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Fill in this information to identify the case:
United States Bankruptcy Court for the:
District of Delaware (State) Case number (If known): Chapter

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	Alecto Healthcare a Delaware limite					
2.	All other names debtor used in the last 8 years						
	Include any assumed names,						
	trade names, and <i>doing business</i> as names						
3.	Debtor's federal Employer Identification Number (EIN)	46-082 <u>9</u> 723 — — — — — —					
4.	Debtor's address	Principal place of bu	ısiness		Mailing address, if of business	different from p	rincipal place
		101 N. Brand Bo	ulevard				
		Number Street			Number Street		
		Suite 1920					
					P.O. Box		
		Glendale	CA	91203			
		City	State	ZIP Code	City	State	ZIP Code
					Location of princip	al assets, if diff	erent from
		Los Angeles			principal place of b	usiness	
		County			Number Street		
					City	State	ZIP Code
						Oldio	2.1. 0000
5	Debtor's website (URL)	www.alectohealth	ncare.com (w	ebsite is inac	ctive)		
J.	Deptor a website (OIL)						

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Alecto Healthcare Services LLC a Delaware limited liability company Debtor Case number (if known) ☑ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) 6. Type of debtor ☐ Partnership (excluding LLP) Other. Specify: A. Check one: 7. Describe debtor's business ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Railroad (as defined in 11 U.S.C. § 101(44)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3)) ✓ None of the above B. Check all that apply: ☐ Tax-exempt entity (as described in 26 U.S.C. § 501) Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3) ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11)) C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.uscourts.gov/four-digit-national-association-naics-codes . 5511 Under which chapter of the Check one: **Bankruptcy Code is the** Chapter 7 debtor filing? Chapter 9 Chapter 11. Check all that apply: A debtor who is a "small business ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its debtor" must check the first subaggregate noncontingent liquidated debts (excluding debts owed to insiders or box. A debtor as defined in affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most § 1182(1) who elects to proceed recent balance sheet, statement of operations, cash-flow statement, and federal under subchapter V of chapter 11 income tax return or if any of these documents do not exist, follow the procedure in (whether or not the debtor is a 11 U.S.C. § 1116(1)(B). small business debtor") must check the second sub-box. ☑ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). A plan is being filed with this petition. Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.

12b-2.

☐ Chapter 12

☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule

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Debto	a Delaware limited liability		<u>'</u>		(Case number (if know	n)	
	Were prior bankruptcy cases filed by or against the debtor within the last 8 years? If more than 2 cases, attach a separate list.	☑ No ☐ Yes.				MM / DD / YYYY		
	Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? List all cases. If more than 1, attach a separate list.	✓ No ☐ Yes.	Debtor District				Relationship	
11.	Why is the case filed in <i>this</i> district?	imme distric	that app or has ha diately p	oly: d its domicile, princeding the date	incipal place of e of this petition	business, or princ or for a longer pa	cipal assets in art of such 18	n this district for 180 days 0 days than in any other nip is pending in this district.
	Does the debtor own or have possession of any real property or personal property that needs immediate attention?		Why doe It pos What It nee It include atten asset Othe Where is s the pr No Yes.	es the property is ses or is alleged to be physical undes perishable tion (for example its or other option or	need immediat to pose a threat ally secured or p goods or assets , livestock, seas s).	e attention? (Che of imminent and rotected from the	eck all that applidentifiable has weather. Ity deteriorate t, dairy, produ	azard to public health or safety. or lose value without uce, or securities-related

Statistical and administrative information

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Alecto Healthcare Services LLC a Delaware limited liability company

Debtor Name		Case number	(if known)
13. Debtor's estimation of available funds	•	for distribution to unsecured credit expenses are paid, no funds will t	ors. be available for distribution to unsecured creditors.
14. Estimated number of creditors	☐ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000
15. Estimated assets	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 millior	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
16. Estimated liabilities	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 millior	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Request for Relief, De	claration, and Signatures	6	
WARNING Bankruptcy fraud is a see \$500,000 or imprisonme		tatement in connection with a bank 18 U.S.C. §§ 152, 1341, 1519, ar	
17. Declaration and signature of authorized representative of debtor	The debtor requests repetition.	lief in accordance with the chapter	of title 11, United States Code, specified in this
	I have been authorized	to file this petition on behalf of the	debtor.
	I have examined the info	formation in this petition and have	a reasonable belief that the information is true and
	I declare under penalty of p	perjury that the foregoing is true an	d correct.
	Executed on 6/16/2		
	✗ /s/ Laxman Reddy		axman Reddy
	Signature of authorized rep		rinted name
	President and	Chief Executive Officer	

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Alecto Healthcare Services LLC
a Delaware limited liability company
Name

. Signature of attorney	🗶 /s/ Scott J. Leonhardt	Date	6/16/2023		
	Signature of attorney for debtor	MM	/ DD / YYYY		
	Scott J. Leonhardt				
	Printed name The Rosner Law Group LLC				
	Firm name 824 North Market Street, Suite 810				
	Number Street Wilmington	DE	19801		
	City	State	ZIP Code		
	(302)-777-1111	Leonhardt@teamrosner.com			
	Contact phone	Email addr	ess		
	4885	DE			

ALECTO HEALTHCARE SERVICES LLC a Delaware limited liability company

CORPORATE RESOLUTION

This is to certify that at a meeting of the Members of ALECTO HEALTHCARE SERVICES LLC, a Delaware limited liability company, held on April 27, 2023, the following resolution was adopted:

"WHEREAS, Alecto Healthcare Services LLC (the "Company") is a Delaware limited liability company; and

WHEREAS, the Company is unable to pay its debts as said debts mature.

NOW, THEREFORE, BE IT RESOLVED, that the officers of the Company, be, and they hereby are authorized and directed on behalf of the Company to prepare, file and execute the Company's Petition for Bankruptcy provided in Chapter 11, Subchapter V of the United States Bankruptcy Code and all other necessary papers in connection therewith, in the United States Bankruptcy Court, District of Delaware, and in further to such end, to do any other acts, execute all necessary documents, and take any other steps in the name and in behalf of the Company necessary or appropriate to obtaining such relief; and the officers are further authorized to retain as counsel for the Company in said proceeding, the law firms of Shulman Bastian Friedman & Bui LLP and The Rosner Law Group LLC."

SAID RESOLUTION is still in force and effect.

Dated: June 16, 2023

ALECTO HEALTHCARE SERVICES LLC, a Delaware limited liability company

Rv.

Laxman Reddy

President and Chief Executive Officer

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Fill in this information to identify the case and this filing:						
Alecto Healthcare Services LLC a Delaware limited liability company						
United States Bankruptcy Court for the: Central	District of					
Case number (If known):						

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

	Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)						
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)							
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)							
	Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)							
	Schedule H: Codebtors (Official Form 206H)							
	Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)							
	Amended Schedule							
Ø	Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)							
	Other document that requires a declaration							
I de	declare under penalty of perjury that the foregoing is true	e and correct.						
Exe	xecuted on 6/16/2023	Laxman Reddy						
		ature of individual signing on behalf of debtor						
	La	xman Reddy						
	Printed name							

Position or relationship to debtor

President and Chief Executive Officer

Fill in this information to identify the case:				
Debtor name Alecto Healthcare Services LLC, a Delaware limited liability company				
United States Bankruptcy Court for the District of Delaware				
Case number (If known):				

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

largest unsecured claims.						
Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and	Indicate if claim is contingent, unliquidated, or disputed	If the claim is full claim amount. If claim amount an	f unsecured claim i is fully unsecured, fill in only unsecured unt. If claim is partially secured, fill in total unt and deduction for value of collateral or alculate unsecured claim.	
		government contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 United States of America United States Department of Justice Civil Division, Commerical Litigation Branch 1100 L Street NW, 7th Floor Box 875, Ben Franklin Station Washington, DC 20044-9875	Brian M Boynton, Principal Deput Assit Atty General Ruth A Harvey, Director Michale J Quinn, Senior Litigation Counsel John R Kresse and T. Dietrich Hill, Trial Attys Phone: (202) 598-3811 Email: John.Kresse@usdoj.gov	United States of America v. Olympia Health Care, LLC, Alecto Healthcare Services, LLC et al., United States District Court for the Central District of California Case No. 2:23- cv-01783	Contingent Unliquidated Disputed			\$12,480,197.79

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	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	for example, trade debts, bank loans, professional services, and is contingent, unliquidated, or disputed lift the claim is functional school of the claim amount. If the claim is functional for claim amount a set off to calculate the claim is functional for claim amount a set off to calculate the claim is functional for claim amount. If the claim is functional for claim amount. If the claim is functional for claim amount is functional for claim amount and the claim is functional for claim and the claim and the claim is functional for claim and the				fully unsecured, fill in only unsecured If claim is partially secured, fill in total and deduction for value of collateral or late unsecured claim.		
			government contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim		
2	Plaintiffs in Reed v. Alecto c/o Laura Davidson & Bren Pompomio Mountain State Justice, Inc. 1217 Quarrier Street Charleston, WV 25301	Plaintiffs in Reed v. Alecto c/o Laura Davidson & Bren Pompomio Mountain State Justice, Inc. Phone:(304) 344-3144 Email: bren@msjlaw.org Timothy Cogan Cassidy Cogan Shapell & Voeglin, LC Phone:(304) 232-8100 Email: tfc@walslaw.com Maureen Davidson-Welling Stember Cohn & Davidson-Welling Phone:(412) 338-1445 Email: mdw@stembercohn.com; mdw@stembercohn.com F. Alex Risovich Risovich Law Offices, PLLC Phone:(304)723-2588 Email: alex.risovich@risovichlaw.com	WARN Act Class Action				\$3,169,745.72		
3	Cardinal Health 200, LLC c/o Porter Wright Morris & Arthur LLC Attn Allen Carter Esq 41 South High Street Suite 2900 Columbus, Ohio 43215	Cardinal Health 200, LLC c/o Porter Wright Morris & Arthur LLC Attn Allen Carter Esq Phone:acarter@porterwright.com Email: (614) 227-2000	Master Agreement with Alecto Healthcare Services LLC. Pharmaceuticals and Supplies provided to subsbdiary hospitals	Unliquidated Disputed			\$81,318.11		
4	First Insurance Funding Attn President or Manager Agent 450 Skokie Boulevard Suite 1000 Northbrook, IL 60062	First Insurance Funding Attn President or Manager Agent Phone: Email:	Insurance Premium Financing				\$76,137.36		
5	AON Risk Consultants Attn L Joe Galusha, President 22922 Network Place Chicago, IL 60673	AON Risk Consultants Attn L Joe Galusha, President Phone:(312) 381-1000 Email: joe.galusha@aon.com	Actuarial Services - 2018	Disputed			\$70,000.00		
6	Olshan Frome Wolosky LLP Attn Thomas J Fleming Esq 1325 Avenue of the Americas New York, NY 10019	Olshan Frome Wolosky LLP Attn Thomas J Fleming Esq Phone:(212) 451-2213 Email: tfleming@olshanlaw.com	Legal Fees - ERISA Counsel				\$37,823.00		

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	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and	Indicate if claim is contingent, unliquidated, or disputed	claim amount. If claim amount an	ly unsecured, fill i claim is partially	fill in only unsecured ly secured, fill in total r value of collateral or laim.	
			government contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim	
7	Moss Adams LLP Attn President or Manager Agent 2040 Main Street Suite 900 Irvine, CA 92614	Moss Adams LLP Attn President or Manager Agent Phone: Email:	Tax Preparation Services				\$31,666.88	
8	Symphony Risk Solutions LLC Attn President or Manager Agent 2425 N Central Expressway Suite 900 Richardson, TX 75080	Symphony Risk Solutions LLC Attn President or Manager Agent Phone: Email:	Insurance Premiums				\$23,031.10	
9	Anthem Blue Cross Attn President or Manager Agent PO Box 51011 Los Angeles, CA 90051	Anthem Blue Cross Attn President or Manager Agent Phone: Email:	Employee Health Benefits				\$14,478.05	
10	Evangeline Douglas 19951 Octillo Way Apple Valley, CA 92308	Evangeline Douglas Phone: Email:	Expense Reimbursement				\$5,455.68	
11	Combined Group Insurance Services Attn President or Manager Agent 14785 Preston Road Suite 350 Dallas, TX 75254	Combined Group Insurance Services Attn President or Manager Agent Phone: Email:	Texas Non- Subscriber Audit				\$3,966.10	
12	American Express Attn President or Manager Agent PO Box 0001 Los Angeles, CA 90096	American Express Attn President or Manager Agent Phone: Email:	Expense Reimbursement - Lex Reddy				\$3,399.68	
13	Sylvia Ventura 4742 Ambrazzi Drive Cypress, CA 90630	Sylvia Ventura Phone: Email:	Expense Reimbursement				\$2,743.62	
14	GRM Information Management Services of San Francisco LLC Attn President or Manager Agent 41099 Boyce Road Fremont, CA 94538		Records Storage				\$2,149.85	
15	New Horizon Communications Attn President or Manager Agent PO Box 981073 Boston, MA 02298-1073	New Horizon Communications Attn President or Manager Agent Phone: Email:	Internet Services				\$ 872.57	

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	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	tor (for example, trade debts, bank loans, professional services, and is contingent, unliquidated, or disputed laim amour setoff to calc			of unsecured claim im is fully unsecured, fill in only unsecured nount. If claim is partially secured, fill in total nount and deduction for value of collateral or calculate unsecured claim.		
			government contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim	
16	Konica Minolta Premier Finance Attn President or Manager Agent PO Box 41602 Philadelphia, PA 19101-1602	Konica Minolta Premier Finance Attn President or Manager Agent Phone: Email:	Copier				\$ 779.66	
17	AT&T Attn President or Manager Agent PO Box 5014 Carol Stream, IL 60197	AT&T Attn President or Manager Agent Phone: Email:	Internet Services				\$203.30	
18	Bcal 101 North Brand Property LLC Attn President or Manager Agent 200 State Street 5th Floor Boston, MA 02109	Bcal 101 North Brand Property LLC Attn President or Manager Agent Phone: Email:	Miscellaneous Building Charge				\$ 195.00	
19	LHP Hospital Group Inc c/o Ardent Health Services Attn President or Manager Agent One Burton Hills Blvd Ste 250 Nashville, TN 37215	LHP Hospital Group Inc c/o Ardent Health Services Attn President or Manager Agent Phone: Email:	Potential claims related to Debtor's guarantee of certain indemnification obligations of a subsidary and settlement agreement with creditor	Contingent Unlquidated Disputed			Unknown	
20	Sherman/Grayson Health System, LLC c/o Ardent Health Services Attn President or Manager Agent One Burton Hills Blvd Ste 250 Nashville, TN 37215	Sherman/Grayson Health System, LLC c/o Ardent Health Services Attn President or Manager Agent	Potential claims related to Debtor's guarantee of certain indemnification obligations of a subsidary and settlement agreement with creditor	Contingent Unlquidated Disputed			Unknown	

UNITED STATES BANKRUPTCY COURT

DISTRICT OF DELAWARE

In re

Case No.

ALECTO HEALTHCARE SERVICES LLC, a Delaware limited liability company

Chapter 11

Debtor.

LIST OF EQUITY HOLDERS

Member	Individual/Trustee	Percentage Ownership
The Reddy Investment Trust c/o 101 N. Brand Boulevard, Suite 1780 Glendale, CA 91203	Lex Reddy, Co-Trustee Richard Hayes, Co-Trustee	60.08% Consisting of: 18,160 Class Units 102,000 Class B Units
The Krissman Family Trust c/o 101 N. Brand Boulevard, Suite 1780 Glendale, CA 91203	Roger Krissman	10.60% Consisting of: 21,200 Class A Units
The Sarrao Family Trust 22431 Antonio Parkway, Suite B160-457 Rancho Santa Margarita, CA 92688	Michael Sarrao	7.42% Consisting of: 14,840 Class A Units
The Jeyakumar Inter-Vivos Trust 2248 Pieper Lane Tustin, CA 92792	Panch Jeyakumar, M.D.	3.5% Consisting of: 7,000 Class A Units
The Hayes Irrevocable Trust c/o 101 N. Brand Boulevard, Suite 1780 Glendale, CA 91203	Martha Hayes, Trustee	3.80% Consisting of: 7,600 Class A Units
Comstock Investment Trust c/o 101 N. Brand Boulevard, Suite 1780 Glendale, CA 91203	Matthew C. Hayes, Trustee	1.50% Consisting of: 3,000 Class A Units
Steven Kay 100 The Embarcadero, Penthouse San Francisco, CA 94105	Steven Kay	5.30% Consisting of: 10,600 Class A Units
Matthew Williams c/o 101 N. Brand Boulevard, Suite 1780 Glendale, CA 91203	Matthew Williams	5.30% Consisting of: 10,600 Class A Units
Aman Dhuper 5383 Stoneview Road Rancho Cucamonga, CA 91739	Aman Dhuper	2.50% Consisting of: 5,000 Class A Units

I declare, under penalty of perjury, that the foregoing is true and correct.

Date: June 16, 2023

ALECTO HEALTHCARE SERVICES LLC, a Delaware limited liability company

By: Laxman Reddy

President and Chief Executive Officer

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

In re Case No.

ALECTO HEALTHCARE SERVICES LLC, Chapter 11

Delaware limited liability company

Debtor.

VERIFICATION OF CREDITOR MATRIX

I, the President and Chief Executive Officers of the limited liability company named as the debtor in this case, hereby verify that the attached list of creditors is rue and correct to the best of my knowledge.

Date: June 16, 2023

ALECTO HEALTHCARE SERVICES LLC, a Delaware limited liability company

By: Laxman Reddy

President and Chief Executive Officer

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ALECTOR HEALTHCARE SERVICES LLC LAXMAN REDDY, PRESIDENT 101 N BRAND BLVD SUITE 1920 GLENDALE, CA 91203 THE ROSNER LAW GROUP LLC SCOTT J LEONHARDT ESQ 824 NORTH MARKET STREET SUITE 810 WILMINGTON, DE 19801 SHULMAN BASTIAN FRIEDMAN & BUI LLP LEONARD M SHULMAN ESQ MAX CASAL ESQ 100 SPECTRUM CENTER DR SUITE 600 IRVINE, CA 92618

AMERICAN EXPRESS ATTN PRESIDENT OR MANAGER AGENT PO BOX 0001 LOS ANGELES, CA 90096 AON RISK CONSULTANTS ATTN L JOE GALUSHA, PRESIDENT 22922 NETWORK PLACE CHICAGO, IL 60673 AON RISK CONSULTANTS INC ATTN L JOE GALUSHA, PRESIDENT 200 E. RANDOLPH ST CHICAGO, IL 60601

MICHAEL SARRAO 22431 ANTONIO PARKWAY SUITE B160-457 RANCHO SANTA MARGARITA, CA 92688 OLSHAN FROME WOLOSKY LLP ATTN THOMAS J FLEMING ESQ 1325 AVENUE OF THE AMERICAS NEW YORK, NY 10019 SYLVIA VENTURA 4742 AMBRAZZI DRIVE CYPRESS, CA 90630

PLAINTIFFS IN REED V. ALECTO [KEITH REED, ELIZABETH SCHENKEL, EMILY WINES, MARK GARAN AND AUGUST ULLUM AND REPRESENTED CLASS C/O LAURA DAVIDSON & BREN POMPOMIO MOUNTAIN STATE JUSTICE, INC. 1217 QUARRIER STREET CHARLESTON, WV 25301

TIMOTHY COGAN CASSIDY COGAN SHAPELL & VOEGLIN LC 1413 EOFF STREET WHEELING, WV 26003 MAUREEN DAVIDSON-WELLING STEMBER COHN & DAVIDSON-WELLING 425 FIRST AVENUE, 7TH FLOOR PITTSBURGH, PA 15219

F. ALEX RISOVICH RISOVICH LAW OFFICES, PLLC 3023 PENNSYLVANIA AVENUE WEIRTON, WV 26062 UNITED STATES OF AMERICA
BRIAN M BOYNTON, PRINCIPAL DEPUTY ASSIT
ATTY GENERAL
RUTH A HARVEY, DIRECTOR
MICHALE J QUINN, SENIOR LITIGATION
COUNSEL
JOHN R KRESSE AND T. DIETRICH HILL, TRIAL
ATTYS
UNITED STATES DEPARTMENT OF JUSTICE
CIVIL DIVISION, COMMERICAL LITIGATION
BRANCH
1100 L STREET NW, 7TH FLOOR
BOX 875, BEN FRANKLIN STATION

CIVIL PROCESS CLERK UNITED STATES ATTORNEY'S OFFICE FEDERAL BUILDING ROOM 7516 300 NORTH LOS ANGELES, STREET LOS ANGELES, CA 90012

ATTORNEY GENERAL UNITED STATES DEPARTMENT OF JUSTICE BEN FRANKLIN STATION PO BOX 683 WASHINGTON, DC 20044 AT&T ATTN PRESIDENT OR MANAGER AGENT PO BOX 5014 CAROL STREAM, IL 60197

WASHINGTON, DC 20044-9875

BCAL 101 NORTH BRAND PROPERTY LLC ATTN PRESIDENT OR MANAGER AGENT 200 STATE STREET 5TH FLOOR BOSTON, MA 02109

COMBINED GROUP INSURANCE SERVICES ATTN PRESIDENT OR MANAGER AGENT 14785 PRESTON ROAD SUITE 350 DALLAS, TX 75254 KONICA MINOLTA PREMIER FINANCE ATTN PRESIDENT OR MANAGER AGENT PO BOX 41602 PHILADELPHIA, PA 19101-1602 SYMPHONY RISK SOLUTIONS LLC ATTN PRESIDENT OR MANAGER AGENT 2425 N CENTRAL EXPRESSWAY SUITE 900 RICHARDSON, TX 75080

FIRST INSURANCE FUNDING ATTN PRESIDENT OR MANAGER AGENT 450 SKOKIE BOULEVARD SUITE 1000 NORTHBROOK, IL 60062 EVANGELINE DOUGLAS 19951 OCTILLO WAY APPLE VALLEY, CA 92308 PANCH JEYAKUMAR MD 2248 PIEPER LANE TUSTIN, CA 92792

NEW HORIZON COMMUNICATIONS ATTN PRESIDENT OR MANAGER AGENT PO BOX 981073 BOSTON, MA 02298-1073 ANTHEM BLUE CROSS ATTN PRESIDENT OR MANAGER AGENT PO BOX 51011 LOS ANGELES, CA 90051 MOSS ADAMS LLP ATTN PRESIDENT OR MANAGER AGENT 2040 MAIN STREET SUITE 900 IRVINE, CA 92614

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CARDINAL HEALTH 110, LLC C/O PORTER WRIGHT MORRIS & ARTHUR LLC ATTN ALLEN CARTER ESQ 41 SOUTH HIGH STREET SUITE 2900 COLUMBUS, OHIO 43215 CARDINAL HEALTH 200, LLC C/O PORTER WRIGHT MORRIS & ARTHUR LLC ATTN ALLEN CARTER ESQ 41 SOUTH HIGH STREET SUITE 2900 COLUMBUS, OHIO 43215 GRM INFORMATION MANAGEMENT SERVICES OF SAN FRANCISCO LLC ATTN PRESIDENT OR MANAGER AGENT 41099 BOYCE ROAD FREMONT, CA 94538

HORIZON REAL ESTATE HOLDINGS, LLC ATTN PRESIDENT OR MANAGER AGENT 101 N. BRAND BOULEVARD SUITE 1920 GLENDALE, CA 91203 OLYMPIA HEALTH CARE, LLC ATTN PRESIDENT OR MANAGER AGENT 101 N. BRAND BOULEVARD SUITE 1920 GLENDALE, CA 91203 PLAZA MEDICAL OFFICE BUILDING, LLC ATTN PRESIDENT OR MANAGER AGENT 101 N. BRAND BOULEVARD SUITE 1920 GLENDALE, CA 91203

LHP HOSPITAL GROUP INC C/O ARDENT HEALTH SERVICES ATTN PRESIDENT OR MANAGER AGENT ATTN LEGAL DEPARTMENT ONE BURTON HILLS BLVD SUITE 250 NASHVILLE, TN 37215 SHERMAN/GRAYSON HEALTH SYSTEM, LLC C/O ARDENT HEALTH SERVICES ATTN PRESIDENT OR MANAGER AGENT ATTN LEGAL DEPARTMENT ONE BURTON HILLS BLVD SUITE 250 NASHVILLE, TN 37215 MPT OF SHERMAN-ALECTO HOSPITAL, LLC MPT OF SHERMAN-ALECTO LLC MPT OF LOS ANGELES LP C/O MEDICAL PROPERTIES TRUST, INC. ATTN EDWARD K ALDAG JR, PRESIDENT ATTN LEGAL DEPARTMENT 1000 URBAN CENTER DRIVE SUITE 501 BIRMINGHAM. AL 35242

MPT OF MARTINS FERRY – ALECTO HOSPITAL, LLC MPT OF WHEELING – ALECTO HOSPITAL, LLC MPT OF MARTINS FERRY-ALECTO, LLC MPT OF WHEELING-ALECTO HOSPITAL, LLC C/O MEDICAL PROPERTIES TRUST, INC. ATTN EDWARD K ALDAG JR, PRESIDENT ATTN LEGAL DEPARTMENT 1000 URBAN CENTER DRIVE SUITE 501 BIRMINGHAM, AL 35242

MPT OF FAIRMONT-ALECTO HOSPITAL, LLC MPT OF FAIRMONT-ALECTO LLC MPT OF WHEELING-ALECTOR HOSPITAL LLC MPT OF MARTINS FERRY-ALECTO HOSPITAL LLC C/O MEDICAL PROPERTIES TRUST, INC. ATTN EDWARD K ALDAG JR, PRESIDENT ATTN LEGAL DEPARTMENT 1000 URBAN CENTER DRIVE SUITE 501 BIRMINGHAM, AL 35242

MPT OF LOS ANGELES LP
MPT OF OLYMPIA LLC
C/O MEDICAL PROPERTIES TRUST, INC.
ATTN EDWARD K ALDAG JR, PRESIDENT
ATTN LEGAL DEPARTMENT
1000 URBAN CENTER DRIVE SUITE 501
BIRMINGHAM, AL 35242

SECURITY & EXCHANGE COMMISSION 444 SOUTH FLOWER ST SUITE 900 LOS ANGELES, CA 90071-2934 PRINCIPAL FINANCIAL ATTN PRESIDENT OR MANAGER AGENT ATTN CLIENT RELATIONSHIP MANAGER 711 HIGH STREET DES MOINES, IA 50292 CITY NATIONAL BANK ATTN PRESIDENT OR MANAGER AGENT 3484 CENTRAL AVENUE RIVERSIDE, CA 92506

MUTUAL OF OMAHA ATTN PRESIDENT OR MANAGER AGENT PO BOX 2147 OMAHA. NE 68103-2147

CALIFORNIA FRANCHISE TAX BOARD BANKRUPTCY SECTION MS A-340 PO BOX 2952 SACRAMENTO, CA 95812-2952 CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION PO BOX 942879 SACRAMENTO, CA 94279-0001

EMPLOYMENT DEVELOPMENT DEPT BANKRUPTCY GROUP MIC 92E PO BOX 826880 SACRAMENTO, CA 94280-0001 INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101-7346 LOS ANGELES COUNTY TREASURER AND TAX COLLECTOR PO BOX 54110 LOS ANGELES, CA 90054

CARDINAL HEALTH 110, LLC C/O PORTER WRIGHT MORRIS & ARTHUR LLC 41 SOUTH HIGH STREET SUITE 2900 COLUMBUS, OHIO 43215 CARDINAL HEALTH 200, LLC C/O PORTER WRIGHT MORRIS & ARTHUR LLC 41 SOUTH HIGH STREET SUITE 2900 COLUMBUS, OHIO 43215 BANK DIRECT CAPITAL FINANCE 150 NORTH FIELD DRIVE SUITE 190 LAKE FOREST, IL 60045

BANK DIRECT CAPITAL FINANCE 150 NORTH FIELD DRIVE SUITE 190 LAKE FOREST, IL 60045 STETSON INSURANCE FUNDING LLC ATTN PRESIDENT OR MANAGER AGENT 6450 TRANSIT ROAD DEPEUR, NY 14043 ANTHEM BLUE CROSS ATTN PRESIDENT OR MANAGER AGENT PO BOX 51011 LOS ANGELES, CA 90051

MET LIFE ATTN PRESIDENT OR MANAGER AGENT 811 MAIN STREET 7TH FLOOR KANSAS CITY, MO 64105

UNUM ATTN PRESIDENT OR MANAGER AGENT 655 N. CENTRAL SUITE 900 GLENDALE, CA 91203 NATIONAL UNION FIRE INSURANCE CO ATTN PRESIDENT OR MANAGER AGENT 28 LIBERTY STREET NEW YORK, NY 10005

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RSUI INDEMNITY COMPANY ATTN PRESIDENT OR MANAGER AGENT 945 EAST PACES FERRY ROAD SUITE 1800 ATLANTA, GA 30376 NATIONAL UNION FIRE INSURANCE CO ATTN PRESIDENT OR MANAGER AGENT 28 LIBERTY STREET NEW YORK, NY 10005 OLD REPUBLIC UNION INSURANCE CO ATTN PRESIDENT OR MANAGER AGENT 307 N. MICHIGAN AVENUE CHICAGO, IL 60601

STARNET INSURANCE COMPANY ATTN PRESIDENT OR MANAGER AGENT 9301 INNOVATION DRIVE SUITE 200 MANASSA, VA 20110 VANTAPRO SPECIALTY INSURANCE CO ATTN PRESIDENT OR MANAGER AGENT 199 WATER STREET NEW YORK, NY 10038 AMERICAN HOME ASSSURANCE CO ATTN PRESIDENT OR MANAGER AGENT 175 WATER STREET NEW YORK, NY 10038

MAGMUTUAL PROFESSIONAL SECURITY INS CO ATTN PRESIDENT OR MANAGER AGENT P.O. BOX 52979 ATLANTA, GEORGIA 30355 IRONSHORE SPECIALTY INSURANCE CO ATTN PRESIDENT OR MANAGER AGENT 175 BERKELEY STREET BOSTON, MA 02116 COALITION INSURANCE SOLUTIONS ATTN PRESIDENT OR MANAGER AGENT 1160 BATTERY STREET SUITE 350 SAN FRANCISCO, CA 94111

ENDURANCE AMERICAN SPECIALTY INS CO ATTN PRESIDENT OR MANAGER AGENT 16052 SWINGLEY RIDGE ROAD SUITE 130 ST. LOUIS, MISSOURI 63017 PACIFIC GLOBAL INVESTMENT MANAGEMENT GROUP ATTN: SVP 101 N BRAND BLVD SUITE 1950 GLENDALE, CA 91203 CARDINAL HEALTH 110, LLC AND CARDINAL HEALTH, INC. C/O PORTER WRIGHT MORRIS & ARTHUR LLC ATTN PRESIDENT OR MANAGER AGENT 41 SOUTH HIGH STREET SUITE 2900 COLUMBUS, OHIO 43215

MPT OF SHERMAN-ALECTO HOSPITAL, LLC C/O MEDICAL PROPERTIES TRUST, INC. ATTN EDWARD K ALDAG JR, PRESIDENT ATTN LEGAL DEPARTMENT 1000 URBAN CENTER DRIVE SUITE 501 BIRMINGHAM, AL 35242

MPT OF FAIRMONT-ALECTO HOSPITAL, LLC C/O MEDICAL PROPERTIES TRUST, INC. ATTN EDWARD K ALDAG JR, PRESIDENT ATTN LEGAL DEPARTMENT 1000 URBAN CENTER DRIVE SUITE 501 BIRMINGHAM, AL 35242

MPT OF WHEELING-ALECTO HOSPITAL, LLC MPT OF MARTINS FERRY-ALECTO HOSPITAL, LLC C/O MEDICAL PROPERTIES TRUST, INC. ATTN EDWARD K ALDAG JR, PRESIDENT ATTN LEGAL DEPARTMENT 1000 URBAN CENTER DRIVE SUITE 501 BIRMINGHAM, AL 35242

SHERMAN/GRAYSON HEALTH SYSTEM, LLC LHP HOSPITAL GROUP, INC. ATTN PRESIDENT OR MANAGER AGENT ATTN LEGAL DEPARTMENT C/O ARDENT HEALTH SERVICES ONE BURTON HILLS BOULEVARD SUITE 250 NASHVILLE, TN 37215 GRM INFORMATION MANAGEMENT SERVICES OF SAN FRANCISCO LLC ATTN PRESIDENT OR MANAGER AGENT 40199 BOYCE ROAD FREMONT, CA 94538 THE REDDY INVESTMENT TRUST LEX REDDY, CO-TRUSTEE RICHARD HAYES, CO-TRUSTEE C/O 101 N. BRAND BOULEVARD SUITE 1920 GLENDALE, CA 91203

THE KRISSMAN FAMILY TRUST ROGER KRISSMAN, TRUSTEE C/O 101 N. BRAND BOULEVARD SUITE 1920 GLENDALE, CA 91203 THE SARRAO FAMILY TRUST MICHAEL SARRAO, TRUSTEE 22431 ANTONIO PARKWAY SUITE B160-457 RANCHO SANTA MARGARITA, CA 92688 THE JEYAKUMAR INTER-VIVOS TRUST PANCH JAYAKUMAR, M.D. TRUSTEE 2248 PIEPER LANE TUSTIN, CA 92792

THE HAYES IRREVOCABLE TRUST MARTHA HAYES, TRUSTEE C/O 101 N. BRAND BOULEVARD SUITE 1920 GLENDALE, CA 91203 COMSTOCK INVESTMENT TRUST MATTHEW C .HAYES, TRUSTEE C/O 101 N. BRAND BOULEVARD SUITE 1920 GLENDALE, CA 91203 STEVEN KAY 100 THE EMBARCADERO - PENTHOUSE SAN FRANCISCO, CA 94105

MATTHEW WILLIAMS C/O 101 N. BRAND BOULEVARD SUITE 1920 GLENDALE, CA 91203 AMAN DHUPER 5383 STONEVIEW ROAD RANCHO CUCAMONGA, CA 91739

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

IN RE:	Chapter 11
ALECTO HEALTHCARE SERVICES, LLC, a Delaware limited liability company,	Case No.
Debtor.	

