

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of Delaware

(State)

Case number (if known): _____ Chapter 11

Check if this is an amended filing

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 Services LLC
a Delaware limited liability company

2. All other names debtor used in the last 8 years _____

 Include any assumed names, trade names, and *doing business* as names _____

3. Debtor's federal Employer Identification Number (EIN) 46-0829723

4. Debtor's address

<p>Principal place of business</p> <p><u>101 N. Brand Boulevard</u> Number Street</p> <p><u>Suite 1920</u></p> <p><u>Glendale</u> <u>CA</u> <u>91203</u> City State ZIP Code</p> <p><u>Los Angeles</u> County</p>	<p>Mailing address, if different from principal place of business</p> <p>_____ Number Street</p> <p>_____ P.O. Box</p> <p>_____ City State ZIP Code</p> <p>Location of principal assets, if different from principal place of business</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p>
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5. Debtor's website (URL) www.alectohealthcare.com (website is inactive)

Debtor Alecto Healthcare Services LLC
a Delaware limited liability company
 Name

Case number (if known) _____

6. Type of debtor

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

7. Describe debtor's business

A. Check one:

- 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 _ _ _ _

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

- Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. 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).
- 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.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

Debtor Alecto Healthcare Services LLC
 a Delaware limited liability company
Name

Case number (if known) _____

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No
- Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes. Debtor _____ Relationship _____
 District _____ When _____
MM / DD / YYYY
- Case number, if known _____

List all cases. If more than 1, attach a separate list.

11. Why is the case filed in this district?

- Check all that apply:*
- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- No
- Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other _____

Where is the property?

Number _____ Street _____

City _____ State ZIP Code _____

Is the property insured?

- No
- Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

Alecto Healthcare Services LLC
a Delaware limited liability company

Debtor

Name

Case number (if known)

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input checked="" type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement 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.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on 6/16/2023
MM / DD / YYYY

X /s/ Laxman Reddy

Signature of authorized representative of debtor

Laxman Reddy

Printed name

Title President and Chief Executive Officer

Debtor **Alecto Healthcare Services LLC**
a Delaware limited liability company
Name

Case number (if known)

18. Signature of attorney

X /s/ Scott J. Leonhardt
Signature of attorney for debtor

Date **6/16/2023**
MM / DD / YYYY

Scott J. Leonhardt

Printed name
The Rosner Law Group LLC

Firm name
824 North Market Street, Suite 810

Number Street
Wilmington

City

(302)-777-1111

Contact phone

DE 19801

State ZIP Code

Leonhardt@teamrosner.com

Email address

4885

Bar number

DE

State

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


By: _____

Laxman Reddy
President and Chief Executive Officer

Fill in this information to identify the case and this filing:

Debtor Name Alecto Healthcare Services LLC
a Delaware limited liability company

United States Bankruptcy Court for the: Central District of California
 (State)

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 _____
- 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 declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/16/2023
 MM / DD / YYYY

X /s/ Laxman Reddy
 Signature of individual signing on behalf of debtor

Laxman Reddy
 Printed name

President and Chief Executive Officer
 Position or relationship to debtor

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**
(State)
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.

	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 government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					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, Commercial 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

	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 government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					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.co m	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:acararter@porterwright. com Email: (614) 227-2000	Master Agreement with Alecto Healthcare Services LLC. Pharmaceuticals and Supplies provided to subsidiary 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

	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 government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					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	GRM Information Management Services of San Francisco LLC Attn President or Manager Agent Phone: Email:	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

	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 government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					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 subsidiary and settlement agreement with creditor	Contingent Unliquidated 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 subsidiary and settlement agreement with creditor	Contingent Unliquidated Disputed			Unknown

UNITED STATES BANKRUPTCY COURT

DISTRICT OF DELAWARE

In re

ALECTO HEALTHCARE SERVICES LLC,
a Delaware limited liability company

Debtor.

Case No.

Chapter 11

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

ALECTO HEALTHCARE SERVICES LLC,
a Delaware limited liability company

Debtor.

Case No.

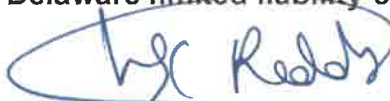
Chapter 11

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 true 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

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, COMMERCIAL LITIGATION
BRANCH
1100 L STREET NW, 7TH FLOOR
BOX 875, BEN FRANKLIN STATION
WASHINGTON, DC 20044-9875

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

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

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

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 ASSURANCE 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 KRISMAN FAMILY TRUST
ROGER KRISMAN, 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:

ALECTO HEALTHCARE SERVICES, LLC,
a Delaware limited liability company,

Debtor.

Chapter 11

Case No. _____

**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>	<u>Approximate Percentage Held</u>
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**

By: _____

Laxman Reddy
Laxman Reddy
President and Chief Executive Officer

Form **8879-PE**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0123

2022

For calendar year 2022, or tax year beginning , 2022, ending , 20

Name of partnership **ALECTO HEALTHCARE SERVICES LLC** Employer identification number **46-0829723**

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

Part II 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.
2. 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.
4. The amounts shown in Part I above are the amounts shown on the electronic copy of the partnership's Form 1065.
5. 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.
6. 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

I authorize **MOSS ADAMS LLP** to enter my PIN **29723** as my signature on the partnership's 2022 electronically filed return of partnership income or AAR.
ERO firm name **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 partnership's 2022 electronically filed return of partnership income or AAR..

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. **33665409414**
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: _____ Date: **04/18/23**

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)

022

Date Accepted _____

DO NOT MAIL THIS FORM TO FTB

TAXABLE YEAR **2022** **California e-file Return Authorization for Limited Liability Companies** **FORM 8453-LLC**

Limited liability company name	California Secretary of State (SOS) file number or FEIN 46-0829723
--------------------------------	--

ALECTO HEALTHCARE SERVICES LLC

Part I Tax Return Information (whole dollars only)

1	Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs)	1	- 32,863,340
2	Ordinary income (Form 568, Schedule B, line 23 or Form 568, line 1 for Single Member LLCs)	2	- 36,400,613
3	Tax and fee due (Form 568, line 16)	3	
4	Overpayment (Form 568, line 17)	4	1,600
5	Total amount due (Form 568, line 21)	5	

Part II Settle Your Account Electronically for Taxable Year 2022.

6 Electronic funds withdrawal 6a Amount 6b Withdrawal date (mm/dd/yyyy)

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2023 This is NOT an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment	
7 Amount	0	0	
8 Withdrawal date			

Part IV Banking Information (Have you verified the LLC's banking information?)

9 Routing number _____
 10 Account number _____ 11 Type of account: Checking Savings

Part V Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2023 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2022 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements to be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here Signature of authorized member or manager Date **MEMBER** Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO ERO's signature Date **04/18/23** Check if also paid preparer Check if self-employed ERO's PTIN **P00309414**

Must Sign Firm's name (or yours if self-employed) and address **MOSS ADAMS LLP**
2040 MAIN STREET SUITE 900
IRVINE, CA Firm's FEIN **91-0189318**
 ZIP code **92614**

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Paid preparer's signature Date Check if self-employed Paid preparer's PTIN

Must Sign Firm's name (or yours if self-employed) and address Firm's FEIN ZIP code

EXTENSION GRANTED TO 09/15/23

Form **1065**

U.S. Return of Partnership Income

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 2022, or tax year beginning _____, ending _____
Go to www.irs.gov/Form1065 for instructions and the latest information.

2022

A Principal business activity HOLDING COMPANY	Type or Print	Name of partnership ALECTO HEALTHCARE SERVICES LLC	D Employer identification number 46-0829723
B Principal product or service HOLDING COMPANY		Number, street, and room or suite no. If a P.O. box, see instructions. 101 N. BRAND BLVD SUITE 1780	E Date business started 08/13/2012
C Business code number 622000		City or town, state or province, country, and ZIP or foreign postal code GLENDALE CA 91203	F Total assets (see instr.) \$42,818,498.

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year **8**

J Check if Schedules C and M-3 are attached

K 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.

