

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 05-01-2007 and ending 04-30-2008

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Altamed Health Services Corporation. Number and street: 500 CITADEL DRIVE No 490. City or town: LOS ANGELES, CA 90040

D Employer identification number: 95-2810095. E Telephone number: (323) 889-7300. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: HTTP://WWW.Altamed.org

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 110,608,317

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b>	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	<b>25a</b>	1,745,779	1,612,897	132,882
<b>b</b>	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	45,855,019	37,961,275	7,891,294
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	<b>27</b>			
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b>	Payroll taxes	<b>29</b>			
<b>30</b>	Professional fundraising fees	<b>30</b>			
<b>31</b>	Accounting fees	<b>31</b>			
<b>32</b>	Legal fees	<b>32</b>			
<b>33</b>	Supplies	<b>33</b>	1,228,000	873,317	353,241
<b>34</b>	Telephone	<b>34</b>	738,117	521,756	216,361
<b>35</b>	Postage and shipping	<b>35</b>	468,302	239,376	210,694
<b>36</b>	Occupancy	<b>36</b>	2,886,981	2,087,519	799,462
<b>37</b>	Equipment rental and maintenance	<b>37</b>	995,859	742,953	235,726
<b>38</b>	Printing and publications	<b>38</b>			
<b>39</b>	Travel	<b>39</b>	436,937	212,334	224,603
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>			
<b>41</b>	Interest	<b>41</b>	578,268	505,673	72,595
<b>42</b>	Depreciation, depletion, etc (attach schedule)	<b>42</b>	1,157,641	1,019,080	138,561
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	See Additional Data Table	<b>43a</b>			
<b>b</b>		<b>43b</b>			
<b>c</b>		<b>43c</b>			
<b>d</b>		<b>43d</b>			
<b>e</b>		<b>43e</b>			
<b>f</b>		<b>43f</b>			
<b>g</b>		<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	93,648,989	93,221,253	0

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>▶</b> TO PROVIDE HEALTH SERVICES AND TREATMENT TO SENIOR CITIZENS, DRUG ABUSE, PRIMARY HEALTH AND TEEN AWARENESS PROGRAMS  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> AltaMed has 11 primary care clinics, 3 housing clinics, 2 school based clinics for a total of 16 primary care clinics. In addition there are three Dental clinics, separately licensed inside two of those clinics. In the clinics, AltaMed also provides primary care services to HIV positive and AIDS patients in three of its primary care clinics.  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	44,091,161
<b>b</b> SENIOR SERVICES PROVIDES COMPREHENSIVE MEDICAL, SOCIAL & RECREATIONAL SERVICES TO ELDERLY OF THE EAST L A COMMUNITY. Some of those programs are in Lynwood, Downtown (Chinatown), Huntington Park in addition to ELA.  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	38,172,620
<b>c</b> DRUG ABUSE PROVIDE TREATMENT, DETOXIFICATION AND COUNSELING TO THOSE SUFFERING HEROIN AND HIV/AIDS INFECTION.  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	7,554,315
<b>d</b> TEEN PROGRAMS provide case management services to parenting teenagers in high school.  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	3,403,157
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>▶</b>	93,221,253

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

				(A)		(B)
				Beginning of year		End of year
Assets	<b>45</b> Cash—non-interest-bearing . . . . .				<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .			18,810,655	<b>46</b>	25,588,881
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	23,746,192			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	7,888,767	14,409,163	<b>47c</b>	15,857,425
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>				
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>			<b>48c</b>	
	<b>49</b> Grants receivable . . . . .			2,898,140	<b>49</b>	5,191,609
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .				<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>	134,188			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>		175,000	<b>51c</b>	134,188
	<b>52</b> Inventories for sale or use . . . . .			83,835	<b>52</b>	87,137
	<b>53</b> Prepaid expenses and deferred charges . . . . .			639,020	<b>53</b>	1,381,706
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV . . . . .				<b>54a</b>	
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV . . . . .			7,509,598	<b>54b</b>	10,279,830
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>					
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>			<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .				<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	43,649,257				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	12,373,809	15,153,361	<b>57c</b>	31,275,448	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ ) . . . . .			1,986,438	<b>58</b>	5,927,528	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .			61,665,210	<b>59</b>	95,723,752	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .			10,600,791	<b>60</b>	17,369,625
	<b>61</b> Grants payable . . . . .				<b>61</b>	
	<b>62</b> Deferred revenue . . . . .				<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .				<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			6,166,299	<b>64b</b>	14,250,341
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ ) . . . . .			6,950,544	<b>65</b>	9,196,882
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .			23,717,634	<b>66</b>	40,816,848	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 . . . . .					
	<b>67</b> Unrestricted . . . . .			36,747,576	<b>67</b>	52,409,327
	<b>68</b> Temporarily restricted . . . . .			1,200,000	<b>68</b>	2,497,577
	<b>69</b> Permanently restricted . . . . .				<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74 . . . . .					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .				<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .				<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>72</b>	
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .			37,947,576	<b>73</b>	54,906,904
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .			61,665,210	<b>74</b>	95,723,752

