

CHANGE OF ACCOUNTING PERIOD

Form 990 (Rev. January 2020) 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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning MAY 1, 2019 and ending DEC 31, 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. D Employer identification number: 95-2810095. E Telephone number: (323) 725-8751. G Gross receipts \$: 857,449,331. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. 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

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement (SEE SCHEDULE O), number of members, revenue (702,094,093), expenses (47,342,111), and net assets (525,165,248).

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 11/20/20. Preparer: LYNN D. BOSTER, VASQUEZ & COMPANY LLP, Firm's EIN 33-0700332.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED MAY 06 2022

RECEIVED JUL 19 2021 IRS-SH

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Part III Statement of Program Service Accomplishments

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

X

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 X

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 X

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 \$ 319,027,827. Including grants of \$ 472,750.) (Revenue \$ 298,798,883.)

CLINICS - ALTAMED OPERATES A TOTAL OF 29 PRIMARY CARE AND DENTAL CLINICS IN LOS ANGELES AND ORANGE COUNTIES. ADDITIONALLY, 3 MOBILE UNITS OFFER MEDICAL, DENTAL, HIV SERVICES, AND COMMUNITY OUTREACH. IN 2019, THE 10 CLINICS IN ORANGE COUNTY AND 19 CLINICS IN LOS ANGELES COUNTY SAW OVER 240,000 PATIENTS. IN 2019 THE DENTAL CLINICS, MOBILE UNIT, AND 5 PORTABLE ORAL HEALTH UNITS PROVIDED DENTAL CARE TO OVER 74,000 CHILDREN AND ADULTS. ALTAMED PROVIDES INTEGRATED SERVICES THAT INCLUDE PERINATAL SERVICES, PEDIATRIC AND ADOLESCENT CARE, FAMILY HEALTH, BEHAVIORAL HEALTH, WOMEN'S HEALTH, AND GERIATRIC CARE. ADDITIONALLY, THROUGH ITS EDUCATION DEPARTMENT, ALTAMED PROVIDES PROGRAMMING FOR PATIENTS WITH OBESITY AND OTHER CHRONIC CARE CONDITIONS. OTHER SERVICES INCLUDE LABORATORY TESTING, RADIOLOGIC

4b (Code) (Expenses \$ 128,702,008. Including grants of \$) (Revenue \$ 168,555,404.)

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.

4c (Code) (Expenses \$ 7,362,091. Including grants of \$) (Revenue \$ 27,709,059.)

HIV SERVICES - WITH TWO DECADES OF EXPERIENCE AS A RYAN WHITE PART C PROVIDER, ALTAMED SERVES 2,000 CLIENTS ANNUALLY THROUGH HIV MEDICAL CARE SERVICES, AND 3,000 CLIENTS THROUGH HIV PREVENTION PROGRAMS. ALTAMED OPERATES FOUR (4) HIV MEDICAL OUTPATIENT CLINICS IN LOS ANGELES AND ORANGE COUNTIES. ALTAMED'S HIV SERVICES DIVISION INCLUDES TRADITIONAL AND BIOMEDICAL HIV PREVENTION, MEDICAL CARE, MENTAL HEALTH, NUTRITION COUNSELING, ORAL HEALTH, CASE MANAGEMENT, AND SOCIAL SUPPORT SERVICES IN A ONE-STOP MODEL TO LATINX AND OTHER UNDERSERVED POPULATIONS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 4,487,768. Including grants of \$) (Revenue \$ 2,039,448.)

4e Total program service expenses 459,579,694.

L RO ABC D E F G H J K M

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
2 Is the organization required to complete Schedule B, Schedule of Contributors?
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets?
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments?
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16?
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16?
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16?
e Did the organization report an amount for other liabilities in Part X, line 25?
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?
12a Did the organization obtain separate, independent audited financial statements for the tax year?
b Was the organization included in consolidated, independent audited financial statements for the tax year?
13 Is the organization a school described in section 170(b)(1)(A)(ii)?
14a Did the organization maintain an office, employees, or agents outside of the United States?
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more?
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization?
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals?
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e?
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?
20a Did the organization operate one or more hospital facilities?
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1?

