSHIP, GUIDANCE INTO COLLEGE AND TECHNICAL SCHOOLS, AND WORKFORCE DEVELOPMENT WITH CAREER PIPELINES IN THE MEDICAL FIELD THE ALTAMED INSTITUTE FOR HEALTH EQUITY (AIHE) THROUGH INNOVATION AND COMMUNITY ENGAGEMENT, THE WORK OF THE INSTITUTE IS TO STUDY A WIDE ARRAY OF HEALTH PROBLEMS THAT DISPROPORTIONATELY AFFECT RACIAL AND ETHNIC GROUPS, INCLUDING ADDRESSING THE MULTIPLE DETERMINANTS OF HEALTH WHICH LEAD TO DISPARITIES IN CLINICAL OUTCOMES ALTAMED'S PATIENT POPULATION IS OVERWHELMINGLY FROM RACIAL/ETHNIC MINORITIES INCLUDING INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY THAT SUFFER DISPROPORTIONATELY FROM HEALTH DISPARITIES THROUGH TRANSLATIONAL RESEARCH, GRANTS, AND STRATEGIC PARTNERSHIPS, THE INSTITUTE IS DEVELOPING EVIDENCE-BASED STRATEGIES TO IMPROVE PATIENT CARE THE INSTITUTE REPRESENTS THE ESTABLISHMENT OF CRITICAL RESOURCES TO ADVISE ALTAMED HEALTH SERVICES ON SYSTEMATICALLY ADDRESSING KEY ISSUES IN HEALTH EQUITY BY DEVELOPING AND ADVANCING CONSENSUS STRATEGIES THAT ARE EFFECTIVE, SUSTAINABLE AND THAT CAN BE IMPLEMENTED LOCALLY

4d Other program services (Describe in Schedule O)
(Expenses \$ 5,258,474 including grants of \$) (Revenue \$ 2,663,881)

4e Total program service expenses ▶ 644,209,511

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3,483	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

<p>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</p>	2a	3,492			
<p>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)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>			3b	Yes	
<p>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)?</p>			4a		No
<p>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)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>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?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>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</p>			13a		
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>			14b		
<p>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</p>			15	Yes	
<p>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</p>			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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOSE ESPARZA SR VP OF FINANCE AND CFO 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040 (323) 725-8751

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) FERNANDO DE NECOCHEA BOARD CHAIRMAN	1 60	X		X				0	0	0
(2) RICARDO ROBLES BOARD VICE CHAIR	1 60	X		X				0	0	0
(3) MARIA GRIMALDO CONSUMER BOARD MEMBER	1 20	X						0	0	0
(4) GREGORY VALENZUELA CONSUMER BOARD MEMBER	1 60	X						0	0	0
(5) ADOLFO CHANEZ BOARD TREASURER	1 60	X		X				0	0	0
(6) GLORIA CARRILLO ZAMORA CONSUMER BOARD MEMBER	1 20	X						0	0	0
(7) MARC VICTOR BOARD SECRETARY	1 60	X		X				0	0	0
(8) JOSE AVALOS MD BOARD MEMBER	1 60	X						0	0	0
(9) LILIANA RAMIREZ CONSUMER BOARD MEMBER	1 20	X						0	0	0
(10) CASTULO DELA ROCHA JD PRESIDENT & CEO	40 00			X				1,150,235	0	170,710
(11) MARIE TORRES SVP, GOV REL & COMM RSCH INIT	40 00			X				425,489	0	18,067
(12) JOSE U ESPARZA SR VP OF FINANCE & CFO	40 00			X				519,341	0	18,567
(13) ZOILA ESCOBAR SVP, CHIEF ADMIN OFFICER	40 00				X			454,421	0	25,899
(14) ANNA TRAN SENIOR STRATEGY EXECUTIVE	40 00				X			678,202	0	30,568
(15) MARY ANN BARNES EVP, CHIEF OPERATING OFFICER	40 00				X			726,294	0	1,283
(16) ALEX CHEN INTERIM EXECUTIVE	40 00				X			232,013	0	13,343
(17) ANGELA D PEOPLES-ROBERTS SVP, FACILITY DEVELOPMENT & MGT	40 00					X		397,810	0	27,337

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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				
(18) HENRY HOLGUIN SVP, GENERAL COUNSEL	40 00					X		550,985	0	50,004	
(19) ESQUIO CASILLAS VP, MEDICAL DIRECTOR, PACE PRG	40 00					X		422,617	0	35,906	
(20) CRISTIAN RICO MD VP, MEDICAL GROUP MEDICAL DIR	40 00					X		400,449	0	54,727	
(21) SAYEED KHAN SR VICE PRESIDENT, MED MGMT	40 00					X		391,705	0	18,696	
(22) JACQUELINE RITACCO SR VP CHIEF ADMINISTRATIVE OFFICER	40 00						X	481,725	0	28,700	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								6,831,286	0		493,807

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 429
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDRENS HOSPITAL LA MED GRP INC 3701 WILSHIRE BLVD STE 600 LOS ANGELES, CA 90010	MEDICAL SERVICES	18,672,302
WHITE MEMORIAL MEDICAL CENTER PO BOX 842176 LOS ANGELES, CA 90084	MEDICAL SERVICES	10,678,688
PHARMEDQUEST PHARMACY SERVICES INC PO BOX 9236 BREA, CA 92822	PHARMACY SERVICES	5,329,710
UNITED MEDICAL IMAGING HEALTHCARE INC PO BOX 491149 LOS ANGELES, CA 90049	MEDICAL SERVICES	5,313,101
USC UNIVERSITY HOSPITAL KECK HOSPITAL OF FILE 749244 LOS ANGELES, CA 90074	MEDICAL SERVICES	5,065,620