Income	1 a Gross receipts or sales	1a	3,559,929.		
	b Returns and allowances	1b			
	c Balance. Subtract line 1b from line 1a			3,559,929.	1c
	2 Cost of goods sold (attach Form 1125-A)				2
	3 Gross profit. Subtract line 2 from line 1c			3,559,929.	3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) STMT 1			-36,378,636.	4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))				5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				6
7 Other income (loss) (attach statement)				7	
8 Total income (loss). Combine lines 3 through 7			-32,818,707.	8	
Deductions <small>(see instructions for limitations)</small>	9 Salaries and wages (other than to partners) (less employment credits)			2,509,230.	9
	10 Guaranteed payments to partners				10
	11 Repairs and maintenance			2,098.	11
	12 Bad debts				12
	13 Rent			203,632.	13
	14 Taxes and licenses SEE STATEMENT 2			137,330.	14
	15 Interest (see instructions)				15
	16 a Depreciation (if required, attach Form 4562)	16a	301.		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		301.	16c
	17 Depletion (Do not deduct oil and gas depletion.)				17
	18 Retirement plans, etc.				18
19 Employee benefit programs			185,413.	19	
20 Other deductions (attach statement) SEE STATEMENT 3			503,283.	20	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			3,541,287.	21	
22 Ordinary business income (loss). Subtract line 21 from line 8			-36,359,994.	22	
Tax and Payment	23 Interest due under the look-back method-completed long-term contracts (attach Form 8697)				23
	24 Interest due under the look-back method-income forecast method (attach Form 8866)				24
	25 BBA AAR imputed underpayment (see instructions)				25
	26 Other taxes (see instructions)				26
	27 Total balance due. Add lines 23 through 26				27
	28 Payment (see instructions)				28
	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				30	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member _____ Date _____

May the IRS discuss this return with the preparer shown below? See instr. **Yes** **No**

Paid Preparer Use Only	Print/Type preparer's name DUSTIN MARCINIAK	Preparer's signature DUSTIN MARCINIAK	Date 04/18/23	Check <input type="checkbox"/> if self-employed	PTIN P00309414
	Firm's name MOSS ADAMS LLP				Firm's EIN 91-0189318
	Firm's address 2040 MAIN STREET SUITE 900 IRVINE, CA 92614				Phone no. 949-221-4000

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No
a <input type="checkbox"/> Domestic general partnership		
b <input type="checkbox"/> Domestic limited partnership		
c <input checked="" type="checkbox"/> Domestic limited liability company		
d <input type="checkbox"/> Domestic limited liability partnership		
e <input type="checkbox"/> Foreign partnership		
f <input type="checkbox"/> Other		
2 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt 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 B-1, Information on Partners Owning 50% or More of the Partnership		X
b 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 on Partners Owning 50% or More of the Partnership	X	
3 At the end of the tax year, did the partnership:		
a 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. If "Yes," complete (i) through (iv) below	X	

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock
OLYMPIA PLAZA MANAGEMENT INC	45-2658339	UNITED STATES	100.00
FRMC PHYSICIANS INC	47-1693245	UNITED STATES	100.00
SHERMAN MD PROVIDER INC	47-2194631	UNITED STATES	80.00
SHERMAN ANESTHESIA, INC.	81-4037665	UNITED STATES	80.00
ALECTO EAST OHIO PHYSICIANS, INC.	82-0677410	UNITED STATES	100.00

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		
	X	

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
SEE STATEMENT 4				

4 Does the partnership satisfy all four of the following conditions?	Yes	No
a The partnership's total receipts for the tax year were less than \$250,000.		
b The partnership's total assets at the end of the tax year were less than \$ 1 million.		
c 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.		
d The partnership is not filing and is not required to file Schedule M-3		X
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.		
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
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 Financial Accounts (FBAR). If "Yes," enter the name of the foreign country		X
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 Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
10 a 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		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c 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		X

Schedule B Other Information (continued)		Yes	No
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
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 instructions		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
16 a	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions	X	
b	If "Yes," did you or will you file required Form(s) 1099?	X	
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 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$		X
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the partnership satisfy one or more of the following? See instructions a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. b 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. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.	X	
25	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$		X
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 disclosure requirements of Regulations section 1.707-8?		X
28	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties 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. Percentage: By vote By value		X
29	Reserved for future use		
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.		X

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	
U.S. address of PR	101 N. BRAND BLVD SUITE 1780 GLENDALE, CA 91203	U.S. phone number of PR 949-783-3976
If the PR is an entity, name of the designated individual for the PR		
U.S. address of designated individual	U.S. phone number of designated individual	

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	-36,359,994.
	2 Net rental real estate income (loss) (attach Form 8825) SEE STATEMENT 5	2	-15,109.
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments: a Services 4a b Capital 4b	4c	
	c Total. Add lines 4a and 4b	4c	
	5 Interest income SEE STATEMENT 6	5	158,325.
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends 6b c Dividend equivalents 6c		
	7 Royalties	7	
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8		
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss) 9b			
c Unrecaptured section 1250 gain (attach statement) 9c			
10 Net section 1231 gain (loss) (attach Form 4797)	10	-1,201.	
11 Other income (loss) (see instructions) Type	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions SEE STATEMENT 7	13a	600.
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type (2) Amount	13c(2)	
d Other deductions (see instructions) Type	13d		
Self-Employment	14a Net earnings (loss) from self-employment	14a	-31,596,835.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type	15d	
	e Other rental credits (see instructions) Type	15e	
	f Other credits (see instructions) Type	15f	
Inter-national	16 Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items-International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Tax Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	-34,538.
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses SEE STATEMENT 8	18c	391,603.
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	158,325.
	b Investment expenses	20b	
c Other items and amounts (attach statement) STMT 9			
21 Total foreign taxes paid or accrued	21		

Analysis of Net Income (Loss) per Return

1 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					1	-36,218,579.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a General partners						
b Limited partners		-32125879.	-2,173,115.			-1,919,585.

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		11,433,775.		33,402.
2a Trade notes and accounts receivable	1,349,058.		1,224,639.	
b Less allowance for bad debts	1,000,000.	349,058.	1,000,000.	224,639.
3 Inventories				
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				
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				
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 Income (Loss) per Books With Analysis of Net Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	-73,835,047.	6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) (see instructions)	-36,218,579.	STMT 14	391,603.
4 Other increases (itemize):		8 Add lines 6 and 7	391,603.
5 Add lines 1 through 4	-110,053,626.	9 Balance at end of year. Subtract line 8 from line 5	-110,445,229.

Form **8825**
 (Rev. November 2018)
 Department of the Treasury
 Internal Revenue Service

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

Name ALECTO HEALTHCARE SERVICES LLC	Employer identification number 46 0829723
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1	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.	Type - Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	Physical address of each property - street, city, state, ZIP code			
B				
C				
D				

	Properties			
	A	B	C	D
2 Gross rents				
3 Advertising				
4 Auto and travel				
5 Cleaning and maintenance				
6 Commissions				
7 Insurance				
8 Legal and other professional fees				
9 Interest				
10 Repairs				
11 Taxes				
12 Utilities				
13 Wages and salaries				
14 Depreciation (see instructions)				
15 Other (list) ▶				
16 Total expenses for each property. Add lines 3 through 15				
17 Income or (Loss) from each property. Subtract line 16 from line 2				

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 estate activities	19
20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a -15,109.
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 <u>PLAZA MEDICAL OFFICE BUILDING, LLC</u>	(2) Employer identification number <u>45-2698455</u>
21 Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result here and on:	21 -15,109.

1	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.			
	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see below for list	Fair Rental Days	Personal Use Days
E			
F			
G			
H			

		Properties			
		E	F	G	H
Rental Real Estate Income					
2 Gross rents	2				
Rental Real Estate Expenses					
3 Advertising	3				
4 Auto and travel	4				
5 Cleaning and maintenance	5				
6 Commissions	6				
7 Insurance	7				
8 Legal and other professional fees ..	8				
9 Interest	9				
10 Repairs	10				
11 Taxes	11				
12 Utilities	12				
13 Wages and salaries	13				
14 Depreciation (see instructions)	14				
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				

Allowable Codes for Type of Property

- 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 (include description with the code on Form 8825 or on a separate statement)

**SCHEDULE B-1
(Form 1065)**

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

**Information on Partners Owning 50% or
More of the Partnership**

▶ Attach to Form 1065.

OMB No. 1545-0123

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

Name of partnership ALECTO HEALTHCARE SERVICES LLC	Employer identification number 46-0829723
--	---

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
LAXMAN REDDY	[REDACTED]	UNITED STATES	60.08

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.

OMB No. 1545-0123

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

Name of partnership ALECTO HEALTHCARE SERVICES LLC	Employer identification number 46-0829723
--	---

This Schedule M-3 is being filed because (check all that apply):

- A The amount of the partnership's total assets at the end of the tax year is equal to \$10 million or more.
- B 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, enter the amount of adjusted total assets for the tax year 231,668,016.
- C 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 _____.
- D 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.

Name of Reportable Entity Partner	Identifying Number	Maximum Percentage Owned or Deemed Owned

E Voluntary filer.

Part I Financial Information and Net Income (Loss) Reconciliation

1a 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.
- 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.
- No. Go to line 1c.

c Did the partnership prepare a non-tax-basis income statement for that period?

- 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.

2 Enter the income statement period: Beginning 01/01/2022 Ending 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.)
- 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.)
- No.

4a Worldwide consolidated net income (loss) from income statement source identified on Part I, line 1	4a	135,768.
b Indicate accounting standard used for line 4a. See instructions.		
1 <input checked="" type="checkbox"/> GAAP 2 <input type="checkbox"/> IFRS 3 <input type="checkbox"/> Section 704(b)		
4 <input type="checkbox"/> Tax-basis 5 <input type="checkbox"/> Other (specify) ▶ _____		
5a Net income from nonincludible foreign entities (attach statement)	5a	()
b Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)	5b	
6a Net income from nonincludible U.S. entities (attach statement)	6a	()
b 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	
b Net income (loss) of other U.S. disregarded entities (attach statement)	7b	
8 Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.)	8	
9 Adjustment to reconcile income statement period to tax year (attach statement)	9	
10 Other adjustments to reconcile to amount on line 11 (attach statement)	10	
11 Net income (loss) per income statement of the partnership. Combine lines 4a through 10	11	135,768.