Table with 3 columns: Question ID, Yes, No. Contains 'X' marks in the Yes and No columns for various questions.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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? If "Yes," complete Schedule J	X	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	X	
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? If "Yes," complete Schedule R, Part VI		X
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	X	

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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		
	2a		3702
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.		13a
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		13b
c	Enter the amount of reserves on hand		13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b
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	X	
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.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on 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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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? b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15a	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? a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on 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 - 323-725-8751
2040 CAMFIELD AVENUE, LOS ANGELES, CA 90040

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, and 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. See instructions for the order in which to list the persons above.

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 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) NADIA ALVAREZ 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) HECTOR BARRETO BOARD MEMBER	1.20	X						0.	0.	0.
(11) JOSEPH GOMEZ CONSUMER BOARD MEMBER	1.20	X						0.	0.	0.
(12) LUCY HERRERA CONSUMER BOARD MEMBER	1.20	X						0.	0.	0.
(13) CASTULO DELA ROCHA, J.D. PRESIDENT & CEO	40.00			X				1,282,212.	0.	174,406.
(14) MARIE TORRES SVP, GOV REL & COMM RSCH I	40.00			X				426,234.	0.	18,571.
(15) JOSE U. ESPARZA SVP FINANCE & CFO	40.00			X				578,589.	0.	19,050.
(16) ZOILA ESCOBAR SVP, CHIEF ADMIN OFFICER	40.00				X			516,701.	0.	23,800.
(17) ANNA TRAN SR. STRATEGY EXECUTIVE	40.00				X			727,094.	0.	31,858.

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 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) MARY ANN BARNES EVP, CHIEF OPERATING OFFICER	40.00				X			747,716.	0.	11,012.
(19) HENRY HOLGUIN SVP, GENERAL COUNSEL	40.00				X			617,318.	0.	151,412.
(20) DARREN MCLACHLAN VP, IPA OPERATION	40.00				X			619,421.	0.	52,725.
(21) ESIQUIO CASILLAS VP, MEDICAL DIRECTOR, PACE	40.00				X			448,124.	0.	37,613.
(22) RAYMOND B. LOWE SVP, CHIEF INFORMATION OFFICER	40.00				X			421,886.	0.	51,884.
(23) PARHAM NAGHDECHI HOSPITALIST	40.00				X			419,794.	0.	43,563.
1b Subtotal								6,805,089.	0.	615,894.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								6,805,089.	0.	615,894.

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 **527**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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
ANVIL CONSTRUCTION COMPANY INC. 8895 RESEARCH AVE., IRVINE, CA 92618	CONSTRUCTION	18,800,326.
CHILDRENS HOSPITAL LA MED GRP INC., 3701 WILSHIRE BLVD., STE 600, LOS ANGELES, CA	MEDICAL SERVICES	14,166,728.
VINCOR CONSTRUCTION INC. 2651 SATURN STREET, BREA, CA 92821	CONSTRUCTION	10,279,057.
WHITE MEMORIAL MEDICAL CENTER PO BOX 842176, LOS ANGELES, CA 90084	MEDICAL SERVICES	9,763,409.
PHARMEDQUEST PHARMACY SERVICES INC. PO BOX 9236, BREA, CA 92822	PHARMACY SERVICES	8,262,419.