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 472

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	402,763			
	d Related organizations	1d				
	e Government grants (contributions)	1e	26,917,834			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,609,187			
	g Noncash contributions included in lines 1a - 1f \$		444,311			
	h Total. Add lines 1a-1f		29,929,784			
Program Service Revenue	2a MANAGED CARE SERVICES	Business Code				
		624100	494,319,403	494,319,403		
	b PATIENT FEES	624100	158,370,832	158,370,832		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		652,690,235				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,489,818		12,229,843	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 402,763 of contributions reported on line 1c) See Part IV, line 18	a		502,737		
		b Less direct expenses	b	1,419,777		
c Net income or (loss) from fundraising events			-917,040		-917,040	
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					
10a Gross sales of inventory, less returns and allowances	a		51,982,819			
	b Less cost of goods sold	b	48,197,743			
	c Net income or (loss) from sales of inventory		3,785,076	3,785,076		
Miscellaneous Revenue	Business Code					
11a OTHER CONTRACT SERVICES	624100	1,945,607	1,945,607			
b INCOME FROM AMS LLC	900099	1,842,323	1,842,323			
c REFUND/REIMBURSEMENT/DEPOSIT	900099	264,714	264,714			
d All other revenue		63,576	63,576			
e Total. Add lines 11a-11d		4,116,220				
12 Total revenue. See Instructions		702,094,093	660,591,531	259,975	11,312,803	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	741,450	741,450		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	6,831,286	6,831,286		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	205,880,365	204,276,244		1,604,121
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,110,141	5,071,213		38,928
9 Other employee benefits.	33,945,785	33,688,013		257,772
10 Payroll taxes.	14,283,265	14,174,587		108,678
11 Fees for services (non-employees)				
a Management.	3,578,474	3,578,474		
b Legal.	3,137,930	3,137,930		
c Accounting.				
d Lobbying.	434,679	434,679		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	1,753,407		1,753,407	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	13,150,386	13,150,386		
12 Advertising and promotion.	5,412,189	5,404,634		7,555
13 Office expenses.	3,456,572	3,412,809		43,763
14 Information technology.				
15 Royalties.				
16 Occupancy.	7,913,917	7,913,917		
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	3,381,689	3,381,689		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	14,477,834	14,477,834		
23 Insurance.	4,415,503	4,408,614		6,889
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 SPECIALTY SERVICES	184,590,905	184,590,905		
b INCOME TAX EXPENSE	187,979		187,979	
c MEDICAL SERVICES	64,351,214	64,351,151		63
d ADMINISTRATIVE SERVICES	23,717,941	20,650,673	2,492,618	574,650
e All other expenses	53,999,071	50,533,023	3,046,695	419,353
25 Total functional expenses. Add lines 1 through 24e.	654,751,982	644,209,511	7,480,699	3,061,772
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	5,206,541	1	57,372,740
	2 Savings and temporary cash investments	7,577,061	2	2,615,053
	3 Pledges and grants receivable, net	5,727,394	3	7,051,327
	4 Accounts receivable, net	34,136,216	4	25,976,970
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	38,779,640	5	41,455,295
	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		6	
	7 Notes and loans receivable, net	6,126,462	7	6,048,000
	8 Inventories for sale or use	1,368,775	8	1,622,836
	9 Prepaid expenses and deferred charges	3,969,159	9	6,092,245
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 323,971,556		
	b Less accumulated depreciation	10b 94,747,381	175,748,832	10c 229,224,175
	11 Investments—publicly traded securities	377,476,426	11	428,170,624
	12 Investments—other securities See Part IV, line 11	9,351,490	12	12,253,429
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	67,729,251	15	42,510,175
16 Total assets. Add lines 1 through 15 (must equal line 34)	733,197,247	16	860,392,869	
Liabilities	17 Accounts payable and accrued expenses	103,596,883	17	133,921,542
	18 Grants payable		18	
	19 Deferred revenue	48,506,267	19	16,795,858
	20 Tax-exempt bond liabilities	111,445,173	20	174,869,249
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,563,440	23	9,220,612
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	455,128	25	420,360
	26 Total liabilities. Add lines 17 through 25	268,566,891	26	335,227,621
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	461,928,143	27	521,369,176
	28 Temporarily restricted net assets	2,702,213	28	3,796,072
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	464,630,356	33	525,165,248	
34 Total liabilities and net assets/fund balances	733,197,247	34	860,392,869	

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	702,094,093
2	Total expenses (must equal Part IX, column (A), line 25)	2	654,751,982
3	Revenue less expenses Subtract line 2 from line 1	3	47,342,111
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	464,630,356
5	Net unrealized gains (losses) on investments	5	10,055,290
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	3,137,491
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	525,165,248

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

Additional Data

Software ID:

Software Version:

EIN: 95-2810095

Name: ALTAMED HEALTH SERVICES CORPORATION

Form 990 (2018)

Form 990, Part III, Line 4a:

CLINICS - ALTAMED OPERATES A TOTAL OF 29 PRIMARY CARE AND DENTAL CLINICS IN THE LOS ANGELES AND ORANGE COUNTIES. ADDITIONALLY, 3 MOBILE UNITS OFFER MEDICAL, DENTAL, HIV SERVICES, AND OUTREACH. THE 10 CLINICS IN ORANGE COUNTY AND 19 CLINICS IN LOS ANGELES COUNTY SEE OVER 217,000 PATIENTS PER YEAR. THE DENTAL CLINICS, MOBILE UNIT, AND 5 PORTABLE DENTAL UNITS PROVIDE ORAL HEALTH CARE TO OVER 53,000 CHILDREN AND ADULTS ANNUALLY. ALTAMED PROVIDES INTEGRATED SERVICES ALONG A CONTINUUM OF CARE THAT INCLUDES PERINATAL SERVICES, PEDIATRIC AND ADOLESCENT CARE, WOMEN'S HEALTH, AND GERIATRIC MEDICINE AND HEALTH FOR THE FRAIL AND NON-FRAIL ELDERLY. ALONG WITH ITS PREVENTIVE AND PRIMARY CARE SERVICES, ALTAMED SPECIALIZES IN SERVICES THAT INCLUDE A PEDIATRIC AND ADOLESCENT OBESITY PROGRAM AND A CHRONIC DISEASE MANAGEMENT PROGRAM. OTHER SERVICES INCLUDE LABORATORY TESTING, RADIOLOGIC SCREENING, PHARMACY SERVICES, INCLUDING MEDICATION MANAGEMENT AND RECONCILIATION. HEALTH SERVICES ARE ALSO SUPPORTED BY A COMMUNITY OUTREACH AND HEALTH EDUCATION TEAM PROMOTING HEALTHY BEHAVIORS AND ADVANCING THE OVERALL HEALTH AND WELL-BEING AMONG THOSE LIVING IN MEDICALLY-UNDERSERVED COMMUNITIES. THE MANAGED CARE TEAM IS COMPOSED OF OVER 385 PEOPLE DEDICATED TO MANAGING DELEGATED RISK FROM HEALTH PLANS. THIS TEAM CURRENTLY SERVICES ONE CLIENT COVERING OVER 230,000 CAPITATED LIVES IN LOS ANGELES AND ORANGE COUNTY. THE MAJOR TEAMS INVOLVED WITH THESE OPERATIONS COVER UTILIZATION MANAGEMENT, CASE MANAGEMENT, CARE MANAGEMENT, CLAIMS ADMINISTRATION, ELIGIBILITY, ACCOUNTING, INFORMATION TECHNOLOGIES, CONTRACTING, PROVIDER SERVICES, CREDENTIALING, CUSTOMER SERVICE, AND CONFIGURATION. FUNCTIONING AS A COHESIVE TEAM, THESE DEPARTMENTS GOAL IS TO PROVIDE HIGH QUALITY AND LOW COST CARE TO MEMBERS ENROLLED WITH ALTAMED.