CORPORATE OWNERSHIP STATEMENT [FRBP 1007(a)(1) and 7007.1]

Pursuant to Rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy Procedure, the following are corporations, other than a governmental unit, that directly or indirectly own 10% or more of any class of the Debtor's equity interest, or states that there are no entities to report under FRBP 7007.1:

<u>Member</u>	Approximate Percentage Held
The Reddy Investment Trust	60.08%
The Krissman Family Trust	10.50%

I, Laxman Reddy, declare under penalty of perjury under the laws of the United States that the foregoing is true and correct:

Dated: June 16, 2023

ALECTO HEALTHCARE SERVICES LLC, a Delaware limited liability company

BA:

axman Reddy

President and Chief Executive Officer

Case 23-10787-JKS Doc 1 Filed 06/16/23 Page 18 of 119

Form **8879-PI**

E-file Authorization for Form 1065

(For return of partnership income or administrative adjustment request)

ERO must obtain and retain completed Form 8879-PE. Go to www.irs.gov/Form8879PE for the latest information.

Department of the Treasury Internal Revenue Service Name of partnership

For calendar year 2022, or tax year beginning

, 2022, ending

Employer identification number

OMB No. 1545-0123

		16-0	829723
Pa	rt I Form 1065 Information (Whole dollars only)		
1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	3,559,929.
2	Gross profit (Form 1065, line 3)	2	3,559,929.
3	Ordinary business income (loss) (Form 1065, line 22)	3	-36,359,994.
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	-15,109.
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Declaration and Signature Authorization of Partner or Member or Partnership Representative

I declare under penalties of perjury that:

- 1a. If the Form 1065 is being transmitted as part of a return of partnership income, I am a partner or member of the named partnership.
- b. If the Form 1065 is being transmitted as part of an administrative adjustment request (AAR), I am the partnership representative (PR) of the named partnership.
- I have examined a copy of the partnership's electronic Form 1065 (whether used as return or AAR) and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, it/they is/are true, correct, and complete.
- 3 I am fully authorized to sign the return or AAR on behalf of the partnership.
- The amounts shown in Part I above are the amounts shown on the electronic copy of the partnership's Form 1065.
- I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to transmit the partnership's return or AAR to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return or AAR.
- I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income or AAR.

Partner's or Member or PR PIN: check one box only

X lauthorize MOSS ADAMS LLP	to enter my PIN	29723				
ERO firm name as my signature on the partnership's 2022 electronically filed return of partnership income or AAR.		Don't enter all zeros				
As a Partner or Member or PR of the partnership, I will enter my PIN as my signature on the partnershir return of partnership income or AAR	p's 2022 electronic	cally filed				
Partner or Member or PR signature: Title: MEMBER	Date:					
Part III Certification and Authentication						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 3366540942 Don't enter all zelected PIN.						
I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return of p partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirement and Participation, and Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Butter 1.	nts of Pub. 3112 ,					
ERO's signature: Date: 0	4/18/23					
ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do So						

For Paperwork Reduction Act Notice, see instructions.

Form **8879-PE** (2022)

LHA

221031 12-07-22

022 Date Acce	epted						DO NOT M	AIL THIS FORM TO FTB	
TAXABLE 202				Return Author Companies	rizati	on for		FORM 8453-LLC	_ _
Limited liabilit	ty company name							California Secretary of State (SOS) file number or FEIN	
AT ECO	O 115310	HIGADE GEI	OTTORO T					46-0829723	
		HCARE SEI		лГС					_
		•		orm 568, line 1 for Single	Mombo	r I I Co)		132,863,340	<u> </u>
2 Ordin	narv income (Form 568, Schedule I	ıle B. line 23 o	r Form 568 line 1 for Si	nale Mer	nher II Cs)		2 -36,400,613	<u>-</u> 3
3 Tax a	and fee due (f	Form 568, line 16)	лю <i>В</i> , што 20 0		rigic ivici			3	_
	,	, ,						1 (0)	j
5 Total	amount due	(Form 568, line 2						_	
Part II	Settle Your	Account Electron	ically for Tax	able Year 2022.					
		nds withdrawal	6a Amoun			6b Withdrawal			
Part III	Make Annua					s <u>NOT</u> an installme	nt payment for th	ne current amount the LLC owes.	_
		Annual Tax F		Estimated Fee Payr					
7 Amou			0		0				
	rawal date		varified the	LLC's banking informati	ion2)				_
		rmation (Have yo	ou vermea trie	LLC's banking informati	1011?)				_
	ng number unt number				11 T	pe of account:	Checking	Savings	
		of Authorized Me	mher or Man	ager	11 15	pe or account.	Checking	J Saviriys	
					, and IV. I	f I check box 6, I au	thorize an electr	onic funds withdrawal for the amoun	ıt
listed on lin	e 6a and for th	e 2023 annual tax o	r estimated fee p	payment amount listed on I	ine 7 from	the bank account s	pecified in Part I	IV.	
return and a liability cor when the re	accompanying	schedules and state or refund is delaye	ments be transn	nitted to the FTB by my ER	O, transmi RO or inte	tter, or intermediate rmediate service p	service provide	orize the limited liability company r. If the processing of the limited on(s) for the delay or the date	
Sign Here	Signatu	re of authorized member	or manager	Date	MEMB Title	ER			_
пеге	y Olgilata	o or addionized member	or managor	parc ,	THIC				
Part VI	Declaration	of Electronic Ret	turn Originato	r (ERO) and Paid Prepa	arer.				_
(If I am only 8453-LLC a before trans with the FTI on file for fo available to accompany	y an intermedia accurately refle smitting this re B, and I have fo bur years from the FTB upon	tte service provider, cts the data on the ri turn to the FTB; I ha bllowed all other req the due date of the request. If I am also and statements, and	I understand that eturn.) I have obve provided the uirements descreturn or four yethe paid prepare	at I am not responsible for tained the signature from t limited liability company at ibed in FTB Pub. 1345, 202 ars from the date the limite er, under penalties of perjui	reviewing he limited ithorized r 22 Handbo ed liability ry, I declai	the limited liability liability company a nember or managel ok for Authorized e company return is that I have exami	company's returi uthorized memb with a copy of a file Providers. I filed, whichever ned the above lir	correct to the best of my knowledge n. I declare, however, that form FTB er or manager on form FTB 8453-LL all forms and information that I will f will keep form FTB 8453-LLC is later, and I will make a copy nited liability company's return and declaration based on all information	.C ile
ERO si	RO's ignature				Date 0 4 / 1	8/23 Check if also paid preparer	X Check if self-employ		
: 6	irm's name (or yo self-employed)		ADAMS 1					Firm's 91-0189318	
	nd address	2040 IRVI	MAIN S' NE, CA	TREET SUITE	900			ZIP code 92614	
	. , ,	,		above limited liability comp nake this declaration based	,		•	d statements, and to the best of my	
Paid Prepare	Paid preparer's signature					Date	Check if self- employed	Paid preparer's PTIN	
Must	Firm's name							Firm's FEIN	
Sign	and address								
								ZIP code	_

Case 23-10787-JKS Doc 1 Filed 06/16/23 Page 20 of 119 U.S. Return of Partnership Income OMB No. 1545-0123 1065 2022 Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1065 for instructions and the latest information. Name of partnership **D** Employer identification Principal business activity 46-0829723 HOLDING COMPANY ALECTO HEALTHCARE SERVICES LLC Туре Number, street, and room or suite no. If a P.O. box, see instructions. F Date business started B Principal product or service or Print 101 N. BRAND BLVD SUITE 1780 08/13/2012 HOLDING COMPANY City or town, state or province, country, and ZIP or foreign postal code Total assets C Business code number GLENDALE CA 91203 \$42,818,498. 622000 Final return Name change (4) Address change (5) Amended return Check applicable boxes: (1) Initial return (2) (3) (2) X Accrual (3) Check accounting method: (1) Cash Other (specify) Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year Check if Schedules C and M-3 are attached Check if partnership: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information. 3,559,929. 1a 1a Gross receipts or sales 1b **b** Returns and allowances 3,559,929. c Balance. Subtract line 1b from line 1a 1c 2 Cost of goods sold (attach Form 1125-A) 3,559,929. Gross profit. Subtract line 2 from line 1c 3 -36,378,636. Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) STMT 1 4 4 Net farm profit (loss) (attach Schedule F (Form 1040)) 5 5 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) 6 6 7 7 Other income (loss) (attach statement) -32,818,707. 8 Total income (loss). Combine lines 3 through 7 ... 8 Salaries and wages (other than to partners) (less employment credits) 9 2,509,230. 9 (see instructions for limitations) Guaranteed payments to partners 10 10 2,098. Repairs and maintenance 11 11 12 12 203,632. 13 13 Taxes and licenses SEE STATEMENT 2 137,330. 14 14 15 15 Interest (see instructions) 16 a Depreciation (if required, attach Form 4562) 16a 301. **b** Less depreciation reported on Form 1125-A and elsewhere on return **16**c Depletion (Do not deduct oil and gas depletion.) 17 17 Deductions 18 Retirement plans, etc. 18 185,413. 19 Employee benefit programs 19 SEE STATEMENT 3 503,283. 20 20 Other deductions (attach statement) 3,541,287. Total deductions. Add the amounts shown in the far right column for lines 9 through 20 21 21 -36,359,994. 22 22 Ordinary business income (loss). Subtract line 21 from line 8 Interest due under the look-back method-completed long-term contracts (attach Form 8697) 23 23 Interest due under the look-back method-income forecast method (attach Form 8866) 24 24 and Payment BBA AAR imputed underpayment (see instructions) 25 25 Other taxes (see instructions) 26 26 27 Total balance due. Add lines 23 through 26 27 28 Payment (see instructions) 28 Ĭ 29 Amount owed. If line 28 is smaller than line 27, enter amount owed 29 30 Overpayment. If line 28 is larger than line 27, enter overpayment 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 partner or limited liability company member) is based on all information of Sign which preparer has any knowledge. Here the preparer shown below? Signature of partner or limited liability company member Date See instr. X Yes Print/Type preparer's name Preparer's signature Date Check self-employed DUSTIN MARCINIAK DUSTIN MARCINIAK 04/18/23 P00309414 Paid Firm's name **Preparer** 91-0189318 MOSS ADAMS LLP Firm's EIN **Use Only** 2040 MAIN STREET SUITE 900 Firm's address

IRVINE

CA 92614

949-221-4000

Phone no.

ALECTO HEALTHCARE SERVICES LLC 46-0829723 Form 1065 (2022) Page 2 Schedule B Other Information What type of entity is filing this return? Check the applicable box: Yes No Domestic general partnership ы Domestic limited partnership X Domestic limited liability company d Domestic limited liability partnership Foreign partnership f Other At the end of the tax year: Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or taxexempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule Х B-1, Information on Partners Owning 50% or More of the Partnership Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information Х on Partners Owning 50% or More of the Partnership 3 At the end of the tax year, did the partnership: Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. X If "Yes," complete (i) through (iv) below (ii) Employer Identification (iv) Percentage (i) Name of Corporation (iii) Country of Incorporation Number (if any) Voting Stock OLYMPIA PLAZA MANAGEMENT INC 45-2658339 UNITED STATES 100.00 47-1693245 FRMC PHYSICIANS INC UNITED STATES 100.00 SHERMAN MD PROVIDER INC 47-2194631 UNITED STATES 80.00 SHERMAN ANESTHESIA, INC. 81-4037665 UNITED STATES 80.00 82-0677410 100.00 ALECTO EAST OHIO PHYSICIANS, INC. UNITED STATES b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below Х (v) Maximum (ii) Employer (i) Name of Entity (iv) Country of (iii) Type of Entity Identification Number (if any) Percentage Owned in Profit, Loss, or Capital SEE STATEMENT 4 Organization Does the partnership satisfy all four of the following conditions? Yes No The partnership's total receipts for the tax year were less than \$250,000. The partnership's total assets at the end of the tax year were less than \$ 1 million. Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. Х The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1. Х 5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)? 6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified Х so as to reduce the principal amount of the debt? 7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide Х information on any reportable transaction? 8 At any time during calendar year 2022, did the partnership 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)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Х Financial Accounts (FBAR). If "Yes," enter the name of the foreign country 9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Х Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions X Is the partnership making, or had it previously made (and not revoked), a sec. 754 election? See instr. for details regarding a sec. 754 election Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," Х attach a statement showing the computation and allocation of the basis adjustment. See instructions Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instruction

2 Form **1065** (2022)

211011 12-19-22

Form 1065 (2022) ALECTO HEALTHCARE SERVICES LLC 46-0829723 Page 3 Schedule B Other Information (continued) Yes 11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a No like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) 12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other Х undivided interest in partnership property? 13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See 14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Х Information Statement of Section 1446 Withholding Tax, filed for this partnership 15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return X Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions 16 a Х If "Yes," did you or will you file required Form(s) 1099? 17 Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return 18 Enter the number of partners that are foreign governments under section 892 19 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 Х and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)? 20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions X for Form 8938 X 21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? 22 During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are X not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions 23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming Х business in effect during the tax year? See instructions X 24 Does the partnership satisfy one or more of the following? See instructions The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the partnership has business interest expense. The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990. Х 25 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 26 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution. 27 At any time during the tax year, were there any transfers between the partnership and its partners subject to the Х disclosure requirements of Regulations section 1.707-8? Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties 28 constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Х Percentage: By vote By value 29 Reserved for future use X 30 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions If "Yes," the partnership must complete Sch. B-2 (Form 1065). Enter the total from Sch. B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below. **Designation of Partnership Representative** (see instructions) Enter below the information for the partnership representative (PR) for the tax year covered by this return. Name of PR MIKE SARRAO 101 N. BRAND BLVD SUITE 1780 U.S. phone U.S. address of PR number of PR GLENDALE, CA 91203 949-783-3976 If the PR is an entity, name of the designated individual for the PR

U.S. phone U.S. address of number of designated designated

Form 1065 (2022) 211021 12-19-22

individual

individual

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Form 1065 (2022) ALECTO HEALTHCARE SERVICES LLC					46-0829723 Page 4		Page 4
Scl	nedu	Ile K Partners' Distributive Share Items				Total amoun	
	1	Ordinary business income (loss) (page 1, line 22)			1	-36,359,	
	2	Net rental real estate income (loss) (attach Form 8825)	STATE	MENT 5	2		109.
	За	Other gross rental income (loss)	3a				
		Expenses from other rental activities (attach statement)	3b				
	С	Other net rental income (loss). Subtract line 3b from line 3a	······		3с		
	4	Guaranteed payments: a Services 4a b Capital	4b				
(SS		c Total. Add lines 4a and 4b			4c		
Ľ	5	Interest income SEI	E STATEI	MENT 6	5	158,	325.
Je (6	Dividends and dividend equivalents: a Ordinary dividends			6a		
Income (Loss)		b Qualified dividends 6b c Dividend equivalents	6c				
드	7	Royalties			7	<u></u>	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))			8	<u></u>	
		Net long-term capital gain (loss) (attach Schedule D (Form 1065))			9a	<u></u>	
	b	Collectibles (28%) gain (loss)	9b				
	С	Unrecaptured section 1250 gain (attach statement)					
	10	Net section 1231 gain (loss) (attach Form 4797)			10	-1,	<u>201.</u>
	11	Other income (loss) (see instructions) Type			11	<u> </u>	
2	12	Section 179 deduction (attach Form 4562)			12		<u></u>
Deductions		Contributions SEI			13a	 	600.
i E		Investment interest expense	13b	 			
Dec		Section 59(e)(2) expenditures: (1) Type	13c(2)	 			
<u> </u>		Other deductions (see instructions) Type			13d	21 506	025
±ò±	14a	Net earnings (loss) from self-employment			14a	-31,596,	835.
Self- Employ-	b	Gross farming or fishing income			14b		
		Gross nonfarm income			14c		
		Low-income housing credit (section 42(j)(5))	15a				
<u> 9</u>		Low-income housing credit (other)	15b 15c				
Credits		Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)					
ర్		Other rental real estate credits (see instructions) Type					
		Other rental credits (see instructions) Type Other gradits (see instructions)	15e 15f				
		Other credits (see instructions) Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items-Inter	national and	ohook	151		
Inter-	16	this box to indicate that you are reporting items of international tax relevants.					
Ŧ į		this box to indicate that you are reporting items of international tax relevan	e				
	_	Post-1986 depreciation adjustment			17a	-34	538.
ည ဆို	_	Adjusted gain or loss			17b		3301
ten Ten		Depletion (other than oil and gas)			17c		
	О	Oil, gas, and geothermal properties - gross income			17d		
Alternative Minimum Ta (AMT) Items	e	Oil, gas, and geothermal properties - deductions			17e		
₹≥ ~	f	Other AMT items (attach statement)			17f		
		Tax-exempt interest income			18a		
<u>_</u>		Other tax-exempt income			18b		
atio	c	Nondeductible expenses SEI	STATE	MENT 8	18c	391,	603.
Other Information	19a	Distributions of cash and marketable securities			19a	,	
<u>l</u> le		Distributions of other property			19b		
ē		Investment income			20a	158,	325.
횽		Investment expenses			20b		
		Other items and amounts (attach statement)	1	STMT 9			
	24	Total foreign taxes paid or accrued			21		

Form **1065** (2022) 211041 12-19-22

Analysis of Net Income (Loss) per Return							
Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21							
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exe Organiz		(vi) Nominee/Other
a General partners							
b I imited partners		-32125879.	-2,173,115.				-1,919,585.

b Limited partners -3	<u> </u>	0,110.		-1,919,565.
Schedule L Balance Sheets per	Books			
Balarioe Oriceto per	Beginning of	of tay year	End of t	av vear
Assets	(a)	(b)	(c)	
1 Cash	(a)	11,433,775.	(0)	(d) 33,402.
2a Trade notes and accounts receivable	1,349,058.		1,224,639.	00,101
b Less allowance for bad debts	1,000,000.	349,058.	1,000,000.	224,639.
3 Inventories		0 20 7 0 0 0 1		
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 10	1,411,099.		1,134,844.
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)	STATEMENT 11	18,894,024.		41,419,161.
9a Buildings and other depreciable assets	25,080.		11,613.	
b Less accumulated depreciation	14,758.	10,322.	5,161.	6,452.
10a Depletable assets			0,100	J / 10 1 V
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets		32,098,278.		42,818,498.
Liabilities and Capital		02/000/2/00		
15 Accounts payable		106,243.		117,845.
16 Mortgages, notes, bonds payable in less than 1 year		, ,		,
17 Other current liabilities (attach statement)	STATEMENT 12	183,676.		58,185.
18 All nonrecourse loans				-
19a Loans from partners (or persons related to partners)		4,039,464.		
b Mortgages, notes, bonds payable in 1 year or more		8,515,899.		23,254,024.
20 Other liabilities (attach statement)				
21 Partners' capital accounts		19,252,996.		19,388,444.
22 Total liabilities and capital		32,098,278.		42,818,498.
Schedule M-1 Reconciliation of		-		per Return
	may be required to file Sche			
1 Net income (loss) per books			books this year not included	
2 Income included on Schedule K, lines 1, 2, 3c,			1 through 11 (itemize):	
5, 6a, 7, 8, 9a, 10, and 11, not recorded on boo	ks	a Tax-exempt interest	\$	
this year (itemize):	_	- Deducations in dealers	an Oakadala IV Para 4	
3 Guaranteed payments (other than health		7 Deductions included	·	
insurance)			not charged against	
4 Expenses recorded on books this year not included on		book income this yea a Depreciation \$		
Schedule K, lines 1 through 13d, and 21 (itemize):	_	a Depreciation \$		
a Depreciation \$	_	8 Add lines 6 and 7	·····	
b Travel and entertainment \$	_		sis of Net Income (Loss),	
5 Add lines 1 through 4			8 from line 5	
Schedule M-2 Analysis of Partne	ers' Capital Accounts	3	5	
Balance at beginning of year	-73,835,04	7 . 6 Distributions: a C	ash	
2 Capital contributed: a Cash			roperty	
b Property		7 Other decreases (iten		
3 Net income (loss) (see instructions)				391,603. 391,603.
4 Other increases (itemize):		8 Add lines 6 and 7		391,603.
5 Add lines 1 through 4		9 Balance at end of year. S	Subtract line 8 from line 5	-110,445,229.

Form **8825** (Rev. November 2018)

Department of the Treasury

Rental Real Estate Income and Expenses of a Partnership or an S Corporation

Attach to Form 1065 or Form 1120S.
 Go to www.irs.gov/Form8825 for the latest information.

OMB No. 1545-0123

Internal Revenue Service Employer identification number ALECTO HEALTHCARE SERVICES LLC 46 0829723 Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties. Personal Physical address of each property - street, city, Type - Enter code 1-8; see page 2 for list state, ZIP code A В $\overline{\mathsf{c}}$ D **Properties** В C Α Rental Real Estate Income 2 Gross rents 2 Rental Real Estate Expenses **3** Advertising 4 Auto and travel 5 Cleaning and maintenance **6** Commissions 6 7 Insurance 8 8 Legal and other professional fees 9 10 10 Repairs 11 Taxes 11 12 Utilities 12 13 Wages and salaries 13 14 **14** Depreciation (see instructions) 15 Other (list) ▶ 15 16 Total expenses for each property. Add lines 3 through 15 16 17 Income or (Loss) from each property. Subtract line 16 from line 2 17 18a Total gross rents. Add gross rents from line 2, columns A through H 18a **b** Total expenses. Add total expenses from line 16, columns A through H 18b 19 Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real 19 20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which -15,109.this partnership or S corporation is a partner or beneficiary (from Schedule K-1) 20a b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed: (1) Name (2) Employer identification number PLAZA MEDICAL OFFICE 45-2698455 BUILDING, LLC 21 Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result -15,109. here and on: 21 • Form 1065 or 1120S: Schedule K, line 2

For Paperwork Reduction Act Notice, see instructions.

220141 04-01-22 LHA Form 8825 (Rev. 11-2018)

- 3 Vacation or Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (include description with the code on Form 8825 or on a separate statement)

Form 8825 (Rev. 11-2018)

SCHEDULE B-1 (Form 1065)

(Rev. August 2019)

Information on Partners Owning 50% or More of the Partnership

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service	Go to wow	w.irs.gov/Form1065 fo		tion	
Name of partnership	▶ do to www	w.ii s.gov/i oriii 1005 ic	or the latest linormal		Employer identification number
	CARE SERVICES L		1005 0 1 1		46-0829723
Part I Entities Own 2009 through	ning 50% or More of the	Partnersnip (Fo	rm 1065, Schedu	le B, Question 2a (Question 3a for
Complete columns (i) through	,,	meetic corporation, pa	rtnership (including a	ny entity treated as a na	ertnershin) trust
tax-exempt organization, or ar	• •		· · · · · ·	•	
partnership (see instructions).	ly loroigh government that over	rio, an eathy or maneathy	,, an interest of 5570 t	n more in the premi, resc	, or outside or the
	e of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organizat	(v) Maximum Percentage Owned in Profit, Loss, or Capital
	r Estates Owning 50%		rtnership (Form	1065, Schedule B	, Question 2b
	for 2009 through 2017))		adi, an in dina adi, an in		
Complete columns (i) through capital of the partnership (see		restate that owns, direc	ctly or indirectly, an ir	terest of 50% or more in	i trie profit, loss, or
(i) Name of Ind	ividual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citi	zenship (see instruction:	s) (iv) Maximum Percentage Owner in Profit, Loss, or Capital
LAXMAN REDDY			UNITED ST	ATES	60.08

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

SCHEDULE M-3

(Form 1065)

(Rev. December 2021) Department of the Treasury Internal Revenue Service

Net Income (Loss) Reconciliation for Certain Partnerships

Attach to Form 1065.

Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

Name of partnership Employer identification number ALECTO HEALTHCARE SERVICES LLC 46-0829723 This Schedule M-3 is being filed because (check all that apply): A X The amount of the partnership's total assets at the end of the tax year is equal to \$10 million or more. **B** X The amount of the partnership's adjusted total assets for the tax year is equal to \$10 million or more. If box B is checked, The amount of total receipts for the tax year is equal to \$35 million or more. If box C is checked, enter the total receipts for the tax year An entity that is a reportable entity partner with respect to the partnership owns or is deemed to own an interest of 50% or more in the partnership's capital, profit, or loss on any day during the tax year of the partnership. Maximum Percentage Owned or Name of Reportable Entity Partner Identifying Number Deemed Owned Financial Information and Net Income (Loss) Reconciliation Part I Did the partnership file SEC Form 10-K for its income statement period ending with or within this tax year? Yes. Skip lines 1b and 1c and complete lines 2 through 11 with respect to that SEC Form 10-K. X No. Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared. **b** Did the partnership prepare a certified audited non-tax-basis income statement for that period? Yes. Skip line 1c and complete lines 2 through 11 with respect to that income statement. X No. Go to line 1c. c Did the partnership prepare a non-tax-basis income statement for that period? X Yes. Complete lines 2 through 11 with respect to that income statement. No. Skip lines 2 through 3b and enter the partnership's net income (loss) per its books and records on line 4a. Enter the income statement period: Beginning 01/01/2022Ending 12/31/2022 3a Has the partnership's income statement been restated for the income statement period on line 2? Yes. (If "Yes," attach a statement and the amount of each item restated.) X No. b Has the partnership's income statement been restated for any of the 5 income statement periods immediately preceding the period on line 2? Yes. (If "Yes," attach a statement and the amount of each item restated.) 135,768. Worldwide consolidated net income (loss) from income statement source identified on Part I, line 1 Indicate accounting standard used for line 4a. See instructions. 1 X GAAP IFRS **3** Section 704(b) Other (specify) Tax-basis 5 Net income from nonincludible foreign entities (attach statement) Net loss from nonincludible foreign entities (attach statement and enter as a positive amount) 5b Net income from nonincludible U.S. entities (attach statement) 6a Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount) 6b 7a Net income (loss) of other foreign disregarded entities (attach statement) 7a 7b Net income (loss) of other U.S. disregarded entities (attach statement) Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.) 8 8 Adjustment to reconcile income statement period to tax year (attach statement) 9 Other adjustments to reconcile to amount on line 11 (attach statement) 10 135,768 Net income (loss) per income statement of the partnership. Combine lines 4a through 10 Note: Part I, line 11, must equal Part II, line 26, column (a); or Form 1065, Schedule M-1, line 1. See instructions. Enter the total amount (not just the partnership's share) of the assets and liabilities of all entities included or removed on the following lines. **Total Liabilities Total Assets** 42,818,498. 23,430,054. a Included on Part I, line 4 Removed on Part I, line 5 c Removed on Part I, line 6 Included on Part I, line 7

For Paperwork Reduction Act Notice, see the instructions for your return.

Schedule M-3 (Form 1065) (Rev. 12-2021)

Schedule M-3 (Form 1065) (Rev. 12-2021) Page 2

Name of partnership				
	ALECTO	HEALTHCARE	SERVICES	LLC

Employer identification number 46-0829723

Part II Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return

	netum				
	Income (Loss) Items	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 2 3 4 5	Attach statements for lines 1 through 10. Income (loss) from equity method foreign corporations Gross foreign dividends not previously taxed Subpart F, QEF, and similar income inclusions Gross foreign distributions previously taxed Income (loss) from equity method U.S. corporations				
6	U.S. dividends				
7	Income (loss) from U.S. partnerships STMT 15		-36,726,624.	355,884.	-36,370,740.
8 9 10	Income (loss) from foreign partnerships Income (loss) from other pass- through entities Items relating to reportable transactions				
11	Interest income (see instructions)	134,720.			134,720.
12	Total accrual to cash adjustment				
13	Hedging transactions				
14	Mark-to-market income (loss)				
15 16	Cost of goods sold (see instructions) Sale versus lease (for sellers and/or lessors)	()			()
17	Section 481(a) adjustments				
18 19	Unearned/deferred revenue Income recognition from long-term contracts Original issue discount and other imputed interest				
20	Original issue discount and other imputed interest				
21a	Income statement gain/loss on sale, exchange,				
	abandonment, worthlessness, or other disposition of				
	assets other than inventory and pass-through entities				
b	Gross capital gains from Schedule D, excluding				
	amounts from pass-through entities				
C	Gross capital losses from Schedule D, excluding				
	amounts from pass-through entities, abandonment				
	losses, and worthless stock losses				
d	Net gain/loss reported on Form 4797, line 17,				
	excluding amounts from pass-through entities,				
	abandonment losses, and worthless stock losses				
e f	Abandonment losses Worthless stock losses (attach statement)				
g 22	Other gain/loss on disposition of assets other than inventory Other income (loss) items with differences (attach statement)		-1,201.		-1,201.
23	Total income (loss) items. Combine lines 1				
	through 22	134,720.	-36,727,825.	355,884.	-36,237,221.
24	Total expense/deduction items. (From Part III,				
	line 31) (see instructions)	-2,537,440.	-18,125.	35,719.	-2,519,846.
25	Other items with no differences STMT 16	2,538,488.			2,538,488.
26	Reconciliation totals. Combine lines 23 through 25	135,768.	-36,745,950.	391,603.	-36,218,579.