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 **494**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	403,815.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	17,948,680.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,148,703.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 374,791.			
	h	Total. Add lines 1a-1f		21,501,198.			
Program Service Revenue	2 a	MANAGED CARE SERVICES	Business Code 624100	336,448,260.	336,448,260.		
	b	PATIENT FEES	624100	118,260,923.	118,260,923.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		454,709,183.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		14,271,107.		155,170.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
		b	Less: rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss)					
	7 a	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)			26,747,693.	26,747,693.	
	8 a	Gross income from fundraising events (not including \$ 403,815. of contributions reported on line 1c). See Part IV, line 18					
		b	Less direct expenses				
		c	Net income or (loss) from fundraising events			-507,226.	-507,226.
9 a	Gross income from gaming activities. See Part IV, line 19						
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances						
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory			2,997,631.	2,997,631.	
Miscellaneous Revenue	11 a	INCOME FROM AMS LLC	Business Code 900099	1,212,166.	1,212,166.		
	b	OTHER CONTRACT SERVICES	624100	1,050,034.	1,050,034.		
	c	REFUND/REIMBURSEMENT/DEPOSIT	900099	416,003.	416,003.		
	d	All other revenue					
	e	Total. Add lines 11a-11d		2,678,203.			
12	Total revenue. See instructions		522,397,789.	487,132,710.	155,170.	13,608,711.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	472,750.	472,750.		
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, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,805,089.	6,805,089.		
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	147,298,309.	146,221,600.		1,076,709.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,903,624.	3,875,746.		27,878.
9 Other employee benefits	24,564,552.	24,386,008.		178,544.
10 Payroll taxes	10,117,135.	10,043,681.		73,454.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,018,286.	1,018,286.		
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	703,033.		703,033.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	12,204,387.	12,199,419.		4,968.
12 Advertising and promotion	4,681,486.	4,674,932.		6,554.
13 Office expenses	2,421,210.	2,419,008.		2,202.
14 Information technology				
15 Royalties				
16 Occupancy	5,641,455.	5,641,455.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,560,759.	2,560,759.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,454,468.	11,454,468.		
23 Insurance	3,452,964.	3,444,336.		8,628.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPECIALTY SERVICES	123,826,785.	123,826,785.		
b PROVISION FOR INCOME TA	51,722.		51,722.	
c MEDICAL SERVICES	41,911,993.	41,911,993.		
d ADMINISTRATIVE SERVICES	22,980,575.	20,661,163.	1,767,720.	551,692.
e All other expenses	39,668,103.	37,962,216.	1,290,659.	415,228.
25 Total functional expenses. Add lines 1 through 24e	465,738,685.	459,579,694.	3,813,134.	2,345,857.
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 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 X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	57,372,740.	1	31,197,548.
	2	Savings and temporary cash investments	2,615,053.	2	35,088,166.
	3	Pledges and grants receivable, net	7,051,327.	3	3,641,654.
	4	Accounts receivable, net	25,976,970.	4	39,445,895.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	41,455,295.	5	32,732,471.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	6,048,000.	7	14,440,280.
	8	Inventories for sale or use	1,622,836.	8	1,794,297.
	9	Prepaid expenses and deferred charges	6,092,245.	9	8,542,917.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	381,500,095.		
	10b	Less: accumulated depreciation	105,595,149.		
			229,224,175.	10c	275,904,946.
	11	Investments - publicly traded securities	428,170,624.	11	399,350,444.
	12	Investments - other securities. See Part IV, line 11	12,253,429.	12	15,333,297.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	42,510,175.	15	40,138,680.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	860,392,869.	16	897,610,595.	
Liabilities	17	Accounts payable and accrued expenses	133,921,542.	17	118,162,871.
	18	Grants payable		18	
	19	Deferred revenue	16,795,858.	19	16,880,667.
	20	Tax-exempt bond liabilities	174,869,249.	20	181,436,441.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	9,220,612.	23	12,066,183.
	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	420,360.	25	404,348.
	26	Total liabilities. Add lines 17 through 25	335,227,621.	26	328,950,510.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	521,369,176.	27	563,668,298.
	28	Net assets with donor restrictions	3,796,072.	28	4,991,787.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	525,165,248.	32	568,660,085.
33	Total liabilities and net assets/fund balances	860,392,869.	33	897,610,595.	

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	522,397,789.
2	Total expenses (must equal Part IX, column (A), line 25)	2	465,738,685.
3	Revenue less expenses. Subtract line 2 from line 1	3	56,659,104.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	525,165,248.
5	Net unrealized gains (losses) on investments	5	-14,866,515.
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 on Schedule O)	9	1,702,248.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	568,660,085.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
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?	X	
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 on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

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). 03
- 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 section 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						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. 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 <input type="checkbox"/>		
b 33 1/3% support test - 2018. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. 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 <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15		%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17		%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on 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.		
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)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below		
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.		
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.		
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.		
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.		
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		
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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
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).		
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 .		
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 .		
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 .		
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 10b below		
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.)		