Form 990, Part III, Line 4b:

LONG TERM CARE - EACH YEAR 2,600 FRAIL AND ELDERLY SENIORS AND DISABLED ADULTS ARE SUPPORTED BY AN ARRAY OF SERVICES THROUGH ALTAMED'S 8 PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) SITES SERVICES INCLUDE PRIMARY CARE/GERIATRIC MEDICINE NURSING CARE, REHABILITATION THERAPY, FAMILY SUPPORT INTERVENTIONS, COUNSELING, MEDICATION MANAGEMENT, NUTRITION EDUCATION, SOCIAL ACTIVITIES, AND "DOOR THROUGH DOOR" TRANSPORTATION SERVICES BOTH TO PARTICIPANTS' HOMES AND SPECIALTY CARE MEDICAL APPOINTMENTS ALTAMED ALSO PROVIDES SPECIALIZED IN-HOME SUPPORTIVE PROGRAMS AND SERVICES THAT ENHANCE THE LIVES OF NEARLY 4,500 SENIORS LIVING INDEPENDENTLY IN THE COMMUNITY OR WHO ARE AT-RISK OF INSTITUTIONALIZED CARE

Form 990, Part III, Line 4c:

HIV SERVICES - AS THE ONLY PROVIDER THAT OFFERS A COMPREHENSIVE MEDICAL HOME SPECIALIZING IN HIV CARE FOR LATINOS IN LOS ANGELES, ALTAMED OPERATES A TOTAL OF FOUR HIV PRIMARY CARE CLINICS - THREE (3) IN LOS ANGELES COUNTY AND ONE (1) IN ORANGE COUNTY IN RESPONSE TO THE AIDS EPIDEMIC, ALTAMED LAUNCHED HIV SERVICES IN 1986 TO PROVIDE CULTURALLY-COMPETENT ACCESS TO CARE TO COMBAT THE DISEASE IN ITS PREDOMINANTLY URBAN LATINO SERVICE COMMUNITIES SINCE THEN, ALTAMED HAS GROWN TO BECOME THE LARGEST PROVIDER OF BILINGUAL HIV MEDICAL SERVICES IN LA, SERVING OVER 2,000 HIV PATIENTS EACH YEAR, AND A NATIONAL LEADER IN HIV PREVENTION SERVICES TARGETING LATINO MEN WHO HAVE SEX WITH MEN ALTAMED OFFERS A FULL CONTINUUM OF CARE THAT INCLUDES HIV TESTING & COUNSELING, LINKAGE TO CARE/ PATIENT NAVIGATION, MEDICAL OUTPATIENT, MEDICAL CARE COORDINATION, TREATMENT EDUCATION, BENEFITS ASSISTANCE, MENTAL HEALTH SERVICES AND INTERVENTIONS, NUTRITION COUNSELING, MEDICATION ADHERENCE, ANAL CANCER DETECTION/TREATMENT, DENTAL CARE, HOME-BASED CARE, AND SUPPORT GROUPS ALTAMED ALSO IS AN ESTABLISHED LEADER IN HIV BIOMEDICAL PREVENTION SERVICES AS A PROVIDER OF PRE-EXPOSURE PROPHYLAXIS (PREP) MEDICATION TO REDUCE THE RISK OF CONTRACTING HIV ALTAMED'S USE OF INNOVATIVE, CULTURALLY-TAILORED OUTREACH CAMPAIGNS HAS SOLIDIFIED ITS STANDING AS A PREFERRED LATINO, GAY- AND YOUTH-FRIENDLY HIV SERVICES PROVIDER

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ALTAMED HEALTH SERVICES CORPORATION

Employer identification number

95-2810095

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? 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.		
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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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)? 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.		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
10a		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
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>	Yes	No
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

- 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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: 95-2810095

Name: ALTAMED HEALTH SERVICES CORPORATION

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
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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 ALTAMED HEALTH SERVICES CORPORATION	Employer identification number 95-2810095
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

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

(a) Filing organization's totals

(b) Affiliated group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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		434,679
j Total Add lines 1c through 1i			434,679
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	AMOUNTS WERE PAID TO LEGISLATIVE CONSULTANTS FOR LOBBYING ACTIVITIES

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
ALTAMED HEALTH SERVICES CORPORATION

Employer identification number
95-2810095

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 ▶ \$ _____ 1,845,773

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		40,549,471		40,549,471
b Buildings		56,073,970	15,000,088	41,073,882
c Leasehold improvements		79,792,880	21,345,024	58,447,856
d Equipment		85,434,969	58,402,269	27,032,700
e Other		62,120,266		62,120,266
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				229,224,175

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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	
INTEREST RATE SWAP	420,360
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	420,360

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	760,104,292
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	10,055,290
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	51,550,639
e	Add lines 2a through 2d	2e	61,605,929
3	Subtract line 2e from line 1	3	698,498,363
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	1,753,407
b	Other (Describe in Part XIII)	4b	1,842,323
c	Add lines 4a and 4b	4c	3,595,730
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	702,094,093