Note: Line 26, column (a), must equal Part I, line 11, and column (d) must equal Form 1065, Analysis of Net Income (Loss), line 1.

Schedule M-3 (Form 1065) (Rev. 12-2021)

Schedule M-3 (Form 1065) (Rev. 12-2021)

Page 3

ALECTO HEALTHCARE SERVICES LLC

Name of partnership

Employer identification number 46–0829723

Part III Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return - Expense/Deduction Items

	Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1	State and local current income tax expense	4,000.			4,000.
2	State and local deferred income tax expense	·			•
3	Foreign current income tax expense (other than				
	foreign withholding taxes)				
4	Foreign deferred income tax expense				
5	Equity-based compensation				
6	Meals and entertainment STMT 18	6,315.			6,315.
7 8	Fines and penalties Judgments, damages, awards, and similar costs				
9	Guaranteed payments				
10	Pension and profit-sharing				
11	Other post-retirement benefits				
12	Deferred compensation				
13	Charitable contribution of cash and tangible				
14	property Charitable contribution of intangible property				
15	Organizational expenses as per Regulations				
	section 1.709-2(a)				
16	Syndication expenses as per Regulations section 1.709-2(b)				
17	Current year acquisition/reorganization investment				
	banking fees				
18	Current year acquisition/reorganization legal and				
	accounting fees				
19	Amortization/impairment of goodwill				
20	Amortization of acquisition, reorganization, and				
21	start-up costs Other amortization or impairment write-offs				
22	Reserved for future use				
23a	Depletion - oil & gas				
b	Depletion - other than oil & gas				
24	Intangible drilling and development costs (IDC)				
25	Depreciation	3,871.	-3,570.		301.
26	Bad debt expense				
27	Interest expense (see instructions)				
28	Purchase versus lease (for purchasers and/or lessees)				
29	Research and development costs				
30	Other expense/deduction items with differences				
	(attach statement) STMT 19	2,523,254.	21,695.	-35,719.	2,509,230.
31	Total expense/deduction items. Combine lines 1				
	through 30. Enter here and on Part II, line 24,				
	reporting positive amounts as negative and negative				
	amounts as positive	2,537,440.	18,125.	-35,719.	2,519,846.

Schedule M-3 (Form 1065) (Rev. 12-2021)

Depreciation and Amortization

(Including Information on Listed Property) OTHER

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

1

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

Business or activity to which this form relates

Identifying number

	CTO HEALTHCARE SERV							46-0829723
Par	t Election To Expense Certain Property	y Under Section 17	79 Note: If you have	e any listed	d property, co	omplete Part	V before y	ou complete Part I.
1 N	Maximum amount (see instructions)						. 1	
2 T	otal cost of section 179 property place							
	hreshold cost of section 179 property b							
	Reduction in limitation. Subtract line 3 fr						1 1	
5 D	ollar limitation for tax year. Subtract line 4 from line 1	. If zero or less, enter -					. 5	
6	(a) Description of prop	perty	(b) (ost (business		(c) Elected o	ost	
7 1	isted property. Enter the amount from I	ine 29			7			
	otal elected cost of section 179 proper						8	
	entative deduction. Enter the smaller of							
	Carryover of disallowed deduction from							
	Business income limitation. Enter the sm							
	Section 179 expense deduction. Add lin		•					
							12	
	Carryover of disallowed deduction to 20. Don't use Part II or Part III below for lie				13			
Par			,	includo lie	etad proporty	,)		
	opecial Bopi colation / the wall		· · · · · · · · · · · · · · · · · · ·			-		
	special depreciation allowance for qualit			• , .		ū		
	ne tax year							
	Property subject to section 168(f)(1) elec	tion						
	Other depreciation (including ACRS) † MACRS Depreciation (Don't i						16	
rai	T III MACRS Depreciation (Don't i	nciude listed pro	•					
			Section					
							1 1	201
	MACRS deductions for assets placed in	•	ars beginning befo	re 2022 .			17	301.
	you are electing to group any assets placed in servic	e during the tax year in	ars beginning before	re 2022 .	check here .			
	·	e during the tax year in	ears beginning before to one or more general are During 2022 Ta	re 2022 .sset accounts,	check here .			
	you are electing to group any assets placed in servic	e during the tax year in	ars beginning before	re 2022 . sset accounts, Year Usir itation nt use	check here .			
18 If	you are electing to group any assets placed in service Section B - Assets I	e during the tax year in Placed in Servic (b) Month and year placed	ears beginning before to one or more general at the During 2022 Ta (c) Basis for depres (business/investme	re 2022 . sset accounts, Year Usir itation nt use	check here ng the Gene (d) Recovery	ral Depreciat	tion Syste	m
	you are electing to group any assets placed in service Section B - Assets I (a) Classification of property	e during the tax year in Placed in Servic (b) Month and year placed	ears beginning before to one or more general at the During 2022 Ta (c) Basis for depres (business/investme	re 2022 . sset accounts, Year Usir itation nt use	check here ng the Gene (d) Recovery	ral Depreciat	tion Syste	m
18 If	you are electing to group any assets placed in service Section B - Assets I (a) Classification of property 3-year property	e during the tax year in Placed in Servic (b) Month and year placed	ears beginning before to one or more general at the During 2022 Ta (c) Basis for depres (business/investme	re 2022 . sset accounts, Year Usir itation nt use	check here ng the Gene (d) Recovery	ral Depreciat	tion Syste	m
18 # 19a b	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property	e during the tax year in Placed in Servic (b) Month and year placed	ears beginning before to one or more general at the During 2022 Ta (c) Basis for depres (business/investme	re 2022 . sset accounts, Year Usir itation nt use	check here ng the Gene (d) Recovery	ral Depreciat	tion Syste	m
18 If 19a b	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property	e during the tax year in Placed in Servic (b) Month and year placed	ears beginning before to one or more general at the During 2022 Ta (c) Basis for depres (business/investme	re 2022 . sset accounts, Year Usir itation nt use	check here ng the Gene (d) Recovery	ral Depreciat	tion Syste	m
18 19a b c d	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property	e during the tax year in Placed in Servic (b) Month and year placed	ears beginning before to one or more general at the During 2022 Ta (c) Basis for depres (business/investme	re 2022 . sset accounts, Year Usir itation nt use	check here ng the Gene (d) Recovery	ral Depreciat	tion Syste	m
19a b c d	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	e during the tax year in Placed in Servic (b) Month and year placed	ears beginning before to one or more general at the During 2022 Ta (c) Basis for depres (business/investme	re 2022 . sset accounts, Year Usir itation nt use	check here ng the Gene (d) Recovery	ral Depreciat	tion Syste	m
19a b c d e f	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	e during the tax year in Placed in Servic (b) Month and year placed	ears beginning before to one or more general at the During 2022 Ta (c) Basis for depres (business/investme	re 2022 . sset accounts, Year Usir itation nt use	check here ng the Gener (d) Recovery period	ral Depreciat	(f) Method	m
19a b c d e	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	e during the tax year in Placed in Servic (b) Month and year placed	ears beginning before to one or more general at the During 2022 Ta (c) Basis for depres (business/investme	re 2022 . sset accounts, Year Usir itation nt use	check here ng the Gener (d) Recovery period	ral Depreciat (e) Convention	(f) Method	m
19a b c d e f	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	e during the tax year in Placed in Servic (b) Month and year placed	ears beginning before to one or more general at the During 2022 Ta (c) Basis for depres (business/investme	re 2022 . sset accounts, Year Usir itation nt use	check here ng the Gener (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	ral Depreciat (e) Convention	(f) Method S/L S/L	m
19a b c d e f	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	e during the tax year in Placed in Servic (b) Month and year placed	ears beginning before to one or more general at the During 2022 Ta (c) Basis for depres (business/investme	re 2022 . sset accounts, Year Usir itation nt use	check here ng the Gener (d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention MM MM	S/L S/L S/L	m
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19a b c d e f g h	Section B - Assets I (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl	e during the tax year in Placed in Servic (b) Month and year placed in service // / / / /	ears beginning beform to one or more general at e During 2022 Ta (c) Basis for depre (business/investme only - see instructions)	re 2022 . sset accounts, to Year Usir into the control of the cont	check here ng the Gener (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	mal Depreciat (e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduction
19a b c d e f g h i	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets PI Class life	e during the tax year in Placed in Servic (b) Month and year placed in service // / / / /	ears beginning beform to one or more general at e During 2022 Ta (c) Basis for depre (business/investme only - see instructions)	re 2022 . sset accounts, to Year Usir into the control of the cont	25 yrs. 27.5 yrs. 39 yrs.	mal Depreciat (e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduction
19a b c d e f g h i	you are electing to group any assets placed in service Section B - Assets I (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets PI Class life 12-year	e during the tax year in Placed in Servic (b) Month and year placed in service // / / / /	ears beginning beform to one or more general at e During 2022 Ta (c) Basis for depre (business/investme only - see instructions)	re 2022 . sset accounts, to Year Usir into the control of the cont	25 yrs. 27.5 yrs. 39 yrs. 12 yrs.	mal Depreciat (e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) Depreciation deduction
19a b c d e f g h i	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets PI Class life 12-year 30-year	e during the tax year in Placed in Servic (b) Month and year placed in service // / / / /	ears beginning beform to one or more general at e During 2022 Ta (c) Basis for depre (business/investme only - see instructions)	re 2022 . sset accounts, to Year Usir into the control of the cont	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 4 the Alterna 12 yrs. 30 yrs.	mal Depreciat (e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) Depreciation deduction
19a b c d e f g h i 20a b c d	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets PI Class life 12-year 30-year	e during the tax year in Placed in Servic (b) Month and year placed in service // / / / /	ears beginning beform to one or more general at e During 2022 Ta (c) Basis for depre (business/investme only - see instructions)	re 2022 . sset accounts, to Year Usir into the control of the cont	25 yrs. 27.5 yrs. 39 yrs. 12 yrs.	mal Depreciat (e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) Depreciation deduction
19a b c d e f g h i 20a b c d Par	Section B - Assets I (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year Summary (See instructions.)	e during the tax year in Placed in Service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service (e) / / / / / / / / / / / / / / / / / / /	pars beginning beform to one or more general at the During 2022 Ta (c) Basis for depressionly - see instruction only - see instruction on on only - see instruction on only - see instruction on only - see i	re 2022 . sset accounts, (Year Usin int use ions)	25 yrs. 27.5 yrs. 39 yrs. 40 yrs.	mal Depreciat (e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) Depreciation deduction
19a b c d e f g h i 20a b c d Par 21 L	Section B - Assets I (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets PI Class life 12-year 30-year 40-year Summary (See instructions.) isted property. Enter amount from line in the section B - Assets III in the service of th	e during the tax year in Placed in Service (b) Month and year placed in service // // aced in Service	pars beginning beform to one or more general at the During 2022 Ta (c) Basis for depressionally - see instructionally - see instruct	re 2022 . sset accounts, (Year Usin int use ions) Year Using	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 40 yrs.	mal Depreciat (e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) Depreciation deduction
19a b c d e f g h i 20a b c d Par 21 L L 222 T	Section B - Assets I (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line indepton Besting Index of the content	e during the tax year in Placed in Service (b) Month and year placed in service // // aced in Service // // aced in Service	ears beginning beform to one or more general at e During 2022 Ta (c) Basis for deprete (business/investmete only - see instruction of the conference of the conference on the	re 2022 sset accounts, c Year Usin iation int use ions) Year Usin jump (g), ar	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	mal Depreciat (e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) Depreciation deduction
19a b c d e f g h i 20a b c d Par 21 L E E E E E E E E E E E E E E E E E E	Section B - Assets I (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets PI Class life 12-year 30-year 40-year **T IV Summary** (See instructions.) isted property. Enter amount from line in the property in the property is the property.	e during the tax year in Placed in Service (b) Month and year placed in service // // // acced in Service // // acced in Service	ears beginning beform to one or more general at e During 2022 Ta (c) Basis for deprete (business/investment) - see instruction only - see instruction on	re 2022 sset accounts, c Year Usin iation int use ions) Year Using Jumn (g), ar orporations	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	mal Depreciat (e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) Depreciation deduction
19a b c d e f g h i 20a b c d Par 21 L 22 T E 23 F	Section B - Assets I (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line indepton Besting Index of the content	e during the tax year in Placed in Service (b) Month and year placed in service // // aced in Service // // aced in Service	ears beginning beform to one or more general at e During 2022 Ta (c) Basis for depre (business/investme only - see instruction on on only - see instruction on only - see instruction on only - see i	re 2022 sset accounts, (Year Using inition int use ons) Year Using Illumn (g), ar orporations r the	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 30 yrs. 40 yrs. d line 21. s - see instr.	mal Depreciat (e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) Depreciation deduction

Form 4562 (2022)

ALECTO HEALTHCARE SERVICES LLC

4	6 –	0	8	2	9	7	2	3	Page	2
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Part V	Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for
-	entertainment recreation or amusement)

entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

	24b, columns (expense	e, comp	nete on	iy 24a,		
	Section A -	Depreciation	n and Other	Informa	tion (Cau	ution: S	See the i	nstruc	tions for lir	nits for p	asseng	er autom	nobiles.))	
24a	Do you have evidence to s	support the bus	siness/investme	nt use cla	aimed?	Y	es	No	24b If "Y	es," is th	e evider	nce writt	en?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or ther basis		(e) sis for depressiness/inveuse only	eciation stment	(f) Recovery period	(9	a) nod/	(Depre	h) ciation iction	Elec sectio	(i) cted in 179 ost
	Special depreciation alloused more than 50% in	owance for q	ualified listed	property			e during	the ta	•		25			00	751
											25				
26	Property used more that											I			
		1 1		%		_									
		1 1		%											
				%											
27	Property used 50% or le	ess in a qualif							I	I		T			
		1 1		%						S/L -					
		1 1		%						S/L -					
		1 1		%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter here	e and on	line 21,	page 1				28				
29	Add amounts in column	(i), line 26. E	nter here and	on line 7	7, page 1								29		
			5	Section I	B - Infori	mation	on Use	of Veh	icles						
Con	nplete this section for ve	hicles used b	oy a sole prop	rietor, pa	artner, or	other "	more tha	an 5%	owner," or	related p	erson.	If you pr	ovided v	ehicles/	
о у	our employees, first ans	wer the ques	tions in Section	on C to s	see if you	meet a	n except	tion to	completin	g this se	ction fo	r those v	ehicles.		
				(a)	(b)		(c)	(d	l)	(6	e)	(f)
30	Total business/investment	miles driven d	uring the	Vel	hicle	Vel	nicle	V	'ehicle	Veh	cle	Veh	icle	Veh	icle
	year (don't include commu	ting miles)													
31	Total commuting miles	driven during	the year												
32	Total other personal (no	ncommuting) miles												
	driven														
	Total miles driven during														
	Add lines 30 through 32														
	Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
	Was the vehicle used pr														
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	=													
	use?														
		Section C	- Questions 1	or Empl	overs W	ho Prov	ide Veh	icles f	or Use by	Their E	nplove	es			
٩ns	wer these questions to o			-	-				-				ren't		
	e than 5% owners or rela				10 00	9				۰۱	,				
37	Do you maintain a writte	en policy stat	ement that pr	ohibits a	ll person	al use o	f vehicle	s. incl	udina com	mutina. I	ov vour			Yes	No
	employees?														
	Do you maintain a writte														
	employees? See the ins							-							
	Do you treat all use of ve				_										
	Do you provide more that	,													
	the use of the vehicles,														
	Do you meet the require														
	Note: If your answer to														
	art VI Amortization	01, 00, 00, 4	0, 01 41 10 10	, doi:	t domple	to ocoti	011 15 101	1110 00	voica voii	10100.					
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description of	fcosts	Date	amortization begins		Amortizat	ole :		Code section		Amortiza eriod or per	tion	Ar fo	nortization or this year	
12	Amortization of costs th	at begins du	ring your 2021		ır:						onou or per	oontays		,	
	51112411011 01 00013 111	a. Dogino du	g , 5 cm 2 5 2 2	: :	<u> </u>										
												_			
13	Amortization of costs th	at hegan hof	ore vour 2022	: :	r							43			
•	Amortization 01 00313 ll1	ar began bei	016 your 2022	. ian yed	·							5			

216252 12-08-22 Form **4562** (2022)

44 Total. Add amounts in column (f). See the instructions for where to report

Case 23-10787-JKS Doc 1 Filed 06/16/23 Page 33 of 119

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER 1

Asset No.	Description	Date Acquired	Method	Life	C o o v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
6	LOAN COSTS	08/31/16	197	36 M	4	13	21,173.				21,173.	21,173.		0.	21,173.
7	(D)FURNITURE	07/01/17	200DB	7.00	ну1	L7	13,467.			6,734.	6,733.	5,231.		301.	5,532.
8	FURNITURE	07/01/21	200DB	7.00	НҮ1	17	11,613.			11,613.				0.	
	* TOTAL OTHER DEPRECIATION & AMORT						46,253.			18,347.	27,906.	26,404.		301.	26,705.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						46,253.		0.	18,347.	27,906.	26,404.			26,705.
	ACQUISITIONS						0.		0.	0.	0.	0.			0.
	DISPOSITIONS/RETIRED						13,467.		0.	6,734.	6,733.	5,231.			5,532.
	ENDING BALANCE						32,786.		0.	11,613.	21,173.	21,173.			21,173.

228111 04-01-22

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **4797**

Department of the Treasury Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2022

Attachment 27

Name	e(s) shown on return					Identifyin	g numbe	er	
	ALECTO HEALTHCARE	SERVIC	ES LLC			46-	082	9723	3
1a	Enter the gross proceeds from sales or (or substitute statement) that you are in		-	` ,	9-B or 1099-S		1a		
b	Enter the total amount of gain that you	are including o	on lines 2, 10, a	and 24 due to the partial	dispositions of				
_	MACRS assets Enter the total amount of loss that you a				ocitions of MACDS		1b		
С		are including c	III IIIIes Z aiiu i	io due to the partial disp	JOSILIONS OF MACKS		1c		
Р	assets Sales or Exchanges	of Prope	rtv Used i	n a Trade or Bus	siness and Involunt	arv Co		sions	From Other
•	Than Casualty or Ti							0.00	
					· · · · · · · · · · · · · · · · · · ·		st or othe	er	(g) Gain or (loss)
2	(a) Description of	(b) Date acquired	(C) Date sold	(d) Gross sales price	(e) Depreciation allowed or allowable		s, plus ments a	nd	Subtract (f) from the sum of (d) and (e)
	property	(mo., day, yr.)	(mo., day, yr.)	sales price	since acquisition		se of sale		the sum of (d) and (e)
D	ISPOSAL OF FURNITU	RE							
		070117	070122		12,266.	1	3,4	67.	-1,201.
					,				•
3	Gain, if any, from Form 4684, line 39							3	
4	Section 1231 gain from installment sale							4	
5	Section 1231 gain or (loss) from like-ki								
6	Gain, if any, from line 32, from other th							6	
7	Combine lines 2 through 6. Enter the ga	ain or (loss) he	ere and on the a	appropriate line as follov	ws			7	-1,201.
	Partnerships and S corporations . Rep line 10, or Form 1120-S, Schedule K, lin				orm 1065, Schedule K,				
	Individuals, partners, S corporation sh from line 7 on line 11 below and skip lin 1231 losses, or they were recaptured in the Schedule D filed with your return ar	nes 8 and 9. If an earlier yea	line 7 is a gain r, enter the gai	and you didn't have an n from line 7 as a long-	y prior year section				
								_	
8	Nonrecaptured net section 1231 losses							8	
9	Subtract line 8 from line 7. If zero or les			-					
	line 9 is more than zero, enter the amou				om line 9 as a long-term				
	capital gain on the Schedule D filed with							9	
P	art II Ordinary Gains and	Losses (s	see instructio	ns)					
10	Ordinary gains and losses not included	d on lines 11 t	hrough 16 (inc	lude property held 1 yea	nr or less).				
	Cramary game and recess nor mercado			iaao proporty nota i yee				T	
					†				
					†				
11	Loss, if any, from line 7							11	()
12	Gain, if any, from line 7 or amount from	line 8, if appl	icable					12	,
13								13	
14	Net gain or (loss) from Form 4684, line							14	
15	Ordinary gain from installment sales from	m Form 6252	, line 25 or 36					15	
16	Ordinary gain or (loss) from like-kind e								
17	0 11 11 10 11 1 10							17	
18	For all except individual returns, enter t								
	a and b below. For individual returns, co	omplete lines a	a and b below.						
а	If the loss on line 11 includes a loss fro	m Form 4684,	line 35, colum	ın (b)(ii), enter that part	of the loss here. Enter the				
	loss from income-producing property of	n Schedule A	(Form 1040), li	ine 16. (Do not include a	any loss on property used				
	as an employee.) Identify as from "Form	n 4797, line 18	a." See instruc	tions				18a	
b	Redetermine the gain or (loss) on line 1	17 excluding th	ne loss, if any, o	on line 18a. Enter here a	and on Schedule 1				
	(Form 1040), Part I, line 4							18b	

D 0

	rt III Gain From Disposition of Property Under Sectio	ne 12/	45 1250 1252 1254 ar	d 1255 (see instruc	rtions)	1			Page 2
1 4	dam from Disposition of Froperty Order occito	113 12-	70, 1200, 1202, 1207, al	1200 (300 manuc	,tions)	'	(h) Data and	oter and	(-) D-tI-l
40 (-) Description of acation 1045, 1050, 1050, 1054, or 1055		t				(b) Date acq (mo., day,)		(c) Date sold (mo., day, yr.)
	a) Description of section 1245, 1250, 1252, 1254, or 1255 p	oroper	ty:				(mo., day,)	1.,	(110., day, yr.)
<u>A</u> _								_	
<u>B</u>									
<u> </u>									
D	-								
	These columns relate to the properties on		Droporty A	Property B		Property C		Dro	perty D
	lines 19A through 19D.	T ==	Property A	Property B	\rightarrow	Property C	,	FIC	perty D
20	Gross sales price (Note: See line 1a before completing.)	20			\rightarrow				
21	Cost or other basis plus expense of sale	21			\rightarrow				
22	Depreciation (or depletion) allowed or allowable	22							
23	Adjusted basis. Subtract line 22 from line 21	23							
	T								
24	Total gain. Subtract line 23 from line 20	24							
	If section 1245 property:								
	Depreciation allowed or allowable from line 22	25a			-				
	Enter the smaller of line 24 or 25a	25b			\dashv				
26	If section 1250 property: If straight line depreciation								
	was used, enter -0- on line 26g, except for a corporation								
	subject to section 291.								
	Additional depreciation after 1975	26a			-				
b	Applicable percentage multiplied by the smaller of								
	line 24 or line 26a	26b							
С	Subtract line 26a from line 24. If residential rental								
	property or line 24 isn't more than line 26a, skip lines								
	26d and 26e	26c							
	Additional depreciation after 1969 and before 1976	26d			-+				
	Enter the smaller of line 26c or 26d	26e			-+				
	Section 291 amount (corporations only)	26f							
	Add lines 26b, 26e, and 26f	26g			-				
27	If section 1252 property: Skip this section if you didn't								
	dispose of farmland or if this form is being completed for								
	a partnership.								
	Soil, water, and land clearing expenses	27a			-+				
	Line 27a multiplied by applicable percentage	27b							
	Enter the smaller of line 24 or 27b	27c							
	If section 1254 property:								
а	Intangible drilling and development costs, expenditures								
	for development of mines and other natural deposits,	00-							
	mining exploration costs, and depletion	28a			\dashv				
	Enter the smaller of line 24 or 28a	28b			\dashv				
	If section 1255 property:								
а	Applicable percentage of payments excluded from income under section 126	29a							
L	income under section 126 Enter the smaller of line 24 or 29a	29a 29b			\dashv				
	nmary of Part III Gains. Complete property colum		through D through line 2	Oh hoforo going to lir	20.20				
<u> </u>	Gomplete property colum	IIIIS A	tillough D tillough lille 2	bb before going to in	16 30.				
30	Total gains for all properties. Add property columns A thro	uiah D	l line 24				30		
30	Total gains for an properties. And property columns A time	rugii D	, 11110 24				30		
31	Add property columns A through D, lines 25b, 26g, 27c, 26	8h an	d 29h Enter here and on	line 13			31		
32	Subtract line 31 from line 30. Enter the portion from casua						j.		
02	from other than casualty or theft on Form 4797, line 6	iity Oi	their off form 4004, fine t	oo. Enter the portion			32		
Pa	rt IV Recapture Amounts Under Section	ons	179 and 280F(b)(2) When Busir	ness	Use Drops		or L	ess
	(see instructions)			-		•			
	((a) Section	,	(b)	Section
						179		28	0F(b)(2)
33	Section 179 expense deduction or depreciation allowable in	n prio	r years	Γ	33				
34	Recomputed depreciation. See instructions				34				
35	Recapture amount. Subtract line 34 from line 33. See the i				35				

Form **8916-A**

Supplemental Attachment to Schedule M-3

(Rev. November 2019)
Department of the Treasury
Internal Revenue Service

➤ Attach to Schedule M-3 for Form 1065, 1120, 1120-L, 1120-PC, or 1120-S.

➤ Go to www.irs.gov/Form1120 for the latest information.

OMB No. 1545-0123

Name of common parent
ALECTO HEALTHCARE SERVICES LLC

Employer identification number 46-0829723

Name of subsidiary

Employer identification number

Part I Cost of Goods Sold				
Cost of Goods Sold Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
Amounts attributable to cost flow assumptions				
Amounts attributable to:				
a Stock option expense				
Other equity-based compensation				
Meals and entertainment				
Parachute payments				
Compensation with section 162(m) limitation				
Pension and profit sharing				
Other post-retirement benefits				
Deferred compensation				
Reserved				
Amortization				
Depletion				
Depreciation				
n Corporate-owned life insurance premiums				
Other section 263A costs				
Inventory shrinkage accruals				
Excess inventory and obsolescence reserves				
Lower of cost or market write-downs				
Other items with differences (attach statement)				
Other items with no differences				
7 in columns a, b, c, and d. Enter totals on the applicable Schedule M-3. See instructions				

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8916-A** (Rev. 11-2019)

Pa	art II Interest Income				
	Interest Income Item	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1	Tax-exempt interest income				
2	Interest income from hybrid securities				
3	Sale/lease interest income				
4a	Intercompany interest income - From outside tax affiliated group				
4b	Intercompany interest income - From tax affiliated group				
5	Other interest income STMT 21	134,720.			134,720.
6	Total interest income. Add lines 1 through 5				
	in columns a, b, c, and d. Enter total on				
	the applicable Schedule M-3.				
	See instructions.	134,720.			134,720.
Pa	art III Interest Expense				
	Interest Expense Item	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1	Interest expense from hybrid securities				
2	Lease/purchase interest expense				
3a	Intercompany interest expense - Paid to outside tax affiliated group				
3b	Intercompany interest expense - Paid to				
-	tax affiliated group				
4	Other interest expense				
5	Total interest expense. Add lines 1 through 4				
	in columns a, b, c, and d. Enter total on				
	the applicable Schedule M-3.				
	See instructions.				

Form **8916-A** (Rev. 11-2019)

Form **8925**

Report of Employer-Owned Life Insurance Contracts

OMB No. 1545-2089

(Rev. September 2017)
Department of the Treasury

Attach to the policyholder's tax return. See instructions.

Attachment Sequence No. **160**

► Go to www.irs.gov/Form8925 for the latest information. Internal Revenue Service (99) Name(s) shown on return Identifying number ALECTO HEALTHCARE SERVICES LLC 46-0829723 Name of policyholder, if different from above Identifying number, if different from above Type of business 13. Enter the number of employees the policyholder had at the end of the tax year 1 Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See Section 1035 exchanges for an exception 2 Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees 5,500,000. who were insured under the contract(s) specified on line 2 3 4a Does the policyholder have a valid consent for each employee included on line 2? See instructions X Yes b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid 4b

Department of the Treasury

Limitation on Business Interest Expense Under Section 163(j)

Attach to your tax return.

OMB No. 1545-0123

Internal Rev	venue Service Go to www.irs.gov/Form8990 for instructions a	and the	latest information.		
	er name(s) shown on tax return LECTO HEALTHCARE SERVICES LLC				ication number 0829723
A If	Form 8990 relates to an information return for a foreign entity (for example, Fo	rm 547	1), enter:		
	Name of foreign entity				
	Employer identification number, if any				
	Reference ID number				
	- · · · · · · · · · · · · · · · · · · ·				
C Is	s this Form 8990 filed by the specified group parent for an entire CFC group? S	ee instr	uctions		
D H	Has a CFC or a CFC group made a safe harbor election? If yes, see instructions				
	o complete Computation of Allowable Business Interest Expense				Yes No
Part I	Computation of Allowable Business Interest Expense				
	s completed by all taxpayers subject to section 163(j). Schedule A and Schedule er is a partner or shareholder of a pass-through entity subject to section 163(j).				/hen the
Sectio	on I - Business Interest Expense				
1	Current year business interest expense (not including floor plan				
	financing interest expense), before the section 163(j) limitation	1			
2	Disallowed business interest expense carryforwards from prior				
,	years. (Does not apply to a partnership)	2			
	Partner's excess business interest expense treated as paid or				
	accrued in current year (Schedule A, line 44, column (h))	3			
	Floor plan financing interest expense. See instructions				
5	Total business interest expense. Add lines 1 through 4			5	
Sootio	on II - Adjusted Taxable Income				
	7 Tajuotou Tuxubio moomo				
	Tentative Taxable	Incon	ne		
6	Tentative taxable income. See instructions			6	-36,218,579.
	Additions (adjustments to be made if amounts are	e taken	into account on line	6)	
7	Any item of loss or deduction that is not properly allocable to a trade or				
	business of the taxpayer. See instructions	7			
8	Any business interest expense not from a pass-through entity. See instr.	8			
9	Amount of any net operating loss deduction under section 172	9			
10	Amount of any qualified business income deduction allowed under				
	section 199A	10			
	Reserved for future use	11			
12	Assessment of any large and advantage through the second and the				
	Amount of any loss or deduction items from a pass-through entity.				
		12	31,982,853		
	See instructions	12	31,982,853	-	
13	See instructions Other additions. See instructions		31,982,853	- -	
13 14	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line	13	31,982,853	<u>.</u>	
13 14	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line		31,982,853	•	
13 14 15	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line 44, column (f)) Total current year S corporation shareholder's excess taxable	13	31,982,853	•	
13 14 15	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line 44, column (f)) Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	13 14 15		. 16	31,982,853.
13 14 15	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line 44, column (f)) Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) Total. Add lines 7 through 15	13 14 15		16	31,982,853.
13 14 15 16	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line 44, column (f)) Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) Total. Add lines 7 through 15 Reductions (adjustments to be made if amounts a	13 14 15		16	31,982,853.
13 14 15 16	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line 44, column (f)) Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) Total. Add lines 7 through 15 Reductions (adjustments to be made if amounts a Any item of income or gain that is not properly allocable to a trade	13 14 15 are tak	en into account on li	16 ne 6)	31,982,853.
13 14 15 16	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line 44, column (f)) Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) Total. Add lines 7 through 15 Reductions (adjustments to be made if amounts a Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions	13 14 15 are tak		16 ne 6)	31,982,853.
13 14 15 16	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line 44, column (f)) Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) Total. Add lines 7 through 15 Reductions (adjustments to be made if amounts a Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions Any business interest income not from a pass-through entity. See instructions	13 14 15 are tak	en into account on li	16 ne 6)	31,982,853.
13 14 15 16	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line 44, column (f)) Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) Total. Add lines 7 through 15 Reductions (adjustments to be made if amounts a Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions	13 14 15 are tak	en into account on li	16 ne 6)	31,982,853.
13 14 15 16 17 18 19	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line 44, column (f)) Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) Total. Add lines 7 through 15 Reductions (adjustments to be made if amounts a Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions Any business interest income not from a pass-through entity. See instructions	13 14 15 are tak	en into account on li	16 ne 6)	31,982,853.
13 14 15 16 17 18 19	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line 44, column (f)) Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) Total. Add lines 7 through 15 Reductions (adjustments to be made if amounts a subject of the taxpayer. See instructions Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions Any business interest income not from a pass-through entity. See instructions Amount of any income or gain items from a pass-through entity. See instructions Other reductions. See instructions	13 14 15 are tak	en into account on li 134,720 23,605	16 ne 6)	
13 14 15 16 17 18 19	See instructions Other additions. See instructions Total current year partner's excess taxable income (Schedule A, line 44, column (f)) Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) Total. Add lines 7 through 15 Reductions (adjustments to be made if amounts a family of the taxpayer. See instructions Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions Any business interest income not from a pass-through entity. See instructions Amount of any income or gain items from a pass-through entity. See instructions	13 14 15 are tak	en into account on li 134,720 23,605	16 ne 6)	31,982,853. (158,325.)