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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

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? 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.		
1		
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? 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.		
2		

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)? 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).		
1		

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?		
1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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? 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.		
2a		
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? 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.		
2b		
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? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

1 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):		
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 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization ALTAMED HEALTH SERVICES CORPORATION	Employer identification number 95-2810095
--------------------------------------------------------------------	-----------------------------------------------------

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.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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-

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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 (grassroots 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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	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		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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					

Schedule C (Form 990 or 990-EZ) 2019

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		324,274.
j Total. Add lines 1c through 1i			324,274.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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 instructions and the latest information.

OMB No 1545-0047

2019

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a 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 Tax 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 FASB 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 FASB 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 ▶ \$ 2,168,239.

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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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Schedule D (Form 990) 2019

932051 10-02-19

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 make 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 program
 - 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on 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 Term 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:
- | | Yes | No |
|-------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? | 3b | |
- 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		16,435,715.	8,750,097.	7,685,618.
c Leasehold improvements		120,623,963.	31,852,556.	88,771,407.
d Equipment		106,389,862.	64,992,496.	41,397,366.
e Other		97,501,084.		97,501,084.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				275,904,946.

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. (Col. (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. (Col. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP	404,348.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
404,348.	

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 FASB 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	544,301,230.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-14,866,508.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	38,685,148.	
e	Add lines 2a through 2d	2e	23,818,640.	
3	Subtract line 2e from line 1	3	520,482,590.	
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	703,033.	
b	Other (Describe in Part XIII.)	4b	1,212,166.	
c	Add lines 4a and 4b	4c	1,915,199.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	522,397,789.	

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	500,806,393.
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	37,061,400.	
e	Add lines 2a through 2d	2e	37,061,400.	
3	Subtract line 2e from line 1	3	463,744,993.	
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	703,033.	
b	Other (Describe in Part XIII.)	4b	1,290,659.	
c	Add lines 4a and 4b	4c	1,993,692.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	465,738,685.	

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

PART III, LINE 4:

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

Part XIII Supplemental Information (continued)

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.

ALTAMED BELIEVES THAT EVERYONE, REGARDLESS OF AGE, RACE, GENDER, OR SOCIAL STANDING, HAS THE RIGHT TO EXPERIENCE ART IN THEIR EVERYDAY LIFE.

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 2015.

Part XIII Supplemental information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTERCOMPANY REVENUE	1,623,748.
COST OF GOOD SOLD-PHARMACY	35,529,655.
FUNDRAISING EXPENSES	1,531,745.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	38,685,148.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INCOME FROM ALTAMED MANAGEMENT SERVICES LLC	1,212,166.
---------------------------------------------	------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PHARMACY COST	35,529,655.
FUNDRAISING EXPENSES	1,531,745.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	37,061,400.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES FROM ALTAMED MANAGEMENT SERVICES LLC	1,290,659.
-----------------------------------------------	------------

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on 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.

OMB No 1545-0047

2019

Open to Public Inspection

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" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the 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.	158,528.
3 a Subtotal	0	2			158,528.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	2			158,528.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash 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 III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 F (Form 990) 2019

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
Total	▶					

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.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	FOOD & WINE TASTING (event type)	GALA (event type)	4 (total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	665,665.	602,798.	159,871.	1,428,334.
2 Less: Contributions	281,190.	122,625.		403,815.
3 Gross income (line 1 minus line 2)	384,475.	480,173.	159,871.	1,024,519.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	459,811.	361,791.	8,301.	829,903.
7 Food and beverages	913.		2,173.	3,086.
8 Entertainment	106,186.	64,741.	25,995.	196,922.
9 Other direct expenses	312,221.	111,948.	77,665.	501,834.
10 Direct expense summary. Add lines 4 through 9 in column (d)				1,531,745.
11 Net income summary. Subtract line 10 from line 3, column (d)				-507,226.

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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	Revenue			
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 entry formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility		%
b	An outside facility		%

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 to be 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public
Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Yes No

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.