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	699,569,400
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	49,617,520
e	Add lines 2a through 2d	2e	49,617,520
3	Subtract line 2e from line 1	3	649,951,880
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	1,753,407
b	Other (Describe in Part XIII)	4b	3,046,695
c	Add lines 4a and 4b	4c	4,800,102
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	654,751,982

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: 95-2810095

Name: ALTAMED HEALTH SERVICES CORPORATION

Supplemental Information

Return Reference	Explanation
PART III, LINE 4	<p>ALTAMED HEALTH SERVICES IS A NON-PROFIT ORGANIZATION THAT PROVIDES QUALITY HEALTHCARE AND HUMAN SERVICES TO THE UNDERSERVED COMMUNITIES OF SOUTHERN CALIFORNIA THE ORGANIZATION RECOGNIZES THE THERAPEUTIC EFFECT OF CULTURALLY RELEVANT WORKS OF ART AND THEIR EFFECT ON PATIENTS, DONORS AND MEMBERS OF THE PUBLIC AS PART OF ITS HOLISTIC APPROACH TO HEALTHCARE, THE ORGANIZATION HOLDS A SIGNIFICANT COLLECTION OF ART BY A DIVERSE RANGE OF EMERGING, MID-CAREER AND ESTABLISHED ARTISTS BASED IN LOS ANGELES, AS WELL AS CHICANO/A ARTISTS, AND INTERNATIONALLY RECOGNIZED ARTISTS FROM MEXICO, LATIN AMERICA, ASIA , AND THE UNITED STATES FOR THE PURPOSE OF EXHIBITION AND PRESENTATION THROUGHOUT ITS CLINICS AND OTHER OF ITS HEALTH SERVICES CENTERS THIS APPROACH HAS BEEN INSTRUMENTAL IN GIVING ALTAMED PATIENTS A CALM , CURATIVE ENVIRONMENT ALLEVIATING STRESSES ASSOCIATED WITH BEING IN A CLINICAL SETTING A ALTAMED BELIEVES THAT EVERYONE, REGARDLESS OF AGE, RACE, GENDER, OR SOCIAL STANDING, HAS THE RIGHT TO EXPERIENCE ART IN THEIR EVERYDAY LIFE</p>

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE CORPORATION QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE 23701D THE CORPORATION HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS THE PRIMARY TAX POSITIONS EVALUATED RELATE TO THE CORPORATION CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE ARE UNRELATED BUSINESS INCOME ACTIVITIES THAT WOULD BE TAXABLE MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS WILL MORE LIKELY THAN NOT (>50%) BE SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION, THEREFORE, NO DISCLOSURE OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED THE CORPORATION FILES INFORMATION RETURNS IN THE US FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA WITH FEW EXCEPTIONS, THE CORPORATION IS NO LONGER SUBJECT TO U S FEDERAL AND STATE EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2014

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INTERCOMPANY REVENUE 1,933,119 COST OF GOOD SOLD-PHARMACY 48,197,743 FUNDRAISING EXPENSES 1,419,777

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INCOME FROM ALTAMED MANAGEMENT SERVICES LLC 1,842,323

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	PHARMACY COST 48,197,743 FUNDRAISING EXPENSES 1,419,777

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	EXPENSES FROM ALTAMED MANAGEMENT SERVICES LLC 3,046,695

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2018

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ALTAMED HEALTH SERVICES CORPORATION

Employer identification number

95-2810095

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	2	PROGRAM SERVICES/ART EXHIBIT AND FUNDRAISING	ART EXHIBIT FOR FUNDRAISING/BUSINESS INVESTMENT	251,462
3a Sub-total	0	2			251,462
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	2			251,462

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization ALTAMED HEALTH SERVICES CORPORATION

Employer identification number 95-2810095

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		FOOD & WINE TASTING (event type)	HB GOLF TOURNAMENT (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	547,712	163,592	194,196	905,500
	2 Less Contributions	239,012	127,592	36,159	402,763
	3 Gross income (line 1 minus line 2)	308,700	36,000	158,037	502,737
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	335,132	2,000	24,530	361,662
	7 Food and beverages	15,725	626	1,497	17,848
	8 Entertainment	285,898	115,645	42,608	444,151
	9 Other direct expenses	469,911	24,711	101,494	596,116
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,419,777
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-917,040

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Name of the organization ALTAMED HEALTH SERVICES CORPORATION