20

Page 2 Form 8990 (Rev. 12-2022) Section III - Business Interest Income Current year business interest income. See instructions 23 23 24 Excess business interest income from pass-through entities (total of 24 Schedule A, line 44, column (g), and Schedule B, line 46, column (d)) Total. Add lines 23 and 24 Section IV - Section 163(j) Limitation Calculations **Limitation on Business Interest Expense** 26 Multiply the adjusted taxable income from line 22 by the applicable percentage. See instructions 26 Business interest income (line 25) 27 27 Floor plan financing interest expense (line 4) 28 29 Total. Add lines 26, 27, and 28 Allowable Business Interest Expense 30 30 Total current year business interest expense deduction. See instructions Carryforward Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.) Part II Partnership Pass-Through Items Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information. **Excess Business Interest Expense** 32 32 Excess business interest expense. Enter amount from line 31 Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.) Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) 33 Subtract line 33 from line 26. (If zero or less, enter -0-.) 34 34 Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) 35 35 Excess taxable income. Multiply line 35 by line 22 36 **Excess Business Interest Income** Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or 37 37 Part III S Corporation Pass-Through Items Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information. **Excess Taxable Income** Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) 38 38 Subtract line 38 from line 26. (If zero or less, enter -0-.) 39 39 Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) 40 40 41 Excess taxable income. Multiply line 40 by line 22 41 **Excess Business Interest Income** Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or 42 less, enter -0-.)

Form **8990** (Rev. 12-2022)

Form 8990 (Rev. 12-2022)

SCHEDULE	Λ	of Double out of Cooking	469/i) Exece Hence
COLIEDOLE	- Cullille	ry of Partner's Section	100(I) EXCESS ITCIIS

Any t	Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.								
			Exces	s Business Interest Exp	ense	(f) Current year	(g) Current year	(h) Excess business	(i) Current year
	(a) Name of partnership	(b) EIN	(c) Current year (see instructions)	(d) Prior year carryforward (see instructions)	(e) Total ((c) plus (d))	excess taxable income	excess business interest income	interest expense treated as paid or accrued (see instructions)	excess business interest expense carryforward (see instructions)
	ALECTO HEALTHCAR	E SERVICES	LOS ANGELE	S					
43		90-0999512	46,233.	0.	46,233.	0.	0.	0.	46,233.
	ALECTO HEALTHCAR	E SERVICES	FAIRMONT I	LC.					
		35-2507149	0.	2,151,632.	2,151,632.	0.	0.	0.	2,151,632.
	ALECTO HEALTHCAR	E SERVICES	SHERMAN LI	Ċ					
		37-1760423	429,446.	1,362,386.	1,791,832.	0.	0.	0.	1,791,832.
			OHIO VALLE						
		36-4857044	1,618,466.	1,950,775.	3,569,241.	0.	0.	0.	3,569,241.
						0	0	0	
44	Total					0.	0.	0.	

SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

	(a) Name of S corporation	(b) EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
45				
46	Total		0.	0.

Form **8990** (Rev. 12-2022)

ALBETO HEADTHCARE DERVICED LIC		40 0025725
FORM 1065 INCOME (LOSS) FROM OTHER	PARTNERSHIPS, ETC.	STATEMENT 1
NAME AND ADDRESS	EMPLOYER ID	AMOUNT
ALECTO HEALTHCARE SERVICES LOS ANGELES		
101 N BRAND BLVD SUITE 1780 GLENDALE, CA 91203	90-0999512	-13,967,203.
ALECTO HEALTHCARE SERVICES FAIRMONT LLC	90-0999312	-13,907,203.
1325 LOCUST AVENUE	25 2507140	222 240
FAIRMONT, WV 26554 ALECTO HEALTHCARE SERVICES SHERMAN LLC	35-2507149	-323,248.
500 N. HIGHLAND AVENUE	0= 4=60400	40 450 550
SHERMAN, TX 75092 ALECTO HEALTHCARE SERVICES OHIO VALLEY, LI	37-1760423	-19,479,770.
101 N BRAND BLVD SUITE 1780		
GLENDALE, CA 91203	36-4857044	-2,608,415.
TOTAL TO FORM 1065, LINE 4		-36,378,636.
FORM 1065 TAX EXPEN	NSE	STATEMENT 2
DESCRIPTION		AMOUNT
CALIFORNIA TAXES - BASED ON INCOME		4,000.
LLC FEES		5,000.
PAYROLL TAXES TAXES AND LICENSES		124,725. 3,605.
TOTAL TO FORM 1065, LINE 14		137,330.
FORM 1065 OTHER DEDUC	CTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
AUTOMOBILE EXPENSE		10,467.
BANK SERVICE CHARGES		8,134.
COMPUTER AND INTERNET EXPENSES DUES AND SUBSCRIPTIONS		19,287. 14,247.
INSURANCE		110,211.
MEALS NOT SUBJECT TO LIMITATION		6,315.
PROFESSIONAL FEES		202,583.
PURCHASED SERVICES		7,960.
SUPPLIES AND OTHER		15,834.
TRAVEL EXPENSES		99,788.
UTILITIES		8,457.
TOTAL TO FORM 1065, LINE 20		503,283.

STATEMENT 4

THE ENTITY OWNS 20% OR MORE DIRECTLY OR 50% OR MORE OVERALL OF PARTNERSHIPS OR TRUSTS

NAME OF ENTITY	EIN NUMBER	
	UNTRY OF ORGANIZATION	PCT OWNED
SPAULDING MANAGMENT LLC	27-4025215 STATES	100.00
ALECTO HEALTHCARE SERVICES LOS ANGELES	90-0999512 STATES	100.00
ACCELERON SERVICES LLC UNITED	90-0987801 STATES	100.00
ALECTO HEALTHCARE SERVICES HAYWARD LLC UNITED	36-4743580 STATES	100.00
ALECTO HEALTHCARE SERVICES INDIANA LLC UNITED	STATES	100.00
UNITED MEDICAL MANAGEMENT LLC UNITED	38-3933131 STATES	100.00
OLYMPIA HEALTH CARE LLC UNITED	42-1643090 STATES	80.00
ALECTO HEALTHCARE SERVICES FAIRMONT LLC UNITED	35-2507149 STATES	100.00
ALECTO HEALTHCARE SERVICES SHERMAN LLC UNITED	37-1760423 STATES	80.00
SHERMAN/GRAYSON HOSPITAL LLC UNITED	27-2025690 STATES	80.00
SHERMAN/GRAYSON HEALTH SERVICES LLC UNITED	27-2025835 STATES	80.00
SHERMAN/GRAYSON SPONSOR LLC UNITED	35-2518088 STATES	80.00
	STATES	100.00
	57-1226547 STATES	100.00
	36-4857044 STATES	100.00
	STATES	100.00
	STATES	100.00
PLAZA MEDICAL OFFICE BUILDING, LLC UNITED	46-0829723 STATES	99.50

SCHEDULE K	NET I	NCOME	(LOSS)	FROM	RENTAL	REAL	ESTATE	STATEMENT	5
DESCRIPTION								AMOUNT	
PLAZA MEDICAL OFF	ICE BU	ILDING	, LLC					-15,1	.09.
TOTAL TO SCHEDULE	K, LII	NE 2						-15,1	09.

ABECTO READTREAKE SERVICES BEC			
SCHEDULE K INTER	REST INCOME	STATEMENT 6	
DESCRIPTION	U.S. BONDS	OTHER	
 INTEREST - ALECTO HEALTHCARE SERVICE LOS ANGELES	ES	931	
INTEREST - ALECTO HEALTHCARE SERVICE	ES	22 674	
SHERMAN LLC INTEREST INCOME		22,674 134,720	
TOTAL TO SCHEDULE K, LINE 5		158,325	
SCHEDULE K CHARITABI	E CONTRIBUTIONS	STATEMENT 7	
DESCRIPTION	ТҮРЕ	AMOUNT	
CONTRIBUTIONS - ALECTO HEALTHCARE SERVICES SHERMAN LLC	RIBUTIONS - ALECTO HEALTHCARE CASH (60%)		
TOTALS TO SCHEDULE K, LINE 13A		600	
SCHEDULE K NONDEDUC	CTIBLE EXPENSE	STATEMENT 8	
DESCRIPTION		AMOUNT	
 NONDEDUCTIBLE EXPENSE FROM PASSTHROU	JGH	355,884	
OFFICER'S LIFE INSURANCE		34,719	
POLITICAL CONTRIBUTIONS		1,000	
TOTAL TO SCHEDULE K, LINE 18C		391,603	
SCHEDULE K OTH	ER ITEMS	STATEMENT 9	
DESCRIPTION		AMOUNT	
GROSS RECEIPTS FOR SECTION 448(C) SECTION 199A - ORDINARY INCOME (LOSS	3)	41,350,674 -36,359,994	
SECTION 199A - RENTAL INCOME (LOSS)	•	-15,109	
CECHTON 1003 W 2 WACEC		10 010 070	

18,010,879. 9,904,802.

3,669,744.

SECTION 199A W-2 WAGES

SECTION 199A UNADJUSTED BASIS OF ASSETS PASSTHROUGH BUSINESS INTEREST EXPENSE

SCHEDULE L	OTHER CURRENT ASSETS		STATEMENT 10
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE FROM AFFILIATE OTHER CURRENT ASSETS PREPAID EXPENSES		50,000. 687,788. 673,311.	50,000 101,038 983,806
TOTAL TO SCHEDULE L, LINE	6	1,411,099.	1,134,844
SCHEDULE L	OTHER INVESTMENTS		STATEMENT 11
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
INTERCOMPANY RECEIVABLE		18,894,024.	41,419,161.
TOTAL TO SCHEDULE L, LINE	8	18,894,024.	41,419,161.
SCHEDULE L	OTHER CURRENT LIABILIT	IES	STATEMENT 12
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED PAYROLL ACCRUED PTO HOSPITAL DEPOSIT LIABILIT OTHER ACCRUED EXPENSES	Y	25,650. 156,653. 0. 1,373.	34,538 109,842 -89,203 3,008
TOTAL TO SCHEDULE L, LINE	17	183,676.	58,185

ALECTO HEALTHCARE SERVICES LLC

FORM 1065	FORM 1065 PARTNERS' CAPITAL ACCOUNT SUMMARY							
PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITH- DRAWALS	ENDING CAPITAL			
1	-40,222,301.		-21,995,397.		-62,217,698.			
2	-7,246,931.		-3,880,680.		-11,127,611.			
3	-5,072,794.		-2,716,478.		-7,789,272.			
6	-3,508,529.		-1,940,339.		-5,448,868.			
7	-3,696,034.		-1,940,338.		-5,636,372.			
8	-3,623,439.		-1,940,339.		-5,563,778.			
9	-6,113,376.		-1,281,357.		-7,394,733.			
10	-4,351,643.		-915,254.		-5,266,897.			
TOTAL	-73,835,047.		-36,610,182.		-110,445,229.			

ALECTO REALTH	CARE SERVIO	CES LLC				46-0829723
SCHEDULE M-2		OT	HER DECREASI	ES	S	TATEMENT 14
DESCRIPTION						AMOUNT
NONDEDUCTIBLE	EXPENSES					391,603
TOTAL TO SCHE	DULE M-2, 1	LINE 7				391,603
SCHEDULE M-3		NCOME (LOS	S) FROM U.S	. PARTNERSH	 IPS S'	TATEMENT 15
		NAME				
	END OF PERCEN	YEAR	INCOME (LOSS)			INCOME (LOSS)
EIN	PROFIT- SHARING	LOSS-	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
ALECTO HEALTH 90-0999512 ALECTO HEALTH			0.	-14,046,913.	80,641.	-13,966,272
35-2507149 ALECTO HEALTH			0.	-323,248.	0.	-323,248
37-1760423 ALECTO HEALTH			0.	-19,732,939.	275,243.	-19,457,696
36-4857044 PLAZA MEDICAL			0.	-2,608,415.	0.	-2,608,415
15-2698455		_	0.	-15,109.	0.	-15,109
TOTALS		=	0.	-36,726,624.	355,884.	-36,370,740
SCHEDULE M-3	ОТНЕ		LOSS) AND EX		DUCTION S	TATEMENT 16
DESCRIPTION					PER INCOME STATEMENT	
OTHER INCOME OTHER EXPENSE					3,559,929. -1,021,441.	3,559,929 -1,021,441
TOTAL TO SCHE	DULE M-3,	PART II, L	INE 25		2,538,488.	2,538,488

ALECTO HEALTHCARE SERVICES LLC

DESCRIPTION	INCOME (LOSS) PER INCOME STATEMENT	INCOME (LOSS) PER TAX RETURN
SALES	3,559,929	3,559,929.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	3,559,929	3,559,929.

SCHEDULE M-3 M	EALS AND ENT	ERTAINMENT	Si	TATEMENT 18
DESCRIPTION	EXPENSE PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	DEDUCTION PER TAX RETURN
MEALS AND ENTERTAINMENT FROM TRADE OR BUSINESS	6,315.		0.	6,315.
TOTAL	6,315.		0.	6,315.
SCHEDULE M-3 OTHER EXPENSE	DEDUCTION I	TEMS WITH DI	FFERENCES SI	PATEMENT 19
DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	EXPENSE/ DEDUCTION PER TAX RETURN
OFFICER'S LIFE INSURANCE POLITICAL CONTRIBUTIONS SALARIES AND WAGES	34,719. 1,000. 2,487,535.	21,695.	-34,719. -1,000. 0.	0. 0. 2,509,230.
TOTAL TO M-3, PART III, LINE 3	0 2,523,254.	21,695.	-35,719.	2,509,230.

ALECTO HEALTHCARE SERVICES LLC 46-0829723

SCHEDULE M-3 OTHE	ER EXPENSE/DEDUCTION ITEM WITH NO DIFFERENCES	IS S	PATEMENT 20
DESCRIPTION		EXPENSE/ DEDUCTION PER INCOME STATEMENT	
AUTOMOBILE EXPENSE BANK SERVICE CHARGES COMPUTER AND INTERNET EXPENSES DUES AND SUBSCRIPTIONS EMPLOYEE BENEFIT PROGRAMS INSURANCE LLC FEES PAYROLL TAXES PROFESSIONAL FEES PURCHASED SERVICES RENT EXPENSE REPAIRS SUPPLIES AND OTHER TAXES AND LICENSES TRAVEL EXPENSES UTILITIES		19,287. 14,247. 185,413. 110,211. 5,000. 124,725. 202,583. 7,960. 203,632. 2,098. 15,834.	8,134. 19,287. 14,247. 185,413. 110,211. 5,000. 124,725. 202,583. 7,960. 203,632. 2,098. 15,834. 3,605.
TOTAL TO SCHEDULE M-3, PART II	I, LINE 25		1,021,441.

FORM 8916-A	OTHER INTERE	ST INCOME	ST	ATEMENT 21
DESCRIPTION	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
INTEREST INCOME	134,720.	0.	0.	134,720.
TOTAL TO PART II, LINE 5	134,720.	0.	0.	134,720.

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ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Ac	Date quire	d	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
7	FURNITURE	07	01	L 7	200DB	7.00	13,467.	5,231.	301.	301.	0.
	TOTALS						13,467.	5,231.	301.	301.	0.

228104 04-01-22

651151

Schedule K-1	2022 _		Final K-1			ded K-				1545-0123
(Form 1065) Department of the Treasury		F			er's Shar					
Internal Revenue Service For calence	dar year 2022, or tax year			Deduc	tions, Cı	redits	s, and	Othe	r Ite	ms
beginning ending		1	Ordinary bus	siness ind	come (loss)	14 Se	elf-employ	ment e	arnings	(loss)
Partner's Share of Income, Deductions,			-21	,845	,085.	Α	-21	.,84	15,C	85.
Credite etc	parate instructions.	2	Net rental real	estate inco	ome (loss)					
Part I Information About the Partnership				-9	,077.	15 Cr	edits			
A Partnership's employer identification number		3	Other net rer		_					
46-0829723		٠			110 (1000)					
B Partnership's name, address, city, state, and ZIP code		/la	 Guaranteed pa	vments for	r services	16 50	hedule K	-3 is at	tached	if
b Taranoromp o hamo, address, only, state, and zir sode		Tu		tyrriorno roi	i dei vided		ecked	0 10 411	aorica	·
ALECTO HEALTHCARE SERVICES LLC		4h	 Guaranteed	novmont	o for capital		ternative r	min tov	· (ANAT)	itomo
101 N. BRAND BLVD SUITE 1780	7	40		payment	.s ioi capitai	A	errialive i		, ,	750.
GLENDALE, CA 91203	<u> </u>	40	Tatal auranan						10,1	30.
•		4C	Total guaran 	iteed pay	ments					
C IRS center where partnership filed return: E-FILE	<u> </u>	-				40 -				
		5	Interest inco		1 2 2		x-exempt andeductib			
D Check if this is a publicly traded partnership (PTP) Part II Information About the Partner					,122.		naeauciii I	ole exp		
		6a	Ordinary divi I	idends		C*				STMT
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See	e instructions.)						<u> </u>			
	6	6b	Qualified div	ridends						
F Name, address, city, state, and ZIP code for partner entered in E.	See instructions.					19 Dis	stributions	s		
	(6c	Dividend equ	uivalents						
LAXMAN REDDY										
		7	Royalties			20 Ot	her inforn	nation		
			ľ			A			95.	122.
G X General partner or LLC Limited	partner or other LLC	R	Net short-ter	m canita	l gain (loss)	N	*	22		782.
member-manager member		٠		m oapita	ii gaiii (1000)	Z	*		,	STMT
	_	0.	Not long torn	m conital	acia (loca)	AG	* 2	7 8	1/3	485.
		Ja	Net long-tern	псарца	gain (loss)	AG		1 1 , C	, 43,	- 103.
		<u> </u>		(0.00.()						
TIN Name Name	⁸	9D	Collectibles (I	(28%) ga	in (loss)					
I1 What type of entity is this partner?INDIVIDUAL	——— <u>—</u>						 			
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check h	ere 🗀 9	9c	Unrecapture I	ed section	n 1250 gain		<u> </u>			
J Partner's share of profit, loss, and capital:	. –									
Beginning End	· .	10	Net section ⁻	_			<u> </u>			
	.0800000%				-722.		<u> </u>			
		11	Other incom	e (loss)			<u> </u>			
Capital 60.080000% 60	.0800000%									
Check if decrease is due to sale or exchange of partnership intere	st									
K Partner's share of liabilities:										
Beginning		12	Section 179	deduction	on	21 Fo	reign taxe	es paid	or acc	rued
Nonrecourse \$ 98,111,885. \\$ 139	,186,144.									
Qualified nonrecourse		13	Other deduc	tions						
financing \$	Į.	A			360.					
Recourse \$ 4,039,464.\$	0.									
Check this box if Item K includes liability amounts from lower-tier partnerships										
L Partner's Capital Account Analysis		22	More	than one	activity for a	at-risk n	ourposes*			
Tartier o capital Account Analysis	-	23	=		activity for p		•		4S*	
Beginning capital account \$ -40					ement for a					
Beginning capital account \$ -40 Capital contributed during the year \$ Current year net income (loss) \$ -21	, 222, 301		oo anaom	ou olule	mone for ac	Jantion	<u> </u>	iatioii.		
Comment was not income (leas)	005 307									
Current year net income (loss) \$ -21	, 990, 091									
Other increase (decrease) (attach explanation) \$		n Š								
Withdrawals and distributions \$()	For IRS Use Only								
	,217,698.	Use								
M Did the partner contribute property with a built-in gain (loss)?		ဋ္ဌ								
Yes X No If "Yes," attach statement. See instructi	ons.	Ϋ́								
N Partner's Share of Net Unrecognized Section 704(c) (Gain or (Loss)	д								
Beginning \$										
Ending \$										

SCHEDULE K-1 NONDEDUCT	TIBLE EXPENSES, BOX 18, CODE C	
		AMOUNI
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
POLITICAL CONTRIBUTIONS OFFICER'S LIFE INSURANCE NONDEDUCTIBLE EXPENSES -	SEE IRS SCH. K-1 INSTRUCTIONS	601. 20,859.
PASSTHROUGH	SEE IRS SCH. K-I INSTRUCTIONS	213,815.
TOTAL TO SCHEDULE K-1, BOX 18,	, CODE C	235,275.
SCHEDULE K-1 BUSINESS	INTEREST EXPENSE, BOX 20, CODE N	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	2,204,782.
TOTAL TO SCHEDULE K-1, BOX 20,	, CODE N	2,204,782.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z	
DESCRIPTION	AMOUNT
TRADE OR BUSINESS - X - SSTB	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	11,200. 11,200. 1,507,530. 6,977.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES LOS ANGELES ALECTO HEALTHCARE SERVICES LOS A X - SSTB EIN: 90-0999512	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES	-8,391,496. -8,391,496. 1,694.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES FAIRMONT LLC ALECTO HEALTHCARE SERVICES FAIRM X - SSTB EIN: 35-2507149	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-194,207. -194,207. 33,449. 3,039,349.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES SHERMAN LLC ALECTO HEALTHCARE SERVICES SHERM X - SSTB EIN: 37-1760423	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-11,703,446. -11,703,446. 9,278,248. 2,165,789.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES OHIO VALLEY, LL ALECTO HEALTHCARE SERVICES OHIO VAL X - SSTB EIN: 36-4857044	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) UNADJUSTED BASIS OF ASSETS	-1,567,136. -1,567,136. 738,690.
PASSTHROUGH - PLAZA MEDICAL OFFICE BUILDING, LLC EIN: 45-2698455	
RENTAL INCOME (LOSS)	-9,077.

ALECTO HEALTHCARE SERVICES LLC 46-0829723

SECTION 199A ADDITIONAL INFORMATION SCHEDULE K-1

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 20, CODE AG	
DESCRIPTION PARTNER FILI	NG INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR SEE IRS SCH.	K-1 INSTRUCTIONS	24,843,485.
TOTAL TO SCHEDULE K-1, LINE 20 AG		24,843,485.
SCHEDULE K-1 CURRENT YEAR NET INCO OTHER INCREASES(DEC		
DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS) RENTAL REAL ESTATE INCOME (LOSS) INTEREST INCOME SECTION 1231 GAIN (LOSS)	-21,845,085. -9,077. 95,122. -722.	
SCHEDULE K-1 INCOME SUBTOTAL		-21,759,762.
CHARITABLE CONTRIBUTIONS NONDEDUCTIBLE EXPENSES	-360. -235,275.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-235,635.
NET INCOME (LOSS) PER SCHEDULE K-1		-21,995,397.

SCHEDULE K-1	SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

For calendar year 2022, or tax year beginning

1

, 2022, and ending

Name: ALE	CTO	HEA	LTHCAR	E S	ERVI	CES	LLC						46-0	829723	
For: LAX	MAN	RED	DY								_				
D	Activity	/ Number	100% Disposed	PTP	P/T 199A	Type Code *	Description	1							
Description		1				8	ALECT	0.	HEALTHCARE	SERVI	CES I	LOS Z	ANGELE	S - Al	Έ
Of A a North		1			X	8	ALECT	0.	HEALTHCARE	SERVI	CES I	LOS Z	ANGELE	S - Al	ΞE
Activity		4				8	ALECT	O.	HEALTHCARE	SERVI	CES I	'AIRI	MONT L	LC - A	ΑL
								Ac	tivity - 1	Activity -			Activity -	4	
Ordinary busine	ess inco	me (loss	s)						-8,391,496	-8	,391,	496.	-:	194,20	7.
Net rental real e															
Other net renta															
Interest income									559	•					
Dividends - Or															
- Qı	ualified o	dividends	3												
- Di	ividend e	equivalen	nts (1065 only)											
5															
Net short-term	capital (gain (los:	s)												
Net long-term of	capital g	ain (loss	s)												
- Co	ollectible	es (28%)	gain (loss)												
- Ur	nrecaptu	ired Sect	tion 1250 gain												
Net section 123	31 gain ((loss)													
Other portfolio															
Section 1256 c	ontracts	and stra	addles												
Other income															
Section 179 de	duction														
Charitable cont	tribution	s													
Portfolio deduc	ctions														
Investment inte															
Section 59(e)(2															
Excess busines	ss interes	st expens	se												
Other deduction	ns														
Net earnings fr									-8,391,496	-8,	<u>,391,</u>	<u>496.</u>	-:	<u>194,20</u>	<u>7.</u>
Gross farming															
Gross nonfarm															
LIH credit - Se	ction 42	(j)(5) pai	rtnerships												
- Oth	her														
Qualified rehab															
Other rental cre	edits														
Credits related	to other	rental a	ctivities												
Recapture of LI	IH credit							_							
								_							
Other credits .								\vdash							
Post-1986 depr								-							
Adjusted gain o								-							
Portion of adju-					•			\vdash							
Portion of adju	-				-			\vdash							
Portion of adju								\vdash							
Depletion (other								\vdash							
Oil, gas and ge								\vdash							
Oil, gas and ge								\vdash							
Other AMT item								\vdash	FFO						
Investment inco								\vdash	559	•					
Investment exp								\vdash			1	604			
Section 199A -								\vdash			Ι,	694.			
			sis of assets												
			alified busines					\vdash							
	Cooper	ative W-	2 wages												

1 - Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

For calendar year 2022, or tax year beginning

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	MAN RED	LTHCAR	<u>. 5</u>	A T ,	CED	<u> </u>				46-0829723
	Activity Number		PTP	P/T 199A	Туре	Description				
Description	4			X	Code *	1 '	ΗΕΔΙ. ͲΗ CΔRΕ	SERVICES	FATRI	MONT LLC - AL
of	5			25	8					IAN LLC - ALE
Activity	<u>5</u>			Х	8					IAN LLC - ALE
		1				'	activity - 4		5	Activity - 5
Ordinary busines	ss income (loss	3)					-194,207			-11,703,446
Net rental real es									, = = = :	
Other net rental i										
Interest income								1.3	,623.	
Dividends - Ord									,	
- Ons	alified dividend	s				·····				
- Divi	idend equivaler	nts (1065 only))			·····				
D 11:						1				
	anital gain (loc									
Net short-term c										
Net long-term ca										
	lectibles (28%)									
	recaptured Sec									
Net section 1231										
Other portfolio ir										
Section 1256 co						I				
Section 179 ded									260	
Charitable contri									360.	
Portfolio deducti										
Investment inter										
Section 59(e)(2)										
Excess business										
Other deductions	s						104 005	11 500	116	11 500 446
Net earnings froi							-194,207	-11,703	<u>,446.</u>	-11,703,446
Gross farming o										
Gross nonfarm i										
LIH credit - Sect	tion 42(j)(5) pa	rtnerships								
	er									
Qualified rehabili	itation expendit	tures related to	rental	real estat	te					
Other rental cred	lits									
Credits related to	o other rental a	ctivities								
Recapture of LIH	l credit - Section	on 42(j)(5) par	tnershi	ips						
	- Other									
Other credits										
Post-1986 depre										
Adjusted gain or										
Portion of adjust						L				
Portion of adjust	ted gain/loss al	locable to long	g-term (gain/loss						
Portion of adjust	ted gain/loss al	locable to sect	ion 123	31 gain/lo	SS					
Depletion (other										
Oil, gas and geot										
Oil, gas and geot										
Other AMT items						I				
Investment incor								13	,623.	
Investment expe										
Section 199A - V							33,449			9,278,248
-	Unadjusted bas	sis of assets				·····	3,039,349			2,165,789
	REIT dividends						, ,			, ,
- (Cooperative qua	alified busines	s incon	 ne		·····-				
	Jooporalivo qui							+		

1

For calendar year 2022, or tax year beginning

Name: ALI	CTO	HEA	LTHCAR	E S	ERVI	CES	LLC					46-082	<u>9723 </u>
For: LAX	MAN	RED	DY		_								
Description	Activity	Number	100% Disposed	PTP	P/T 199A	Type Code *	Description						
Description of		6					ALECT					VALLEY,	
Activity		6			Х	8						VALLEY,	, LLC
Activity		7				8	PLAZA				LDING, 1		
								Activity -	6	Activity -	6	Activity -	7
Ordinary busin								-1,56	7,136.	-1,5	67,136.	ļ	
Net rental real													9,077.
Other net renta	ıl income	(loss)										ļ	
Interest incom													
Dividends - 0	rdinary d	ividends										ļ	
- Q	ualified d	ividends											
	ividend e	quivalen	ts (1065 only)									
												ļ	
Net short-term												ļ	
Net long-term												ļ	
- C	ollectible	s (28%)	gain (loss)									ļ	
- U	nrecaptu	red Secti	ion 1250 gain									ļ	
Net section 12		loss)										ļ	
Other portfolio												ļ	
Section 1256 o	contracts	and stra	ddles										
Other income													
Section 179 de													
Charitable con	tributions	3											
Portfolio deduc													
Investment into													
Section 59(e)(
Excess busines													
Other deductio	ns							4 5	- 106	4 -	68 426		
Net earnings fr								-1,56	57,136.	-1,5	67,136.		
Gross farming	or fishin	g income	e									ļ	
Gross nonfarm	income											ļ	
LIH credit - Se													
- Ot	her												
Qualified rehab													
Other rental cr													
Credits related													
Recapture of L													
Other credits .													
Post-1986 dep								-2	20,750.				
Adjusted gain													
Portion of adju	-				-								
Portion of adju													
Portion of adju													
Depletion (other													
Oil, gas and ge												 	
Oil, gas and ge													
Other AMT iter													
Investment inc													
Investment exp													
Section 199A -										-	20 (00		
										1	38,690.		
	· KEIT div	/idends											
			lified busines									 	
	- Coopera	ative W-2	2 wages							1			