Note: Part I, line 11, must equal Part II, line 26, column (a); or Form 1065, Schedule M-1, line 1. See instructions.

12 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 Assets	Total Liabilities
a Included on Part I, line 4	42,818,498.	23,430,054.
b Removed on Part I, line 5		
c Removed on Part I, line 6		
d 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)

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

Income (Loss) Items	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
Attach statements for lines 1 through 10.				
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross foreign distributions previously taxed				
5 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 Income (loss) from foreign partnerships				
9 Income (loss) from other pass-through entities				
10 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 Cost of goods sold (see instructions)	()			()
16 Sale versus lease (for sellers and/or lessors)				
17 Section 481(a) adjustments				
18 Unearned/deferred revenue				
19 Income recognition from long-term contracts				
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 Abandonment losses				
f Worthless stock losses (attach statement)				
g Other gain/loss on disposition of assets other than inventory		-1,201.		-1,201.
22 Other income (loss) items with differences (attach statement)				
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.

Name of partnership ALECTO HEALTHCARE SERVICES LLC	Employer identification number 46-0829723
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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 Fines and penalties				
8 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 property				
14 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 start-up costs				
21 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)

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property) OTHER 1

OMB No. 1545-0172

2022
Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service

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

Attach to your tax return.

Name(s) shown on return ALECTO HEALTHCARE SERVICES LLC	Business or activity to which this form relates	Identifying number 46-0829723
--	---	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2022	17	301.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	301.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2022)

ALECTO HEALTHCARE SERVICES LLC

46-0829723 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for 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.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year:					
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER 1

Asset No.	Description	Date Acquired	Method	Life	Conv	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	36M		43	21,173.				21,173.	21,173.		0.	21,173.
7	(D) FURNITURE	07/01/17	200DB	7.00		HY17	13,467.			6,734.	6,733.	5,231.		301.	5,532.
8	FURNITURE	07/01/21	200DB	7.00		HY17	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.

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
 Sequence No. **27**

Name(s) shown on return ALECTO HEALTHCARE SERVICES LLC	Identifying number 46-0829723
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1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	DISPOSAL OF FURNITURE						
		070117	070122		12,266.	13,467.	-1,201.

3 Gain, if any, from Form 4684, line 39	3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6 Gain, if any, from line 32, from other than casualty or theft	6	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	7	-1,201.
8 Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7	11	
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16	17	
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired	(c) Date sold
	(mo., day, yr.)	(mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a	26b			
c	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			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	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.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126	29a			
b	Enter the smaller of line 24 or 29a	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

Form **8916-A**
 (Rev. November 2019)
 Department of the Treasury
 Internal Revenue Service

Supplemental Attachment to Schedule M-3

▶ 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
1 Amounts attributable to cost flow assumptions				
2 Amounts attributable to:				
a Stock option expense				
b Other equity-based compensation				
c Meals and entertainment				
d Parachute payments				
e Compensation with section 162(m) limitation				
f Pension and profit sharing				
g Other post-retirement benefits				
h Deferred compensation				
i Reserved				
j Amortization				
k Depletion				
l Depreciation				
m Corporate-owned life insurance premiums ...				
n Other section 263A costs				
3 Inventory shrinkage accruals				
4 Excess inventory and obsolescence reserves				
5 Lower of cost or market write-downs				
6 Other items with differences (attach statement)				
7 Other items with no differences				
8 Total cost of goods sold. Add lines 1 through 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)

Part 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.

Part 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 **8925**
 (Rev. September 2017)
 Department of the Treasury
 Internal Revenue Service (99)

Report of Employer-Owned Life Insurance Contracts

OMB No. 1545-2089

▶ **Attach to the policyholder's tax return. See instructions.**
 ▶ **Go to www.irs.gov/Form8925 for the latest information.**

Attachment
 Sequence No. **160**

Name(s) shown on return ALECTO HEALTHCARE SERVICES LLC	Identifying number 46-0829723
Name of policyholder, if different from above 2	Identifying number, if different from above

Type of business

1 Enter the number of employees the policyholder had at the end of the tax year	1	13.
2 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 <i>Section 1035 exchanges</i> for an exception	2	2.
3 Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2	3	5,500,000.
4a Does the policyholder have a valid consent for each employee included on line 2? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent	4b	

Form **8990**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

**Limitation on Business Interest Expense
Under Section 163(j)**

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form8990 for instructions and the latest information.

Taxpayer name(s) shown on tax return ALECTO HEALTHCARE SERVICES LLC	Identification number 46-0829723
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- A** If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:
 Name of foreign entity _____
 Employer identification number, if any _____
 Reference ID number _____
- B** Is the foreign entity a CFC group member? See instructions Yes No
- C** Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions Yes No
- D** Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8990 to complete Yes No

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section 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		
3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3		
4 Floor plan financing interest expense. See instructions	4		
5 Total business interest expense. Add lines 1 through 4	5		

Section II - Adjusted Taxable Income

Tentative Taxable Income

6 Tentative taxable income. See instructions	6		-36,218,579.
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Additions (adjustments to be made if amounts are 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		
11 Reserved for future use	11		
12 Amount of any loss or deduction items from a pass-through entity. See instructions	12	31,982,853.	
13 Other additions. See instructions	13		
14 Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14		
15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15		
16 Total. Add lines 7 through 15	16		31,982,853.

Reductions (adjustments to be made if amounts are taken into account on line 6)

17 Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions	17	(134,720.)	
18 Any business interest income not from a pass-through entity. See instructions	18	()	
19 Amount of any income or gain items from a pass-through entity. See instructions	19	(23,605.)	
20 Other reductions. See instructions	20	()	
21 Total. Combine lines 17 through 20	21	(158,325.)	
22 Adjusted taxable income. Combine lines 6, 16, and 21. See instructions	22		

LHA For Paperwork Reduction Act Notice, see the instructions.

223211 01-25-23

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

Section III - Business Interest Income

23	Current year business interest income. See instructions	23		
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24		
25	Total. Add lines 23 and 24		25	

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		
27	Business interest income (line 25)	27		
28	Floor plan financing interest expense (line 4)	28		
29	Total. Add lines 26, 27, and 28		29	

Allowable Business Interest Expense

30	Total current year business interest expense deduction. See instructions		30	
----	---	--	----	--

Carryforward

31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.)		31	
----	--	--	----	--

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	Excess business interest expense. Enter amount from line 31		32	
----	--	--	----	--

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	33		
34	Subtract line 33 from line 26. (If zero or less, enter -0-.)	34		
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	35		
36	Excess taxable income. Multiply line 35 by line 22	36		

Excess Business Interest Income

37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)		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

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	38		
39	Subtract line 38 from line 26. (If zero or less, enter -0-.)	39		
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	40		
41	Excess taxable income. Multiply line 40 by line 22	41		

Excess Business Interest Income

42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)		42	
----	---	--	----	--

SCHEDULE A Summary of Partner's Section 163(j) Excess Items

Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.

(a) Name of partnership	(b) EIN	Excess Business Interest Expense			(f) Current year excess taxable income	(g) Current year excess business interest income	(h) Excess business interest expense treated as paid or accrued (see instructions)	(i) Current year excess business interest expense carryforward (see instructions)
		(c) Current year (see instructions)	(d) Prior year carryforward (see instructions)	(e) Total ((c) plus (d))				
43 ALECTO HEALTHCARE SERVICES	90-0999512	LOS ANGELES 46,233.	0.	46,233.	0.	0.	0.	46,233.
ALECTO HEALTHCARE SERVICES	35-2507149	FAIRMONT LLC 0.	2,151,632.	2,151,632.	0.	0.	0.	2,151,632.
ALECTO HEALTHCARE SERVICES	37-1760423	SHERMAN LLC 429,446.	1,362,386.	1,791,832.	0.	0.	0.	1,791,832.
ALECTO HEALTHCARE SERVICES	36-4857044	OHIO VALLEY, LLC 1,618,466.	1,950,775.	3,569,241.	0.	0.	0.	3,569,241.
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.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Alecto Healthcare Services LLC
101 N. Brand Blvd Suite 1780
Glendale, CA 91203

Employer Identification Number: 46-0829723

For the Year Ending December 31, 2022

Alecto Healthcare Services LLC is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

ALECTO HEALTHCARE SERVICES LLC

46-0829723

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 1325 LOCUST AVENUE FAIRMONT, WV 26554	35-2507149	-323,248.
ALECTO HEALTHCARE SERVICES SHERMAN LLC 500 N. HIGHLAND AVENUE SHERMAN, TX 75092	37-1760423	-19,479,770.
ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC 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 EXPENSE** **STATEMENT 2**

DESCRIPTION	AMOUNT
CALIFORNIA TAXES - BASED ON INCOME	4,000.
LLC FEES	5,000.
PAYROLL TAXES	124,725.
TAXES AND LICENSES	3,605.
TOTAL TO FORM 1065, LINE 14	137,330.

FORM 1065 **OTHER DEDUCTIONS** **STATEMENT 3**

DESCRIPTION	AMOUNT
AUTOMOBILE EXPENSE	10,467.
BANK SERVICE CHARGES	8,134.
COMPUTER AND INTERNET EXPENSES	19,287.
DUES AND SUBSCRIPTIONS	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.

