	\$ 3			,	2 <b>9393</b> 08	625JU1 '						
		=	CHANGE OF ACCO		Tax Return	OMB No 1545-0047						
	Form 330-1		(and proxy tax und	er section 6033(e))	1912	0040						
		For ca	alendar year 2019 or other tax year beginning ${\color{Magenta}{MAY}} {\color{Magenta}{1}}$ ,			2019						
ď	Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may			Open to Public Inspection for 501(c)(3) Organizations Only						
	A Check box if address changed		Name of organization ( Check box if name c	Employer identification number (Employees' trust, see instructions)								
	B Exempt under section	Print	ALTAMED HEALTH SERVICE	95-2810095								
	X 501(C0/3 ) 408(e) 220(e)	Type	Number, street, and room or suite no. If a P.O. box 2040 CAMFIELD AVENUE	Unrelated business activity code (See instructions )								
	408A 530(a) 529(a)		City or town, state or province, country, and ZIP o		5	25990						
	Book value of all assets	L	F Group exemption number (See instructions.)  G Check organization type ▶ X 501(c) corp									
	897,610,5	ust Other trust										
	trade or business here	-	ation's unrelated trades or businesses.   NANCING	<del> </del>	the only (or first) unrel complete Parts I-V. If it							
			ace at the end of the previous sentence, complete Pa	<del></del>								
	business, then complete					Yes X No						
			poration a subsidiary in an affiliated group or a parei itifying number of the parent corporation.	nt-subsidiary controlled group?	<b>-</b>	」Yes LX No						
	J The books are in care of	<b>&gt;</b> :	JOSE ESPARZA, SR. VP OF	FINANCE ANTeleph								
			de or Business Income	(A) Income	(B) Expenses	(C) Net						
	1 a Gross receipts or sales b Less returns and allowances c Balance l 1c											
	2 Cost of goods sold (Schedule A, line 7)											
	3 Gross profit, Subtract line 2 from line 1c  4a Capital gain net income (attach Schedule D)  4a											
	4a Capital gain net incon b Net gain (loss) (Form											
	c Capital loss deduction											
	5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 6											
	<ul><li>6 Rent income (Schedu</li><li>7 Unrelated debt-finance</li></ul>	155,170.										
	8 Interest, annuities, ro	233,2700										
	9 Investment income of											
	10 Exploited exempt acti			10								
	11 Advertising income (\$ 12 Other income (See in:		•	12								
	13 Total. Combine lines 3 through 12 13 155,170. 155,170.											
	Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income)											
$\infty$		icers, di	rectors, and trustees (Schedule K)	EIVED	<del></del>	14						
Det. 8808	<ul><li>15 Salaries and wages</li><li>16 Repairs and mainter</li></ul>	ance	/	101	<del> </del>	15						
$\mathcal{Z}$	17 Bad debts		see instructions) BEC		17							
$\omega$	18 Interest (attach sche	dule) (s	see instructions) [25]	<del> </del>	18							
7,	<ul><li>19 Taxes and licenses</li><li>20 Depreciation (attach</li></ul>	Form 4	562) OGE	-	19							
Õ			n Schedule A and elsewhere on return		21b							
$\Theta$	22 Depletion		22									
•	23 Contributions to defi 24 Employee benefit pro		23   24									
SC	25 Excess exempt expe				<del> </del>	25						
ĕ	26 Excess readership c	readership costs (Schedule J)										
Ź	27 Other deductions (at	27 28 0.										
8	28 Total deductions. A 29 Uprelated business t		: 14 through 27 Income before net operating loss deduction. Subtrac	t line 28 from line 13		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
<u>z</u>			loss arising in tax years beginning on or after Janua									
R	(see instructions)		Outstanding 20 feet le 22			$\frac{30}{31}$ $\frac{0}{155,170}$						
SCANNED MAY 24			rwork Reduction Act Notice, see instructions.	<u>,,                                   </u>		31 155,170. Form <b>990-T</b> (2019)						
				88		$\mathcal{O}^{r}$						
021	8121119 79595	2 10	2019.05000	ALTAMED HEALTH	H SERVICES	COR 10042 1						