^{1 -} Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

	MAN RE	ALTHCAR DDY	~								46-0829723
	Activity Number		PTP	P/T 199A	Туре	Description					
Description	7			X	Type Code *	PLAZA	MEDIC	AL OFFI	CE BUILI	OING, I	LLC
of										•	
Activity											
	•	•			•	•	Activity -	7	Activity -		Activity -
Ordinary busine	ess income (lo	ss)					, , , , , , , , , , , , , , , , , , ,				,
		(loss)						-9,077.			
)									
Interest income		,									
Dividends - Or		ds									
- Qı	ualified dividen	ıds									
- Di	vidend equival	ents (1065 only	/)								
Daniel River											
Net short-term											
Net long-term o											
		%) gain (loss) .									
- Ur	recaptured Se	ection 1250 gair	1								
Net section 123	31 gain (loss)										
		traddles									
Other income											
Section 179 de	duction										
Portfolio deduc	4:										
Investment inte	erest expense										
Section 59(e)(2											
Excess busines											
Other deduction											
Net earnings fr	om self-emplo	yment									
Gross farming											
Gross nonfarm											
LIH credit - Se	ction 42(j)(5) p	oartnerships .									
Qualified rehab	ilitation expend	ditures related t	o renta	ıl real esta	te						
Other rental cre	edits										
Credits related											
Recapture of LI	IH credit - Sec	tion 42(j)(5) pa	rtnersh	nips							
	- Oth	er									
Other credits .											
Post-1986 dep	reciation adjus	tment									
Adjusted gain o	or loss										
Portion of adjust	sted gain/loss	allocable to sho	ort-term	n gain/loss	3						
Portion of adjus	sted gain/loss	allocable to lon	g-term	gain/loss							
	-	allocable to sec		-							
		gas)									
		erties - gross in									
		erties - deductio									
Other AMT iten	ns										
Investment inco	ome										
Section 199A -	W-2 wages										
		asis of assets									
-	REIT dividend	ls									
		ualified busines									
-	Cooperative V	V-2 wages							İ		

651151

Schedule K-1 (Form 1065) 2022	Final K-1 Amended K-1 OMB No. 1545-01
Department of the Treasury	Part III Partner's Share of Current Year Income
Internal Revenue Service	Deductions, Credits, and Other Items
beginning ending	1 Ordinary business income (loss) 14 Self-employment earnings (loss)
Partner's Share of Income, Deductions, Credits, etc. See senarate instructions	-3,854,159. A -3,854,159.
	2 Net rental real estate income (loss)
Part I Information About the Partnership	-1,602. 15 Credits
A Partnership's employer identification number	3 Other net rental income (loss)
46-0829723	
B Partnership's name, address, city, state, and ZIP code	4a Guaranteed payments for services 16 Schedule K-3 is attached if
ALECHO HEALMHOADE GEDVICES ILS	checked
ALECTO HEALTHCARE SERVICES LLC 101 N. BRAND BLVD SUITE 1780	4b Guaranteed payments for capital 17 Alternative min tax (AMT) items
	A -3,661.
·	4c Total guaranteed payments
C IRS center where partnership filed return: E-FILE	5 International 40 Townships and
D Check if this is a publicly traded partnership (PTP)	5 Interest income 18 Tax-exempt income and nondeductible expenses
Part II Information About the Partner	a.i.
	6a Ordinary dividends C* STMT
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)	Ch Considered dividende
F Name, address, city, state, and ZIP code for partner entered in E. See instructions.	6b Qualified dividends
r Name, address, city, state, and zir code for partiel entered in E. See instructions.	6c Dividend equivalents
ROGER KRISSMAN	6¢ Dividend equivalents
KOOLK KKIDDIMIV	7 Royalties 20 Other information
G X General partner or LLC Limited partner or other LLC	8 Net short-term capital gain (loss) N * 388,993
member-manager member	Z * STM'
H1 X Domestic partner Foreign partner	9a Net long-term capital gain (loss) AG * 4,383,171
H2 If the partner is a disregarded entity (DE), enter the partner's:	Ta Net foligher Capital gain (1055)
TIN Name	9b Collectibles (28%) gain (loss)
I1 What type of entity is this partner?INDIVIDUAL	- Of Concombica (20%) gain (1000)
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	9c Unrecaptured section 1250 gain
J Partner's share of profit, loss, and capital:	J J J J J J J J J J J J J J J J J J J
Beginning Ending	10 Net section 1231 gain (loss)
Profit 10.6000000% 10.6000000%	
Loss 10.6000000% 10.6000000%	
Capital 11.0000000% 10.6000000%	
Check if decrease is due to sale or exchange of partnership interest	`
K Partner's share of liabilities;	
Beginning Ending	12 Section 179 deduction 21 Foreign taxes paid or accrued
Nonrecourse \$ 17,310,020. \$ 24,556,810.	
Qualified nonrecourse	13 Other deductions
financing\$	A 64.
Recourse \$ 0.\$	
Check this box if Item K includes liability amounts from lower-tier partnerships	
L Partner's Capital Account Analysis	22 More than one activity for at-risk purposes*
	23 More than one activity for passive activity purposes*
Beginning capital account \$ -7,246,931.	*See attached statement for additional information.
Beginning capital account \$ -7,246,931. Capital contributed during the year \$ Current year net income (loss) \$ -3,880,680.	
Current year net income (loss)	
Other increase (decrease) (attach explanation) \$	<u>></u>
Withdrawals and distributions \$()	ő
Ending capital account \$ \(-11, 127, 611 \).	Jse
M Did the partner contribute property with a built-in gain (loss)?	1 <u>0</u> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Yes X No If "Yes," attach statement. See instructions.	For IRS Use Only
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	L Δ
Beginning \$	
Ending ¢	

	-	
SCHEDULE K-1 NONDEDUCT	TIBLE EXPENSES, BOX 18, CODE C	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
POLITICAL CONTRIBUTIONS OFFICER'S LIFE INSURANCE NONDEDUCTIBLE EXPENSES -	SEE IRS SCH. K-1 INSTRUCTIONS	106. 3,680.
PASSTHROUGH	SEE IRS SCII. K-I INSTRUCTIONS	37,724.
TOTAL TO SCHEDULE K-1, BOX 18,	, CODE C	41,510.
	-	
SCHEDULE K-1 BUSINESS I	INTEREST EXPENSE, BOX 20, CODE N	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	388,993.
TOTAL TO SCHEDULE K-1, BOX 20,	, CODE N	388,993.

	
SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z	
DESCRIPTION	AMOUNT
TRADE OR BUSINESS - X - SSTB	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	1,976. 1,976. 265,971. 1,231.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES LOS ANGELES ALECTO HEALTHCARE SERVICES LOS A X - SSTB EIN: 90-0999512	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES	-1,480,523. -1,480,523. 299.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES FAIRMONT LLC ALECTO HEALTHCARE SERVICES FAIRM X - SSTB EIN: 35-2507149	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-34,265. -34,265. 5,901. 536,237.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES SHERMAN LLC ALECTO HEALTHCARE SERVICES SHERM X - SSTB EIN: 37-1760423	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-2,064,855. -2,064,855. 1,636,974. 382,113.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES OHIO VALLEY, LL ALECTO HEALTHCARE SERVICES OHIO VAL X - SSTB EIN: 36-4857044	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) UNADJUSTED BASIS OF ASSETS	-276,492. -276,492. 130,328.
PASSTHROUGH - PLAZA MEDICAL OFFICE BUILDING, LLC EIN: 45-2698455	
RENTAL INCOME (LOSS)	-1,602.

ALECTO HEALTHCARE SERVICES LLC

SECTION 199A ADDITIONAL INFORMATION SCHEDULE K-1

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C)	, BOX 20, CODE AG	
DESCRIPTION PARTNER FILING	INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR SEE IRS SCH. K	K-1 INSTRUCTIONS	4,383,171.
TOTAL TO SCHEDULE K-1, LINE 20 AG	=	4,383,171.
SCHEDULE K-1 CURRENT YEAR NET INCOME OTHER INCREASES(DECRE		
DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS) RENTAL REAL ESTATE INCOME (LOSS) INTEREST INCOME SECTION 1231 GAIN (LOSS)	-3,854,159. -1,602. 16,782. -127.	
SCHEDULE K-1 INCOME SUBTOTAL		-3,839,106.
CHARITABLE CONTRIBUTIONS NONDEDUCTIBLE EXPENSES	-64. -41,510.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-41,574.
NET INCOME (LOSS) PER SCHEDULE K-1	_	-3,880,680.

SCHEDULE K-1 SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

, 2022, and ending

For calendar year 2022, or tax year beginning

Name: ALECTO HEALTHCARE SERVICES LLC

46-0829723

	R KRIS	100% Disposed	PTP	P/T 199A	Type	Description							
Description	1	100% Biopocou			Type Code *	ALECT	о немілен	CARE	SERVICES	T.OS	ANGET	.ES -	Δ Τ.Τ
of	1			Х	8	ALECT			SERVICES SERVICES				
Activity	4			123	8				SERVICES				
				l .		иппст		1	Activity -	1	Activity		4
Ordinary huginaga	incomo (loco	.\					-1,480						<u>.</u> ,265
Ordinary business	•	,					-1,400	, , , , , , ,	-1,400	1,343.		-34	, 403
Net rental real esta													
Other net rental inc						I		99.					
								33.					
Dividends - Ordina	ary dividends	S											
- Qualit	ied dividends	3											
	end equivaler	nts (1065 only))										
Net short-term cap													
Net long-term capi													
		gain (loss)											
		tion 1250 gain									<u> </u>		
Net section 1231 g													
Other portfolio inco													
Section 1256 contr	acts and stra	addles											
Other income													
Section 179 deduc	tion												
Charitable contribu	tions												
Portfolio deduction	ıs												
Investment interes	t expense												
Section 59(e)(2) ex	kpenditures												
Excess business in	terest expen	se											
Other deductions													
Net earnings from	self-employr	nent					-1,480	<u>,523.</u>	-1,480),523 .		-34	, 265
Gross farming or fi													
Gross nonfarm inc													
LIH credit - Section	n 42(j)(5) pa	rtnerships											
Qualified rehabilitat													
Other rental credits						ı							
Credits related to o													
Recapture of LIH c	redit - Sectio	on 42(j)(5) par	tnershi	ps									
·													
Other credits													
Post-1986 deprecia	ation adjustn	nent											
Adjusted gain or lo													
Portion of adjusted													
Portion of adjusted	-												
Portion of adjusted	-	-		-									
Depletion (other th						ı							
Oil, gas and geothe													
Oil, gas and geothe													
Other AMT items											1		
Investment income								99.			1		
Investment expens											1		
•										299.			
Section 199A - W-													
- UI	-										 		
	Anabivib TI										1		
- RE	IT dividends	alified business											

^{1 -} Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

, 2022, and ending

For calendar year 2022, or tax year beginning

Name · ALECTO HEALTHCARE SERVICES LLC

46-0829723

		LTHCAR	E S	ERVI	CES	LLC			46-0829723
For: ROG	ER KRIS								
Door!=+!==	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description			
Description	4			X	8	ALECT		SERVICES FAIR	
Of A akindan	5				8			SERVICES SHER	
Activity	5			X	8	ALECT	O HEALTHCARE	SERVICES SHER	MAN LLC - AL
							Activity - 4	Activity - 5	Activity - 5
Ordinary busines	ss income (los	s)					-34,265.	-2,064,855.	-2,064,855
Net rental real es	state income (l								
Other net rental									
Interest income								2,403.	
Dividends - Ord								·	
- Qua	alified dividend	S							
- Div	ridend equivale	nts (1065 only))						
D 111									
Net short-term o									
Net long-term ca									
) gain (loss)							
		tion 1250 gain							
Net section 123									
Other portfolio in									
Section 1256 co									
0.1		uuuios							
Section 179 ded									
Charitable contri								64.	
Portfolio deduct								***	
Investment inter									
Section 59(e)(2)									
Excess business									
Other deduction									
Net earnings fro							-34,265.	-2,064,855.	-2,064,855
Gross farming o							31,203	2,001,0331	2,001,035
Gross nonfarm i LIH credit - Sec	tion /12/i1/5) no	rtnarchine							
Qualified rehabil		turge related to							
Other rental cred Credits related to	o other rental a	otivition							
Recapture of LIF									
necapture of Lif									
Other credite		·							
Other credits Post-1986 depre	ociation adjustr	mont							
Adjusted gain or Portion of adjust	tad gain/loce a	llocable to cho	rt_tarm	nain/loce					
Portion of adjus									
Portion of adjus	-	-		-					
Depletion (other Oil, gas and geo									
Oil, gas and geo									
Other AMT items								2,403.	
Investment inco								4,403.	
Investment expe							E 0.01		1 626 07/
Section 199A - V							5,901. 536,237.		1,636,974
		sis of assets					<u>530,43/•</u>		304,113
		alified busines							
- (-2 wages						percial 5 - Land 6 - Royalties 7	

For calendar year 2022, or tax year beginning

Name: ALE			E S	ERVI	CES	LLC					46-082	<u> 19723 </u>
For: ROG	ER KRIS				,							
Description	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description						
Of	6					ALECT			SERVICES			
Activity	6			X	8				SERVICES			, LLC
Autivity	7				8	PLAZA	MEDIC		CE BUILD	_	1	
							Activity -	6	Activity -	6	Activity -	7
Ordinary busine							-2	276,492.	-276	,492.		
Net rental real e											_	<u>-1,602.</u>
Other net rental	l income (loss)											
Interest income												
Dividends - Or	dinary dividend	ls										
- Qւ	ıalified dividend	ls										
- Di	vidend equivale	nts (1065 only)									
Net short-term												
Net long-term o												
	ollectibles (28%											
- Ur	recaptured Sec	ction 1250 gain										
Net section 123	31 gain (loss)											
Other portfolio												
Section 1256 co												
Other income												
Section 179 de												
Charitable cont	ributions											
Portfolio deduc												
Investment inte												
Section 59(e)(2	expenditures											
Excess busines	s interest exper	1se										
Other deduction												
Net earnings fro	om self-employ	ment					-2	276,492.	-276	,492.		
Gross farming												
Gross nonfarm												
LIH credit - Sec	ction 42(j)(5) pa	artnerships										
	ner											
Qualified rehabi												
Other rental cre	dits											
Credits related												
Recapture of LI	H credit - Secti	on 42(j)(5) par	tnershi	ips								
		r										
Other credits												
Post-1986 depr	eciation adjusti	ment						-3,661.				
Adjusted gain o												
Portion of adjus												
Portion of adjus	sted gain/loss a	llocable to long	g-term	gain/loss								
Portion of adjus	sted gain/loss a	llocable to sect	tion 12	31 gain/l	oss							
Depletion (othe	r than oil and g	as)										
Oil, gas and ged												
Oil, gas and ged												
Other AMT item	ns											
Investment inco												
Investment exp												
Section 199A -												
	Unadjusted ba								130	,328.		
-	REIT dividends											
	Cooperative qu											
-	Cooperative W	-2 wages										

^{1 -} Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

For calendar year 2022, or tax year beginning

Schedule of Activities

, 2022, and ending

46-0829723 Name: ALECTO HEALTHCARE SERVICES LLC

For: ROG	ER KRIS	<u>SMAN</u>								
Description	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description				
Description	7			X	Code *	PLAZA	MEDIC.	AL OFFI	CE BUILD:	ING, LLC
Of Activity										
Activity										
							Activity -	7	Activity -	Activity -
Ordinary busine	ss income (loss))								
Net rental real e	state income (lo	ss)						-1,602.		
	income (loss)									
Interest income										
Dividends - Or	dinary dividends									
- Qu	alified dividends									
- Div	vidend equivalen	ts (1065 only))							
Daniel III.										
Net short-term	capital gain (loss	3)								
	apital gain (loss)									
	llectibles (28%)									
	recaptured Secti									
	1 gain (loss)									
Other portfolio i										
Section 1256 co	ontracts and stra									
Other income										
Section 179 ded	l									
Charitable contr	ibutions									
Portfolio deduct										
Investment inte	rest expense									
) expenditures									
	s interest expens									
	is									
Net earnings fro	m self-employm	nent								
	or fishing income									
Gross nonfarm										
	tion 42(j)(5) par									
	er									
	litation expenditu									
	dits									
Credits related t	o other rental ac	tivities								
	H credit - Sectio									
Other credits										
Post-1986 denr	eciation adjustm	ent								
	r loss									
	ted gain/loss all									
	sted gain/loss all									
•	sted gain/loss all	-		•						
-	than oil and gas			-						
	thermal properti									
	thermal properti									
	S									
	me									
Investment expe										
	W-2 wages									
	Unadjusted bas									
	•									
	REIT dividends Cooperative qua									
	Cooperative W-2	wayes					I		<u> </u>	

1 - Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

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Schedule K-1 (Form 1065)	2022		Final K-1				1			
Department of the Treasury	For calendar year 2022, or tax year		Part III	Partner						
Internal Revenue Service	Tor caleridar year 2022, or tax year			Deducti			-			
beginning	ending	1		usiness inco				nent earnin		
Partner's Share of Income, Deductions, Credits, etc.		_	•	2,697,		Α	-2	<u>,697,</u>	912	4.
Part I Information About the Partne	See separate instructions.	- 2	Net rental rea	al estate incom _ 1		15.0				+
	rsnih	+	Out v m ad n		121.	15 Cr	edits I			
A Partnership's employer identification number 46-0829723		3	Other net r	ental income	e (IOSS)					
B Partnership's name, address, city, state, and ZIP code		1,	Currenteed	anto for or		10 0	-badula K.	3 is attache	ન :t	-
B Partifership's liding, address, city, state, and Zir code		4a	Guaranteeu	payments for se	ervices		اممالمما			
ALECTO HEALTHCARE SERVICES	S T.T.C	4h	Guarantee	d payments f	for capital			nin tax (AM		
101 N. BRAND BLVD SUITE 17		75		u paymone.	or oup	A		-2,	,	
GLENDALE, CA 91203		4c	Total quara	anteed paym	ents				<u> </u>	
C IRS center where partnership filed return:		1								
E-FILE		5	Interest inc	come		18 Ta	x-exempt i	income and	i	
D Check if this is a publicly traded partnership (PT		1	<u> </u>	11,	747.	nc	ndeductib	le expense	s	
Part II Information About the Partne	r	6a	Ordinary d	ividends		C*			STM	1T
E Partner's SSN or TIN (Do not use TIN of a disregarded	d entity. See instructions.)									
		6b	Qualified d	ividends						
F Name, address, city, state, and ZIP code for partner er	ntered in E. See instructions.	<u></u>				19 Di	stributions			
		6с	Dividend e	quivalents						
MICHAEL J SARRAO										
101 N BRAND BLVD SUITE 178	30	7	Royalties I				her inform		7.4	
GLENDALE, CA 91203	=	<u> </u>				A	.1.		,74	
	Limited partner or other LLC	8	Net short-to	erm capital g	jain (loss)	N	*	272		
member-manager	member	<u> </u>	<u> </u>			Z		2 060		TMT
H1 X Domestic partner	☐ Foreign partner	9a	Net long-te	erm capital ga	ain (loss)	AG	^	3,068	, 42	40.
H2 If the partner is a disregarded entity (DE), enter t	the partner's:	Oh.	Callagatible	s (28%) gain	//\					
I1 What type of entity is this partner? INDIVID	 ΤΤΔΤ.	90	Collectible	s (28%) gain	(IOSS)					
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc		Qr.	Unrecantu	red section 1	250 gain					
J Partner's share of profit, loss, and capital:	, GIIGGK HOLG	30		rea section i	200 gain					
Beginning	Ending	10	Net section	n 1231 gain (loss)					
Profit 7.420000%	7.4200000%	'		• •	-89.					
Loss 7.4200000%	7.4200000%	11	Other inco	me (loss)						
Capital 7.4200000%	7.4200000%									
Check if decrease is due to sale or exchange of partne	rship interest									
K Partner's share of liabilities;										
Beginning	Ending .	12	Section 17	9 deduction		21 Fo	reign taxe	s paid or a	crued	ł
Nonrecourse \$ 12,117,014.	<u>\$ 17,189,766.</u>									
Qualified nonrecourse			Other dedu	uctions						
financing\$	\$	Α			45.					
11000a100 1	<u>\$</u> 0.									
Check this box if Item K includes liability amounts from lower-ties										
L Partner's Capital Account Ana	alysis	22	=	e than one a	•		•			
Booling to a control occupy	_5 072 704	23		re than one a hed statem				•		
Beginning capital account \$	-5,012,194.		See allac	neu statem	ient ioi a	Julion	iai ii ii ii ii ii ii	ation.		
Capital contributed during the year \$										
Current year net income (loss)										
Withdrawals and distributions \$(•) L								
Ending capital account \$		se (
M Did the partner contribute property with a built-in gain		- Š								
Yes X No If "Yes," attach statement. S	` ,	For IRS Use Only								
N Partner's Share of Net Unrecognized Section		ē								
l										
Ending P										

SCHEDULE K-1 NONDEDUCT	IBLE EXPENSES, BOX 18, CODE C	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
POLITICAL CONTRIBUTIONS OFFICER'S LIFE INSURANCE NONDEDUCTIBLE EXPENSES -	SEE IRS SCH. K-1 INSTRUCTIONS	74. 2,577.
PASSTHROUGH	SEE IRS SCH. K-I INSTRUCTIONS	26,407.
TOTAL TO SCHEDULE K-1, BOX 18,	29,058.	
SCHEDULE K-1 BUSINESS I	NTEREST EXPENSE, BOX 20, CODE N	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	272,295.
TOTAL TO SCHEDULE K-1, BOX 20,	CODE N	272,295.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z	
DESCRIPTION	AMOUNT
TRADE OR BUSINESS - X - SSTB	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	1,383. 1,383. 186,153. 862.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES LOS ANGELES ALECTO HEALTHCARE SERVICES LOS A X - SSTB EIN: 90-0999512	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES	-1,036,367. -1,036,367. 209.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES FAIRMONT LLC ALECTO HEALTHCARE SERVICES FAIRM X - SSTB EIN: 35-2507149	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-23,985. -23,985. 4,131. 375,366.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES SHERMAN LLC ALECTO HEALTHCARE SERVICES SHERM X - SSTB EIN: 37-1760423	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-1,445,399. -1,445,399. 1,145,882. 267,480.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES OHIO VALLEY, LL ALECTO HEALTHCARE SERVICES OHIO VAL X - SSTB EIN: 36-4857044	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) UNADJUSTED BASIS OF ASSETS	-193,544. -193,544. 91,229.
PASSTHROUGH - PLAZA MEDICAL OFFICE BUILDING, LLC EIN: 45-2698455	
RENTAL INCOME (LOSS)	-1,121.

46-0829723

ALECTO HEALTHCARE SERVICES LLC

SECTION 199A ADDITIONAL INFORMATION SCHEDULE K-1

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION	448(C), BOX 20, CODE AG	
DESCRIPTION PARTNER	FILING INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR SEE IRS	SCH. K-1 INSTRUCTIONS	3,068,220.
TOTAL TO SCHEDULE K-1, LINE 20 AG		3,068,220.
SCHEDULE K-1 CURRENT YEAR NET		
OTHER INCREASES	(DECREASES)	
DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS) RENTAL REAL ESTATE INCOME (LOSS) INTEREST INCOME SECTION 1231 GAIN (LOSS)	-2,697,912. -1,121. 11,747. -89.	
SCHEDULE K-1 INCOME SUBTOTAL		-2,687,375.
CHARITABLE CONTRIBUTIONS NONDEDUCTIBLE EXPENSES	-45. -29,058.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-29,103.
NET INCOME (LOSS) PER SCHEDULE K-1	_	-2,716,478.
	=	

SCHEDULE K-1 SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

Name: ALE	CTO HEA	<u>LTH</u> CAR	E S	<u>ER</u> VI	CES	LLC					46-0829	723
For: MIC	HAEL J	SARRAO										
	Activity Number	100% Disposed	PTP	P/T 199A	Type	Description	1					
Description	1				Type Code *	ALECT		HEALTHCARE				- ALE
Of	1			Х	8	ALECT	O.	HEALTHCARE	SERVIC	ES LOS .	ANGELES -	- ALE
Activity	4				8	ALECT	O 1	HEALTHCARE	SERVIC	ES FAIR	MONT LLC	- AL
								ivity - 1	Activity -	1	7 10 11 11 19	4
Ordinary busine	ess income (loss)						-1,036,367	-1,0	36,367.	-23	,985.
Net rental real e												
Other net rental												
Interest income								69.	•			
Dividends - Or	dinary dividends	;										
- Qu	alified dividends	3										
- Div	vidend equivalen	its (1065 only)									
Net short-term												
Net long-term c	apital gain (loss)										
- Co	llectibles (28%)	gain (loss)										
- Un	recaptured Sect	ion 1250 gain										
Net section 123	1 gain (loss)											
Other portfolio i												
Section 1256 co												
Other income												
Section 179 ded	duction											
Charitable contr												
Portfolio deduc												
Investment inte	rest expense											
Section 59(e)(2												
Excess business	s interest expens	se										
Other deduction	ıs											
Net earnings fro	om self-employn	nent						-1,036,367	-1,0	36,367.	-23	,985.
	or fishing income											
Gross nonfarm												
LIH credit - Sec	ction 42(j)(5) par	rtnerships										
	er											
Qualified rehabi	litation expendit	ures related to	o rental	real estat	e							
Other rental cre	dits											
Credits related t	to other rental ac	A::A:										
Recapture of LI	H credit - Sectio	n 42(j)(5) par	rtnershi	ips								
Other credits												
Post-1986 depr												
Adjusted gain o												
Portion of adjus												
Portion of adjus	sted gain/loss all	ocable to long	g-term	gain/loss								
Portion of adjus	sted gain/loss all	ocable to sect	tion 12	31 gain/lo	ss							
Depletion (other	r than oil and ga	s)										
Oil, gas and ged	othermal propert	ies - gross ind	come									
Oil, gas and ged	othermal propert	ies - deductio	ns									
Other AMT item	ıs											
	ome							69.	,			
	enses											
	W-2 wages									209.		
	Unadjusted bas											
	REIT dividends											
	Cooperative qua											
	Cooperative W-2											

, 2022, and ending

	CTO HEA		ь S	EKVI(CES	ттС					46-0829723
For: MIC	HAEL J Activity Number	SARRAO 100% Disposed	PTP	P/T 199A	Turno	Description					
Description	l .	100% Disposed	PIP		Code *	1 '	Λ 11Π-λ1	מנעאסה	CEDITTOEC	ימדה	MONTH TTO AT
of	5			X	8						MONT LLC - AL MAN LLC - ALE
Activity	5			х	8						MAN LLC - ALE
				ΙΔ.	0	ипест	Activity -	4		5 5	Activity - 5
Ordinary busing	ec incomo (loco	.\						-23,985			
	ss income (loss							23,303	1,443	, 555.	1,443,333
Net Tellial Ieal e	state income (lo	188)									
Interest income	income (loss)								1	,682.	
	dinary dividends									,002.	
- Ou	alified dividends	' :									<u> </u>
- Div	idend equivalen	, its (1065 only))								
Daniel III.											
	capital gain (los										
	apital gain (loss										
	llectibles (28%)										
	recaptured Sect										1
	1 gain (loss)										
	ncome										
Section 1256 co	ontracts and stra	ıddles									
O.H											
Section 179 ded											1
	ibutions									45.	
Portfolio deduct	et a sa a										
Investment inte	rest expense										
) expenditures										
	s interest expens										
	is										
Net earnings fro	m self-employn	nent						-23,985	-1,445	,399.	-1,445,399
	or fishing incom										
	income										
LIH credit - Sec	tion 42(j)(5) par	rtnerships									
	er										
Qualified rehabi	litation expendit	ures related to	rental	real estat	e						
Other rental cre	dits										
Credits related t	o other rental ac	ctivities									
Recapture of LI											
Other credits											
Post-1986 depr											
Adjusted gain o	r loss										
Portion of adjus											
Portion of adjus											
	ted gain/loss all										
	r than oil and ga										
	thermal propert										
	thermal propert										
	s								1	600	1
	me								1	<u>,682.</u>	-
Investment expe	enses							1 1 2 1			1 145 000
Section 199A -	W-2 wages							4,131			1,145,882
	Unadjusted bas							375,366	•		267,480
-	REIT dividends										
	Cooperative qua								+		
-	Cooperative W-	2 wages									- Self-Rental 8 - Other

, 2022, and ending

For calendar year 2022, or tax year beginning

Name · ALECTO HEALTHCARE SERVICES LLC

Name: ALE	CTO HEA	LTHCAR	E S	ERVI	CES	LLC				46-082	9723
For: MIC	HAEL J	SARRAO									
	Activity Number	100% Disposed	PTP	P/T 199A	Type	Description					
Description	6				Code *	ALECT	O HEALTHCARE	SERVICES	OHIO	VALLEY,	LLC
of	6			Х	8		O HEALTHCARE				
Activity	7				8	PLAZA	MEDICAL OFF	ICE BUILD	ING, I	LLC	
	•	•	•			•	Activity - 6		6	Activity -	7
Ordinary busine	ss income (loss	3)					-193,544		,544.		
Net rental real e							•			_	1,121.
Other net rental											•
Interest income											
Dividends - Or											
- Qu	alified dividends	3									
- Div	vidend equivalen	nts (1065 only))								
D 11:											
Net short-term											
Net long-term c											
	llectibles (28%)										
	recaptured Sect										
Net section 123											
Other portfolio i											
Section 1256 co	ontracts and stra	addles									
Other income											
Section 179 ded											
Charitable contr	ibutions										
Portfolio deduc	et a la c										
Investment inte											
Section 59(e)(2											
Excess business											
Other deduction											
Net earnings fro							-193,544	193	,544.		
Gross farming of							-				
Gross nonfarm											
LIH credit - Sec	tion 42(j)(5) pa	rtnerships									
	er										
Qualified rehabi											
Other rental cre	dits										
Credits related t	to other rental ac	ctivities									
Recapture of LI											
Other credits											
Post-1986 depr							-2,563	•			
Adjusted gain o											
Portion of adjus	sted gain/loss all	locable to sho	t-term	gain/loss							
Portion of adjus	sted gain/loss all	locable to long	-term	gain/loss							
Portion of adjus	sted gain/loss all	locable to sect	ion 12	31 gain/lo	ss						
Depletion (other	r than oil and ga	ıs)									
Oil, gas and geo	thermal propert	ties - gross ind	come								
Oil, gas and geo	thermal propert	ties - deductio	ns								
Other AMT item	s										
Investment inco	me										
Investment exp	enses										
Section 199A -											
-	Unadjusted bas	sis of assets						91	<u>,229.</u>		
	REIT dividends										
-	Cooperative qua	alified busines	s incon	ne							
-	Cooperative W-	2 wages									