ALECTO HEALTHCARE SERVICES LLC

46-0829723

THE ENTITY OWNS 20% OR MORE DIRECTLY OR STATEMENT 4
50% OR MORE OVERALL OF PARTNERSHIPS OR TRUSTS

NAME OF ENTITY	EIN NUMBER	COUNTRY OF ORGANIZATION	PCT OWNED
SPAULDING MANAGMENT LLC	27-4025215	UNITED STATES	100.00
ALECTO HEALTHCARE SERVICES LOS ANGELES	90-0999512	UNITED STATES	100.00
ACCELERON SERVICES LLC	90-0987801	UNITED STATES	100.00
ALECTO HEALTHCARE SERVICES HAYWARD LLC	36-4743580	UNITED STATES	100.00
ALECTO HEALTHCARE SERVICES INDIANA LLC	38-3933131	UNITED STATES	100.00
UNITED MEDICAL MANAGEMENT LLC	42-1643090	UNITED STATES	80.00
OLYMPIA HEALTH CARE LLC	35-2507149	UNITED STATES	100.00
ALECTO HEALTHCARE SERVICES FAIRMONT LLC	37-1760423	UNITED STATES	80.00
SHERMAN/GRAYSON HOSPITAL LLC	27-2025690	UNITED STATES	80.00
SHERMAN/GRAYSON HEALTH SERVICES LLC	27-2025835	UNITED STATES	80.00
SHERMAN/GRAYSON SPONSOR LLC	35-2518088	UNITED STATES	80.00
ALECTO HEALTHCARE SERVICES FAIRMONT HOSPI	47-1310470	UNITED STATES	100.00
HORIZON REAL ESTATE HOLDINGS LLC	57-1226547	UNITED STATES	100.00
ALECTO HEALTHCARE SERVICES OHIO VALLEY	36-4857044	UNITED STATES	100.00
ALECTO HEALTHCARE SERVICES WHEELING, LLC	37-1848845	UNITED STATES	100.00
ALECTO HEALTHCARE SERVICES MARTINS FERRY	37-1848949	UNITED STATES	100.00
PLAZA MEDICAL OFFICE BUILDING, LLC	46-0829723	UNITED STATES	99.50

SCHEDULE K NET INCOME (LOSS) FROM RENTAL REAL ESTATE STATEMENT 5

DESCRIPTION	AMOUNT
PLAZA MEDICAL OFFICE BUILDING, LLC	-15,109.
TOTAL TO SCHEDULE K, LINE 2	-15,109.

ALECTO HEALTHCARE SERVICES LLC

46-0829723

SCHEDULE K	INTEREST INCOME	STATEMENT 6
DESCRIPTION	U.S. BONDS	OTHER
INTEREST - ALECTO HEALTHCARE SERVICES LOS ANGELES		931.
INTEREST - ALECTO HEALTHCARE SERVICES SHERMAN LLC		22,674.
INTEREST INCOME		134,720.
TOTAL TO SCHEDULE K, LINE 5		158,325.

SCHEDULE K	CHARITABLE CONTRIBUTIONS	STATEMENT 7
DESCRIPTION	TYPE	AMOUNT
CONTRIBUTIONS - ALECTO HEALTHCARE SERVICES SHERMAN LLC	CASH (60%)	600.
TOTALS TO SCHEDULE K, LINE 13A		600.

SCHEDULE K	NONDEDUCTIBLE EXPENSE	STATEMENT 8
DESCRIPTION		AMOUNT
NONDEDUCTIBLE EXPENSE FROM PASSTHROUGH OFFICER'S LIFE INSURANCE		355,884. 34,719.
POLITICAL CONTRIBUTIONS		1,000.
TOTAL TO SCHEDULE K, LINE 18C		391,603.

SCHEDULE K	OTHER ITEMS	STATEMENT 9
DESCRIPTION		AMOUNT
GROSS RECEIPTS FOR SECTION 448(C)		41,350,674.
SECTION 199A - ORDINARY INCOME (LOSS)		-36,359,994.
SECTION 199A - RENTAL INCOME (LOSS)		-15,109.
SECTION 199A W-2 WAGES		18,010,879.
SECTION 199A UNADJUSTED BASIS OF ASSETS		9,904,802.
PASSTHROUGH BUSINESS INTEREST EXPENSE		3,669,744.

ALECTO HEALTHCARE SERVICES LLC

46-0829723

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT 10	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE FROM AFFILIATE		50,000.	50,000.
OTHER CURRENT ASSETS		687,788.	101,038.
PREPAID EXPENSES		673,311.	983,806.
TOTAL TO SCHEDULE L, LINE 6		<u>1,411,099.</u>	<u>1,134,844.</u>

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		<u>18,894,024.</u>	<u>41,419,161.</u>

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 12	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED PAYROLL		25,650.	34,538.
ACCRUED PTO		156,653.	109,842.
HOSPITAL DEPOSIT LIABILITY		0.	-89,203.
OTHER ACCRUED EXPENSES		1,373.	3,008.
TOTAL TO SCHEDULE L, LINE 17		<u>183,676.</u>	<u>58,185.</u>

ALECTO HEALTHCARE SERVICES LLC

46-0829723

FORM 1065

PARTNERS' CAPITAL ACCOUNT SUMMARY

STATEMENT 13

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	<u>-73,835,047.</u>		<u>-36,610,182.</u>		<u>-110,445,229.</u>

ALECTO HEALTHCARE SERVICES LLC

46-0829723

SCHEDULE M-2	OTHER DECREASES	STATEMENT 14
DESCRIPTION		AMOUNT
NONDEDUCTIBLE EXPENSES		391,603.
TOTAL TO SCHEDULE M-2, LINE 7		391,603.

SCHEDULE M-3	INCOME (LOSS) FROM U.S. PARTNERSHIPS				STATEMENT 15	
	NAME					
EIN	END OF YEAR PERCENTAGE		INCOME (LOSS) PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	INCOME (LOSS) PER TAX RETURN
	PROFIT-SHARING	LOSS-SHARING				
ALECTO HEALTHCARE SERVICES LOS ANGELES 90-0999512			0.	-14,046,913.	80,641.	-13,966,272.
ALECTO HEALTHCARE SERVICES FAIRMONT LLC 35-2507149			0.	-323,248.	0.	-323,248.
ALECTO HEALTHCARE SERVICES SHERMAN LLC 37-1760423			0.	-19,732,939.	275,243.	-19,457,696.
ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC 36-4857044			0.	-2,608,415.	0.	-2,608,415.
PLAZA MEDICAL OFFICE BUILDING, LLC 45-2698455			0.	-15,109.	0.	-15,109.
TOTALS			0.	-36,726,624.	355,884.	-36,370,740.

SCHEDULE M-3	OTHER INCOME (LOSS) AND EXPENSE / DEDUCTION ITEMS WITH NO DIFFERENCES		STATEMENT 16
DESCRIPTION	PER INCOME STATEMENT	PER TAX RETURN	
OTHER INCOME (LOSS) - SEE STATEMENT	3,559,929.	3,559,929.	
OTHER EXPENSE / DEDUCTION - SEE STATEMENT	-1,021,441.	-1,021,441.	
TOTAL TO SCHEDULE M-3, PART II, LINE 25	2,538,488.	2,538,488.	

ALECTO HEALTHCARE SERVICES LLC

46-0829723

SCHEDULE M-3 OTHER INCOME (LOSS) ITEMS WITH NO DIFFERENCES STATEMENT 17

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 MEALS AND ENTERTAINMENT STATEMENT 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 ITEMS WITH DIFFERENCES STATEMENT 19

DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	EXPENSE/ DEDUCTION PER TAX RETURN
OFFICER'S LIFE INSURANCE	34,719.		-34,719.	0.
POLITICAL CONTRIBUTIONS	1,000.		-1,000.	0.
SALARIES AND WAGES	2,487,535.	21,695.	0.	2,509,230.
TOTAL TO M-3, PART III, LINE 30	2,523,254.	21,695.	-35,719.	2,509,230.

ALECTO HEALTHCARE SERVICES LLC

46-0829723

SCHEDULE M-3

OTHER EXPENSE/DEDUCTION ITEMS
WITH NO DIFFERENCES

STATEMENT 20

DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	EXPENSE/ DEDUCTION PER TAX RETURN
AUTOMOBILE EXPENSE	10,467.	10,467.
BANK SERVICE CHARGES	8,134.	8,134.
COMPUTER AND INTERNET EXPENSES	19,287.	19,287.
DUES AND SUBSCRIPTIONS	14,247.	14,247.
EMPLOYEE BENEFIT PROGRAMS	185,413.	185,413.
INSURANCE	110,211.	110,211.
LLC FEES	5,000.	5,000.
PAYROLL TAXES	124,725.	124,725.
PROFESSIONAL FEES	202,583.	202,583.
PURCHASED SERVICES	7,960.	7,960.
RENT EXPENSE	203,632.	203,632.
REPAIRS	2,098.	2,098.
SUPPLIES AND OTHER	15,834.	15,834.
TAXES AND LICENSES	3,605.	3,605.
TRAVEL EXPENSES	99,788.	99,788.
UTILITIES	8,457.	8,457.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	1,021,441.	1,021,441.