Employer identification number 95-2810095

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference

Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-2810095
Name: ALTAMED HEALTH SERVICES CORPORATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE IN MENTORSHIP 2548 KNOXVILLE AVENUE LONG BEACH, CA 90815	45-4825887	501(C)(3)	10,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
YOUNG MENS CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES 625 NEW HAMPSHIRE AVE LOS ANGELES, CA 90005	95-1644052	501(C)(3)	6,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NURSES FOUNDATION INC PO BOX 504342 ST LOUIS, MO 63150	13-1893924	501(C)(3)	25,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
CAL STATE LA UNIVERSITY 5151 STATE UNIVERSITY DRIVE GE 314 LOS ANGELES, CA 90032	95-4016653	501(C)(3)	10,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER THEATRE GROUP OF LOS ANGELES 601 WEST TEMPLE STREET LOS ANGELES, CA 90012	95-2466183	501(C)(3)	35,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
CENTRAL AMERICAN RESOURCE CENTER 2845 W 7TH STREET LOS ANGELES, CA 90005	95-3867724	501(C)(3)	10,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HUNTINGTON PARK 6550 MILES AVENUE ROOM 127 HUNTINGTON PARK, CA 90255	95-0000000		10,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
CORO SOUTHERN CALIFORNIA INC 1000 NORTH ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	95-4274561	501(C)(3)	10,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL TEATRO CAMPESINO 705 FOURTH STREET SAN JUAN BAUTISTA, CA 95045	94-2214186	501(C)(3)	20,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
FUNDACION CANCASQUE 12520 FONTHILL AVE HAWTHORNE, CA 90250	27-5008962	501(C)(3)	5,750		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARFIELD ALUMNI FOUNDATION PO BOX 3308 MONTEBELLO, CA 90640	45-0621701	501(C)(3)	16,500		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
HOPE 634 S SPRING STREET LOS ANGELES, CA 90014	95-4718409	501(C)(3)	10,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
J PAUL GETTY TRUST 1200 GETTY CENTER DRIVE SUITE 400 LOS ANGELES, CA 90049	95-1790021	501(C)(3)	20,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
JOHN BENSON SCHOLARSHIP FOUNDATION INC PO BOX 578 WALNUT, CA 91788	46-1299728	501(C)(3)	10,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO FILM INSTITUTE YOUTH CINEMA PROJECT PO BOX 50557 SAN MARINO, CA 91118	47-5010246	501(C)(3)	50,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
LATINO MEDICAL STUDENT ASSOCIATION WEST INC 800 BILTON WAY SAN GABRIEL, CA 91776	20-8595130	501(C)(3)	60,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES COUNTY MUSEUM ART 5905 WILSHIRE BLVD LOS ANGELES, CA 90036	95-2264067	501(C)(3)	10,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
MEXICAN AMERICAN BAR FOUNDATION P O BOX 862127 LOS ANGELES, CA 90086	95-4358513	501(C)(3)	15,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOMS ORANGE COUNTY 1128 W SANTA ANA BLVD SANTA ANA, CA 92703	33-0518078	501(C)(3)	5,300		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
MORTIMER AND MIMI LEVITT FOUNDATION 1910 W SUNSET BLVD SUITE 600 LOS ANGELES, CA 90026	13-6204678	501(C)(3)	20,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF LATIN AMERICAN ART 628 ALAMITOS AVE LONG BEACH, CA 90802	33-0786070	501(C)(3)	30,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
NALEO EDUCATIONAL FUND 1122 W WASHINGTON BLVD 3RD FLOOR LOS ANGELES, CA 90015	52-1212849	501(C)(3)	10,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL HISPANIC MEDIA COALITION 150 S ARROYO PARKWAY SUI PASADENA, CA 91105	95-4111353	501(C)(3)	15,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
NATIONAL MEDICAL FELLOWSHIPS 347 FIFTH AVENUE SUITE 510 NEW YORK, NY 10016	01-0963657	501(C)(3)	162,500		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TELACU EDUCATION FOUNDATION 5400 E OLYMPIC BLVD THIRD FLOOR LOS ANGELES, CA 90022	95-4384333	501(C)(3)	10,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
THE ILLUMINATION FOUNDATION 2691 RICHTER AVE SUITE 107 IRVINE, CA 92606	71-1047686	501(C)(3)	12,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LATINO COALITION INC 100 SPECTRUM CENTER DRIVE SUITE 900 IRVINE, CA 92618	52-2266386	501(C)(6)	47,500		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
THE UCLA FOUNDATION 10920 WILSHIRE BLVD 14TH FLOOR LOS ANGELES, CA 90024	95-2250801	501(C)(3)	20,650		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES CENTER 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	10,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES
VINCENT PRICE ART MUSEUM FOUNDATION 1301 AVENIDA CESAR CHAVEZ MONTEREY PARK, CA 91754	33-0368470	501(C)(3)	30,000		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE MEMORIAL MEDICAL CENTER CHARITABLE FOUNDATION 1720 CESAR E CHAVEZ AVENUE LOS ANGELES, CA 90033	95-3760201	501(C)(3)	35,250		BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES

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
ALTAMED HEALTH SERVICES CORPORATION

Employer identification number
95-2810095

Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b	Yes			
<p>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?</p>	2	Yes			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes			
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>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</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>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</p>	7	Yes			
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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				
See Additional Data Table							

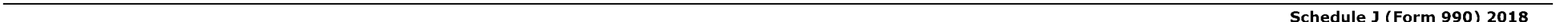
Part III Supplemental Information

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
PART I, LINE 1A	ALTAMED MAINTAINS A DISCRETIONARY SPENDING ACCOUNT FOR OFFICERS, KEY EMPLOYEES AND OTHERS WHERE THE COMPANY ALLOWS A CERTAIN AMOUNT TO BE USED AT THE DISCRETION OF THE PAYEE FOR BUSINESS EXPENSES SUCH AS AUTOMOBILE EXPENSES. ANY AMOUNTS USED FROM THE DISCRETIONARY ACCOUNT ARE TAXED TO THE RECIPIENT AS PART OF THEIR COMPENSATION.

Return Reference	Explanation
PART I, LINES 4A-B	FORMER SENIOR VICE PRESIDENT & CHIEF ADMINISTRATIVE OFFICER OF ALTAMED HEALTH SERVICES RETIRED ON JUNE 1, 2018 FOLLOWING MANY YEARS OF SERVICE IN RETURN FOR THE YEARS OF SERVICE AND SIGNIFICANT CONTRIBUTIONS TO THE BUSINESS OPERATIONS, ALTAMED PAID SEVERANCE IN THE AMOUNT OF \$269,530 60 DURING CALENDAR YEAR 2018 SCHEDULE J AT THE PRESENT TIME THE PRESIDENT AND CEO IS ELIGIBLE FOR THE ORGANIZATION'S SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) , FUNDING OF THIS PLAN IS DISCRETIONARY AND ASSETS OF THE PLAN ARE SUBJECT TO THE CLAIMS OF CREDITORS RETIREMENT AND OTHER DEFERRED COMPENSATION INCLUDES \$152,643 PAID TO THE (SERP) IN CALENDAR YEAR 2018 SENIOR VICE PRESIDENT & GENERAL COUNSEL OF ALTAMED HEALTH SERVICES IS ELIGIBLE TO PARTICIPATE IN AN ALTAMED SPONSORED LONG-TERM INCENTIVE PLAN (457F - EMPLOYER FUNDED), THE PURPOSE OF WHICH IS TO RETAIN KEY EXECUTIVES IN 2018, HE RECEIVED AN AWARD OF \$95,000 UNDER THE LONG-TERM INCENTIVE PLAN