, 2022, and ending For calendar year 2022, or tax year beginning

For: MIC		SARRAO								
Description	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description				
of	7			X	8	PLAZA	MEDIC	AL OFFI	CE BUILD	ING, LLC
Activity			-							
								7	T	
O. dia h	: (1	. \					Activity -	7	Activity -	Activity -
	ess income (loss							-1,121.		
Net feffial feat t	estate income (lo	JSS)								
Interest income	l income (loss)									
Olviueilus - Ol	dinary dividends) 								
- Q.L - Di	ualified dividends	ote (1065 only								
Daniel III a	vidend equivaler									
	conital gain (loc									
	capital gain (los									
	capital gain (loss									
	ollectibles (28%) precaptured Sect									
	necaptured Sect 31 gain (loss)	-								
Other portfolio										
	ontracts and stra	addlae								
Other income										
Section 179 de	duction									
	ributions									
Portfolio deduc	1:									
	rest expense									
	?) expenditures									
	s interest expen									
	1S									
Net earnings fro	om self-employn	nent								
	or fishing incom									
Gross nonfarm										
	ction 42(j)(5) pa									
	ner									
	ilitation expendit									
	dits									
	to other rental a									
Recapture of LI	H credit - Section									
Other credits										
Post-1986 depr	eciation adjustm	nent								
	r loss									
	sted gain/loss all									
Portion of adjus	sted gain/loss all	locable to long	g-term	gain/loss						
Portion of adjus	sted gain/loss all	locable to sect	tion 12	31 gain/lo	ss					
Depletion (othe	r than oil and ga	ıs)								
Oil, gas and ge	othermal propert	ties - gross ind	come							
Oil, gas and geo	othermal propert	ties - deductio	ns .							
Other AMT item	ns									
	ome									
nvestment exp	enses									
	W-2 wages									
-	Unadjusted bas	sis of assets								
-	REIT dividends									
-	Cooperative qua	alified busines	s incor	me						
	Cooperative W-	2 wages								

 $1 - Single\ Family\ Residence \qquad 2 - Multi-Family\ Residence \qquad 3 - Vacation\ or\ Short-Term\ Rental \qquad 4 - Commercial$

5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

Schedule K-1	2022 _		Final K-1			ded K-			. 1545-0123
(Form 1065) Department of the Treasury		F	Part III						
Internal Revenue Service For calend	dar year 2022, or tax year			Deduc	tions, Cı	edite	s, and C	ther Ite	ems
beginning ending		1	Ordinary bus	siness inc	ome (loss)	14 Se	lf-employm	ent earning	gs (loss)
Partner's Share of Income, Deductions,			-1,	,927	,079.	Α	-1	,927,	078.
Credits, etc. See se	parate instructions.	2	Net rental real	estate inco	me (loss)				
Part I Information About the Partnership				-	-801.	15 Cr	edits		
A Partnership's employer identification number		3	Other net rer	ntal incon	ne (loss)				
46-0829723									
B Partnership's name, address, city, state, and ZIP code	4	4a	Guaranteed pa	yments for	services	16 Sc	hedule K-3	is attache	d if
						ch	ecked		
ALECTO HEALTHCARE SERVICES LLC	[4	4b	Guaranteed	payments	s for capital	17 Alt	ernative mi	n tax (AMT	ī) items
101 N. BRAND BLVD SUITE 1780						Α		-1,	831.
GLENDALE, CA 91203		4c	Total guaran	teed payı	ments				
C IRS center where partnership filed return:									
E-FILE		5	Interest inco	me		18 Ta	x-exempt ir	ncome and	
D Check if this is a publicly traded partnership (PTP)				8 ,	,391.	no	ndeductible	expenses	3
Part II Information About the Partner	(6a	Ordinary divi	idends		C*			STMT
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. Se	e instructions.)								
	· [6b	Qualified div	idends					
F Name, address, city, state, and ZIP code for partner entered in E.	See instructions.					19 Dis	stributions		
	[6c	Dividend equ	uivalents					
MATT WILLIAMS									
		7	Royalties			20 Ot	her informa	ition	
						A		8	,391.
G General partner or LLC X Limited	partner or other LLC	8	Net short-ter	m capital	gain (loss)	N	*		,496.
member-manager member						Z	*		STMT
H1 X Domestic partner Foreign	partner	9a	Net long-tern	n capital	gain (loss)	AG	*	2,191	,586.
H2 If the partner is a disregarded entity (DE), enter the partner	's:								
TIN Name		9b	Collectibles ((28%) gai	n (loss)				
I1 What type of entity is this partner? INDIVIDUAL									
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check h	ere	9c	Unrecapture	d section	1250 gain				
J Partner's share of profit, loss, and capital:									
Beginning End	ing	10	Net section ⁻	1231 gair	ı (loss)				
Profit 5.300000%	3.3000000%				-64.				
		11	Other incom	e (loss)					
Capital 5.300000% 5	3.3000000%								
Check if decrease is due to sale or exchange of partnership interest.	est								
K Partner's share of liabilities:									
Beginning		12	Section 179	deductio	n	21 Fo	reign taxes	paid or ac	crued
Nonrecourse \$ 8,655,010. \$ 12	2,278,405.								
Qualified nonrecourse		13	Other deduc	tions					
financing\$		A_			31.				
Recourse \$ 0 • \$	0.								
Check this box if Item K includes liability amounts from lower-tier partnership	s								
L Partner's Capital Account Analysis	1	22	More	than one	activity for a	at-risk p	urposes*		
		23			activity for p			•	
Beginning capital account \$\$		*(See attache	ed state	ment for ac	ddition	al informa	ition.	
Capital contributed during the year\$									
Capital contributed during the year \$ Current year net income (loss) \$ -1	.,940,339.								
Other increase (decrease) (attach explanation) \$		<u>></u>							
Withdrawals and distributions \$()	For IRS Use Only							
	,448,868.	Jse							
M Did the partner contribute property with a built-in gain (loss)?		3S							
Yes X No If "Yes," attach statement. See instruct	ions.	ΥF							
N Partner's Share of Net Unrecognized Section 704(c)	Gain or (Loss)	д							
Beginning \$									
Ending \$									

SCHEDULE K-1 NONDEDUCT	IBLE EXPENSES, BOX 18, CODE C	
	······································	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
POLITICAL CONTRIBUTIONS OFFICER'S LIFE INSURANCE NONDEDUCTIBLE EXPENSES -	SEE IRS SCH. K-1 INSTRUCTIONS	53. 1,840.
PASSTHROUGH	DEE IND Dell. K I INDIROCTIONS	18,862.
TOTAL TO SCHEDULE K-1, BOX 18,	CODE C	20,755.
SCHEDULE K-1 BUSINESS IN	NTEREST EXPENSE, BOX 20, CODE N	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	194,496.
TOTAL TO SCHEDULE K-1, BOX 20,	CODE N	194,496.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z	
DESCRIPTION	AMOUNT
TRADE OR BUSINESS - X - SSTB	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	988. 988. 132,986. 615.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES LOS ANGELES ALECTO HEALTHCARE SERVICES LOS A X - SSTB EIN: 90-0999512	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES	-740,261. -740,261. 150.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES FAIRMONT LLC ALECTO HEALTHCARE SERVICES FAIRM X - SSTB EIN: 35-2507149	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-17,132. -17,132. 2,951. 268,118.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES SHERMAN LLC ALECTO HEALTHCARE SERVICES SHERM X - SSTB EIN: 37-1760423	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-1,032,428. -1,032,428. 818,487. 191,056.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES OHIO VALLEY, LL ALECTO HEALTHCARE SERVICES OHIO VAL X - SSTB EIN: 36-4857044	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) UNADJUSTED BASIS OF ASSETS	-138,246. -138,246. 65,164.
PASSTHROUGH - PLAZA MEDICAL OFFICE BUILDING, LLC EIN: 45-2698455	
RENTAL INCOME (LOSS)	-801.

SECTION 199A ADDITIONAL INFORMATION SCHEDULE K-1

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 20, CODE AG	
DESCRIPTION PARTNER FILING	G INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR SEE IRS SCH. I	K-1 INSTRUCTIONS	2,191,586.
TOTAL TO SCHEDULE K-1, LINE 20 AG		2,191,586.
SCHEDULE K-1 CURRENT YEAR NET INCOME OTHER INCREASES(DECRE		
		····
DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS) RENTAL REAL ESTATE INCOME (LOSS) INTEREST INCOME SECTION 1231 GAIN (LOSS)	-1,927,079. -801. 8,391. -64.	
SCHEDULE K-1 INCOME SUBTOTAL		-1,919,553.
CHARITABLE CONTRIBUTIONS NONDEDUCTIBLE EXPENSES	-31. -20,755.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-20,786.
NET INCOME (LOSS) PER SCHEDULE K-1	- -	-1,940,339.
	-	

SCHEDULE K-1	SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

, 2022, and ending

	CTO HEA		E S	ERVI	CES	LLC					_		46-	-0829	723
For: MA1	TT WILLI		,												
Description	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description ALECT		EALTHC	CARE	SERV	ICES	LOS	ANGE	LES -	- ALE
of	1			Х	8	ALECT	O H	EALTHC	ARE	SERV					
Activity	4				8			EALTHC							
	•						Activi			Activity		1	Activit		4
Ordinary busine	ess income (los	3)						-740,				,261			,132.
	estate income (lo											•			•
	l income (loss)														
Interest income									49.						
	rdinary dividend														
- Qı	ualified dividend	S													
- Di	vidend equivaler	nts (1065 only)												
5															
	capital gain (los														
	capital gain (loss														
	ollectibles (28%)														
- Ur	nrecaptured Sec	tion 1250 gain													
Net section 123	31 gain (loss)	9-													
Other portfolio															
	ontracts and str														
Other income															
Section 179 de															
	ributions														
Portfolio deduc															
	erest expense _														
	2) expenditures														
Excess busines	s interest expen	se													
	ns														
Net earnings fr	om self-employr	ment						-740,	261.	,	-740	,261		-17	,132.
	or fishing incom														•
	income														
LIH credit - Se	ction 42(j)(5) pa	rtnerships													
	ner														
Qualified rehab	ilitation expendi	tures related to	rental	real esta	te										
	edits														
Credits related	to other rental a	ctivities													
Recapture of LI	IH credit - Section	on 42(j)(5) par	tnershi	ips											
Other credits															
Post-1986 depi	reciation adjustn	nent													
	or loss														
	sted gain/loss al														
	sted gain/loss al														
Portion of adjus	sted gain/loss al	locable to sect	tion 12	31 gain/lo	oss										
	er than oil and ga														
	othermal proper														
	othermal proper														
	ns														
	ome								49.	,					
	enses														
	W-2 wages											150.	,		
	Unadjusted ba														
	REIT dividends														
	Cooperative qua														
	Cooperative W-														

, 2022, and ending

NATT VILLIANS	Name: ALE			E S	EKVI	CES	тьс					46-082	9/23
Description of	For: MA'I'			DTD	In / 1004	I	Is						
Activity	Description		100% Disposed	PIP		Code *	· ·			a========			
Activity	•				X								
Activity	·				77								
Ordinary business income (loss) Act rental rad istate income (loss) Interest income loss) Interest income Interest income (loss) Interest income Interest income (loss) Interest income loss) Interest income Interest income Interest income Interest income (loss) I		5			X	8			•	1	_		
Net rental race extant income (loss)								Activity -					
Other net retrial income (loss)									-17,132	· -1,03	2,428.	-1,03	2,428.
Dividends - Ordinary dividends													
Dividends - Ordinary dividends — Qualified dividends — Qualified dividends — Qualified dividends — Qualified dividends — Section 1250 gain (loss) — Not long-term capital gain (loss) — Collectibles (28%) gain (loss) — Univespitured Section 1250 gain (loss) — Section 1256 contracts and straddles — Section 1276 deduction — Section 179 deduction											1 000		
- Qualified dividendes - Dividend equivalents (1065 only) Royalties Net short-term capital gain (1085) - Collectibles (28%) gain (1085) - Unrecapitured Section 1250 gain Net section 1236 centracts and straddles Other protolio income Section 1236 contracts and straddles Other deduction Note adduction Note adduction Note adduction Note administration stress expense Other deductions Well adductions Note administration stress expense Other deductions Cross farming or fishing income Gross northam income Gross northam income Other central credits Crodits related to other rental activities Credits related to other rental activities Other Credits Other of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gess income Oil, gas and geothermal properties - deductions Other Affi Items Investment income 1,202. Investment expenses 2,951. 818,487. 268,118. 191,056.											1,202.		
- Divident equivalents (1065 only) Not short-term capital gain (loss) Net short-term capital gain (loss) - Collectibes (28%) gain (loss) - Unrecaptured Section 1250 gain Net section 1219 gain (loss) Other portfolio income Section 1256 contracts and straddles Other portfolio income Section 179 deduction Charlable contributions Portfolio deductions Investment interest expense Excess business interest expense Excess business interest expense Het earnings from self-employment Gross farming or fishing income Gross forming or fishing income Gross forming one - 17 , 132 1 , 032 , 428 1 , 032 , 428 . Other deductions Het earnings from self-employment - 17 , 132 1 , 032 , 428 1 , 032 , 428 . Other deductions Het earnings from self-employment - 17 , 132 1 , 032 , 428 1 , 032 , 428 . Other deductions Het earnings from self-employment - 17 , 132 1 , 032 , 428 1 , 032 , 428 . Other deductions Het earnings from self-employment - 17 , 132 1 , 032 , 428 1 , 032 , 428 . Other deductions Het earnings from self-employment - 17 , 132 1 , 032 , 428 1 , 032 , 428 . Other deductions Het earnings from self-employment - 17 , 132 1 , 032 , 428 1 , 032 , 428 . Other deductions Het earnings from self-employment - 17 , 132 1 , 032 , 428 1 , 032 , 428 . Other deductions Het earnings from self-employment - 10	Dividends - Ord	dinary dividend	S										
Royallies Net short-term capital gain (loss) Net long-term capital gain (loss) - Collectibles (28%) gain (loss) - Unergaptured Section 1250 gain Net socion 1251 gain (loss) - Unergaptured Section 1250 gain Net socion 1251 gain (loss) - Unergaptured Section 1250 gain Net socion 1251 gain (loss) - Unergaptured Section 1250 gain Net socion 1251 gain (loss) - Unergaptured Section 1250 gain Net socion 1251 gain (loss) - Unergaptured Section 1250 gain Net socion 1250 contracts and straddles - Unergaptured Section 1250 gain - University of Section 1250 gain (loss) - Section 1794 (loss) - Sectio	- Qua	alified dividend	s										
Net short-term capital gain (loss) Net long-term capital gain (loss) - Collectibles (28%) gain (loss) - Unrecaptured Section 1250 gain Net section 1250 gain (loss) Other portfolio income Section 1256 contracts and straddles Other income Section 179 deduction Charlatable contributions Portfolio deductions Investment interest expense Section 59(9)(2 pepanditures Excess business interest expense Section 199(9)(2 pepanditures Cross sonifarm income Lift credit - Section 42()(5) partnerships - Other Other credits Other credits Post-1996 depreciation adjustment Adjusted gain or loss Portion of adjusted gain/oss allocable to short-term gain/oss Portion of adjusted gain/oss allocable to long-term gain/oss Portion of adjusted gain/oss allocable to section 1231 gain/oss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, good-parting qualified business income Occupant qualified terms and gas of gain gain g							- 1						
Net long-term capital gain (loss)													
- Collectibles (28%) gain (loss) - Unrecaptured Section 1250 gain Net section 1251 gain (loss) Other portfolio income Section 1756 colorarists and straddles Other income Section 1756 colorarists and straddles Other income Section 1759 colorarists and straddles Other income Section 1796 deduction Charlable contributions Section 1796 (eduction Charlable contributions Section 1996 (29) expenditures Excess business interest expense Section 599(e)(2) expenditures Excess business interest expense Other deductions Net earnings from self-employment -17,1321,032,4281,032,428. Gross farming or fishing income Gross nonfarm income Ulti credit - Section 42()(5) partnerships - Other Other credits Other rental credits Credits related to other ental activities Recapture of Life credit - Section 42()(5) partnerships - Other Other credits Other credits Post-1996 depreciation adjustment Adjusted gain roless Portion of adjusted gain/loss allocable to short-term gain/loss Depletion (other than oil and pays) Oil, gas and geothermal properties - deductions Other AMT terms Investment income Inve													
- Unrecaptured Section 1250 gain Set section 1251 gain (loss) Section 1231 gain (loss) Section 1266 contracts and straddles Section 179 deduction Section 179 deduct	- Col	lectibles (28%)	, uain (loss)										
Net section 1231 gain (loss) Other portfolio income Section 1296 contracts and straddles Other income Section 1736 deduction Section 1736 deductions Section 1736 de	- Uni	recantured Sec	tion 1250 gain										
Other portfolio income													
Section 1256 contracts and straddles Other income Section 179 deduction Charitable contributions Section 59(e)(2) expenditures Excess business interest expense Section 59(e)(2) expenditures Excess business interest expense Other deductions Net earnings from self-employment Gross farming or 16shing income Gross nonfarm income Lift credit - Section 42(i)(5) partnerships - Other Other credits Recapture of Lift credit - Section 42(i)(5) partnerships - Other Other credits Post-1986 depreciation adjustment Adjusted gain foss allocable to ong-term gain/oss Portion of adjusted gain/loss allocable to scion 1231 gain/oss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 1994 - W-2 wages 2, 951													
Other income													
Section 179 deduction Charitable contributions Dratifolia deductions Investment interest expense Section 59(e)(2) expenditures Excess business interest expense Section 59(e)(2) expenditures Excess business interest expense Other deductions Net earnings from self-employment -17,1321,032,4281,032,428. Gross farming or fishing income Gross nortam income LiH credit - Section 42(i)(5) partnerships - Other Outlified rehabilitation expenditures related to rental real estate Other rental credits Credits related to other rental activities Recapture of LiH credit - Section 42(i)(5) partnerships - Other Other credits - Other Other credits Post-1986 depreciation adjustment Adjusted gain or loss Portion of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to short-term gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - REIT dividends - Cooperative qualified business income							- 1						
Charitable contributions 31.													
Portfolio deductions Investment interest expense Section 59(e)(2) expenditures Excess business interest expense Cross farmings from self-employment Gross farming or fishing income Gross nontarm income Liff credit - Section 42(f)(5) partnerships Other reductions Recapture of Liff credit - Section 42(f)(5) partnerships Other of the rest of th											31.		
Investment interest expense Section 59(e)(2) expenditures Section 42(e)(6) partnerships Section 42(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(- 1						
Section 59(e)(2) expenditures													
Excess business interest expense													
Other deductions — 17,132. — 1,032,428. — 1,032,428. Fores farmings from self-employment — 17,132. — 1,032,428. — 1,032,428. Gross farming or fishing income — — — — — — — — — — — — — — — — — — —													
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Gross farming or fishing income Gross nonfarm income LIH credit - Section 42(j)(5) partnerships - Other Qualified rehabilitation expenditures related to rental real estate Other rental credits Credits related to other rental activities Recapture of LIH credit - Section 42(j)(5) partnerships - Other Other credits Post-1986 depreciation adjustment Adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to long-term gain/loss Portion of adjusted gain/loss allocable to long-term gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment expenses Section 199A - W-2 wages - Lunadjusted basis of assets - REIT dividends - Cooperative qualified business income									-17 132	-1 03	2 428.	-1 03	2 428
Gross nonfarm income LIH credit - Section 42(i)(5) partnerships - Other Qualified rehabilitation expenditures related to rental real estate Other rental credits Credits related to other rental activities Recapture of LIH credit - Section 42(i)(5) partnerships - Other Other credits Post-1986 depreciation adjustment Adjusted gain ro loss Portion of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income									17,132	1 2,03	<u> </u>	1 2,03	2,120
LIH credit - Section 42(j)(5) partnerships													
- Other Qualified rehabilitation expenditures related to rental real estate Other rental credits Credits related to other rental activities Recapture of LIH credit - Section 42(j)(5) partnerships - Other Other credits Post-1986 depreciation adjustment Adjusted gain or loss Portion of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to long-term gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income	I IH cradit - Sac	tion /2/i)/5) na	rtnarchine				·····						
Qualified rehabilitation expenditures related to rental real estate Other rental credits Credits related to other rental activities Recapture of LIH credit - Section 42(j)(5) partnerships - Other Other credits Post-1986 depreciation adjustment Adjusted gain or loss Portion of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to long-term gain/loss Portion of adjusted gain/loss allocable to long-term gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income 1, 202 • Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - REIT dividends - Cooperative qualified business income													
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Credits related to other rental activities Recapture of LIH credit - Section 42(j)(5) partnerships - Other Other credits Post-1986 depreciation adjustment Adjusted gain or loss Portion of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to long-term gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income													
Recapture of LIH credit - Section 42(j)(5) partnerships							·····						
- Other Other Credits Post-1986 depreciation adjustment Adjusted gain or loss Portion of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to long-term gain/loss Portion of adjusted gain/loss allocable to long-term gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income				tnarchi	ine		····						
Other credits Post-1986 depreciation adjustment Adjusted gain or loss Portion of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to long-term gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income	riccapture of En						I .						
Post-1986 depreciation adjustment Adjusted gain or loss Portion of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to long-term gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income	Other credits												
Adjusted gain or loss Portion of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to long-term gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income													
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Portion of adjusted gain/loss allocable to long-term gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income							- 1						
Portion of adjusted gain/loss allocable to section 1231 gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income		-			-								
Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income													
Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income													
Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income	Oil gas and geo	thermal proper	ties - aross inc	nome									
Other AMT items 1,202. Investment income 1,202. Investment expenses 2,951. Section 199A - W-2 wages 2,951. 818,487. - Unadjusted basis of assets 268,118. 191,056. - REIT dividends - Cooperative qualified business income - Cooperative qualified business income													
Investment income 1, 202. Investment expenses Section 199A - W-2 wages 2, 951. 818, 487. - Unadjusted basis of assets 268, 118. 191, 056. - REIT dividends - Cooperative qualified business income													
Investment expenses Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income											1,202.		
Section 199A - W-2 wages - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income											_,		
- Unadjusted basis of assets - REIT dividends - Cooperative qualified business income									2.951			81	8.487.
- REIT dividends - Cooperative qualified business income	-	IInadiusted has	sis of assets				·····						
- Cooperative qualified business income										-			_,,,,,,,
	- 1	Coonerative ou	alified husines	s incon	ne		·····						

, 2022, and ending

For calendar year 2022, or tax year beginning

Name: ALE	CTO HEA	LTHCAR	E S	ERVI	CES	LLC									46-082	9723 _
For: MAT	T WILLI	AMS														
	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description										
Description	6				8	ALECT	ОН	EAL'	THC	ARE	SEF	RVIC	ES	OHIO	VALLEY,	LLC
Of A a Variation	6			X	8	ALECT	ОН	EAL'	THC	ARE	SEF	RVIC	ES	OHIO	VALLEY,	LLC
Activity	7				8	PLAZA	ME	DIC	AL (OFFI	CE	BUI	LDI	NG,	LLC	
							Activ		6			vity -		5	Activity -	7
Ordinary busine	ss income (loss)						-1	38,	246.		-1	L38	,246.		
	state income (lo															-801.
	income (loss)															
Interest income																
Dividends - Or	dinary dividends															
- Qu	alified dividends	;														
- Div	vidend equivalen	ts (1065 only)													
Daniel River																
	capital gain (loss															
Net long-term c	apital gain (loss)														
- Co	llectibles (28%)	gain (loss)														
- Un	recaptured Sect	ion 1250 gain														
Net section 123	1 gain (loss)															
Other portfolio i																
Section 1256 co	ontracts and stra															
Other income																
Section 179 ded	duction															
Charitable contr	ibutions															
Portfolio deduc																
Investment inte	rest expense															
) expenditures															
	s interest expens															
	ıs															
	om self-employn							-1	38,	246.		-1	L38	,246.		
	or fishing income															
Gross nonfarm	income															
LIH credit - Sec	ction 42(j)(5) par	tnerships														
	er															
Qualified rehabi	litation expendit	ures related to	rental	real estat	e											
Other rental cre	dits															
Credits related t	to other rental ac	attention of														
Recapture of LI	H credit - Sectio	n 42(j)(5) par	tnershi	ips												
Other credits																
Post-1986 depr	eciation adjustm	ent							-1,	<u>831.</u>						
	r loss															
Portion of adjus	sted gain/loss all	ocable to sho	rt-term	gain/loss												
Portion of adjus	sted gain/loss all	ocable to long	g-term	gain/loss												
Portion of adjus	sted gain/loss all	ocable to sect	ion 12	31 gain/lo	ss											
Depletion (other	r than oil and ga	s)														
	thermal propert															
	thermal propert															
Other AMT item	ıs															
	me															
	enses															
	W-2 wages															
	Unadjusted bas												65	,164.		
	REIT dividends															
	Cooperative qua															
	Cooperative W-2															

1 - Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial

For calendar year 2022, or tax year beginning

, 2022, and ending

	CTO HEA		E S	ERVI	CES	LLC				46-0829723
For: MA'I	Activity Number	AMS 100% Disposed	PTP	P/T 199A	Tuno	Description				
Description	7	тоо% ызрозеи	PIP	X	Type Code *		MEDIC	XI OPPT	רה סוודו הד	NC IIC
of				 ^ _	0	РЬАДА	MEDIC.	AL OFFI	CE BUILDI	NG, LLC
Activity				+						
	1			1		1	Activity -	7	Activity -	Activity -
Ordinary husine	ess income (loss)					Activity	· · · · · · · · · · · · · · · · · · ·	Activity	Activity
	estate income (lo							-801.		
	l income (loss)									
Interest income										
	dinary dividends									
- Qı	ialified dividends	· · · · · · · · · · · · · · · · · · ·								
- Di	vidend equivalen	ts (1065 only)							
Daniel III.										
	capital gain (loss									
Net long-term of	capital gain (loss)								
- Co	ollectibles (28%)	gain (loss)								
- Ur	recaptured Sect	ion 1250 gain								
Net section 123	31 gain (loss)									
Other portfolio										
	ontracts and stra									
Other income										
Section 179 de	december of									
Charitable cont	ributions									
Portfolio deduc	At a second									
Investment inte	rest expense									
	?) expenditures									
Excess busines	s interest expens	se								
Other deduction	าร									
Net earnings fro	om self-employn	nent								
	or fishing incom									
Gross nonfarm										
LIH credit - Sec	ction 42(j)(5) par	tnerships								
	ner									
Qualified rehabi	ilitation expendit	ures related to	o rental	real estat	te					
Other rental cre	edits									
Credits related	to other rental ac	A1:A1								
Recapture of LI	H credit - Section	n 42(j)(5) par	tnershi	ips						
	- Other									
Post-1986 depr	eciation adjustm	ent								
	r loss									
	sted gain/loss all									
	sted gain/loss all									
	sted gain/loss all									
	r than oil and ga									
	othermal propert									
	othermal propert									
	ns									
	ome									
	enses									
	W-2 wages								-	
	Unadjusted bas								-	
	REIT dividends								-	
	Cooperative qua								-	
-	Cooperative W-2	2 wages					1			

Schedule K-1 (Form 1065)	2022		Final K-1			ended K-			. 1545-0123
Department of the Treasury					er's Sha				
Internal Revenue Service	For calendar year 2022, or tax year			Dedu	ctions, (Credit	s, and C	Other Ite	ems
beginning	ending	1	Ordinary bu	ısiness iı	ncome (loss)	14 Se	elf-employm	nent earning	gs (loss)
Partner's Share of Income, Deductions,			-1	,927	7,080.	A			0.
Credits, etc.	See separate instructions.	2	Net rental rea	I estate in	come (loss)				
Part I Information About the Partner	rship	1			-801.	15 C	redits		
A Partnership's employer identification number		3	Other net re	ental inc	ome (loss)				
46-0829723					()				
B Partnership's name, address, city, state, and ZIP code		4a	Guaranteed p	avments f	for services	16 Sc	chedule K-∂	3 is attached	d if
2 Taranoromp o mamo, adamoso, only, otato, and 2m occur		١		,		1.0			
ALECTO HEALTHCARE SERVICES	LLC	4h	Guaranteec	l navme	nts for capita			nin tax (AMT	
101 N. BRAND BLVD SUITE 17		40		paymen	nto for Capita	" 1/ ^		•	830.
GLENDALE, CA 91203	00	4.	Tatal access			+~			050.
-		4C	Total guara	nteea pa	ayments				
C IRS center where partnership filed return:		<u> </u>	1			+			
E-FILE	N	5	Interest inco				•	ncome and	
D Check if this is a publicly traded partnership (PTF Part II Information About the Partner					3,393.		naeauctibi	le expenses	
	·	6a	Ordinary div	vidends		C*			STMT
E Partner's SSN or TIN (Do not use TIN of a disregarded	entity. See instructions.)								
		6b	Qualified di	vidends					
F Name, address, city, state, and ZIP code for partner en	tered in E. See instructions.					19 Di	istributions		
		6c	Dividend ed	quivalent	:s				
STEVEN KAY									
		7	Royalties			20 0	ther informa	ation	
		l '				A			,393.
G General partner or LLC X	Limited partner or other LLC		Not obout to	vm oonit	tal gain (loss		*		,497.
G General partner or LLC X member-manager	member	l °		епп сарп	tai gairi (ioss	Z	*		STMT
	1	-	1			1.0		2 101	
H1 X Domestic partner	Foreign partner	9a	Net long-ter	rm capita	al gain (loss)	AG	<u> </u>	<u>Z,191</u>	,586.
H2 If the partner is a disregarded entity (DE), enter the	ne partner's:					-	-		
TIN Name		9b	Collectibles	s (28%) g	ain (loss)				
I1 What type of entity is this partner? INDIVIDU	<u> </u>								
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	9с	Unrecaptur	ed section	on 1250 gair	۱ 📖			
J Partner's share of profit, loss, and capital:									
Beginning	Ending	10	Net section	1231 ga	ain (loss)				
Profit 5.300000%	5.3000000%				-63.				
Loss 5.300000%	5.3000000%	11	Other incon	ne (loss)					
Capital 5.300000%	5.3000000%								
Check if decrease is due to sale or exchange of partner									
K Partner's share of liabilities:	<u> </u>								
Beginning	Ending	12	Section 179	9 deduct	ion	21 F	reign taxe	s paid or ac	crued
Nonrecourse \$ 8,655,010.	\$ 12,278,405.	l '-		o doddo.				, paid of do	oraca
	p 12/2/0/103t	12	Other dedu	otions					
Qualified nonrecourse	ф	A		CHOIS	32.				
financing \$	\$ 0.	Δ.			74.	-			
			+			-			
Check this box if Item K includes liability amounts from lower-tier			\vdash						
L Partner's Capital Account Ana	lysis	22			ne activity fo				
	2 626 224	23			ne activity fo				
Beginning capital account\$_	<u>-3,696,034</u> .	*	See attach	ned stat	tement for	additior	nal informa	ation.	
Capital contributed during the year\$									
Beginning capital account \$ _ Capital contributed during the year \$ _ Current year net income (loss) \$ _	-1,940,338.								
Other increase (decrease) (attach explanation) \$		_>							
Withdrawals and distributions \$(o I							
Ending capital account \$	-5,636,372.	se							
M Did the partner contribute property with a built-in gain		l Ö							
Yes X No If "Yes," attach statement. Se		For IRS Use Only							
N Partner's Share of Net Unrecognized Section		انّ							
_	1 107(C) Gaill Of (LUSS)	_							
Beginning \$ _ Ending \$									
r Englis									

SCHEDULE K-1 NONDEDUCT	'IBLE EXPENSES, BOX 18, CODE C	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
POLITICAL CONTRIBUTIONS OFFICER'S LIFE INSURANCE	GER IDG GOU V 1 INCORPLICATIONS	53. 1,840.
PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	18,862.
TOTAL TO SCHEDULE K-1, BOX 18,	CODE C	20,755.
SCHEDULE K-1 BUSINESS I	NTEREST EXPENSE, BOX 20, CODE N	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	194,497.
TOTAL TO SCHEDULE K-1, BOX 20,	CODE N	194,497.