1 (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)	25,000.	0.	BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
CCF COMMUNITY INITIATIVES FUND 221 SOUTH FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012	95-4774598	501(C)(3)	50,000.	0.	BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
CHARLES R DREW UNIVERSITY OF MEDICINE AND SCIENCE - 731 E.120TH ST. - LOS ANGELES, CA 90059	95-6151774		10,000.	0.	BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
COALITION OF ORANGE COUNTY COMMUNITY CLINIC - 515 N CABRILLO PARK DR., SUITE 225" - SANTA ANA, CA 92701	95-2900725	501(C)(3)	10,000.	0.	BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
COMITE MEXICANO CIVICO PATRIOTICO INC - 6035 PACIFIC BLVD - HUNTINGTON PARK, CA 90255	81-1048949	501(C)(3)	10,000.	0.	BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
EQUALITY CALIFORNIA INSTITUTE 3701 WILSHIRE BLVD SUITE 725 LOS ANGELES, CA 90010	68-0438008	501(C)(3)	5,000.	0.	BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)

Schedule I (Form 990) **ALTAMED HEALTH SERVICES CORPORATION**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(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
LA PLAZA DE CULTURA Y ARTES 501 N MAIN ST LOS ANGELES, CA 90012	75-3059288		5,000.	0. BOOK			REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
LATINO FILM INSTITUTE YOUTH CINEMA PROJECT - PO BOX 50557 - SAN MARINO, CA 91118	47-5010246	501(C)(3)	50,000.	0. BOOK			REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
MEXICAN AMERICAN VINTERS ASSOCIATION - PO BOX 3338 - NAPA, CA 94559	27-2780485	501(C)(3)	35,000.	0. BOOK			REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
NATIONAL HISPANIC MEDICAL ASSOCIATION/NAT'L HISPANIC HEALTH FDN. - 1920 L STREET NW, SUITE 725 - WASHINGTON, DC 20036	26-0051902	501(C)(3)	35,000.	0. BOOK			REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
NATIONAL MEDICAL FELLOWSHIPS 12 E 46TH STREET SUITE 5E NEW YORK, NY 10017	01-0963657	501(C)(3)	131,250.	0. BOOK			REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
PROJECT RESTORE 200 N SPRING STREET ROOM 1633 LOS ANGELES, CA 90012	95-4044565	501(C)(3)	10,000.	0. BOOK			REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
SOUTH GATE CHAMBER OF COMMERCE INC 3350 TWEEDY BLVD SOUTH GATE, CA 90280	95-1457660	501(C)(3)	10,000.	0. BOOK			REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
SOUTHWEST VOTER REGISTRATION EDUCATION PROJECT - 320 EL PASO STREET - SAN ANTONIO, TX 78207	23-7380570	501(C)(3)	25,000.	0. BOOK			REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
TELACU EDUCATION FOUNDATION 5400 E OLYMPIC BLVD THIRD FLOOR LOS ANGELES, CA 90022	95-4384333	501(C)(3)	10,000.	0. BOOK			REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(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 ANTI-RECIDIVISM COALITION 1320 EAST 7TH STREET SUITE 260 LOS ANGELES, CA 90021	46-2140915	501(C)(3)	5,000.	0.	BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
THE CALIFORNIA MEXICO STUDIES CENTER - 1551 N STUDEBAKER RD - LONG BEACH, CA 90815	27-4994817	501(C)(3)	5,000.	0.	BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
THE UNIVERSITY OF GUADALAJARA FOUNDATION IN THE UNITED STATES OF AMERICA IN - 201 SOUTH FIGUEROA ST., # 240 - LOS ANGELES, CA 90012	80-0159475	501(C)(3)	5,000.	0.	BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
THEODORE ROOSEVELT HIGH SCHOOL SCHOLARSHIP FUND - 456 S MATHEWS STREET - LOS ANGELES, CA 90033	95-6002576	501(C)(3)	19,000.	0.	BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.
UNIVERSITY OF CALIFORNIA BERKELEY 201 SPROUL HALL # 1960 BERKELEY, CA 94720	94-6002123	501(C)(3)	5,000.	0.	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)	12,500.	0.	BOOK		REDUCE HEALTH DISPARITY IN UNDERSERVED COMMUNITIES.