FORM 8916-A

OTHER INTEREST INCOME

STATEMENT 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.

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
7	FURNITURE	07/01/17	200DB	7.00	13,467.	5,231.	301.	301.	0.
	TOTALS				13,467.	5,231.	301.	301.	0.

Schedule K-1 (Form 1065)

2022

Final K-1 Amended K-1 OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Part I Information About the Partnership

A Partnership's employer identification number 46-0829723

B Partnership's name, address, city, state, and ZIP code ALECTO HEALTHCARE SERVICES LLC 101 N. BRAND BLVD SUITE 1780 GLENDALE, CA 91203

C IRS center where partnership filed return: E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions. LAXMAN REDDY

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

Table with columns: Beginning, Ending, Profit, Loss, Capital. Values: 60.0800000%, 60.0800000%, 60.0800000%, 60.0800000%, 60.0800000%

Check if decrease is due to sale or exchange of partnership interest

K Partner's share of liabilities:

Table with columns: Beginning, Ending, Nonrecourse, Qualified nonrecourse financing, Recourse. Values: \$98,111,885., \$139,186,144., \$4,039,464., \$0.

Check this box if Item K includes liability amounts from lower-tier partnerships

L Partner's Capital Account Analysis

Table with columns: Beginning capital account, Capital contributed during the year, Current year net income (loss), Other increase (decrease), Withdrawals and distributions, Ending capital account. Values: \$-40,222,301., \$-21,995,397., \$-62,217,698.

M Did the partner contribute property with a built-in gain (loss)? Yes No

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning Ending

Main table for Part III with rows 1-23. Includes items like Ordinary business income (loss), Net rental real estate income (loss), Self-employment earnings (loss), Credits, Dividends, Royalties, Capital gain (loss), Deductions, etc.

22 More than one activity for at-risk purposes* 23 More than one activity for passive activity purposes* *See attached statement for additional information.

For IRS Use Only

ALECTO HEALTHCARE SERVICES LLC46-0829723

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
POLITICAL CONTRIBUTIONS		601.
OFFICER'S LIFE INSURANCE		20,859.
NONDEDUCTIBLE EXPENSES - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	213,815.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		<u>235,275.</u>

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	2,204,782.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		<u>2,204,782.</u>

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

ALECTO HEALTHCARE SERVICES LLC

46-0829723

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	24,843,485.
TOTAL TO SCHEDULE K-1, LINE 20 AG		24,843,485.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-21,845,085.	
RENTAL REAL ESTATE INCOME (LOSS)	-9,077.	
INTEREST INCOME	95,122.	
SECTION 1231 GAIN (LOSS)	-722.	
SCHEDULE K-1 INCOME SUBTOTAL		-21,759,762.
CHARITABLE CONTRIBUTIONS	-360.	
NONDEDUCTIBLE EXPENSES	-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.

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **LAXMAN REDDY**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	1				8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	1			X	8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	4				8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL

	Activity - 1	Activity - 1	Activity - 4
Ordinary business income (loss)	-8,391,496.	-8,391,496.	-194,207.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income	559.		
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-8,391,496.	-8,391,496.	-194,207.
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 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	559.		
Investment expenses			
Section 199A - W-2 wages		1,694.	
- Unadjusted basis of assets			
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **LAXMAN REDDY**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	4			X	8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL
	5				8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE
	5			X	8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE

	Activity - 4	Activity - 5	Activity - 5
Ordinary business income (loss)	-194,207.	-11,703,446.	-11,703,446.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income		13,623.	
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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		360.	
Portfolio deductions			
Investment interest expense			
Section 59(e)(2) expenditures			
Excess business interest expense			
Other deductions			
Net earnings from self-employment	-194,207.	-11,703,446.	-11,703,446.
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 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		13,623.	
Investment expenses			
Section 199A - W-2 wages	33,449.		9,278,248.
- Unadjusted basis of assets	3,039,349.		2,165,789.
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **LAXMAN REDDY**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	6				8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	6			X	8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	7				8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 6	Activity - 6	Activity - 7
Ordinary business income (loss)	-1,567,136.	-1,567,136.	
Net rental real estate income (loss)			-9,077.
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-1,567,136.	-1,567,136.	
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	-20,750.		
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		738,690.	
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **LAXMAN REDDY**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	7			X	8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 7	Activity -	Activity -
Ordinary business income (loss)			
Net rental real estate income (loss)	-9,077.		
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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			
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			
- Cooperative W-2 wages			

Schedule K-1 (Form 1065)

Department of the Treasury Internal Revenue Service

2022

For calendar year 2022, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Part I Information About the Partnership

A Partnership's employer identification number 46-0829723

B Partnership's name, address, city, state, and ZIP code ALECTO HEALTHCARE SERVICES LLC 101 N. BRAND BLVD SUITE 1780 GLENDALE, CA 91203

C IRS center where partnership filed return: E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions. ROGER KRISSMAN

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital: Table with columns Beginning and Ending, rows Profit, Loss, Capital

K Partner's share of liabilities: Table with columns Beginning and Ending, rows Nonrecourse, Qualified nonrecourse financing, Recourse

L Partner's Capital Account Analysis

Table with rows: Beginning capital account, Capital contributed during the year, Current year net income (loss), Other increase (decrease), Withdrawals and distributions, Ending capital account

M Did the partner contribute property with a built-in gain (loss)? Yes No

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss) Beginning Ending

Main table for Part III with rows 1-23 for various income and deduction items

22 More than one activity for at-risk purposes* 23 More than one activity for passive activity purposes* *See attached statement for additional information.

For IRS Use Only

ALECTO HEALTHCARE SERVICES LLC46-0829723

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
POLITICAL CONTRIBUTIONS		106.
OFFICER'S LIFE INSURANCE		3,680.
NONDEDUCTIBLE EXPENSES - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	37,724.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		<u>41,510.</u>

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	388,993.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		<u>388,993.</u>

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

ALECTO HEALTHCARE SERVICES LLC

46-0829723

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	4,383,171.
TOTAL TO SCHEDULE K-1, LINE 20 AG		4,383,171.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-3,854,159.	
RENTAL REAL ESTATE INCOME (LOSS)	-1,602.	
INTEREST INCOME	16,782.	
SECTION 1231 GAIN (LOSS)	-127.	
SCHEDULE K-1 INCOME SUBTOTAL		-3,839,106.
CHARITABLE CONTRIBUTIONS	-64.	
NONDEDUCTIBLE EXPENSES	-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.

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **ROGER KRISMAN**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	1				8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	1			X	8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	4				8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL

	Activity - 1	Activity - 1	Activity - 4
Ordinary business income (loss)	-1,480,523.	-1,480,523.	-34,265.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income	99.		
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-1,480,523.	-1,480,523.	-34,265.
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 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	99.		
Investment expenses			
Section 199A - W-2 wages		299.	
- Unadjusted basis of assets			
- REIT dividends			
- Cooperative qualified business income			
- 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 of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **ROGER KRISMAN**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	4			X	8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL
	5				8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE
	5			X	8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE

	Activity - 4	Activity - 5	Activity - 5
Ordinary business income (loss)	-34,265.	-2,064,855.	-2,064,855.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income		2,403.	
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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		64.	
Portfolio deductions			
Investment interest expense			
Section 59(e)(2) expenditures			
Excess business interest expense			
Other deductions			
Net earnings from self-employment	-34,265.	-2,064,855.	-2,064,855.
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 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		2,403.	
Investment expenses			
Section 199A - W-2 wages	5,901.		1,636,974.
- Unadjusted basis of assets	536,237.		382,113.
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **ROGER KRISMAN**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	6				8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	6			X	8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	7				8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 6	Activity - 6	Activity - 7
Ordinary business income (loss)	-276,492.	-276,492.	
Net rental real estate income (loss)			-1,602.
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-276,492.	-276,492.	
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	-3,661.		
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		130,328.	
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **ROGER KRISMAN**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	7			X	8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 7	Activity -	Activity -
Ordinary business income (loss)			
Net rental real estate income (loss)	-1,602.		
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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			
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			
- 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 (Form 1065)

Department of the Treasury Internal Revenue Service

2022

For calendar year 2022, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Part I Information About the Partnership

A Partnership's employer identification number 46-0829723

B Partnership's name, address, city, state, and ZIP code ALECTO HEALTHCARE SERVICES LLC 101 N. BRAND BLVD SUITE 1780 GLENDALE, CA 91203

C IRS center where partnership filed return: E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions. MICHAEL J SARRAO 101 N BRAND BLVD SUITE 1780 GLENDALE, CA 91203

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital: Table with columns Beginning and Ending, rows Profit, Loss, Capital

K Partner's share of liabilities:

Table with columns Beginning and Ending, rows Nonrecourse, Qualified nonrecourse financing, Recourse

L Partner's Capital Account Analysis

Table with rows Beginning capital account, Capital contributed during the year, Current year net income (loss), Other increase (decrease), Withdrawals and distributions, Ending capital account

M Did the partner contribute property with a built-in gain (loss)?