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	110,608,317
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	110,608,317
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	110,608,317

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	93,648,989
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	93,648,989
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	93,648,989

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". 75d: Does the organization have a written conflict of interest policy?

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)**

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

**Part VI Other Information (See the instructions.)**

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 77: Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures (See line 81 instructions). 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of JOSE ESPARZA CFO Telephone no (323) 889-7300
500 CITADEL DRIVE 490
Located at LOS ANGELES, CA ZIP + 4 90040
91b 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)?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (PATIENT FEES, CONTRACTUAL SERVICES), Interest on savings, Dividends, Net rental income, and Subtotal.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
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	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
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	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>
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**Please Sign Here**

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.

Signature of officer: \*\*\*\*\* Date: 2009-03-16

Type or print name and title: JOSE ESPARZA C F O

**Paid Preparer's Use Only**

Preparer's signature: GILBERT VASQUEZ Date: \_\_\_\_\_

Check if self-employed:

Preparer's SSN or PTIN (See Gen Inst W): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: vasquez & company LLP, 801 S GRAND AVE SUITE 400, LOS ANGELES, CA 90017

EIN: \_\_\_\_\_

Phone no: (213) 629-9094

**SCHEDULE A**  
(Form 990 or 990EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Altamed Health Services Corporation

Employer identification number

95-2810095

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CARPIO FELIX 500 CITADEL DR LOS ANGELES, CA 90040	HIVMDDIR 40 00	192,225	7,990	0
FAMHAM THOMAS R 500 CITADEL DR LOS ANGELES, CA 90040	CMO&COS 40 00	182,343	7,294	0
SANCHEZ LUCIO 500 CITADEL DR LOS ANGELES, CA 90040	STAFFMD 40 00	178,300	7,132	0
PUERTAS RICARDO 500 CITADEL DR LOS ANGELES, CA 90040	PHYSICIAN 40 00	184,095	7,364	0
GUILLEMINA GUTIERREZ 500 CITADEL DR LOS ANGELES, CA 90040	PHYSICAN 40 00	170,748	6,830	0
Total number of other employees paid over \$50,000	5			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")


(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CHILDREN HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	NURSING AND STAFFING SERVICES	2,168,449
UNIVERSITY CHILDRENS MEDICAL GROUP 6340 SUNSET BLVD SUITE 600 LOS ANGELES, CA 90028	PEDIATRIC PHYSICIAN SERVICES	1,197,146
HENRY HOLGUIN 5924 RAMIREZ CANYON RD MALIBU, CA 90265	LEGAL COUNSEL	314,894
THEODORA ORINGHER MILLER RICHMAN 2029 CENTURY PARK EAST 6TH FLOOR LOS ANGELES, CA 90067	ATTORNEY FIRM	208,340
KAREN BARBOSA 1803 WEST TOSCANINI RANCHO PALOS VERDE, CA 90275	OBGYN SERVICES	158,290
Total number of others receiving over \$50,000 for professional services	5	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DLS BUILDERS INC 1875 N BATAVIA STREET ORANGE, CA 92865	CONSTRUCTION SERVICES	6,236,213
EMPIRE TRANSPORTATION INC 8800 PARK STREET BELLFLOWER, CA 90706	TRANSPORTATION SERVICES	1,315,077
AMERISOURCE BERGEN PO BOX 100806 PASADENA, CA 91189	PHARMACY SERVICES	1,035,453
MCKESSON MEDICAL SURGICAL PO BOX 740215 CINCINNATI, OH 452740215	MEDICAL SUPPLIES	421,297
POWERCOM SOLUTION 24067 DECORAH ROAD DIAMOND BAR, CA 91765	IT PROGRAMMERS	336,045
Total number of other contractors receiving over \$50,000 for other services	5	