ALTAMED HEALTH SERVICES CORPORATION

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ALTAMED HEALTH SERVICES CORPORATION

Employer identification number

95-2810095

Part I Questions Regarding Compensation

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.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

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 aren't 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				
(1) CASTULO DELA ROCHA, J.D. PRESIDENT & CEO	(i) 804,253. (ii) 0.	314,444. 0.	163,515. 0.	166,759. 0.	7,647. 0.	1,456,618. 0.	0. 0.
(2) MARIE TORRES SVP, GOV REL & COMM RSCH I	(i) 332,159. (ii) 0.	73,548. 0.	20,527. 0.	11,200. 0.	7,371. 0.	444,805. 0.	0. 0.
(3) JOSE V. ESPARZA SVP FINANCE & CFO	(i) 417,825. (ii) 0.	127,276. 0.	33,488. 0.	11,200. 0.	7,850. 0.	597,639. 0.	0. 0.
(4) ZOILA ESCOBAR SVP, CHIEF ADMIN OFFICER	(i) 385,019. (ii) 0.	114,999. 0.	16,683. 0.	11,200. 0.	12,600. 0.	540,501. 0.	0. 0.
(5) ANNA TRAN SR. STRATEGY EXECUTIVE	(i) 557,628. (ii) 0.	155,103. 0.	14,363. 0.	0. 0.	31,858. 0.	758,952. 0.	0. 0.
(6) MARY ANN BARNES EVP, CHIEF OPERATING OFFIC	(i) 577,125. (ii) 0.	143,449. 0.	27,142. 0.	10,050. 0.	962. 0.	758,728. 0.	0. 0.
(7) HENRY HOLGUIN SVP, GENERAL COUNSEL	(i) 480,744. (ii) 0.	116,956. 0.	19,618. 0.	141,200. 0.	10,212. 0.	768,730. 0.	0. 0.
(8) DARREN MCLACHLAN VP, IPA OPERATION	(i) 403,701. (ii) 0.	80,001. 0.	135,719. 0.	4,269. 0.	48,456. 0.	672,146. 0.	0. 0.
(9) ESIQUIO CASILLAS VP, MEDICAL DIRECTOR, FACE	(i) 347,998. (ii) 0.	68,987. 0.	31,139. 0.	11,200. 0.	26,413. 0.	485,737. 0.	0. 0.
(10) RAYMOND B. LOWE SVP, CHIEF INFORMATION OFFICER	(i) 335,416. (ii) 0.	77,393. 0.	9,077. 0.	9,742. 0.	42,142. 0.	473,770. 0.	0. 0.
(11) PARHAM NAGHDECHI HOSPITALIST	(i) 288,148. (ii) 0.	28,200. 0.	103,446. 0.	4,076. 0.	39,487. 0.	463,357. 0.	0. 0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

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.

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.

PART I, LINE 4B:

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 \$155,000 PAID TO THE (SERP) IN CALENDAR YEAR 2019.

SENIOR VICE PRESIDENT & GENERAL COUNSEL OF ALTAMED HEALTH SERVICES IS ELIGIBLE TO PARTICIPATE IN AN ALTAMED SPONSORED LONG-TERM INCENTIVE PLAN (457F PLAN). IN 2019, ALTAMED CONTRIBUTED \$130,000 TO HIS 457F PLAN. THE PURPOSE OF THIS PLAN IS TO RETAIN KEY EXECUTIVES.

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.

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.

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
 2019
 Open to Public Inspection

Name of the organization

ALTAMED HEALTH SERVICES CORPORATION

Employer identification number
 95-2810095

Part I Bond Issues
 SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(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) Pooled financing	
						Yes	No	Yes	No	Yes	No
CALIFORNIA HEALTH FACILITIES FINANCING AUT52-1643828	52-1643828	NONE	10/01/15	118760000	FINANCE ACQ, CONST, RENOVATION & EQU					X	X
CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT		NONE	12/14/07	7,012,000	FINANCE THE COST OF ACQ, CONSTRUCTI					X	X
CALIFORNIA HEALTH FACILITIES FINANCING AUT52-1643828	52-1643828	NONE	10/30/18	20000000	FINANCE CAPITAL PROJECTS AND PAY					X	X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			20,939,831.		2,172,373.		4,386,521.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue			119,505,444.		7,012,500.		20,276,392.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows			1,707,227.				127,748.	
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			113,974,568.		7,012,500.		10,234,931.	
11 Other spent proceeds			3,500,000.					
12 Other unspent proceeds			323,649.				9,913,713.	
13 Year of substantial completion					2008			