Return Reference	Explanation
PART I, LINE 7	SCHEDULE J ALTAMED MAINTAINS A DISCRETIONARY EXECUTIVE AND DIRECTOR LEVEL BONUS PROGRAM THAT AWARDS INCENTIVE COMPENSATION BASED ON ACHIEVEMENT OF CERTAIN ORGANIZATIONAL OBJECTIVES INCLUDING FINANCIAL, OPERATIONAL, QUALITY AND MISSION OBJECTIVES DURING THE FISCAL YEAR MEMBERS OF THE EXECUTIVE AND DIRECTOR LEADERSHIP TEAM ARE EVALUATED ANNUALLY FOR THEIR ABILITY TO MEET THOSE ORGANIZATIONAL OBJECTIVES TO ARRIVE AT THE INCENTIVE AMOUNT, IF ANY, FOR THE FISCAL YEAR OVERALL ALTAMED MUST ACHIEVE SPECIFIC FINANCIAL GOALS BEFORE ANY INCENTIVES CAN BE EARNED AND PAID



Additional Data

Software ID:
Software Version:
EIN: 95-2810095
Name: ALTAMED HEALTH SERVICES CORPORATION

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				
CASTULO DELA ROCHA JD PRESIDENT & CEO	(i)	773,781	305,286	71,168	163,443	7,267	1,320,945	0
	(ii)	0	0	0	0	0	0	0
MARIE TORRES SVP, GOV REL & COMM RSCH INIT	(i)	320,926	85,986	18,577	10,800	7,267	443,556	0
	(ii)	0	0	0	0	0	0	0
JOSE U ESPARZA SR VP OF FINANCE & CFO	(i)	401,995	84,257	33,089	10,800	7,767	537,908	0
	(ii)	0	0	0	0	0	0	0
ZOILA ESCOBAR SVP, CHIEF ADMIN OFFICER	(i)	352,188	86,345	15,888	10,800	15,099	480,320	0
	(ii)	0	0	0	0	0	0	0
ANNA TRAN SENIOR STRATEGY EXECUTIVE	(i)	514,435	150,003	13,764	0	30,568	708,770	0
	(ii)	0	0	0	0	0	0	0
MARY ANN BARNES EVP, CHIEF OPERATING OFFICER	(i)	558,878	140,248	27,168	0	1,283	727,577	0
	(ii)	0	0	0	0	0	0	0
ALEX CHEN INTERIM EXECUTIVE	(i)	223,956	1,540	6,517	9,238	4,105	245,356	0
	(ii)	0	0	0	0	0	0	0
ANGELA D PEOPLES- ROBERTS SVP, FACILITY DEVELOPMENT & MGT	(i)	304,401	79,384	14,025	9,864	17,473	425,147	0
	(ii)	0	0	0	0	0	0	0
HENRY HOLGUIN SVP, GENERAL COUNSEL	(i)	442,006	88,401	20,578	40,800	9,204	600,989	0
	(ii)	0	0	0	0	0	0	0
ESTQUIO CASILLAS VP, MEDICAL DIRECTOR, PACE PRG	(i)	337,376	69,417	15,824	10,800	25,106	458,523	0
	(ii)	0	0	0	0	0	0	0
CRISTIAN RICO MD VP, MEDICAL GROUP MEDICAL DIR	(i)	326,724	71,831	1,894	10,800	43,927	455,176	0
	(ii)	0	0	0	0	0	0	0
SAYEED KHAN SR VICE PRESIDENT, MED MGMT	(i)	335,243	35,503	20,959	0	18,696	410,401	0
	(ii)	0	0	0	0	0	0	0
JACQUELINE RITACCO SR VP CHIEF ADMINISTRATIVE OFFICER	(i)	208,109	0	273,616	8,626	20,074	510,425	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ALTAMED HEALTH SERVICES CORPORATION

Employer identification number

95-2810095

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828		10-01-2015	118,760,000	FINANCE ACQ,CONST,RENOVATION & EQUIPPING OF CAP PROJ & REFI A PRIOR LOAN		X		X		X
B CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY			12-14-2007	7,012,000	FINANCE THE COST OF ACQ,CONSTRUCTION,IMPROVEMENT & EQUIPPING OF FACILITIES		X		X		X
C CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828		10-30-2018	20,000,000	FINANCE EQUIPMENT, FURNITURE & FIXTURE		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	17,069,151		2,009,294		1,860,040			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	119,414,661		7,012,500		20,121,075			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,707,227							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	102,892,011		7,012,500		127,748			
11	Other spent proceeds	3,500,000							
12	Other unspent proceeds	11,315,423				19,993,328			
13	Year of substantial completion			2008					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?		X	X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?	X			X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X			X	X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X			X	X			
b Exception to rebate?	X			X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		
b Name of provider			BANK OF THE WEST					
c Term of hedge			1500 0000000000 %					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X			X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X			X	X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X			X	X			

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

Return Reference	Explanation
SCHEDULE K PART 1-A (D) & (E)	THE ISSUER HAS FILED TWO 8038S FOR THIS ISSUE THE ISSUE PRICE FOR THE NOTES (DATED SEPTEMBER 29, 2015) IS \$17,200,000, THE ISSUE PRICE FOR THE BONDS (DATED OCTOBER 1, 2015) IS \$101,560,000

Return Reference	Explanation
SCHEDULE K PART 1-A (F)	THE PRIOR LOAN WAS ISSUED ON FEBRUARY 14, 2011

Return Reference	Explanation
SCHEDULE K PART 1-A (E) & PART II LINE 3	DIFFERENCE BETWEEN PART 1 (E) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON BOND PROCEEDS

Return Reference	Explanation
7 SCHEDULE K PART III-A, LINE 7	AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III-A, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III-A, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

Return Reference	Explanation
SCHEDULE K PATY IV-A, LINE 2(B)	THE REFUNDING PORTION OF THE BONDS HAS MET THE 6-MONTH SPENDING EXCEPTION TO REBATE

Return Reference	Explanation
SCHEDULE K PART II-C LINE 3	DIFFERENCE BETWEEN PART 1-C (E) AND PART II-C, LINE 3 IS DUE TO INTEREST EARNINGS ON NOTE PROCEEDS

Return Reference	Explanation
7 SCHEDULE K PART III-C LINE	AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III-C, LINE 6 THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III-C, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ALTAMED HEALTH SERVICES CORPORATION

