

CHANGE OF ACCOUNTING PERIOD

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

For calendar year 2019 or other tax year beginning MAY 1, 2019, and ending DEC 31, 2019

2019

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section A-E: Name of organization (ALTAMED HEALTH SERVICES CORPORATION), Employer identification number (95-2810095), Address (2040 CAMFIELD AVENUE, LOS ANGELES, CA 90040), and Unrelated business activity code (525990).

Form section C: Book value of all assets at end of year (897,610,595) and F Group exemption number.

Form section H: Enter the number of the organization's unrelated trades or businesses (1) and describe the only (or first) unrelated trade or business here (FINANCING).

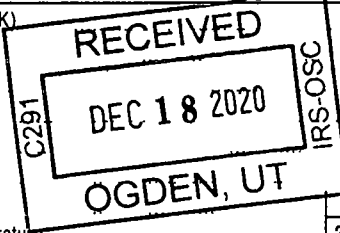
Form section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No)

Form section J: The books are in care of (JOSE ESPARZA, SR. VP OF FINANCE) Telephone number (323-725-8751)

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income: 155,170.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

Table for Part II: Deductions Not Taken Elsewhere. Rows 14-31. Total deductions: 0. Unrelated business taxable income before net operating loss deduction: 155,170.



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 with amounts like 155,170 and 154,170.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 with amounts like 32,376 and 32,376.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-46d, 47-49, 50-51g, 52-56 with amounts like 35,629 and 3,253.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No columns. Includes questions 57-59 regarding foreign accounts and tax-exempt interest.

Sign Here: Declaration of preparer, Signature of officer (Adriana M. Espinoza), Date (11/20/20), Title (SR VP OF FINANCE AND CFO).

Paid Preparer Use Only: Preparer's name (LYNN D. BOSTER), Signature, Date (11/20/20), PTIN (P00440365), Firm's name (VASQUEZ & COMPANY LLP), Firm's EIN (33-0700332), Firm's address (655 N. CENTRAL AVENUE, STE 1550, GLENDALE, CA 91203), Phone no. ((213) 873-1700).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A				
1	Inventory at beginning of year	1		
2	Purchases	2		
3	Cost of labor	3		
4a	Additional section 263A costs (attach schedule)	4a		
b	Other costs (attach schedule)	4b		
5	Total. Add lines 1 through 4b	5		
6	Inventory at end of year	6		
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		
8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	OMNICARE MEDICAL GROUP INC.	155,170.		
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	8,783,135.	8,783,135.	100.00%	155,170.
(2)			%	
(3)			%	
(4)			%	
STATEMENT 1			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			155,170.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) OMNICARE MEDICAL					
(2) GROUP INC.	95-4449869	155,170.			
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 26 0.

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

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

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 1
AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
OMNICARE MEDICAL GROUP INC.	1	
BEGINNING FIRST MONTH		
BEGINNING SECOND MONTH		
BEGINNING THIRD MONTH		
BEGINNING FOURTH MONTH		
BEGINNING FIFTH MONTH		9,146,157.
BEGINNING SIXTH MONTH		9,042,915.
BEGINNING SEVENTH MONTH		8,939,445.
BEGINNING EIGHTH MONTH		8,835,747.
BEGINNING NINTH MONTH		8,731,820.
BEGINNING TENTH MONTH		8,627,663.
BEGINNING ELEVENTH MONTH		8,523,276.
BEGINNING TWELFTH MONTH		8,418,059.
TOTAL OF ALL MONTHS		70,265,082.
NUMBER OF MONTHS IN YEAR		8
AVERAGE AQUISITION DEBT		8,783,135.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4