	Yes		No		Yes		No	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X			X	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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		X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2019

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		
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?								
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 non-governmental 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		

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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	15.0000000							
d Was the hedge superintegrated?			X					
e Was the hedge terminated?			X					
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		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 isn't available under applicable regulations?	X				X			

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

(F) DESCRIPTION OF PURPOSE:
 FINANCE ACQ, CONST, RENOVATION & EQUIPPING OF CAP. PROJ. & REFI A PRIOR LOAN

(A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:
 FINANCE THE COST OF ACQ, CONSTRUCTION, IMPROVEMENT & EQUIPPING OF FACILITIES

(A) ISSUER NAME: CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

(F) DESCRIPTION OF PURPOSE:
 FINANCE CAPITAL PROJECTS AND PAY COSTS OF INSURANCE.

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.

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

THE PRIOR LOAN WAS ISSUED ON FEBRUARY 14, 2011.

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.

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.

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

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.

SCHEDULE K PART III-C 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-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

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

CODE.

A series of horizontal lines for entering supplemental information.

Form 990-K (2019) Schedule K (Form 990) 2019

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, line 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 instructions and the latest information.

2019

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 section 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 the 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
			CASTULO DE LA R				SPLIT DO		X	14789912.	16454923.	
ZOILA D. ESCOBA		SPLIT DO		X	3,560,000.	3,960,776.		X	X		X	
JOSE U. ESPARZA		SPLIT DO		X	3,562,400.	3,963,446.		X	X		X	
MARIE S. TORRES		SPLIT DO		X	4,059,304.	4,516,290.		X	X		X	
MARTIN SEROTA		SPLIT DO		X	3,405,795.	3,837,036.		X	X		X	
Total						▶ \$ 32732471.						

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

SEE PART V FOR CONTINUATIONS

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).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CASTULO DE LA ROCHA

(C) PURPOSE OF LOAN: SPLIT DOLLAR LIFE INSURANCE

(A) NAME OF PERSON: ZOILA D. ESCOBAR

(C) PURPOSE OF LOAN: SPLIT DOLLAR LIFE INSURANCE

(A) NAME OF PERSON: JOSE U. ESPARZA

(C) PURPOSE OF LOAN: SPLIT DOLLAR LIFE INSURANCE

(A) NAME OF PERSON: MARIE S. TORRES

(C) PURPOSE OF LOAN: SPLIT DOLLAR LIFE INSURANCE

(A) NAME OF PERSON: MARTIN SEROTA

(C) PURPOSE OF LOAN: SPLIT DOLLAR LIFE INSURANCE

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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.

Horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

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	X	1	15,500.	FMV
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 ▶ (<u>SIGNAGE</u>)	X	1	200,000.	FMV
26	Other ▶ (<u>FLIGHT VOUCHER</u>)	X	4	70,000.	FMV
27	Other ▶ (<u>BABY MONITORS</u>)	X	1	44,985.	FMV
28	Other ▶ (<u>MARKETING MAT</u>)	X	2	34,470.	FMV

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 isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't 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.

PART I, OTHER TYPES OF PROPERTY:

RECEPTION

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9836.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

ALTAMED HEALTH SERVICES CORPORATION

Employer identification number

95-2810095

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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 AND
UNDERSERVED COMUNITIES IN SOUTHERN CALIFORNIA.

VISION: TO BE THE LEADING COMMUNITY-BASED PROVIDER OF QUALITY HEALTH
CARE AND HUMAN SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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, 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.

Name of the organization ALTAMED HEALTH SERVICES CORPORATION	Employer identification number 95-2810095
-----------------------------------------------------------------	----------------------------------------------

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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 ADDRESS A WIDE ARRAY OF HEALTH INEQUITIES THAT DISPROPORTIONATELY AFFECT RACIAL AND ETHNIC GROUPS, INCLUDING ADDRESSING THE MULTIPLE SOCIAL 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.