Employer identification number
95-2810095

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$	41,455,295					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
FORM 990 PART X LINE 5	IN 2011 ALTAMED ADOPTED A SPLIT DOLLAR RETENTION AND LOAN PLAN (THE PLAN) DESIGNED TO ASSIST ALTAMED IN RECRUITING AND RETAINING KEY EXECUTIVES AND REWARD FUTURE SERVICE THE PLAN IS DESIGNED TO SATISFY THE FINAL REGULATIONS DEALING WITH LOANS MADE TO EXECUTIVES TO PAY PREMIUMS ON LIFE INSURANCE POLICIES THEY OWN REPAYMENT OF THE LOANS ARE SECURED BY THE CASH VALUES AND DEATH BENEFITS IN ACCORDANCE WITH TAX AND CALIFORNIA LEGAL REQUIREMENTS IN ADDITION, THE LOANS BEAR INTEREST AND BECAUSE OF THE PLAN'S DESIGN, ALTAMED IS EXPECTED TO BE REPAID FULLY WITH THE APPLICABLE FEDERAL RATE OF INTEREST THE LOANS ARE REPORTED ON PART X AND SCHEDULE L
PART II COLUMN B (RELATIONSHIP WITH ORGANIZATION)FOR OMNICARE MEDICAL GROUP	THE VP OF MEDICAL GROUP OF ALTAMED HEALTH SERVICES CORPORATION IS THE SOLE STOCKHOLDER OF ALTAMED INDEPENDENT PHYSICIAN NETWORK INC WHICH IS THE SOLE STOCKHOLDER OF OMNICARE MEDICAL GROUP INC

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ALTAMED HEALTH SERVICES CORPORATION

Employer identification number
95-2810095

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____) FOR SPECIAL EVENTS)	X	0	444,311	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