**Part III Statements About Activities** (See page 2 of the instructions.)

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>36,568</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	<b>1</b>	Yes	
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) </p> <p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2a</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>		No
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2d</b>	Yes	
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		No
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p>	<b>3a</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>	Yes	
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4a</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					<input type="checkbox"/>

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	17,665,784	15,656,457	13,723,972	14,735,154	61,781,367
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	65,908,914	57,310,770	50,970,603	36,305,725	210,496,012
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,372,709	886,466	342,747	602,288	3,204,210
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	4,620,778	3,719,715	2,374,830	1,945,776	12,661,099
<b>23</b> Total of lines 15 through 22	89,568,185	77,573,408	67,412,152	53,588,943	288,142,688
<b>24</b> Line 23 minus line 17	23,659,271	20,262,638	16,441,549	17,283,218	77,646,676
<b>25</b> Enter 1% of line 23	895,682	775,734	674,122	535,889	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts		<b>26b</b>	0
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)		<b>26c</b>	
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		<b>26d</b>	
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>		<b>26f</b>	

<b>27 Organizations described on line 12:</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____		
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____			
<b>c</b> Add Amounts from column (e) for lines 15 _____ 61,781,367 16 _____ 0 17 _____ 210,496,012 20 _____ 0 21 _____ 0		<b>27c</b>	272,277,379
<b>d</b> Add Line 27a total _____ and line 27b total _____		<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total)		<b>27e</b>	272,277,379
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)	<b>27f</b>	288,142,688	
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>		9449 39 %
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>		111 20 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

**(a)**  
Affiliated group  
totals**(b)**  
To be completed  
for all electing  
organizations

<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b>	Other exempt purpose expenditures	<b>39</b>		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 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	<b>41</b>		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**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 instructions for lines 45 through 50 on page 11 of the instructions )**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
<b>a</b> Volunteers	Yes		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)	Yes		
<b>c</b> Media advertisements		No	0
<b>d</b> Mailings to members, legislators, or the public		No	0
<b>e</b> Publications, or published or broadcast statements	Yes		36,568
<b>f</b> Grants to other organizations for lobbying purposes		No	0
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		No	0
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	0
<b>i</b> Total lobbying expenditures (Add lines c through h.)			36,568

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities





## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 95-2810095  
**Name:** Altamed Health Services Corporation

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> SEPCIALTY SERVICES	<b>43a</b>	10,662,900	10,662,900		
<b>b</b> ADMINISTRATIVE SERVICES	<b>43b</b>	3,836,426	1,425,790	2,383,582	27,054
<b>c</b> THERAPEUTIC SERVICES	<b>43c</b>	401,158	401,158		
<b>d</b> MEDICAL SERVICES	<b>43d</b>	4,673,797	4,673,797		
<b>e</b> PURCHASed services	<b>43e</b>	2,743,724	2,743,724		
<b>f</b> INSURANCE	<b>43f</b>	773,737	687,805	85,932	
<b>g</b> PATIENT TRANSPORTATION	<b>43g</b>	1,672,715	1,670,672	2,043	
<b>h</b> STAFF DEVELOPMENT	<b>43h</b>	981,157	310,742	667,368	3,047
<b>i</b> HEALTH PROMOTION	<b>43i</b>	1,469,598	203,869	1,080,335	185,394
<b>j</b> MEDICAL SUPPLIES	<b>43j</b>	4,318,154	4,273,581	12,139	32,434
<b>k</b> UTILITIES	<b>43k</b>	1,170,982	1,104,529	66,453	
<b>l</b> MINOR EQUIPMENT	<b>43l</b>	943,638	671,973	269,392	2,273
<b>m</b> BAD DEBT	<b>43m</b>	3,772,258	3,772,258		
<b>n</b> OTHER EXPENSES	<b>43n</b>	137,842	6,804,923	-6,672,429	5,348