ALECTO HEALTHCARE SERVICES LLC 46-0829723

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z	
DESCRIPTION	AMOUNT
TRADE OR BUSINESS - X - SSTB	
ORDINARY INCOME (LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	988. 132,986. 616.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES LOS ANGELES ALECTO HEALTHCARE SERVICES LOS A X - SSTB EIN: 90-0999512	
ORDINARY INCOME (LOSS) W-2 WAGES	-740,262. 149.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES FAIRMONT LLC ALECTO HEALTHCARE SERVICES FAIRM X - SSTB EIN: 35-2507149	
ORDINARY INCOME (LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-17,132. 2,951. 268,118.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES SHERMAN LLC ALECTO HEALTHCARE SERVICES SHERM X - SSTB EIN: 37-1760423	
ORDINARY INCOME (LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-1,032,428. 818,487. 191,057.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES OHIO VALLEY, LL ALECTO HEALTHCARE SERVICES OHIO VAL X - SSTB EIN: 36-4857044	
ORDINARY INCOME (LOSS) UNADJUSTED BASIS OF ASSETS	-138,246. 65,164.
PASSTHROUGH - PLAZA MEDICAL OFFICE BUILDING, LLC EIN: 45-2698455	
RENTAL INCOME (LOSS)	-801.

ALECTO HEALTHCARE SERVICES LLC

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C),	BOX 20, CODE AG	
DESCRIPTION PARTNER FILING	INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR SEE IRS SCH. K-	-1 INSTRUCTIONS	2,191,586.
TOTAL TO SCHEDULE K-1, LINE 20 AG		2,191,586.
SCHEDULE K-1 CURRENT YEAR NET INCOME OTHER INCREASES(DECREA		
DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS) RENTAL REAL ESTATE INCOME (LOSS) INTEREST INCOME SECTION 1231 GAIN (LOSS)	-1,927,080. -801. 8,393. -63.	
SCHEDULE K-1 INCOME SUBTOTAL		-1,919,551.
CHARITABLE CONTRIBUTIONS NONDEDUCTIBLE EXPENSES	-32. -20,755.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-20,787.
NET INCOME (LOSS) PER SCHEDULE K-1	-	-1,940,338.
	=	

SCHEDULE K-1	SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

, 2022, and ending

Name: ALE	CTO	HEA1	LTHCAR	E S	<u>ERVI</u> (CES	LLC					46-08297	723
For: STE	VEN	KAY											
	Activity N	Number	100% Disposed	PTP	P/T 199A	Type Code *	Description	1					
Description		1				8	ALECT	O	HEALTHCARE	SERVICES	LOS Z	ANGELES -	ALE
Of		1			X	8	ALECT	0.	HEALTHCARE	SERVICES	LOS Z	ANGELES -	ALE
Activity		4				8	ALECT	O.	HEALTHCARE	SERVICES	FAIR	MONT LLC	- AL
								Ac	tivity - 1		1	Activity -	
Ordinary busine	ess incom	ie (loss)							-740,262.	-740	,262.	-17	,132.
Net rental real e													
Other net rental													
Interest income									50.				
Dividends - Or	dinary div	/idends											
- Qu	alified div	vidends											
- Div	vidend eq	uivalent	s (1065 only)									
Net short-term													
Net long-term o	apital gai	n (loss)											
- Co	llectibles	(28%) (gain (loss)										
- Un	recapture	ed Section	on 1250 gain										
Net section 123	31 gain (lo	oss)											
Other portfolio													
Section 1256 co	ontracts a	ınd strad	ddles										
Other income													
Section 179 dec	duction												
Charitable conti	ributions												
Portfolio deduc													
Investment inte	rest expe	nse											
Section 59(e)(2) expendi	itures											
Excess busines	s interest	expense	e										
Other deduction	ns												
Net earnings fro	om self-er	mploym	ent										
Gross farming of	or fishing	income											
Gross nonfarm	income												
LIH credit - Sec	ction 42(j))(5) part	tnerships										
- Oth	ier												
Qualified rehabi													
Other rental cre	dits												
Credits related													
Recapture of LI													
Other credits													
Post-1986 depr													
Adjusted gain o													
Portion of adjus													
Portion of adjus													
Portion of adjus													
Depletion (othe													
Oil, gas and ged													
Oil, gas and ged								\vdash				 	
Other AMT item								_					
Investment inco								\vdash	50.			 	
Investment exp								\vdash		1	1.4.0	 	
Section 199A -								<u> </u>			149.		
			s of assets							1		 	
										1		 	
			ified busines					\vdash		1		 	
-	Cooperat	ive W-2	wages					1				1	

, 2022, and ending

Name: Аьв	CTO HEA	LTHCAR:	E S	<u>ERVI</u> (CES	LLC				46-0829723
For: STE	VEN KAY									
Description	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description				
Description	4			X	8					MONT LLC - AI
of Activity	5				8					MAN LLC - ALE
Activity	5			X	8	ALECT				MAN LLC - ALE
							Activity - 4		5	Activity - 5
	ss income (loss						-17,132	-1,032	<u>,428.</u>	-1,032,428
	state income (Io									
Other net rental	income (loss)									
Interest income								1	<u>,202.</u>	
Dividends - Ord	dinary dividends	S								
- Qu	alified dividends	8								
- Div	vidend equivalen	its (1065 only))							
Royalties										
Net short-term o	capital gain (los	s)								
	apital gain (loss									
- Co	llectibles (28%)	gain (loss)								
- Un	recaptured Sect	ion 1250 gain								
	1 gain (loss)									
	ncome									
Section 1256 co	ontracts and stra	iddles								
Section 179 ded										
Charitable contr	ibutions								32.	
Portfolio deduct										
Investment inter	rest expense									
) expenditures									
	s interest expens									
	ıs									
Net earnings fro	m self-employn	nent								
	or fishing incom									
	income									
LIH credit - Sec										
	er									
Qualified rehabil	litation expendit	ures related to	rental	real estat	e					
Other rental cred										
Credits related t		41. 341								
Recapture of LII										
Other credits										
	eciation adjustm									
	r loss									
	ted gain/loss all									
-	ted gain/loss all			-						
	ted gain/loss all									
	than oil and ga									
	thermal propert									
	thermal propert									
	S									
	me							1	,202.	
								-	,	
Section 100A	enses W-2 wanes						2,951			818,487
	W-2 wages						268,118			191,057
	Unadjusted bas						200,110	•		151,057
	REIT dividends									
	Cooperative qua	umeu business	ร แเตดม	IIC						

, 2022, and ending

Name: ALE	CTO	HEA.	LTHCAR	E S	ERVI	CES	LLC						46-0829	<u>9723 </u>
For: STE	VEN	KAY												
Description	Activity	Number	100% Disposed	PTP	P/T 199A	Type Code *	Description							
of		6				8	ALECT				SERVICES			LLC
Activity		6			X	8					SERVICES			LLC
Activity		7				8	PLAZA	MED:		FFI	CE BUILD		<u> </u>	
								Activity -				6	Activity -	7
Ordinary busine									<u>-138,2</u>	<u>46.</u>	-138	,246.		
Net rental real e														-801.
Other net rental	l income	(loss)												
Interest income														
Dividends - Or	dinary d	ividends												
- Qu	ıalified d	ividends												
- Di	vidend e	quivalen	ts (1065 only))										
Royalties														
Net short-term	capital g	ain (loss	s)											
Net long-term o														
- Co	llectible	s (28%)	gain (loss)											
- Un	recaptu	red Secti	on 1250 gain											
Net section 123	81 gain (I	loss)												
Other portfolio	income													
Section 1256 co	ontracts	and stra	ddles											
Other income														
Section 179 dec	duction													
Charitable conti	ributions													
Portfolio deduc														
Investment inte														
Section 59(e)(2														
Excess busines	s interes	t expens	e											
Other deduction	ns													
Net earnings fro	om self-e	employm	ent											
Gross farming of	or fishin	g income)											
$Gross\ nonfarm$														
LIH credit - Sec	ction 42(j)(5) par	tnerships											
- Oth	ner													
Qualified rehabi														
Other rental cre	dits													
Credits related														
Recapture of LI														
Other credits									4 0					
Post-1986 depr									-1,8	30.				
Adjusted gain o	r loss													
Portion of adjus														
Portion of adjus			-		-									
Portion of adjus														
Depletion (othe														
Oil, gas and ged														
Oil, gas and ged														
Other AMT item														
Investment inco														
Investment exp														
Section 199A -												1.0.4		
			is of assets								65	<u>,164.</u>		
-	REIT div	/idends												
			lified busines											
-	Coopera	ative W-2	wages											

225001 04-01-22 1 - Singl

^{1 -} Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

, 2022, and ending

Name: ALE	ECTO HEA	<u>LTH</u> CAR	E S	ERVI	CES	LLC				46-0829723
For: STE	EVEN KAY									
D i . ii	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description				
Description	7			X	8	PLAZA	MEDIC	AL OFFI	CE BUILDI	ING, LLC
Of Antivity										
Activity										
							Activity -	7	Activity -	Activity -
Ordinary busin	ess income (loss	i)								
Net rental real	estate income (lo	ss)						-801.		
Other net renta	ıl income (loss)									
Interest income										
Dividends - Or	rdinary dividends	;								
- Qı	ualified dividends	3								
- Di	ividend equivalen	its (1065 only)							
Royalties										
Net short-term	capital gain (loss	s)								
Net long-term (capital gain (loss)								
- Co	ollectibles (28%)	gain (loss)								
- Uı	nrecaptured Sect	ion 1250 gain								
Net section 123	31 gain (loss)									
Other portfolio										
Section 1256 c	contracts and stra	ıddles								
Other income										
Section 179 de	duction									
Charitable cont	tributions									
Portfolio deduc	ctions									
Investment inte	erest expense									
Section 59(e)(2	2) expenditures									
Excess busines	ss interest expens	se								
Other deductio	ns									
Net earnings fr	om self-employn	nent								
	or fishing incom									
Gross nonfarm	income									
LIH credit - Se	ction 42(j)(5) par	rtnerships								
- Oth	her									
Qualified rehab	ilitation expendit	ures related to	rental	l real estat	ie					
Other rental cre	edits									
Credits related	to other rental ac	ctivities								
Recapture of L	IH credit - Section	n 42(j)(5) par	tnershi	ips						
	- Other									
Other credits $ \cdot $										
Post-1986 dep	reciation adjustm	nent								
Adjusted gain of	or loss									
	sted gain/loss all									
	sted gain/loss all									
	sted gain/loss all									
	er than oil and ga									
	othermal propert									
	othermal propert									
	ns									
Investment inc	ome									
	oenses									
	- W-2 wages									
	- Unadjusted bas									
	- REIT dividends									
	- Cooperative qua									
-	- Cooperative W-	2 wages								

225001 04-01-22

^{1 -} Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

Schedule K-1	2022		Final K-1			ded K-			. 1545-0123
(Form 1065) Department of the Treasury			Part III						
Internal Revenue Service	For calendar year 2022, or tax year			Deduct	ions, Cı	edite	s, and (Other Ite	ems
beginning	ending	1	Ordinary bu	siness inco	ome (loss)	14 Se	elf-employn	nent earning	gs (loss)
Partner's Share of Income, Deductions,	<u> </u>		-1	,927,	080.				
Credits, etc.	See separate instructions.	2	Net rental real						
Part I Information About the Partner		1 -			800.	15 Cr	edits		
A Partnership's employer identification number	•	3	Other net re						
46-0829723		ľ		1110111	C (1000)				
B Partnership's name, address, city, state, and ZIP code		12	Guaranteed pa	avmente for e	cervices	16 Sc	hadula K-	3 is attached	d if
b Tartiforship's harrie, address, only, state, and 2h code		44		ayments for s	sei vices		ecked	is attacrice	,
ALECTO HEALTHCARE SERVICES	T.T.C	46	Guaranteed	noumonto	for conital			nin tax (AMT	L
101 N. BRAND BLVD SUITE 17	-	40	duaranteed	payments	ior capitai	A	lemative m	•	831.
	00	4.	<u> </u>			A		<u>-1,</u>	031.
		4C	Total guarar	nteed paym	nents				
C IRS center where partnership filed return: E-FILE		-				40 -			
	1	5	Interest inco		201		•	ncome and le expenses	
D Check if this is a publicly traded partnership (PTP)					391.	Ι.	naeauctib I	•	
Part II Information About the Partner		6a	Ordinary div	ridends		C*			STMT
E Partner's SSN or TIN (Do not use TIN of a disregarded of	entity. See instructions.)								
		6b	Qualified div	/idends					
F Name, address, city, state, and ZIP code for partner enter	ered in E. See instructions.					19 Dis	stributions		
		6с	Dividend eq	uivalents					
HAYES IRREVOCABLE TRUST									
		7	Royalties			20 Ot	her inform	ation	
						ΑI			,391.
G General partner or LLC X	Limited partner or other LLC	Q	Net short-te	rm capital	gain (loss)	N	*		,497.
member-manager	member	ľ		iiii capitai	gairi (1033)	Z	*		STMT
		-	Not los o tos		· - i - (I)	AG	*	2 101	,586.
H1 X Domestic partner	Foreign partner	Уa	Net long-ter	m capitai g	jain (ioss)	AG		<u> </u>	, 300 •
H2 If the partner is a disregarded entity (DE), enter th	e partner's:								
TIN Name		9b	Collectibles	(28%) gain	(loss)				
I1 What type of entity is this partner? TRUST									
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.)	, check here	9с	Unrecapture	ed section	1250 gain				
J Partner's share of profit, loss, and capital:									
Beginning	Ending	10	Net section	1231 gain					
Profit 5.300000%	5.300000%				-64.				
Loss 5.300000%	5.3000000%	11	Other incom	ne (loss)					
Capital 5.300000%	5.3000000%								
Check if decrease is due to sale or exchange of partners	ship interest								
K Partner's share of liabilities:									
Beginning	Ending	12	Section 179	deduction	1	21 Fo	reign taxe	s paid or ac	crued
Nonrecourse \$ 8,655,010.	12,278,405.								
Qualified nonrecourse		13	Other deduc	ctions					
financing\$		Α			32.				
Recourse \$ 0.\$	0.								
Check this box if Item K includes liability amounts from lower-tier p									
L Partner's Capital Account Anal		22	More	than one	activity for a	at-risk r	nurnoses*		
Faither's Capital Account Anal	yolo	23			activity for p			Irnoses*	
Beginning capital account \$ _	-3 623 439		See attach					•	
			OCC attach	cu stater	nent for ac	Jantion	iai ii ii Oi ii ii	20011.	
Capital contributed during the year \$ _ Current year net income (loss) \$ _	1 040 220								
Current year net income (loss) \$ _	-1,340,339.								
Other increase (decrease) (attach explanation) \$ _		ج							
Withdrawals and distributions \$(_)	For IRS Use Only							
Ending capital account \$ _	-5,563,778.	Use							
M Did the partner contribute property with a built-in gain (3S I							
Yes X No If "Yes," attach statement. See	e instructions.	Ĭ Ä							
N Partner's Share of Net Unrecognized Section	704(c) Gain or (Loss)	ь							
Beginning \$ _									
Ending \$									

SCHEDULE K-1 NONDEDUC	TIBLE EXPENSES, BOX 18, CODE C	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
POLITICAL CONTRIBUTIONS OFFICER'S LIFE INSURANCE NONDEDUCTIBLE EXPENSES -	SEE IRS SCH. K-1 INSTRUCTIONS	53. 1,840.
PASSTHROUGH	18,861.	
TOTAL TO SCHEDULE K-1, BOX 18	, CODE C	20,754.
SCHEDULE K-1 BUSINESS	INTEREST EXPENSE, BOX 20, CODE N	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	194,497.
TOTAL TO SCHEDULE K-1, BOX 20	, CODE N	194,497.

46-0829723

-800.

SCHEDULE K-1	SECTION 199A	INFORMATIO	N, BOX 20, CODE	Z
DESCRIPTION				AMOUNT
TRADE OR BUSINESS X - SSTB	_			
ORDINARY INCOME W-2 WAGES UNADJUSTED BASI				988. 132,986. 615.
PASSTHROUGH - ALEC ALECTO HEALTHCARE X - SSTB EIN: 90			OS ANGELES	
ORDINARY INCOME W-2 WAGES	(LOSS)			-740,262. 150.
PASSTHROUGH - ALEC ALECTO HEALTHCARE X - SSTB EIN: 35			AIRMONT LLC	
ORDINARY INCOME W-2 WAGES UNADJUSTED BASI				-17,132. 2,951. 268,119.
PASSTHROUGH - ALEC ALECTO HEALTHCARE X - SSTB EIN: 37			HERMAN LLC	
ORDINARY INCOME W-2 WAGES UNADJUSTED BASI				-1,032,428. 818,488. 191,056.
PASSTHROUGH - ALEC ALECTO HEALTHCARE X - SSTB EIN: 36	SERVICES OHIO		HIO VALLEY, LL	
ORDINARY INCOME UNADJUSTED BASI				-138,246. 65,164.
PASSTHROUGH - PLAZ EIN: 45-2698455	A MEDICAL OFF	ICE BUILDIN	G, LLC	

RENTAL INCOME (LOSS)

SECTION 199A ADDITIONAL INFORMATION SCHEDULE K-1

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C),	BOX 20, CODE AG	
DESCRIPTION PARTNER FILING	INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR SEE IRS SCH. K-	l INSTRUCTIONS	2,191,586.
TOTAL TO SCHEDULE K-1, LINE 20 AG		2,191,586.
SCHEDULE K-1 CURRENT YEAR NET INCOME OTHER INCREASES (DECREA		
DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS) RENTAL REAL ESTATE INCOME (LOSS) INTEREST INCOME SECTION 1231 GAIN (LOSS)	-1,927,080. -800. 8,391. -64.	
SCHEDULE K-1 INCOME SUBTOTAL		-1,919,553.
CHARITABLE CONTRIBUTIONS NONDEDUCTIBLE EXPENSES	-32. -20,754.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-20,786.
NET INCOME (LOSS) PER SCHEDULE K-1		-1,940,339.

SCHEDULE K-1 SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

, 2022, and ending

Name: ALE	CTO HEA	LTHCAR	E S	ERVI	CES	LLC					46-0829	723 _
For: HAY	ES IRRE	VOCABL	ЕТ	RUST					_			
	Activity Number	100% Disposed	PTP	P/T 199A	Type	Description	1					
Description	1				Type Code *	ALECT	O	HEALTHCARE	SERVICES	LOS .	ANGELES -	- ALE
Of A a Market	1			Х	8	ALECT	0.	HEALTHCARE	SERVICES	LOS .	ANGELES -	- ALE
Activity	4				8	ALECT	0.	HEALTHCARE	SERVICES	FAIR	MONT LLC	- AL
							Act	tivity - 1		1	7 10 11 1119	4
Ordinary busine	ess income (loss)						-740,262	-740	,262.	-17	,132.
	state income (lo											
	income (loss)											
Interest income								49.	•			
Dividends - Or	dinary dividends											
- Qu	alified dividends											
- Div	vidend equivalen	ts (1065 only))									
Danielita												
	capital gain (loss											
Net long-term c	apital gain (loss))										
- Co	llectibles (28%)	gain (loss)										
- Un	recaptured Secti	ion 1250 gain										
Net section 123	1 gain (loss)											
Other portfolio i												
Section 1256 co	ontracts and stra											
Other income												
Section 179 ded	duction											
Charitable contr	ributions											
Portfolio deduc												
Investment inte	rest expense											
) expenditures											
	s interest expens											
	18											
Net earnings fro	om self-employm	nent										
	or fishing income											
Gross nonfarm												
LIH credit - Sec	ction 42(j)(5) par											
	er											
Qualified rehabi	litation expendit	ures related to	rental	real estat	e							
Other rental cre	dits											
Credits related t	to other rental ac	ti. iiti oo										
Recapture of LI	H credit - Sectio	n 42(j)(5) par	tnersh	ips								
Other credits												
	eciation adjustm											
	r loss											
Portion of adjus	sted gain/loss all	ocable to sho	rt-term	gain/loss								
Portion of adjus	sted gain/loss all	ocable to long	g-term	gain/loss								
Portion of adjus	sted gain/loss all	ocable to sect	tion 12	31 gain/lo	ss							
Depletion (other	r than oil and gas	s)										
	othermal propert											
	othermal propert											
	ıs											
	ome							49.	•			
	enses											
	W-2 wages									150.		
	Unadjusted bas											
	REIT dividends											
	Cooperative qua											
	Cooperative W-2							<u> </u>				<u></u>

25001 04-01-22 1 - Single Famil

^{1 -} Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

, 2022, and ending

Name: ALE	CTO HEA	LTHCAR	E S	ERVI	CES	LLC				46-0829723 _
For: HAY	ES IRRE	VOCABL	E T	RUST						
	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description				
Description	4			X	8 Code 1	ALECTO	HEALTHCARE	SERVICES	FAIR	MONT LLC - AL
of	5				8	ALECTO				MAN LLC - ALE
Activity	5			X	8					MAN LLC - ALE
				22		'	Activity - 4		5	Activity - 5
Ordinary busine	an income (loca	۸					-17,132			
	ss income (loss						-11,132	-1,032	,420.	-1,032,420
	state income (lo									
	income (loss)					·····		1	202	
Interest income									,202.	
Dividends - Or	dinary dividends									
- Qu	alified dividends	3								
- Div	vidend equivalen	its (1065 only))							
Net short-term	capital gain (los	s)								
	apital gain (loss									
	llectibles (28%)									
	recaptured Sect									
Net section 123										
Other portfolio i										
Section 1256 co										
Other income										
Section 179 dec	······································					Γ				
						Г			32.	
Charitable contr	et a sa a								J <u>Z</u> •	
Portfolio deduc						Г				
Investment inte										
Section 59(e)(2										
Excess busines										
Other deduction	is									
	om self-employn									
	or fishing incom									
Gross nonfarm	income									
LIH credit - Sec	tion 42(j)(5) par	rtnerships								
	er									
Qualified rehabi	litation expendit	ures related to	rental	real estat	:e					
Other rental cre										
	o other rental ac	Attacked and								
Recapture of LI						Г				
Other credits										
Poet-1086 denr	eciation adjustm	nant								
	r loss sted gain/loss all									
-	-			-						
-	ted gain/loss all	-		-						
	ted gain/loss all					Г				
	than oil and ga									
	thermal propert									
	thermal propert									
	s								000	
	me							1	,202.	
Investment exp	enses									
Section 199A -	W-2 wages						2,951			818,488
-	Unadjusted bas	sis of assets					268,119	•		191,056
	REIT dividends									
-	Cooperative qua	lified busines	s incon	ne						
	Cooperative W-:									
225001 04-01-22							or Short-Term Rental 4 - Comr	nercial 5-Land 6-	Royalties 7	- Self-Rental 8 - Other

, 2022, and ending

For calendar year 2022, or tax year beginning

46-0829723 Name: ALECTO HEALTHCARE SERVICES LLC HAYES IRREVOCABLE TRUST Activity Number 100% Disposed Type Code Description ALECTO HEALTHCARE SERVICES OHIO VALLEY, of 6 Х 8 ALECTO HEALTHCARE SERVICES OHIO VALLEY, Activity MEDICAL OFFICE BUILDING, 8 LLC Activity -Activity -Activity --138,246. -138,246.Ordinary business income (loss) Net rental real estate income (loss) -800Other net rental income (loss) Interest income Dividends - Ordinary dividends - Qualified dividends - Dividend equivalents (1065 only) Rovalties Net short-term capital gain (loss) Net long-term capital gain (loss) - Collectibles (28%) gain (loss) - Unrecaptured Section 1250 gain Net section 1231 gain (loss) Other portfolio income Section 1256 contracts and straddles Other income Section 179 deduction Charitable contributions Portfolio deductions Investment interest expense Section 59(e)(2) expenditures Excess business interest expense Other deductions Net earnings from self-employment Gross farming or fishing income Gross nonfarm income LIH credit - Section 42(j)(5) partnerships - Other Qualified rehabilitation expenditures related to rental real estate Other rental credits Credits related to other rental activities Recapture of LIH credit - Section 42(j)(5) partnerships - Other Other credits Post-1986 depreciation adjustment -1,831Adjusted gain or loss Portion of adjusted gain/loss allocable to short-term gain/loss Portion of adjusted gain/loss allocable to long-term gain/loss Portion of adjusted gain/loss allocable to section 1231 gain/loss Depletion (other than oil and gas) Oil, gas and geothermal properties - gross income Oil, gas and geothermal properties - deductions Other AMT items Investment income Investment expenses Section 199A - W-2 wages 65,164. - Unadjusted basis of assets - REIT dividends - Cooperative qualified business income

79

- Cooperative W-2 wages

^{1 -} Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, a	ına e	naing
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	CTO HEA				CES	LLC				46-08	329723 _
For: HAY	ES IRRE				I =	I p					
Description	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description					
of	7			X	8	PLAZA	MEDIC.	AL OFFI	CE BUILD	ING, LLC	
Activity											
Autivity									1	<u> </u>	
							Activity -	7	Activity -	Activity -	
Ordinary busine	ess income (loss))									
Net rental real e	state income (lo	ss)						-800.			
Other net rental	income (loss)										
Interest income											
Dividends - Or	dinary dividends										
- Qu	alified dividends										
- Div	vidend equivalent	ts (1065 only))								
D 111											
	capital gain (loss										
Net long-term o	apital gain (loss))									
- Co	llectibles (28%)	nain (loss)									
- I In	recaptured Secti	on 1250 gain									
Net section 123	1 gain (loss)	on 1200 gam									
Other portfolio											
		ddlac									
	ontracts and stra										
Other income	duation										
Section 179 dec											
	ributions										
Portfolio deduc											
	rest expense										
Section 59(e)(2) expenditures										
	s interest expens								1		
Other deduction	18										
	om self-employm										
Gross farming of	or fishing income)									
Gross nonfarm											
	ction 42(j)(5) par										
- Oth	er										
	litation expenditu										
Other rental cre	dits										
Credits related	to other rental ac	41141									
Recapture of LI	H credit - Section	n 42(j)(5) par	tnershi	ps							
	- Other										
Other credits											
	eciation adjustm										
	r loss										
Portion of adjus	sted gain/loss allo	ocable to sho	rt-term	gain/loss							
	sted gain/loss allo										
	sted gain/loss allo										
	r than oil and gas										
	othermal properti										
	othermal properti										
	IS										
	ome										
	enses W-2 wages										
	W-2 wages										
	Unadjusted basi								1		
	REIT dividends										
	Cooperative qua								+		
-	Cooperative W-2	wages	<u></u>				L		1	<u> </u>	

Schedule K-1 (Form 1065)	2022		Final K-1			nded K-			1545-0123
Department of the Treasury	LULL				er's Shar				
Internal Revenue Service	For calendar year 2022, or tax year			Deduc	tions, C	redit	s, and (Other Ite	ems
beginning	ending	1	Ordinary bu	usiness ind	come (loss)	14 Se	elf-employr	ment earning	gs (loss)
Partner's Share of Income, Deductions,	-		-1	,272	,600.	Α	-1	,272,	601.
Credits, etc.	See separate instructions.	2	Net rental rea						
Part I Information About the Partne	rship	1			-529 .	15 Cr	redits		
A Partnership's employer identification number	•	3	Other net re			1.0			
46-0829723		ľ			()				
B Partnership's name, address, city, state, and ZIP code		12	Guaranteed p	avments fo	r services	16 5/	chedule K.	3 is attached	۱ if
b Tartiforship S harrio, address, orty, state, and 211 code		74		ayments to	I SCI VICCS	1			
ALECTO HEALTHCARE SERVICES	S T.T.C	46	Cuarantas	d novemont	s for capital			nin tax (AMT	
101 N. BRAND BLVD SUITE 17		40	duaranteed	рауттетт	s for capital	A	 	,	209.
GLENDALE, CA 91203	700	-	<u> </u>				 		409.
-		4C	Total guara	nteed pay	ments		\vdash		
C IRS center where partnership filed return: E-FILE		_	1			40.7	<u> </u>		
D Check if this is a publicly traded partnership (PTI	D)	٥	Interest inc		E / 1			income and le expenses	
Part II Information About the Partne		├			,541.	C*		•	STMT
		6a	Ordinary di	vidends		<u> </u>	 		SIMI
E Partner's SSN or TIN (Do not use TIN of a disregarded	entity. See instructions.)	<u> </u>				_	 		
		6b	Qualified di	vidends					
F Name, address, city, state, and ZIP code for partner en	itered in E. See instructions.	-				19 Di	istributions I	i	
DANGE THEATENAD		6c	Dividend ed	quivalents					
PANCH JEYAKUMAR		-							
		7	Royalties				ther inform I		- 44
						A			,541.
G X General partner or LLC	Limited partner or other LLC	8	Net short-te	erm capita	Il gain (loss)	N	*	128	,440.
member-manager	member					Z	*	4 4 4 5	STMT
H1 X Domestic partner	」Foreign partner	9a	Net long-ter	rm capital	gain (loss)	AG	*	1,447	,273.
H2 If the partner is a disregarded entity (DE), enter t	the partner's:								
TIN Name		9b	Collectibles	s (28%) ga	in (loss)				
I1 What type of entity is this partner?INDIVID									
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc	.), check here	9с	Unrecaptur	ed section	n 1250 gain		<u> </u>		
J Partner's share of profit, loss, and capital:							<u> </u>		
Beginning	Ending	10	Net section	1231 gai					
Profit 3.50000000%	3.5000000%				-42.		<u> </u>		
Loss 3.50000000%	3.5000000%	11	Other incor	ne (loss)			<u> </u>		
Capital 3.50000000%	3.500000%						<u> </u>		
Check if decrease is due to sale or exchange of partner	rship interest								
K Partner's share of liabilities:									
Beginning	Ending	12	Section 179	9 deduction	on	21 Fo	reign taxe	s paid or ac	crued
Nonrecourse \$ 5,715,572.	<pre>\$ 8,108,381.</pre>								
Qualified nonrecourse			Other dedu	ctions					
financing\$	\$	Α			21.				
1100001100 11111111111	\$ 0.								
Check this box if Item K includes liability amounts from lower-tier	partnerships								
L Partner's Capital Account Ana	alysis	22	=		e activity for	•	•		
	6 440 086	23			activity for	•			
Beginning capital account \$	-6,113,376.	,	See attach	ned state	ement for a	ddition	al inform	ation.	
Capital contributed during the year \$ Current year net income (loss) \$	4 004 055								
Current year net income (loss) \$	-1,281,357.								
Other increase (decrease) (attach explanation) \$		<u>ج</u>							
Withdrawals and distributions \$()	Į							
Ending capital account \$	-7,394,733.	Use							
M Did the partner contribute property with a built-in gain		For IRS Use Only							
Yes X No If "Yes," attach statement. S		کا ۲							
N Partner's Share of Net Unrecognized Section	n 704(c) Gain or (Loss)	Ĕ							
Beginning \$									
Ending \$		I							

SCHEDULE K-1 NONDEDUCT	FIBLE EXPENSES, BOX 18, CODE C	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
POLITICAL CONTRIBUTIONS OFFICER'S LIFE INSURANCE NONDEDUCTIBLE EXPENSES -	SEE IRS SCH. K-1 INSTRUCTIONS	35. 1,215.
PASSTHROUGH	SEE INS SCH. K-I INSTRUCTIONS	12,456.
TOTAL TO SCHEDULE K-1, BOX 18	, CODE C	13,706.
SCHEDULE K-1 BUSINESS	INTEREST EXPENSE, BOX 20, CODE N	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	128,440.
TOTAL TO SCHEDULE K-1, BOX 20	, CODE N	128,440.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z	
DESCRIPTION	AMOUNT
TRADE OR BUSINESS - X - SSTB	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	653. 653. 87,894. 407.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES LOS ANGELES ALECTO HEALTHCARE SERVICES LOS A X - SSTB EIN: 90-0999512	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES	-488,852. -488,852. 99.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES FAIRMONT LLC ALECTO HEALTHCARE SERVICES FAIRM X - SSTB EIN: 35-2507149	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-11,314. -11,314. 1,948. 177,059.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES SHERMAN LLC ALECTO HEALTHCARE SERVICES SHERM X - SSTB EIN: 37-1760423	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-681,792. -681,792. 540,510. 126,170.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES OHIO VALLEY, LL ALECTO HEALTHCARE SERVICES OHIO VAL X - SSTB EIN: 36-4857044	
ORDINARY INCOME (LOSS) SELF-EMPLOYMENT EARNINGS(LOSS) UNADJUSTED BASIS OF ASSETS	-91,295. -91,295. 43,033.
PASSTHROUGH - PLAZA MEDICAL OFFICE BUILDING, LLC EIN: 45-2698455	
RENTAL INCOME (LOSS)	-529.