<u>.</u>	. 1								
Form 99	00-T (2 <b>9</b> 19	ALTAMEI	HEALTH SEI	RVICES CORPORA	TION			95	-2810095 Page 2
Par	t M	Total Unrela	ted Business Ta	xable Income					
32	Total o	f unrelated busine	ss taxable income compu	ted from all unrelated trades o	r businesses (see	instructions)		82	155,170.
<b>' 33</b>	Amour	its paid for disallo	wed fringes				4	33	
34			(see instructions for limit				e	<b>- 34</b>	0.
35	Total u	nrelated business	taxable income before pr	e-2018 NOLs and specific ded	uction Subtract line	34 from the sum	of lines 32 and 33	기 🕸	155,170.
36				rs beginning before January 1,			^	36	455 450
37	Total o	f unrelated busine	\ 37	155,170.					
38	,	•	• • • •	38 instructions for exceptions			Q	)   38	1,000.
39				e 38 from line 37. If line 38 is $\mathfrak q$	reater than line 37	,	`\		154 170
		ne smaller of zero					7,	39	154,170.
<b>`</b>		Tax Comput						l đo l	32,376.
40	-		s Corporations. Multiply			luna 20 frams		40	32,370.
41				or tax computation. Income tax	on the amount of	i iine 39 iroin.	' .	-  - -	
40		ax rate schedule o tax. See instructio	•	Jiii 1041)				42	<u> </u>
42 43	•	tive minimum tax						43	
43			(trusts only) I <b>cility Income</b> . See instru	ctions				44	
<b>\</b> 45		•	and 44 to line 40 or 41, w				7	45	32,376.
Par		Tax and Pay			<u> </u>		i	1. :1	
`				; trusts attach Form 1116)		46a			
b	Other o	redits (see instruc	ctions)			46b			
C	Genera	l business credit.	Attach Form 3800			46c		_	
d	Credit	for prior year mini	mum tax (attach Form 88	01 or 8827)		46d			
е	Total o	redits. Add lines 4	46a through 46d					46e	22.25
47		ct line 46e from lir			—			47	32,376.
48				Form 8611 Form 86	97 Form 88	66 Color	(attach schedule		32,376.
49			nd 48 (see instructions)	To a DOS D. Double andress (	LV line 0			49 50	32,376.
50 51 a			paid from Form 965-A or payment credited to 2019	Form 965-B, Part II, column (	K), inte 3	5f1a		В	
	-	stimated tax paym	-		W	51b	35,629	- 1	
		posited with Form			V	51c	00,020	<b>-</b>	
			ex paid or withheld at sou	rce (see instructions)		51d		<b>-</b>	
	_	withholding (see	•	· · · · · · · · · · · · · · · · · · ·		51e	· · · · · · · · · · · · · · · · · · ·	1	
f	Credit	for small employer	r health insurance premiu	ms (attach Form 8941)		51f			
g	Other o	redits, adjustment	ts, and payments:	Form 2439					
	F	orm 4136		Other	Total ►	51g		_	
52		-	es 51a through 51g	ŗ				52 53	35,629.
53			e instructions). Check if F				_		
54				, 50, and 53, enter amount ow			ID	54	2 252
55	•	•	•	ines 49, 50, and 53, enter amo		253. R	efunded >	55 56	3,253. 0.
V Par				2020 estimated tax ► in Activities and Oth				1 40	
57				organization have an interest					Yes No
0,	-	•	• •	) in a foreign country? If "Yes,"	-	_			1
				ancial Accounts. If "Yes," enter					
	here	<b>&gt;</b>	·						X
58	During	the tax year, did t	he organization receive a	distribution from, or was it the	grantor of, or tran	sferor to, a fore	eign trust?		X
	If "Yes,	see instructions	for other forms the organ	zation may have to file.					
59				or accrued during the tax year					
Sign		nder penalties of perj orrect, and complete	ury, I declare that I have exam Declaration of preparer (other	nined this return, including accompa than taxpayer) is based on all inform	nying schedules and a nation of which prepa	rer has any knowl	o ine best of my k edge NTC 15	nowieage ai	na deller, it is true,
Here		1000		July by by			NCE [	-	S discuss this return with
11010	´	Signature of off	icer 254M	Date   100   100	AND CFO				r shown below (see
		Prigt/Type prep	arer's name	Preparer's signature	Da	te	Check	ıf PTII	
		The type prep	arer 3 name	1. 0 0	1	1	self- employe		•
Paid		LYNN D.	BOSTER	Fyn N. 1808	1	1/20/20			00440365
	parer Only		VASQUEZ & (	COMPANY LLP			Firm's EIN	<b>3</b>	3-0700332
036	. Ciliy			ENTRAL AVENUE,	STE 155	50			
		<del> </del>	► GLENDALE	, CA 91203			Phone no.	(213	<u>) 873-1700</u>
923711	01-27-20	)			89				Form <b>990-T</b> (2019)