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Main table for Part III with rows 1-23 for various income and deduction items

22 More than one activity for at-risk purposes* 23 More than one activity for passive activity purposes* *See attached statement for additional information.

For IRS Use Only

ALECTO HEALTHCARE SERVICES LLC46-0829723

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
POLITICAL CONTRIBUTIONS		74.
OFFICER'S LIFE INSURANCE		2,577.
NONDEDUCTIBLE EXPENSES - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	26,407.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		<u>29,058.</u>

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	272,295.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		<u>272,295.</u>

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

ALECTO HEALTHCARE SERVICES LLC

46-0829723

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	3,068,220.
TOTAL TO SCHEDULE K-1, LINE 20 AG		3,068,220.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-2,697,912.	
RENTAL REAL ESTATE INCOME (LOSS)	-1,121.	
INTEREST INCOME	11,747.	
SECTION 1231 GAIN (LOSS)	-89.	
SCHEDULE K-1 INCOME SUBTOTAL		-2,687,375.
CHARITABLE CONTRIBUTIONS	-45.	
NONDEDUCTIBLE EXPENSES	-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.

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **MICHAEL J SARRAO**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	1				8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	1			X	8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	4				8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL

	Activity - 1	Activity - 1	Activity - 4
Ordinary business income (loss)	-1,036,367.	-1,036,367.	-23,985.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income	69.		
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-1,036,367.	-1,036,367.	-23,985.
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 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	69.		
Investment expenses			
Section 199A - W-2 wages		209.	
- Unadjusted basis of assets			
- REIT dividends			
- Cooperative qualified business income			
- 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 of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **MICHAEL J SARRAO**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	4			X	8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL
	5				8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE
	5			X	8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE

	Activity - 4	Activity - 5	Activity - 5
Ordinary business income (loss)	-23,985.	-1,445,399.	-1,445,399.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income		1,682.	
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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		45.	
Portfolio deductions			
Investment interest expense			
Section 59(e)(2) expenditures			
Excess business interest expense			
Other deductions			
Net earnings from self-employment	-23,985.	-1,445,399.	-1,445,399.
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 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		1,682.	
Investment expenses			
Section 199A - W-2 wages	4,131.		1,145,882.
- Unadjusted basis of assets	375,366.		267,480.
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **MICHAEL J SARRAO**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	6				8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	6			X	8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	7				8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 6	Activity - 6	Activity - 7
Ordinary business income (loss)	-193,544.	-193,544.	
Net rental real estate income (loss)			-1,121.
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-193,544.	-193,544.	
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	-2,563.		
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		91,229.	
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **MICHAEL J SARRAO**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	7			X	8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 7	Activity -	Activity -
Ordinary business income (loss)			
Net rental real estate income (loss)	-1,121.		
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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			
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			
- 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 (Form 1065)

Department of the Treasury Internal Revenue Service

2022

For calendar year 2022, or tax year

Final K-1 Amended K-1 OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Part I Information About the Partnership

A Partnership's employer identification number 46-0829723

B Partnership's name, address, city, state, and ZIP code ALECTO HEALTHCARE SERVICES LLC 101 N. BRAND BLVD SUITE 1780 GLENDALE, CA 91203

C IRS center where partnership filed return: E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions. MATT WILLIAMS

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital: Table with columns Beginning and Ending, rows Profit, Loss, Capital

K Partner's share of liabilities: Table with columns Beginning and Ending, rows Nonrecourse, Qualified nonrecourse financing, Recourse

L Partner's Capital Account Analysis

Table with rows: Beginning capital account, Capital contributed during the year, Current year net income (loss), Other increase (decrease), Withdrawals and distributions, Ending capital account

M Did the partner contribute property with a built-in gain (loss)? Yes No

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss) Beginning Ending

Main table for Part III with rows 1-23 for various income and deduction items

22 More than one activity for at-risk purposes* 23 More than one activity for passive activity purposes* *See attached statement for additional information.

For IRS Use Only

ALECTO HEALTHCARE SERVICES LLC46-0829723

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
POLITICAL CONTRIBUTIONS		53.
OFFICER'S LIFE INSURANCE		1,840.
NONDEDUCTIBLE EXPENSES - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	18,862.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		<u>20,755.</u>

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	194,496.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		<u>194,496.</u>

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

ALECTO HEALTHCARE SERVICES LLC

46-0829723

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 (LOSS) AND OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-1,927,079.	
RENTAL REAL ESTATE INCOME (LOSS)	-801.	
INTEREST INCOME	8,391.	
SECTION 1231 GAIN (LOSS)	-64.	
SCHEDULE K-1 INCOME SUBTOTAL		-1,919,553.
CHARITABLE CONTRIBUTIONS	-31.	
NONDEDUCTIBLE EXPENSES	-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.

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **MATT WILLIAMS**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	1				8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	1			X	8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	4				8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL

	Activity - 1	Activity - 1	Activity - 4
Ordinary business income (loss)	-740,261.	-740,261.	-17,132.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income	49.		
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-740,261.	-740,261.	-17,132.
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 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	49.		
Investment expenses			
Section 199A - W-2 wages		150.	
- Unadjusted basis of assets			
- REIT dividends			
- Cooperative qualified business income			
- 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 of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **MATT WILLIAMS**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	4			X	8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL
	5				8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE
	5			X	8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE

	Activity - 4	Activity - 5	Activity - 5
Ordinary business income (loss)	-17,132.	-1,032,428.	-1,032,428.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income		1,202.	
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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		31.	
Portfolio deductions			
Investment interest expense			
Section 59(e)(2) expenditures			
Excess business interest expense			
Other deductions			
Net earnings from self-employment	-17,132.	-1,032,428.	-1,032,428.
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 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		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			
- Cooperative W-2 wages			

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **MATT WILLIAMS**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	6				8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	6			X	8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	7				8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 6	Activity - 6	Activity - 7
Ordinary business income (loss)	-138,246.	-138,246.	
Net rental real estate income (loss)			-801.
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-138,246.	-138,246.	
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	-1,831.		
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		65,164.	
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **MATT WILLIAMS**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	7			X	8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 7	Activity -	Activity -
Ordinary business income (loss)			
Net rental real estate income (loss)	-801.		
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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			
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			
- 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 (Form 1065)

Department of the Treasury Internal Revenue Service

2022

For calendar year 2022, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 46-0829723

B Partnership's name, address, city, state, and ZIP code ALECTO HEALTHCARE SERVICES LLC 101 N. BRAND BLVD SUITE 1780 GLENDALE, CA 91203

C IRS center where partnership filed return: E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

STEVEN KAY

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

Table with columns: Beginning, Ending, Profit, Loss, Capital. Values: 5.3000000%, 5.3000000%, 5.3000000%, 5.3000000%, 5.3000000%

Check if decrease is due to sale or exchange of partnership interest

K Partner's share of liabilities:

Table with columns: Beginning, Ending, Nonrecourse, Qualified nonrecourse financing, Recourse. Values: \$8,655,010., \$12,278,405., \$0., \$0.

Check this box if Item K includes liability amounts from lower-tier partnerships

L Partner's Capital Account Analysis

Table with columns: Beginning capital account, Capital contributed during the year, Current year net income (loss), Other increase (decrease), Withdrawals and distributions, Ending capital account. Values: \$-3,696,034., \$-1,940,338., \$-5,636,372.

M Did the partner contribute property with a built-in gain (loss)? Yes No

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Table with columns: Beginning, Ending

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Main table for Part III with rows 1-23. Includes items like Ordinary business income, Self-employment earnings, Credits, Dividends, etc.

22 More than one activity for at-risk purposes* 23 More than one activity for passive activity purposes* *See attached statement for additional information.

For IRS Use Only

ALECTO HEALTHCARE SERVICES LLC46-0829723

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
POLITICAL CONTRIBUTIONS		53.
OFFICER'S LIFE INSURANCE		1,840.
NONDEDUCTIBLE EXPENSES - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	18,862.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		<u>20,755.</u>

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
BUSINESS INTEREST EXPENSE - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	194,497.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		<u>194,497.</u>

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

ALECTO HEALTHCARE SERVICES LLC

46-0829723

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 (LOSS) AND OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-1,927,080.	
RENTAL REAL ESTATE INCOME (LOSS)	-801.	
INTEREST INCOME	8,393.	
SECTION 1231 GAIN (LOSS)	-63.	
SCHEDULE K-1 INCOME SUBTOTAL		-1,919,551.
CHARITABLE CONTRIBUTIONS	-32.	
NONDEDUCTIBLE EXPENSES	-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.