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
ALEJANDRO HECTOR 500 citadel drive no490 LOS ANGELES, CA 90040	IMMEDIATE PAST- CHAIR 1 50	0	0	0
KATHERINE AGUILAR-PEREZ 500 citadel drive no490 LOS ANGELES, CA 90040	MEMBER 1 50	0	0	0
MARTIN GALLEGOS 500 citadel drive no 490 LOS ANGELES, CA 90040	MEMBER 1 50	0	0	0
AYALA ALICIA 500 citadel drive no490 LOS ANGELES, CA 90040	CONSUMER MEMBER 1 50	0	0	0
FONSECA ANA 500 citadel drive no490 LOS ANGELES, CA 90040	CONSUMER MEMBER 1 50	0	0	0
GLORIA CARRILLO ZAMORA 500 citadel drive no490 LOS ANGELES, CA 90040	MEMBER 1 50	0	0	0
STUART GRAY 500 citadel drive no490 LOS ANGELES, CA 90040	MEMBERCHAIR 2 00	0	0	0
JOHN HEATHCLIFF 500 citadel drive no 490 LOS ANGELES, CA 90040	MEMBER 1 50	0	0	0
JUDITH HERMAN 500 citadel drive no490 LOS ANGELES, CA 90040	SECRETARYCONSUMER MEMBER 2 00	0	0	0
ROBERT MARIN JR 500 citadel drive no490 LOS ANGELES, CA 90040	CONSUMER MEMBER 1 50	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
CASTULO DELA ROCHA 500 citadel drive no490 LOS ANGELES, CA 90040	president and ceo 40 00	396,416	15,857	25,303
MARIE TORRES 500 citadel drive no490 LOS ANGELES, CA 90040	SR VP OF GOVERNMENT RELAT 40 00	204,495	8,180	0
KURT STAUDER 500 citadel drive no490 LOS ANGELES, CA 90040	COO 40 00	242,039	9,682	0
ZOILA ESCOBAR 500 citadel drive no490 LOS ANGELES, CA 90040	vp strategic dev 40 00	184,667	7,387	6,000
JOSE U ESPARZA 500 citadel drive no490 LOS ANGELES, CA 90040	VP FINANCE CFO 40 00	212,931	8,517	0
ANGELA ROBERTS 500 citadel drive no490 LOS ANGELES, CA 90040	VPCHIEF INFO OFFICER 40 00	185,979	6,500	0
JAMES CRUZ 500 citadel drive no 490 LOS ANGELES, CA 90040	CHIEF MEDICAL OFFICER 40 00	231,826	0	0
FRANK MEZA 500 citadel drive no 490 LOS ANGELES, CA 90040	MEMBER 1 50	0	0	0
LILIANA RAMIREZ 500 citadel drive no 490 LOS ANGELES, CA 90040	CONSUMER MEMBER 1 50	0	0	0
GREGORY VALENZUELA 500 citadel drive no 490 LOS ANGELES, CA 90040	CONSUMER MEMBER 1 50	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
SHIRLEY DETTLOFF 500 citadel drive no 490 LOS ANGELES, CA 90040	MEMBERCONSUMER MEMBER 1 50	0	0	0
JANICE FAUCHIER 500 citadel drive no 490 LOS ANGELES, CA 90040	MEMBER 1 50	0	0	0
TOM FONG 500 citadel drive no 490 LOS ANGELES, CA 90040	CONSUMER MEMBER 1 50	0	0	0
LUZ PADILLA 500 citadel drive no 490 LOS ANGELES, CA 90040	MEMBERTREASURER 2 00	0	0	0

## TY 2007 Depreciation and Depletion Schedule

**Name:** Altamed Health Services Corporation

**EIN:** 95-2810095

Asset	Amount
VARIOUS	1,157,641

**TY 2007 Investments - Securities Schedule**

**Name:** Altamed Health Services Corporation

**EIN:** 95-2810095

Description	Book Value	Cost/FMV
MARKETABLE SECURITIES	10,279,830	F

### TY 2007 Mortgages and Notes Payable Schedule

**Name:** Altamed Health Services Corporation

**EIN:** 95-2810095

**Total Mortgage Amount:** 0

<b>Item No.</b>	1
<b>Lender's Name</b>	CALIFORNIA STATEWIDE COMMUNITIES DE
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	3920000
<b>Date of Note</b>	2006-03
<b>Maturity Date</b>	2021-08
<b>Repayment Terms</b>	\$36,000/MO
<b>Interest Rate</b>	5.9000
<b>Security Provided by Borrower</b>	LAND BUILDING
<b>Purpose of Loan</b>	INSURED CERTIFICATES OF PARTICIPATION
<b>Description of Lender Consideration</b>	THE DEBT IS SUBJECT TO CERTAIN COVENANTS RESTRICTIONS
<b>Consideration FMV</b>	

<b>Item No.</b>	2
<b>Lender's Name</b>	CA HEALTH FACILITIES FINANCING AUTH
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	403382
<b>Date of Note</b>	2007-04
<b>Maturity Date</b>	2010-08
<b>Repayment Terms</b>	13,910/MO
<b>Interest Rate</b>	3.0000
<b>Security Provided by Borrower</b>	REAL ESTATE
<b>Purpose of Loan</b>	
<b>Description of Lender Consideration</b>	THE DEBT IS SUBJECT TO CERTAIN COVENANTS RESTRICTIONS
<b>Consideration FMV</b>	