EXPENSES \$ 4,487,768. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,039,448.

Name of the organization ALTAMED HEALTH SERVICES CORPORATION	Employer identification number 95-2810095
-----------------------------------------------------------------	----------------------------------------------

FORM 990, PART VI, SECTION A, LINE 2:

THE PRESIDENT AND CEO IS RELATED BY MARRIAGE TO THE SENIOR VICE PRESIDENT & CHIEF ADMINISTRATIVE OFFICER.

FORM 990, PART VI, SECTION B, LINE 11B:

ALTAMED HEALTH SERVICES CORPORATION'S OUTSIDE CPA FIRM AND FINANCE STAFF PREPARE FORM 990. THE FORM IS THEN REVIEWED AND APPROVED BY BOTH THE ORGANIZATION'S PRESIDENT AND CEO, AND THE SR. VP OF FINANCE AND CFO. THE FORM IS THEN PROVIDED TO THE FULL BOARD FOR ACCEPTANCE BEFORE FILING.

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

Name of the organization ALTAMED HEALTH SERVICES CORPORATION	Employer identification number 95-2810095
-----------------------------------------------------------------	----------------------------------------------

REMEDICATION STEPS TO ADDRESS SUCH ACTUAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS THE COMPENSATION COMMITTEE AND REVIEWS THE PRESIDENT & CEO'S COMPENSATION. ADDITIONALLY, A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTANT FIRM IS ENGAGED TO REVIEW THE PRESIDENT & CEO'S COMPENSATION. THE FIRM UNDERTAKES SPECIFIC PROTOCOLS AND OBTAINS ORGANIZATIONAL DATA FROM NUMEROUS COMPANIES AND PEER GROUPS AND THEN RENDERS A "REASONABLENESS" OPINION THAT IS PRESENTED TO THE EXECUTIVE COMMITTEE OF 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 COMPENATION PACKAGE FOR THE PRESIDENT & CEO TO THE LEVEL

Name of the organization ALTAMED HEALTH SERVICES CORPORATION	Employer identification number 95-2810095
-----------------------------------------------------------------	----------------------------------------------

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 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, ANNUALLY REVIEWS 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

Name of the organization ALTAMED HEALTH SERVICES CORPORATION	Employer identification number 95-2810095
-----------------------------------------------------------------	----------------------------------------------

PERFORMANCE LEVELS FOR THE RELEVANT PERFORMANCE CYCLE INCLUDING AN EMPLOYEE SELF-REVIEW; AN EVALUATION OF 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 THEN DETERMINES COMPENSATION ADJUSTMENTS, AS APPROPRIATE.

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
NET LOSS FROM ALTAMED MANAGEMENT SERVICES LLC 1,702,248.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

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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
ALTAMED MANAGEMENT SERVICES LLC - 81-0785877 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040	MANAGED CARE	CALIFORNIA	-1,702,248.	794,675.	ALTAMED HEALTH SERVICES CORPORATION
ALTAMED LLC - 85-3915845 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040	MANAGED CARE	CALIFORNIA	0.	0.	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
ALTAMED FOUNDATION - 95-4090420 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040	FUNDRAISING	CALIFORNIA	501(C)(3)	SECTION 509(A)(1)	ALTAMED HEALTH SERVICES CORPORATION		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2019**

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
ALTAMED HEALTH NETWORK INC. - 46-0635843 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040	MANAGED CARE	CA	ALTAMED HEALTH SERVICES CORP.	C CORP	-491,767.	6,120,758.	100%		X
ALTAMED HOLDINGS INC. - 84-2867692 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040	HOLDING COMPANY-REAL ESTATE	CA		C CORP	-2,750.	0.	100%		X

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

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
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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	Yes	No
(1) ALTAMED MANAGEMENT SERVICES LLC	L	1,702,248	ACTUAL AMOUNT PAID		X
(2) ALTAMED HEALTH NETWORK INC.	A	80,548	AMOUNT ACCRUED		X
(3) ALTAMED HEALTH NETWORK INC.	D	6,000,000	ACTUAL AMOUNT PAID		X
(4)					
(5)					
(6)					

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.