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTIO	N 448(C), BOX 20, CODE AG			
DESCRIPTION PARTNE	R FILING INSTRUCTIONS	AMOUNT		
GROSS RECEIPTS - CURRENT YEAR SEE IR	S SCH. K-1 INSTRUCTIONS	1,447,273.		
TOTAL TO SCHEDULE K-1, LINE 20 AG		1,447,273.		
SCHEDULE K-1 CURRENT YEAR NE OTHER INCREAS	T INCOME (LOSS) AND ES(DECREASES)			
DESCRIPTION	AMOUNT	TOTALS		
ORDINARY INCOME (LOSS) RENTAL REAL ESTATE INCOME (LOSS) INTEREST INCOME SECTION 1231 GAIN (LOSS)	-1,272,600. -529. 5,541. -42.			
SCHEDULE K-1 INCOME SUBTOTAL		-1,267,630.		
CHARITABLE CONTRIBUTIONS NONDEDUCTIBLE EXPENSES	-21. -13,706.			
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-13,727.		
NET INCOME (LOSS) PER SCHEDULE K-1		-1,281,357.		
	•			

OTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

Schedule of Activities

, 2022, and ending

For calendar year 2022, or tax year beginning

Name: ALE	CTO HE	ALTHCAR	<u>E S</u>	ERVI	CES	LLC				46-0829)723 <u> </u>
For: PAN	ICH JEY.	AKUMAR									
B	Activity Number	er 100% Disposed	PTP	P/T 199A	Type Code *	Description					
Description	1				8	ALECT	O HEALTHCAR	E SERVICES	S LOS Z	ANGELES	- ALE
of	1			Х	8	ALECT	O HEALTHCAR	E SERVICES	S LOS Z	ANGELES	- ALE
Activity	4				8	ALECT	O HEALTHCAR	E SERVICES	S FAIRI	MONT LLC	- AL
							Activity - 1	Activity -	1	Activity -	4
Ordinary busin	ess income (lo:	ss)					-488,85	248	8,852.	-11	L,314.
Net rental real							-		-		
Other net renta											
Interest income							3	3.			
Dividends - O	rdinary dividen	ds									
- Qı	ualified dividen	ds									
- Di	ividend equival	ents (1065 only	·)								
Net short-term											
Net long-term											
	ollectibles (28%										
- III	nrecaptured Se	oj gam (1033) . etion 1250 gair									
Net section 123	ili ecapiul eu oe 21 aain (locc)	Cilon 1230 yan									
Other portfolio											
		raddlaa									
Section 1256 c											
Other income											
Section 179 de											
Charitable cont											
Portfolio deduc											
Investment inte	erest expense										
Section 59(e)(2	2) expenditures										
Excess busines											
Other deductio	ns						400 05	10	0 050	1 1 1	211
Net earnings fr	om self-employ	ment					-488,85	248	8,852.		L,314.
Gross farming	or fishing inco	me									
Gross nonfarm	income										
LIH credit - Se											
- Otl	her										
Qualified rehab											
Other rental cre											
Credits related											
Recapture of L											
		er									
Other credits .											
Post-1986 dep											
Adjusted gain of											
Portion of adju	•			•							
Portion of adju											
Portion of adju											
Depletion (other											
Oil, gas and ge											
Oil, gas and ge	othermal prope	erties - deductio	ns								
Other AMT iten	ns							_			
Investment inc	ome						3	3.			
Investment exp											
Section 199A -									99.		
	Unadjusted b										
-	REIT dividend	s									
-	Cooperative q	ualified busines	s incon	ne							
-	Cooperative W	/-2 wages									

1 - Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

Case 23-10787-JKS Doc 1 Filed 06/16/23 Page 105 of 119 **Schedule of Activities**

, 2022, and ending

For calendar year 2022, or tax year beginning

Name: ALECTO HEALTHCARE SERVICES LLC

46-0829723

Doggrintian	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description					
Description	4			X	Code *	ALECTO	HEALTHCARE	SERVICES	FAIR	MONT LLC	- AL
Of A a bissibs	5				8) HEALTHCARE				
Activity	5			X	8	ALECTO) HEALTHCARE			MAN LLC	
							Activity - 4		5	Activity -	5
Ordinary busine	ss income (loss	s)					-11,314.	-681	,792.	-681	<u>.,792.</u>
Net rental real e	state income (lo	oss)									
Other net rental	income (loss)										
Interest income									793.		
Dividends - Or	dinary dividends	8									
- Qu	alified dividends	S									
- Di	vidend equivaler	its (1065 only)								
Net short-term											
Net long-term o	apital gain (loss)									
- Co	llectibles (28%)	gain (loss)									
	recaptured Sect										
Net section 123											
Other portfolio											
Section 1256 co	ontracts and stra	addles				····					
Other income						·····					
Section 179 dec									21		
Charitable conti						····			21.		
Portfolio deduc								1			
Investment inte								1			
Section 59(e)(2											
Excess busines											
Other deduction	S					····	-11,314.	601	,792.	601	.,792.
Net earnings fro							-11,314.	-001	, 194.	-601	.,/92.
Gross farming											
Gross nonfarm	income tion 40(i)(E) no					····					
LIH credit - Sec											
Qualified rehabi	er Litation expandit							1			
								1			
Other rental cre						·····					
Credits related the Recapture of LI			tnorch	ine		····					
necapiure of Li						I .					
Other credits											
Post-1986 depr											
Adjusted gain o											
Portion of adjus						<u> </u>					
Portion of adjus	•			•							
Portion of adjus											
Depletion (othe	•			-							
Oil, gas and ged	thermal propert	ties - aross inc	come								
	thermal propert										
Other AMT item											
	me								793.		
Investment exp											
	W-2 wages						1,948.			540	,510.
	Unadjusted bas						177,059.			126	7,170
	REIT dividends						•				-
-	Cooperative qua	alified busines	s incor	ne							
	Cooperative W-	•									

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: ALE	ECTO HEA	ALTHCAR	<u>E S</u>	ERVI	CES	LLC				46-082	<u>9723 </u>
For: PAN	ICH JEYA	KUMAR									
Description	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description					
Description of	6					ALECT					
Activity	6			X	8		O HEALTHCARI				LLC
Activity	7				8	PLAZA	MEDICAL OF				
							Activity - 6	Activity		Activity -	7
	ess income (los						-91,29	5.	-91,29	5.	
	estate income (I										-529.
Other net renta	I income (loss)										
Interest income											
Dividends - O	rdinary dividend	S									
- Qı	ualified dividend	ls									
	ividend equivale	nts (1065 only)								
	capital gain (los										
	capital gain (loss										
- Co	ollectibles (28%)) gain (loss) .									
- Uı	nrecaptured Sec	tion 1250 gain									
	31 gain (loss)										
Other portfolio											
Section 1256 c	ontracts and str	addles									
Other income											
Section 179 de											
Charitable cont	tributions										
Portfolio deduc											
	erest expense .										
	2) expenditures										
	ss interest expen										
Other deductio	ns						21 22	_	01 00	_	
Net earnings fr	om self-employ	ment					-91,29	•	-91,29) ·	
Gross farming	or fishing incom	ne									
Gross nonfarm	income										
	ction 42(j)(5) pa										
- Otl	her										
	ilitation expendi										
Other rental cre	edits										
	to other rental a										
Recapture of L	IH credit - Secti										
		r									
							1 00				
	reciation adjustr						-1,20	 			
	or loss										
•	sted gain/loss a			-							
	sted gain/loss a										
	sted gain/loss a										
	er than oil and ga										
	othermal proper										
	othermal proper										
	ns										
	ome										
	enses										
	W-2 wages								42 02		
	· Unadjusted ba								43,033	5.	
-	REIT dividends										
	Cooperative qu										
	Cooperative W-	-2 wages									

^{1 -} Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

Schedule of Activities

		Tor outeridar you	ı LOLL, t	or tax your i	ocgiiiiiig		, LOLL, (and chang	, ,	
Name: ALE	CTO HEA	LTHCAR	E S	ERVI	CES	LLC				46-0829723
or: PAN	CH JEYA	KUMAR								
	Activity Number	100% Disposed	PTP	P/T 199A	Туре	Description				
Description	7			P/T 199A X	8 Code	PLAZA	MEDICA	AL OFFI	CE BUILDING,	LLC
of									•	
Activity										
		ı				1	Activity -	7	Activity -	Activity -
Ordinary busine	ess income (loss))					71007111		riouvity	rictivity
	state income (lo							-529.		
	income (loss)							0_0		
nterest income										
	dinary dividends									
- Ou	alified dividends									
- Div	/idend equivalen	ts (1065 only)								
Samuel Little										
	capital gain (loss									
	apital gain (loss)									
- 60i	llectibles (28%)	yalli (1055) ion 1050 goin								
	recaptured Secti									
	1 gain (loss)									
Other portfolio i										
	ontracts and stra									
	442									
	duction									
	ributions									
Portfolio deduct										
	rest expense									
Section 59(e)(2)) expenditures									
	s interest expens									
Other deduction	is									
	om self-employm									
	or fishing income									
Gross nonfarm										
_IH credit - Sec	tion 42(j)(5) par	tnerships								
- Oth	er									
	litation expenditu	ures related to	rental	real estat	:e					
Other rental cre										
	to other rental ac									
Recapture of LII	H credit - Sectio									
	- Other									
Other credits										
	eciation adjustm									
Adjusted gain o	r loss									
	sted gain/loss all									
-	sted gain/loss all	-								
	sted gain/loss all									
	r than oil and gas									
	thermal properti									
	othermal properti									
	S									
	ome									
nvestment expe	enses									
	W-2 wages									
	Unadjusted bas									
	REIT dividends									
- 1	Cooperative qua	lified business	s incom	ne				·		

- Cooperative W-2 wages

1 - Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

Schedule K-1 (Form 1065)	2022		Final K-1			ided K-			. 1545-0123
Department of the Treasury	LULL	- 1	Part III						
Internal Revenue Service	For calendar year 2022, or tax year			Deduc	tions, C	redit	s, and (Other Ite	ems
beginning	ending	1	Ordinary bu	siness inc	ome (loss)	14 Se	elf-employn	nent earning	gs (loss)
Partner's Share of Income, Deductions,				-908,	999.	Α			0.
Credits, etc.	See separate instructions.	2	Net rental real	estate inco	me (loss)				
Part I Information About the Partner	ship	1		-	378.	15 Cr	edits		
A Partnership's employer identification number		3	Other net re	ntal incon	ne (loss)				
46-0829723					,				
B Partnership's name, address, city, state, and ZIP code		4a	Guaranteed pa	avments for	services	16 Sc	chedule K-3	3 is attached	d if
_ · · · · · · · · · · · · · · · · · · ·						ch	necked		
ALECTO HEALTHCARE SERVICES	LLC	4h	Guaranteed	payments	for capital			nin tax (AMT	
101 N. BRAND BLVD SUITE 17		"		paymont	o ioi oapitai	A		•	863.
GLENDALE, CA 91203		40	Total guarar	ateed payr	mente				0031
C IRS center where partnership filed return:		┧ 🔭		need payi	Herits				
E-FILE		_	Interest ince			10 To	L		
D Check if this is a publicly traded partnership (PTP	<u> </u>	۱°	Interest inco		958.		•	ncome and le expenses	
Part II Information About the Partner		+_			, 930 •	C*	I	•	STMT
		Ба	Ordinary div	ridenas		<u> </u>			SIMI
E Partner's SSN or TIN (Do not use TIN of a disregarded	entity. See instructions.)								
		6b	Qualified div	vidends					
F Name, address, city, state, and ZIP code for partner ent	ered in E. See instructions.					19 Di	stributions		
		6с	Dividend eq	uivalents					
AMAN DHUPER									
		7	Royalties			20 Ot	ther inform	ation	
						Α		3	,958.
G General partner or LLC X	Limited partner or other LLC	8	Net short-te	rm capital	gain (loss)	N	*		,744.
member-manager	member	ľ		···· cap···	94 (1000)	Z	*		STMT
H1 X Domestic partner	Foreign partner	02	Net long-ter	m capital	nain (loss)	AG	*	1 033	,767.
H2 If the partner is a disregarded entity (DE), enter the) a		iii capitai j	gaii (1033)			<u> </u>	71011
	ie partiiei 5.	O L	Callantibles	(000/)	- (1)				
TIN Name Name		90	Collectibles	(28%) gaii	1 (1088)				
I1 What type of entity is this partner?INDIVIDU		<u> </u>							
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	9c	Unrecapture	ed section	1250 gain				
J Partner's share of profit, loss, and capital:									
Beginning	Ending	10	Net section	1231 gain	. ,				
Profit 2.50000000%	2.5000000%				-30.				
Loss 2.50000000%	2.5000000%	11	Other incom	ne (loss)					
Capital 2.50000000%	2.5000000%								
Check if decrease is due to sale or exchange of partners	ship interest								
K Partner's share of liabilities;									
Beginning	Ending	12	Section 179	deduction	n	21 Fc	reign taxes	s paid or ac	crued
Nonrecourse \$ 4,082,552.	5,791,700.								
Qualified nonrecourse		13	Other deduc	ctions					
financing\$	\$	A			15.				
Recourse\$ 0.	<u>0.</u>								
Check this box if Item K includes liability amounts from lower-tier									
·		22	More	than one	activity for	ot rick r	auraccas*		
L Partner's Capital Account Anal	lysis	23			activity for		•		
Basis is a sasilal account	1 251 612		See attach						
Beginning capital account \$			See allaci	ieu statei	ment for at	Julion	iai ii ii Oi ii ii	2001.	
Capital contributed during the year\$	015 054								
Current year net income (loss) \$	-915,254								
Other increase (decrease) (attach explanation) \$ _		È							
Withdrawals and distributions \$(_)	ō							
Ending capital account \$ _	-5,266,897.	Jse							
M Did the partner contribute property with a built-in gain	(loss)?	For IRS Use Only							
Yes X No If "Yes," attach statement. Se] =							
N Partner's Share of Net Unrecognized Section		요							
Beginning \$	• • •								
Ending \$									

SCHEDULE K-1 NONDEDUC	TIBLE EXPENSES, BOX 18, CODE C	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
POLITICAL CONTRIBUTIONS OFFICER'S LIFE INSURANCE NONDEDUCTIBLE EXPENSES -	SEE IRS SCH. K-1 INSTRUCTIONS	25. 868.
PASSTHROUGH	DEE IND Den. K I INDIROCTIOND	8,897.
TOTAL TO SCHEDULE K-1, BOX 18	B, CODE C	9,790.
		
SCHEDULE K-1 BUSINESS	INTEREST EXPENSE, BOX 20, CODE N	
DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	91,744.
TOTAL TO SCHEDULE K-1, BOX 20	, CODE N	91,744.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z	
DESCRIPTION	AMOUNT
TRADE OR BUSINESS - X - SSTB	
ORDINARY INCOME (LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	466. 62,724. 290.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES LOS ANGELES ALECTO HEALTHCARE SERVICES LOS A X - SSTB EIN: 90-0999512	
ORDINARY INCOME (LOSS) W-2 WAGES	-349,180, 70.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES FAIRMONT LLC ALECTO HEALTHCARE SERVICES FAIRM X - SSTB EIN: 35-2507149	
ORDINARY INCOME (LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-8,081. 1,392. 126,471.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES SHERMAN LLC ALECTO HEALTHCARE SERVICES SHERM X - SSTB EIN: 37-1760423	
ORDINARY INCOME (LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS	-486,994. 386,079. 90,121.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES OHIO VALLEY, LL ALECTO HEALTHCARE SERVICES OHIO VAL X - SSTB EIN: 36-4857044	
ORDINARY INCOME (LOSS) UNADJUSTED BASIS OF ASSETS	-65,210. 30,738.
PASSTHROUGH - PLAZA MEDICAL OFFICE BUILDING, LLC EIN: 45-2698455	
RENTAL INCOME (LOSS)	-378

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

DESCRIPTION GROSS RECEIPTS - CURRENT YEAR PARTNER FILING INSTRUCTIONS SEE IRS SCH. K-1 INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR SEE IRS SCH. K-1 INSTRUCTIONS	
	1,033,767.
TOTAL TO SCHEDULE K-1, LINE 20 AG	1,033,767.
SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)	
DESCRIPTION AMOUNT	TOTALS
ORDINARY INCOME (LOSS) RENTAL REAL ESTATE INCOME (LOSS) INTEREST INCOME SECTION 1231 GAIN (LOSS) -908,999378. 3,95830.	
SCHEDULE K-1 INCOME SUBTOTAL	-905,449.
CHARITABLE CONTRIBUTIONS -15. NONDEDUCTIBLE EXPENSES -9,790.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL	-9,805.
NET INCOME (LOSS) PER SCHEDULE K-1	-915,254.

SCHEDULE K-1 SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

	CTO HEA		E S	EKVI	CES	ттс				46-0	829723
For: AMA	N DHUPE		T	I		1					
Description	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description					
of	1			<u> </u>) HEALTHCARE				
Activity	1			X	8) HEALTHCARE				
	4				8	ALECTO) HEALTHCARE		_	1	_
							Activity - 1		1	Activity -	4
	ess income (loss					Г	-349,180	-349	<u>,180.</u>		-8,081.
	estate income (lo									<u> </u>	
Other net renta	l income (loss)										
Interest income							23	•		 	
Dividends - Or	dinary dividends	S								<u> </u>	
- Qı	ualified dividend:	S								 	
	vidend equivaler	nts (1065 only))								
	capital gain (los										
Net long-term of	capital gain (loss	3)								 	
- Co	ollectibles (28%)	gain (loss)								 	
	recaptured Sec										
	31 gain (loss) .									 	
Other portfolio	income									 	
Section 1256 c	ontracts and str	addles								<u> </u>	
Other income						Г				<u> </u>	
	duction										
Charitable cont	ributions									<u> </u>	
Portfolio deduc											
	erest expense .									<u> </u>	
	2) expenditures									<u> </u>	
	s interest expen									<u> </u>	
Other deduction	ns										
	om self-employr										
	or fishing incom									 	
Gross nonfarm	income									 	
LIH credit - Sec	ction 42(j)(5) pa	rtnerships									
	ner										
	ilitation expendit					Г					
Other rental cre	edits										
	to other rental a										
Recapture of LI	H credit - Section										
										 	
Other credits										 	
	reciation adjustn									 	
Adjusted gain of	or loss									↓	
	sted gain/loss al			-						↓	
	sted gain/loss al									↓	
	sted gain/loss al									↓	
Depletion (othe	r than oil and ga	as)								↓	
	othermal proper									↓	
	othermal proper										
	าร									↓	
Investment inco	ome						23	•		↓	
	enses										
	W-2 wages								70.		
	Unadjusted bas										
-	REIT dividends										
-	Cooperative qua	alified busines	s incon	ne						<u> </u>	
-	Cooperative W-	2 wages	<u></u>	<u></u>	<u></u>	<u></u>					

1 - Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

Schedule of Activities

, 2022, and ending

For calendar year 2022, or tax year beginning

Name: ALECTO HEALTHCARE SERVICES LLC

46-0829723

	ctivity Number	100% Disposed	PTP	P/T 199A	Туре	Description							
Description	4			Х	Type Code *	ALECT	O HEAL	THCARE	SERV	ICES	FAIR	MONT L	LC - AI
of	5				8	ALECT							C - ALE
Activity	5			Х	8	ALECT							C - ALE
'		· I				.	Activity -	4	Activity		5	Activity -	5
Ordinary business	income (los	s)						-8,081.			,994.		186,994
Net rental real esta	•	,									,		
Other net rental inc													
											567.		
Dividends - Ordina		e									3071		
Oralife Controlled	iad dividand	s											
- Divide	aleviuna ha	s nts (1065 only)											
D 111													
Net short-term cap	tal gain (los	58)											
Net long-term capi													
- Collec	Clibles (28%)) gain (loss)											
		tion 1250 gain											
Net section 1231 g													
Other portfolio inco													
Section 1256 contr													
Section 179 deduc											1 -		
Charitable contribu											15.		
Portfolio deduction													
Investment interes													
Section 59(e)(2) ex													
Excess business in													
Other deductions													
Net earnings from													
Gross farming or fi	ishing incom	ne											
Gross nonfarm inc	ome												
LIH credit - Section	n 42(j)(5) pa	artnerships											
- Other													
Qualified rehabilita	tion expendi	tures related to	rental	real esta	te								
Other rental credits	3												
Credits related to o													
Recapture of LIH c	redit - Secti	on 42(j)(5) par	tnershi	ps									
		r											
Other credits													
Post-1986 deprecia	ation adjustr	ment											
Adjusted gain or lo													
Portion of adjusted													
Portion of adjusted	-			-									
Portion of adjusted	•	-		-									
Depletion (other th													
Oil, gas and geothe													
Oil, gas and geothe													
Other AMT items													
											567.		
Investment income											337.		
Investment expens								1,392.				 	386,079
Section 199A - W-							1	$\frac{1,392}{26,471}$				 	90,121
	-							<u> </u>	•				JU, 141
		alified business											
- (;0)	operative qu	alified business	s incom	ıe									

1 - Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

Schedule of Activities

, 2022, and ending

For calendar year 2022, or tax year beginning

46-0829723 Name: ALECTO HEALTHCARE SERVICES LLC

For: AMA	N DHUPE												
Description	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description							
Of	6				Code *	ALECT						VALLEY,	LLC
Activity	6			X	8		O HEALTHO						LLC
Activity	7				8	PLAZA	MEDICAL		CE	BUILD	ING, I	LLC	
								5		vity -	6	Activity -	7
Ordinary busine	ss income (loss))					-65	,210.		-65	,210.		
Net rental real es	state income (lo	ss)											-378.
Other net rental													
Interest income													
Dividends - Ord	dinary dividends												
- Qua	alified dividends												
- Div	ridend equivalen	ts (1065 only))										
D 111													
Net short-term o													
Net long-term ca													
	llectibles (28%)												
	recaptured Secti												
Net section 123													
Other portfolio i													
Section 1256 co													
041													
Section 179 ded	La carte da												
Charitable contr													
Portfolio deduct													
Investment inter													
Section 59(e)(2)													
Excess business													
Other deduction													
Net earnings fro	m self-emnlovm	 nent											
Gross farming o													
Gross nonfarm i													
LIH credit - Sec													
	er												
Qualified rehabil													
Other rental cred Credits related to	o other rental ac	tivitiae							+				
Recapture of LII	d other remarat Loradit - Sactio	ภแขนเธอ n //2/i//5) nar	tnarchi	ine					+				
necapture of Lif													
Other eredite													
Other credits	nciation adjustm	 .ont						-863.					
Post-1986 depre								003.					
Adjusted gain or Portion of adjus									+				
-	-												
Portion of adjus	ŭ	ŭ		•					+				
Portion of adjus	-			-									
Depletion (other													
Oil, gas and geo													
Oil, gas and geo									+				
Other AMT item									+				
Investment inco							<u> </u>		+				
Investment expe									+				
Section 199A - 1							-		+	2.0	720		
	Unadjusted bas						<u> </u>		+	31	,738.		
	REIT dividends												
	Cooperative qua								+				
- (Cooperative W-2	2 wages											

1 - Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

Schedule of Activities

, 2022, and ending

For calendar year 2022, or tax year beginning

3363	CTO HEA		E S	ERVI(CES	тгс				46-0829723
For: AMA	N DHUPE		DTD	D/T 400A	Ī 	I p				
Description	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description			a=	
of	7			X	8	PLAZA	MEDIC	AL OFFI	CE BUILDING	, шс
Activity										
							ı			
							Activity -	7	Activity -	Activity -
	ess income (loss									
	estate income (lo							-378.		
Other net rental	income (loss)									
Interest income										
Dividends - Or	dinary dividends									
- Qu	ialified dividends	;								
- Div	vidend equivalen	ts (1065 only))							
Net short-term	capital gain (los	3)								
	apital gain (loss									
	llectibles (28%)									
- Un	recaptured Sect	ion 1250 gain								
	31 gain (loss)									
Other portfolio i										
	ontracts and stra									
Other income										
Section 179 ded										
	ributions									
Portfolio deduc	et a sa a									
	rest expense									
	!) expenditures									
	s interest expens									
	18									
Net earnings fro	om self-employn	nent								
	or fishing incom									
Gross nonfarm										
	ction 42(j)(5) par	tnarchine								
Ouglified rehabi	ilitation expendit	urae ralatad ta		roal acta	 to					
	dits to other rental ad									
			tnorobi							
necapture of Li	H credit - Section									
Other eredite										
Doot 1000 door	contain adjustm									
	eciation adjustm									
	r loss									
•	sted gain/loss all			-						
	sted gain/loss all									
	sted gain/loss all									
	r than oil and ga									
	othermal propert									
	othermal propert									
	ns									
	ome									
	enses									
	W-2 wages									
	Unadjusted bas									
-	REIT dividends									
-	Cooperative qua	llified busines	s incon	ne						
-	Cooperative W-	2 wages								

1 - Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

Alecto

YTD Income Statement Annual Comparison (in '000's) 5/31/2023

3/31/2023	
	2023
REVENUES	
Inpatient Revenue - Routine	-
Inpatient Revenue - Ancillary	
Total IP Revenue Outpatient Revenue	-
Total Patient Revenue	
Total Fallett Revenue	
Revenue Deductions	-
Bad Debt	-
Total Deductions from Revenue	-
Total Net Patient Revenue (Excl. Suppl.)	-
SUPPLEMENTAL NET PATIENT REVENUE	
WV Directed Payment Plan (DPP)	-
WV Direct Medical Education (DME)	-
Medicaid DSH Medicare Settlements	-
Total Supplemental Revenue	
•	
Net Patient Revenue	-
Other Operating Revenues	1,559
TOTAL NET REVENUES	1,559
OPERATING EXPENSES	
Salaries and Wages	873
Benefits	88
Payroll Taxes PTO	64 58
Contract Labor	-
Labor Sub-Total	1,084
Supplies Billable	-
Supplies Non-Billable	8
Total Supplies	8
Purchased Services	18
Professional Fees	126
Repairs and Maintenance	0
Rents and leases	69
Insurance	123
Utilities Taxes and Licenses	3
Other Operating Expenses	38
Hospital Fees/Taxes	-
Total Operating Expenses	1,473
EBITDAR	86
NON-OPERATING EXPENSES	
Depreciation	2
Interest Income	-
Interest Expense MPT Building Lease / Interest	-
Other Non-Operating Expense / (Revenue)	-
Gain (Loss) on Asset Sales	-
Total Non-Operating Expenses	2
NET INCOME (LOSS)	84
·,	

Alecto Balance Sheet as of 5/31/23 (in '000's) 5/31/2023

	May-23
ASSETS:	
Cash and Equivalents	25
Accounts Receivable	-
Allowance for Bad Debt	-
Allowance for Contractuals & Oth Adj	-
Supplemental A/R	-
Patient Accounts Receivable	-
Other Receivables	9,296
Intercompany Receivables	96,573
Inventories	-
Other Current Assets	164
Prepaid Insurance	-
Other Pre-Paid Expenses	1,306
Total Current Assets	107,363
Land and Improvements	-
Buildings and Improvements	-
Leaseholds	-
Equipment	12
Construction-In-Progress	
Property and Equipment	12
Less: Accumulated Depreciation	(7)
Net Property and Equipment	5
Net goodwill	-
Other intangible assets	
Total Long-Term Assets	5
TOTAL ASSETS	107,368

Alecto Balance Sheet as of 5/31/23 (in '000's) 5/31/2023

	May-23
LIABILITIES:	
Accounts Payable	278
Notes Payable	457
Capital Leases	-
Accrued Payroll	96
Accrued PTO	95
Accrued Payroll Taxes	-
Insurance Reserve	-
Other Accrued Expenses	-
Third-Party Settlements	-
Lines of Credit & Other Short-Term Debt	-
Current Portion of Long-Term Debt	-
Other Liabilities	(89)
Total Current Liabilities	837
Mortgages and Long-Term Notes Payable	-
Intercompany Payables/(Receivables)	61,297
Deferred Credits	-
Deferred Taxes	-
Other Long-Term Liabilities	25,913
Total Long-Term Liabilities	87,210
TOTAL LIABILITIES	88,046
EQUITY:	
Common Stock	-
Additional Paid-in Capital	8,944
Other Equity	-
Retained Earnings PY	10,293
Distributions	-
Net Income	84
TOTAL EQUITY	19,322
TOTAL LIABILITIES AND EQUITY	107,368

Alecto YTD Statement of Cash Flows (in '000's) 5/31/2023

	2023
Cash Flows from Operating Activities:	
Change in Net Income	84
Adj from Operating Activities:	-
Depreciation and Amortization	2
Other Deferred Income/Expense	-
(Increase)/Decrease in Assets:	
Patient Accounts Receivable	-
Supplies Inventory	-
Pre-Paid Expenses & Oth Current Assets	(335)
Other Receivables	(126)
Increase/(Decrease) in Liabilities:	
Accounts and Notes Payable	542
Accrued Payroll Costs	47
IBNR	-
Other Accrued Liabilities	-
Estimated 3rd Party Settlements	
Net Cash From (For) Operating Activities	214
Cash Flows from Investing Activities:	
Capital Expenditures	-
Payments to Acquire Other Assets	-
Net Cash From (For) Investing Activities	-
Cash Flows from Financing Activities:	
Funds Provided (to) from Intercompany	93,619
Borrow (Re-Payment) of Debt	2,730
Capital Lease Obligations (Re-Payment)	-
Parent Contributions / (Distributions)	-
Net Cash From (For) Financing Activities	96,350
Net Change in Cash and Cash Equivalents	96,564