<b>Item No.</b>	3
<b>Lender's Name</b>	CA HEALTH FACILITIES FINANCING AUTH
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	318431
<b>Date of Note</b>	2007-04
<b>Maturity Date</b>	2010-08
<b>Repayment Terms</b>	11,164/MO
<b>Interest Rate</b>	3.0000
<b>Security Provided by Borrower</b>	REAL ESTATE
<b>Purpose of Loan</b>	
<b>Description of Lender Consideration</b>	THE DEBT IS SUBJECT TO CERTAIN COVENANTS RESTRICTIONS
<b>Consideration FMV</b>	

<b>Item No.</b>	4
<b>Lender's Name</b>	CAL HEALTH FACILITIES FINANCING AUT
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	710746
<b>Date of Note</b>	2007-04
<b>Maturity Date</b>	2010-08
<b>Repayment Terms</b>	25,030/MO
<b>Interest Rate</b>	3.0000
<b>Security Provided by Borrower</b>	REAL ESTATE
<b>Purpose of Loan</b>	
<b>Description of Lender Consideration</b>	THE DEBT IS SUBJECT TO CERTAIN COVENANTS RESTRICTIONS
<b>Consideration FMV</b>	



<b>Item No.</b>	5
<b>Lender's Name</b>	COMMUNITY REDEVELOPMENT AGENCY
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	47915
<b>Date of Note</b>	2000-05
<b>Maturity Date</b>	2022-12
<b>Repayment Terms</b>	
<b>Interest Rate</b>	5.5900
<b>Security Provided by Borrower</b>	
<b>Purpose of Loan</b>	
<b>Description of Lender Consideration</b>	THE DEBT IS SUBJECT TO CERTAIN COVENANTS RESTRICTIONS
<b>Consideration FMV</b>	

<b>Item No.</b>	6
<b>Lender's Name</b>	CSCDA SERIES 2007 REVENUE BONDS
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	8849867
<b>Date of Note</b>	
<b>Maturity Date</b>	
<b>Repayment Terms</b>	
<b>Interest Rate</b>	
<b>Security Provided by Borrower</b>	
<b>Purpose of Loan</b>	
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

## TY 2007 Other Assets Schedule

**Name:** Altamed Health Services Corporation

**EIN:** 95-2810095

Description	Beginning of Year Amount	End of Year Amount
OTHER ASSETS AND ASSETS LIMITED TO USE	1,416,246	5,776,025
contribution receivables	570,192	151,503

**TY 2007 Other Liabilities Schedule****Name:** Altamed Health Services Corporation**EIN:** 95-2810095

<b>Description</b>	<b>Beginning of Year Amount</b>	<b>End of Year Amount</b>
Accrued vacation	1,869,009	2,205,609
Claims payable	2,654,661	3,596,381
other accrued liabilities	853,066	1,438,762
Grant and contract advances	1,307,346	1,525,313
CURRENT OPTION OF L-T DEBT	266,462	0
CAPITALIZED LEASE OBLIGATION	0	356,957
OTHER LONG TERM LIABILITIES	0	73,860

**TY 2007 Non Electing Public Charities Statement**

**Name:** Altamed Health Services Corporation

**EIN:** 95-2810095

**Statement:** The organization incurred the total expenses noted above to inform and educate the public on health care issues for the aged, drug abuse patients and indigent parties

## TY 2007 Other Income Schedule

**Name:** Altamed Health Services Corporation

**EIN:** 95-2810095

Description	2006	2005	2004	2003	Total
FUND RAISING	163,224	422,182	480,444	263,559	1,329,409
RETURN DEPOSIT	12,186	292,867	38,237	19,315	362,605
NON FED GRANT REVENUE	1,206,368	1,565,131	1,303,476	1,039,917	5,114,892
OTHER CONTRACT SERVICES	3,239,000	1,399,371	552,673	622,985	5,814,029
MEDICAL CARE PROGRAM		40,164			40,164

**TY 2007 Self Dealing Statement****Name:** Altamed Health Services Corporation**EIN:** 95-2810095

<b>Line Number</b>	<b>Explanation</b>
2d	PLEASE REFER TO FORM 990, PART V-A FOR DETAILS.