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **STEVEN KAY**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	1				8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	1			X	8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	4				8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL

	Activity - 1	Activity - 1	Activity - 4
Ordinary business income (loss)	-740,262.	-740,262.	-17,132.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income	50.		
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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			
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	50.		
Investment expenses			
Section 199A - W-2 wages		149.	
- Unadjusted basis of assets			
- REIT dividends			
- Cooperative qualified business income			
- 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 of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **STEVEN KAY**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	4			X	8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL
	5				8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE
	5			X	8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE

	Activity - 4	Activity - 5	Activity - 5
Ordinary business income (loss)	-17,132.	-1,032,428.	-1,032,428.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income		1,202.	
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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		32.	
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			
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		1,202.	
Investment expenses			
Section 199A - W-2 wages	2,951.		818,487.
- Unadjusted basis of assets	268,118.		191,057.
- REIT dividends			
- Cooperative qualified business income			
- 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 of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **STEVEN KAY**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	6				8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	6			X	8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	7				8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 6	Activity - 6	Activity - 7
Ordinary business income (loss)	-138,246.	-138,246.	
Net rental real estate income (loss)			-801.
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-1,830.		
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		65,164.	
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **STEVEN KAY**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	7			X	8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 7	Activity -	Activity -
Ordinary business income (loss)			
Net rental real estate income (loss)	-801.		
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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			
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			
- Cooperative W-2 wages			

Schedule K-1 (Form 1065)

Department of the Treasury Internal Revenue Service

2022

For calendar year 2022, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Part I Information About the Partnership

A Partnership's employer identification number 46-0829723

B Partnership's name, address, city, state, and ZIP code ALECTO HEALTHCARE SERVICES LLC 101 N. BRAND BLVD SUITE 1780 GLENDALE, CA 91203

C IRS center where partnership filed return: E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions. HAYES IRREVOCABLE TRUST

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner? TRUST

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

Table with columns: Beginning, Ending, Profit, Loss, Capital. Values: 5.3000000%, 5.3000000%, 5.3000000%, 5.3000000%, 5.3000000%

Check if decrease is due to sale or exchange of partnership interest

K Partner's share of liabilities:

Table with columns: Beginning, Ending, Nonrecourse, Qualified nonrecourse financing, Recourse. Values: \$8,655,010., \$12,278,405., \$0., \$0.

Check this box if Item K includes liability amounts from lower-tier partnerships

L Partner's Capital Account Analysis

Table with columns: Description, Amount. Rows: Beginning capital account, Capital contributed during the year, Current year net income (loss), Other increase (decrease), Withdrawals and distributions, Ending capital account.

M Did the partner contribute property with a built-in gain (loss)? Yes No

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Table with columns: Beginning, Ending

Main table for Part III with rows 1-23. Includes items like Ordinary business income, Net rental real estate income, Self-employment earnings, Credits, Dividends, Royalties, Capital gain, Deductions, etc.

22 More than one activity for at-risk purposes* 23 More than one activity for passive activity purposes* *See attached statement for additional information.

For IRS Use Only

ALECTO HEALTHCARE SERVICES LLC

46-0829723

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
POLITICAL CONTRIBUTIONS		53.
OFFICER'S LIFE INSURANCE		1,840.
NONDEDUCTIBLE EXPENSES - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	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.

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)	988.
W-2 WAGES	132,986.
UNADJUSTED BASIS OF ASSETS	615.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES LOS ANGELES	
ALECTO HEALTHCARE SERVICES LOS A	
X - SSTB EIN: 90-0999512	
ORDINARY INCOME (LOSS)	-740,262.
W-2 WAGES	150.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES FAIRMONT LLC	
ALECTO HEALTHCARE SERVICES FAIRM	
X - SSTB EIN: 35-2507149	
ORDINARY INCOME (LOSS)	-17,132.
W-2 WAGES	2,951.
UNADJUSTED BASIS OF ASSETS	268,119.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES SHERMAN LLC	
ALECTO HEALTHCARE SERVICES SHERM	
X - SSTB EIN: 37-1760423	
ORDINARY INCOME (LOSS)	-1,032,428.
W-2 WAGES	818,488.
UNADJUSTED BASIS OF ASSETS	191,056.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES OHIO VALLEY, LL	
ALECTO HEALTHCARE SERVICES OHIO VAL	
X - SSTB EIN: 36-4857044	
ORDINARY INCOME (LOSS)	-138,246.
UNADJUSTED BASIS OF ASSETS	65,164.
PASSTHROUGH - PLAZA MEDICAL OFFICE BUILDING, LLC	
EIN: 45-2698455	
RENTAL INCOME (LOSS)	-800.

ALECTO HEALTHCARE SERVICES LLC

46-0829723

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 (LOSS) AND OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-1,927,080.	
RENTAL REAL ESTATE INCOME (LOSS)	-800.	
INTEREST INCOME	8,391.	
SECTION 1231 GAIN (LOSS)	-64.	
SCHEDULE K-1 INCOME SUBTOTAL		-1,919,553.
CHARITABLE CONTRIBUTIONS	-32.	
NONDEDUCTIBLE EXPENSES	-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.

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **HAYES IRREVOCABLE TRUST**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	1				8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	1			X	8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	4				8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL

	Activity - 1	Activity - 1	Activity - 4
Ordinary business income (loss)	-740,262.	-740,262.	-17,132.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income	49.		
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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			
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	49.		
Investment expenses			
Section 199A - W-2 wages		150.	
- Unadjusted basis of assets			
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **HAYES IRREVOCABLE TRUST**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	4			X	8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL
	5				8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE
	5			X	8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE

	Activity - 4	Activity - 5	Activity - 5
Ordinary business income (loss)	-17,132.	-1,032,428.	-1,032,428.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income		1,202.	
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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		32.	
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			
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		1,202.	
Investment expenses			
Section 199A - W-2 wages	2,951.		818,488.
- Unadjusted basis of assets	268,119.		191,056.
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **HAYES IRREVOCABLE TRUST**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	6				8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	6			X	8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	7				8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 6	Activity - 6	Activity - 7
Ordinary business income (loss)	-138,246.	-138,246.	
Net rental real estate income (loss)			-800.
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-1,831.		
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		65,164.	
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **HAYES IRREVOCABLE TRUST**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	7			X	8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 7	Activity -	Activity -
Ordinary business income (loss)			
Net rental real estate income (loss)	-800.		
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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			
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			
- 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 (Form 1065)

Department of the Treasury Internal Revenue Service

2022

For calendar year 2022, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Part I Information About the Partnership

A Partnership's employer identification number 46-0829723

B Partnership's name, address, city, state, and ZIP code ALECTO HEALTHCARE SERVICES LLC 101 N. BRAND BLVD SUITE 1780 GLENDALE, CA 91203

C IRS center where partnership filed return: E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions. PANCH JEYAKUMAR

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

Table with columns: Beginning, Ending, Profit, Loss, Capital. Values: Profit 3.50000000%, Ending 3.5000000%; Loss 3.50000000%, Ending 3.5000000%; Capital 3.50000000%, Ending 3.5000000%

Check if decrease is due to sale or exchange of partnership interest

K Partner's share of liabilities:

Table with columns: Beginning, Ending, Nonrecourse, Qualified nonrecourse financing, Recourse. Values: Nonrecourse \$ 5,715,572. \$ 8,108,381.; Recourse \$ 0. \$ 0.

Check this box if Item K includes liability amounts from lower-tier partnerships

L Partner's Capital Account Analysis

Table with columns: Description, Amount. Rows: Beginning capital account \$ -6,113,376.; Capital contributed during the year \$; Current year net income (loss) \$ -1,281,357.; Other increase (decrease) (attach explanation) \$; Withdrawals and distributions \$(); Ending capital account \$ -7,394,733.

M Did the partner contribute property with a built-in gain (loss)? Yes No

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Table with columns: Beginning, Ending. Values: Beginning \$; Ending \$

Main table for Part III with rows 1-23. Includes items like Ordinary business income (loss) -1,272,600., Self-employment earnings (loss) -1,272,601., Net rental real estate income (loss) -529., Interest income 5,541., Net short-term capital gain (loss) 128,440., Net long-term capital gain (loss) 1,447,273., Section 179 deduction, Other deductions 21., etc.

22 More than one activity for at-risk purposes* 23 More than one activity for passive activity purposes* *See attached statement for additional information.

For IRS Use Only

ALECTO HEALTHCARE SERVICES LLC

46-0829723

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
POLITICAL CONTRIBUTIONS		35.
OFFICER'S LIFE INSURANCE		1,215.
NONDEDUCTIBLE EXPENSES - PASSTHROUGH	SEE IRS SCH. K-1 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.