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory va	luation N/A					
1 Inventory at beginning of year	1			Inventory at end of year	······································		6		
2 Purchases	2			7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3			from line 5. Enter here a	and in l	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	48		8	Do the rules of section :	263A (	with respect to		Ye	s No
b Other costs (attach schedule)	46		1	property produced or a	cquired	for resale) apply to			_,
5 Total. Add lines 1 through 4b	5			the organization?	1				Ш
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property I	Leas	ed With Real Pro	perty	) 	
1. Description of property									
(1)									
(2)						·			
(3)									
(4)									
		ed or accrued				3(a) Deductions directly	connecte	ed with the Incom	e in
(a) From personal property (If the per rent for personal property is more 10% but not more than 50%	than	of rent for pe	ersonal p	nal property (if the percenta property exceeds 50% or if d on profit or income)	.ge	columns 2(a) an	d 2(b) (at	tach schedule)	
(1)									
(2)									
(3)					<del></del>				
(4)									
Total	0.	Total		.,	0.	(h) Tatal daduations			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	i (A)	<b>.</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, Ilne 6, column (B)	<b>_</b>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see I	nstruc	tions)		- <u>-</u>			
			2.	Gross Income from		<ol><li>Deductions directly control to debt-finance</li></ol>	nected w ed prope	ith or allocable rty	
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deducti (attach schedul	
(1) OMNICARE MEDICAL	GROUP	INC.		155,170.			<u> </u>		
(2)	· · · · · · · · · · · · · · · · · · ·								
(3)	· · · · · · · · · · · · · · · · · · ·						<u> </u>	<del>,</del>	
(4)							<u> </u>		
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable dedu slumn 6 x total of 3(a) and 3(b)	columns
(1) 8,783,135.	8.	783,135.		100.00%		155,170	•		
(2)				%					
(3)				%					
(4)				%					<u></u>
STATEMENT 1						nter here and on page 1, Part I, line 7, column (A)		ter here and on p art I, line 7, colum	
Totals				<b>&gt;</b>		155,170			0.
Total dividends-received deductions in	cluded in column	8				<b></b>			0.
								Form 990-	T (2019)

Schedule F - Interest, A					Controlled O						······································	
1. Name of controlled organization		2. Emplo identifica numbe	tĺon	3. Net unrelated income (loss) (see instructions)		4. Tota	al of specified nents made	s made includ		that is rolling ncome	6. Deductions directly connected with income in column 5	
(1) OMNICARE MEDI	CAL	<u> </u>									· · · · · · · · · · · · · · · · · · ·	
(2) GROUP INC.		95-444	9869	15	5,170.		_					
(3)	•	l									<u>.</u>	
(4)												
Nonexempt Controlled Organiz	zations											
7. Taxable Income		unrelated income see instructions)	(loss)	9. Total	of specified payi made	ments	10. Part of colu in the controli gross	mn 9 tha ing orgai s income	nization's	11. Dec with	ductions directly connected Income in column 10	
(1)										-		
(2)											<u>.</u>	
(3)												
(4)												
							Add colur Enter here and line 8,		o 1, Part I, A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals						<u> </u>			0.		0	
Schedule G - Investme (see instr		me of a S	ection	501(c)(	7), (9), or	(17) Or	ganizatior	1				
	ription of inco	ome			2. Amount of	Income	3. Deduction directly connection (attach scheen	ected	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)							(0.00				(sei: e pies es: 1)	
(2)		<del></del>										
(3)												
(4)				•				•				
					Enter here and Part I, line 9, co						Enter here and on page Part I, lino 9, column (B)	
Totals				<u> </u>		0.					0	
Schedule I - Exploited (see instru		t Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	<b>e</b>				
1. Description of exploited activity	unrelated incom	Gross 1 business ne from business	directly c with pro of unr		4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	<b>6.</b> Exp attribut: colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)												
	page 1	ere and on 1, Part I, , col (A)									Enter here and on page 1, Part II, line 25	
Schedule J - Advertising	na Inco	0 .   me /see ins	truction	0.	l						0	
Part I Income From F					solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	4. Advert or (loss) (co col 3) If a go cols 5 th	ol 2 minus ain, comput	5. Circula income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)												

**L**.

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	<u>.</u>			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Ilne 11, col (B)		-	•	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0	,			0.
Schedule K - Compensation	n of Officers,	Directors, an	d Trustees (see ins	structions)		
1. Name			2. Title	3. Percent of time devoted t business	_   7.00	npensation attributable unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II, In	ne 14				<b></b>	0.

1

STATEMENT



## ALTAMED HEALTH SERVICES CORPORATION

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

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

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