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

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

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

ALTAMED HEALTH SERVICES CORPORATION

Employer identification number

95-2810095

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE PRESIDENT AND CEO IS RELATED BY MARRIAGE TO THE SENIOR VICE PRESIDENT & CHIEF ADMINISTRATIVE OFFICER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ALTA MED HEALTH SERVICES CORPORATION OUTSIDE CPA FIRM AND FINANCE STAFF PREPARE FORM 990 THE FORM IS THEN REVIEWED AND APPROVED BY THE ORGANIZATION PRESIDENT AND SR VP OF FINANCE AND CFO THE FORM IS THEN PROVIDED TO THE FULL BOARD FOR ACCEPTANCE BEFORE FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALTAMED HEALTH SERVICES CORPORATION ("ALTAMED") MAINTAINS POLICIES THAT REQUIRE ANNUAL ACKNOWLEDGMENT OF ALTAMED'S CONFLICT OF INTEREST POLICIES AND THE SUBSEQUENT DISCLOSURE OF ANY SUCH CONFLICTS, AS NECESSARY, BY ALL BOARD MEMBERS, EMPLOYEES AND AGENTS ("DISCLOSING PARTIES") WHO A) HAVE THE AUTHORITY TO NEGOTIATE OR APPROVE BUSINESS DECISIONS AND/OR REFERRALS TO ENTITIES PAID DIRECTLY OR INDIRECTLY BY MEDICARE AND/OR MEDICAID SERVICES AND B) HAVE PERSONAL, FINANCIAL, AND/OR OTHER INTEREST DISCLOSING PARTIES MUST NOTIFY AND DISCLOSE ANY SUSPECTED OR KNOWN CONFLICTS OF INTEREST TO THE OFFICE OF COMPLIANCE AND RISK MANAGEMENT ("OCRM") ALTAMED'S POLICIES ARE REVIEWED WITH DISCLOSING PARTIES ANNUALLY THROUGH TRAINING VIDEOS AND IN-PERSON PRESENTATIONS, WITH SIGNED ACKNOWLEDGMENTS OBTAINED WHERE POSSIBLE AND APPROPRIATE ALTAMED MAINTAINS A DETAILED REVIEW PROCESS FOR ANY POTENTIAL CONFLICTS IDENTIFIED BY ANY DISCLOSING PARTIES THIS PROCESS INCLUDES FACT GATHERING, REVIEW OF THE CIRCUMSTANCES, A DETERMINATION OF ANY ACTUAL CONFLICTS, AND REMEDIATION STEPS TO ADDRESS SUCH ACTUAL CONFLICTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS THE COMPENSATION COMMITTEE. A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTANT FIRM IS ENGAGED TO REVIEW THE CORPORATION'S PRESIDENT & CEO COMPENSATION. THE FIRM UNDERTAKES SPECIFIC PROTOCOLS AND OBTAINS ORGANIZATIONAL DATA FROM NUMEROUS COMPANIES AND PEER GROUPS AND THEN RENDERS A "REASONABLENESS" OPINION TO THE BOARD OF DIRECTORS. THE FIRM'S PROCESS INCLUDES A REVIEW OF COMPENSATION DATA OF SIMILARLY CONSTITUTED COMPANIES, MARKET TRENDS, THE ORGANIZATION'S PRESENT COMPENSATION PACKAGE FOR THE PRESIDENT & CEO INCLUDING CASH AND NON-CASH BENEFITS, AND THE METHODOLOGY AND PHILOSOPHY USED FOR THE ASSESSMENT AND TOTAL COMPENSATION ANALYSIS. ADDITIONALLY, MARKET BENEFIT AND RECRUITMENT AND RETENTION TRENDS ARE CONSIDERED AND EVALUATED. THE FIRM'S REPORT INCLUDING OPINIONS ARE PROVIDED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS COMPRISED OF FOUR INDEPENDENT DIRECTORS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS PROVIDED WITH EXTERNAL PEER GROUP DATA THAT INCLUDES EXECUTIVE COMPENSATION (IN U.S. DOLLARS AND MARKET PERCENTILES) OF COMPARABLY SIZED CALIFORNIA NON-PROFIT AND SOME FOR-PROFIT HEALTHCARE ORGANIZATIONS. THE FIRM'S OPINIONS ARE BASED ON COMPARABILITY DATA FROM NATIONAL AND REGIONAL DATA BASES, FROM WHICH COMPARISONS OF THE ORGANIZATION'S PRESIDENT & CEO COMPENSATION WITH EXTERNAL PEER GROUP COMPENSATION LEVELS CAN BE MADE, WHICH IS PROVIDED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IN ITS REPORT. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS ALSO PRESENTED WITH DATA THAT COMPARES THE ORGANIZATION'S COMPENSATION PACKAGE FOR THE PRESIDENT & CEO TO THE LEVEL GENERALLY TARGETED IN THE ORGANIZATION'S COMPENSATION PHILOSOPHY. BASED UPON THE TOTALITY OF THE DATA GARNERED BY THE COMPENSATION CONSULTING FIRM, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS PROVIDED WITH THE FIRM'S OPINION AS TO THE "REASONABLENESS" OF THE PRESIDENT & CEO'S COMPENSATION. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DELIBERATES ON THE DATA TO ASSESS WHETHER IT IS APPROPRIATE IN REPRESENTING COMPENSATION LEVELS WITH SIMILAR ORGANIZATIONS, POSITIONS AND CIRCUMSTANCES AND THAT IT REPRESENTS FAIR MARKET VALUE FOR SERVICES RENDERED ON A REALISTIC BASIS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ALSO INTERVIEWS THE PRESIDENT & CEO AND CONSIDERS THE PRESIDENT & CEO'S SELF-EVALUATION AND OTHER INFORMATION RELEVANT TO ASSESSING THE PRESIDENT & CEO'S COMPENSATION. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THEN PROVIDES ITS RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR THE PRESIDENT & CEO'S COMPENSATION. THE BOARD OF DIRECTORS IS PROVIDED WITH AVAILABLE INFORMATION AND THE OPINIONS OF THE EXPERTS AND DELIBERATES AND DISCUSSES SUCH INFORMATION AND OPINIONS AS IT DEEMS NECESSARY TO PROPERLY ASSESS THE COMPENSATION LEVELS OF THE ORGANIZATION'S PRESIDENT & CEO. THE PRESIDENT & CEO PERIODICALLY RECEIVES A REPORT FROM MERCER, A NATIONALLY RECOGNIZED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>D AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT COMPILES COMPENSATION BENCHMARKS AND COMPARES THE COMPENSATION ARRANGEMENTS OF SIMILAR EXECUTIVES ACROSS THE COUNTRY IN SIMILAR INDUSTRIES THE PRESIDENT & CEO, WILL ANNUALLY REVIEW THE FIXED AND VARIABLE COMPENSATION OF "OTHER OFFICERS OR KEY EMPLOYEES" OF ALTAMED THIS REVIEW AND ASSESSMENT INCLUDES THE FOLLOWING AN EMPLOYEE'S CURRENT FIXED AND VARIABLE COMPENSATION PACKAGE, MARKET COMPENSATION DATA, NATIONAL AND/OR LOCAL, OF SIMILARLY CONSTITUTED COMPANIES AND EXECUTIVES AS PROVIDED BY MERCER, MARKET TRENDS, NATIONAL AND/OR LOCAL, AN EVALUATION OF THE EMPLOYEE'S PERFORMANCE LEVELS FOR THE RELEVANT PERFORMANCE CYCLE INCLUDING AN EMPLOYEE SELF-REVIEW, AN EVALUATION OF THE ALTAMED'S PERFORMANCE LEVELS FOR THE RELEVANT PERFORMANCE CYCLE, COMPENSATION DATA OF INTERNAL PEERS, THE METHODOLOGY AND/OR COMPENSATION PHILOSOPHY USED FOR THE RELEVANT PERFORMANCE CYCLE, INPUT FROM HUMAN RESOURCES, AND, OTHER RELEVANT AND LAWFUL INFORMATION, AS APPROPRIATE AFTER REVIEW AND ASSESSMENT, THE PRESIDENT & CEO WILL DETERMINE WHETHER THE COMPENSATION PROVIDED TO THE EMPLOYEE APPROPRIATELY REPRESENTS (1) COMPENSATION LEVELS WITH SIMILAR ORGANIZATIONS, POSITIONS AND CIRCUMSTANCES, AND (2) FAIR MARKET VALUE FOR THE SERVICES RENDERED BY THE EMPLOYEE ON A REALISTIC BASIS THE PRESIDENT & CEO WILL DETERMINE COMPENSATION ADJUSTMENTS, AS APPROPRIATE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	SOME OR ALL OF THESE ITEMS MAY BE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET LOSS FROM ALTAMED MANAGEMENT SERVICES LLC 3,137,491

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ALTAMED HEALTH SERVICES CORPORATION

Employer identification number

95-2810095

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
(1) ALTAMED MANAGEMENT SERVICES LLC 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040 81-0785877	MANAGED CARE	CA	-3,137,491	800,285	ALTAMED HEALTH SERVICES CORPORATION

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.

(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
(1) ALTAMED STATE PAC 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 47-5260687	POLITICAL ADVOCACY	CA	527	N/A			No
(2) ALTAMED FOUNDATION 2040 CAMFIELD AVE LOS ANGELES, CA 90040 95-4090420	FUNDRAISING	CA	501(C)(3)	SECTION 509(A)(1)	ALTAMED HEALTH SERVICES CORPORATION		No
(3) ALTAMED ACTION FUND 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 46-5650824	SOCIAL WELFARE ACTIVITIES	CA	501(C)(4)	N/A			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.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ALTAMED HEALTH NETWORK INC 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040 46-0635843	MANAGED CARE	CA	ALTAMED HEALTH SERVICES CORP	C	-222,649	6,144,511	100 000 %		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 Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d Yes	
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 Yes	
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	No
p Reimbursement paid to related organization(s) for expenses	1p	No
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	No

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) ALTAMED ACTION FUND	B	299,923	ACTUAL AMOUNT PAID
(2) ALTAMED HEALTH NETWORK INC	A	120,000	AMOUNT ACCRUED
(3) ALTAMED HEALTH NETWORK INC	D	6,000,000	ACTUAL AMOUNT PAID
(4) ALTAMED MANAGEMENT SERVICES LLC	L	1,842,323	AMOUNT ACCRUED
(5) ALTAMED HEALTH NETWORK INC	Q	62,164	AMOUNT ACCRUED

Part VII **Supplemental Information**

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

Return Reference	Explanation