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)	653.
SELF-EMPLOYMENT EARNINGS(LOSS)	653.
W-2 WAGES	87,894.
UNADJUSTED BASIS OF ASSETS	407.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES LOS ANGELES	
ALECTO HEALTHCARE SERVICES LOS A	
X - SSTB EIN: 90-0999512	
ORDINARY INCOME (LOSS)	-488,852.
SELF-EMPLOYMENT EARNINGS(LOSS)	-488,852.
W-2 WAGES	99.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES FAIRMONT LLC	
ALECTO HEALTHCARE SERVICES FAIRM	
X - SSTB EIN: 35-2507149	
ORDINARY INCOME (LOSS)	-11,314.
SELF-EMPLOYMENT EARNINGS(LOSS)	-11,314.
W-2 WAGES	1,948.
UNADJUSTED BASIS OF ASSETS	177,059.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES SHERMAN LLC	
ALECTO HEALTHCARE SERVICES SHERM	
X - SSTB EIN: 37-1760423	
ORDINARY INCOME (LOSS)	-681,792.
SELF-EMPLOYMENT EARNINGS(LOSS)	-681,792.
W-2 WAGES	540,510.
UNADJUSTED BASIS OF ASSETS	126,170.
PASSTHROUGH - ALECTO HEALTHCARE SERVICES OHIO VALLEY, LL	
ALECTO HEALTHCARE SERVICES OHIO VAL	
X - SSTB EIN: 36-4857044	
ORDINARY INCOME (LOSS)	-91,295.
SELF-EMPLOYMENT EARNINGS(LOSS)	-91,295.
UNADJUSTED BASIS OF ASSETS	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 SECTION 448(C), BOX 20, CODE AG

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR	SEE IRS SCH. K-1 INSTRUCTIONS	1,447,273.
TOTAL TO SCHEDULE K-1, LINE 20 AG		1,447,273.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-1,272,600.	
RENTAL REAL ESTATE INCOME (LOSS)	-529.	
INTEREST INCOME	5,541.	
SECTION 1231 GAIN (LOSS)	-42.	
SCHEDULE K-1 INCOME SUBTOTAL		-1,267,630.
CHARITABLE CONTRIBUTIONS	-21.	
NONDEDUCTIBLE EXPENSES	-13,706.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-13,727.
NET INCOME (LOSS) PER SCHEDULE K-1		-1,281,357.

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **PANCH JEYAKUMAR**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	1				8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	1			X	8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	4				8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL

	Activity - 1	Activity - 1	Activity - 4
Ordinary business income (loss)	-488,852.	-488,852.	-11,314.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income	33.		
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-488,852.	-488,852.	-11,314.
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 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	33.		
Investment expenses			
Section 199A - W-2 wages		99.	
- Unadjusted basis of assets			
- REIT dividends			
- Cooperative qualified business income			
- 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 of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **PANCH JEYAKUMAR**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	4			X	8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL
	5				8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE
	5			X	8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE

	Activity - 4	Activity - 5	Activity - 5
Ordinary business income (loss)	-11,314.	-681,792.	-681,792.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income		793.	
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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		21.	
Portfolio deductions			
Investment interest expense			
Section 59(e)(2) expenditures			
Excess business interest expense			
Other deductions			
Net earnings from self-employment	-11,314.	-681,792.	-681,792.
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 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		793.	
Investment expenses			
Section 199A - W-2 wages	1,948.		540,510.
- Unadjusted basis of assets	177,059.		126,170.
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **PANCH JEYAKUMAR**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	6				8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	6			X	8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	7				8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 6	Activity - 6	Activity - 7
Ordinary business income (loss)	-91,295.	-91,295.	
Net rental real estate income (loss)			-529.
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-91,295.	-91,295.	
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	-1,209.		
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		43,033.	
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **PANCH JEYAKUMAR**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	7			X	8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 7	Activity -	Activity -
Ordinary business income (loss)			
Net rental real estate income (loss)	-529.		
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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			
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			
- 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 (Form 1065)

Department of the Treasury Internal Revenue Service

2022

For calendar year 2022, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Part I Information About the Partnership

A Partnership's employer identification number 46-0829723

B Partnership's name, address, city, state, and ZIP code ALECTO HEALTHCARE SERVICES LLC 101 N. BRAND BLVD SUITE 1780 GLENDALE, CA 91203

C IRS center where partnership filed return: E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions. AMAN DHUPER

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

Table with columns: Beginning, Ending, Profit, Loss, Capital. Values: Profit 2.50000000%, Loss 2.50000000%, Capital 2.50000000%

Check if decrease is due to sale or exchange of partnership interest

K Partner's share of liabilities:

Table with columns: Beginning, Ending, Nonrecourse, Qualified nonrecourse financing, Recourse. Values: Nonrecourse \$4,082,552, Recourse \$0

Check this box if Item K includes liability amounts from lower-tier partnerships

L Partner's Capital Account Analysis

Table with columns: Description, Amount. Values: Beginning capital account \$-4,351,643, Ending capital account \$-5,266,897

M Did the partner contribute property with a built-in gain (loss)? Yes No

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Table with columns: Beginning, Ending

Main table for Part III with rows 1-23. Values include: 1 Ordinary business income (loss) -908,999, 5 Interest income 3,958, 8 Net short-term capital gain (loss) 91,744, 9a Net long-term capital gain (loss) 1,033,767, 10 Net section 1231 gain (loss) -30, 13 Other deductions 15.

22 More than one activity for at-risk purposes* 23 More than one activity for passive activity purposes* *See attached statement for additional information.

For IRS Use Only

ALECTO HEALTHCARE SERVICES LLC

46-0829723

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
POLITICAL CONTRIBUTIONS		25.
OFFICER'S LIFE INSURANCE		868.
NONDEDUCTIBLE EXPENSES - PASSTHROUGH	SEE IRS SCH. K-1 INSTRUCTIONS	8,897.
TOTAL TO SCHEDULE K-1, BOX 18, 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.

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

ALECTO HEALTHCARE SERVICES LLC

46-0829723

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	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)	-908,999.	
RENTAL REAL ESTATE INCOME (LOSS)	-378.	
INTEREST INCOME	3,958.	
SECTION 1231 GAIN (LOSS)	-30.	
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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **AMAN DHUPER**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	1				8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	1			X	8	ALECTO HEALTHCARE SERVICES LOS ANGELES - ALE
	4				8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL

	Activity - 1	Activity - 1	Activity - 4
Ordinary business income (loss)	-349,180.	-349,180.	-8,081.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income	23.		
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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			
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	23.		
Investment expenses			
Section 199A - W-2 wages		70.	
- Unadjusted basis of assets			
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **AMAN DHUPER**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	4			X	8	ALECTO HEALTHCARE SERVICES FAIRMONT LLC - AL
	5				8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE
	5			X	8	ALECTO HEALTHCARE SERVICES SHERMAN LLC - ALE

	Activity - 4	Activity - 5	Activity - 5
Ordinary business income (loss)	-8,081.	-486,994.	-486,994.
Net rental real estate income (loss)			
Other net rental income (loss)			
Interest income		567.	
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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		15.	
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			
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		567.	
Investment expenses			
Section 199A - W-2 wages	1,392.		386,079.
- Unadjusted basis of assets	126,471.		90,121.
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

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

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **AMAN DHUPER**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	6				8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	6			X	8	ALECTO HEALTHCARE SERVICES OHIO VALLEY, LLC
	7				8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 6	Activity - 6	Activity - 7
Ordinary business income (loss)	-65,210.	-65,210.	
Net rental real estate income (loss)			-378.
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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	-863.		
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		30,738.	
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

Name: **ALECTO HEALTHCARE SERVICES LLC**

46-0829723

For: **AMAN DHUPER**

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	7			X	8	PLAZA MEDICAL OFFICE BUILDING, LLC

	Activity - 7	Activity -	Activity -
Ordinary business income (loss)			
Net rental real estate income (loss)	-378.		
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
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			
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			
- Cooperative W-2 wages			

Alecto

YTD Income Statement Annual Comparison (in '000's)

5/31/2023

	<u>2023</u>
REVENUES	
Inpatient Revenue - Routine	-
Inpatient Revenue - Ancillary	-
Total IP Revenue	-
Outpatient Revenue	-
Total Patient 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	<u>1,559</u>
OPERATING EXPENSES	
Salaries and Wages	873
Benefits	88
Payroll Taxes	64
PTO	58
Contract Labor	-
Labor Sub-Total	<u>1,084</u>
Supplies Billable	-
Supplies Non-Billable	8
Total Supplies	<u>8</u>
Purchased Services	18
Professional Fees	126
Repairs and Maintenance	0
Rents and leases	69
Insurance	123
Utilities	3
Taxes and Licenses	4
Other Operating Expenses	38
Hospital Fees/Taxes	-
Total Operating Expenses	<u>1,473</u>
EBITDAR	<u>86</u>
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	<u>2</u>
NET INCOME (LOSS)	<u><u>84</u></u>

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

	<u>May-23</u>
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	<u>107,363</u>
Land and Improvements	-
Buildings and Improvements	-
Leaseholds	-
Equipment	12
Construction-In-Progress	-
Property and Equipment	<u>12</u>
Less: Accumulated Depreciation	<u>(7)</u>
Net Property and Equipment	5
Net goodwill	-
Other intangible assets	-
Total Long-Term Assets	<u>5</u>
TOTAL ASSETS	<u>107,368</u>

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

	<u>May-23</u>
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	<u>837</u>
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	<u>87,210</u>
TOTAL LIABILITIES	<u>88,046</u>
EQUITY:	
Common Stock	-
Additional Paid-in Capital	8,944
Other Equity	-
Retained Earnings PY	10,293
Distributions	-
Net Income	84
TOTAL EQUITY	<u>19,322</u>
TOTAL LIABILITIES AND EQUITY	107,368

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

	<u>2023</u>
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	<u>214</u>
Cash Flows from Investing Activities:	
Capital Expenditures	-
Payments to Acquire Other Assets	-
Net Cash From (For) Investing Activities	<u>-</u>
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	<u>96,350</u>
Net Change in Cash and Cash Equivalentents	<u>96,564</u>