| | A | MENDED RETU | RM | d (2007-0), 510 (2) | | 55557 | | 11 | 21/ | 1 | | |
|---|----------|-------------------------------------|------------------|---|--|--|------------|----------------------|----------------|--|---|----------|
| | | | . | SECTION 512(A) | | | | Tau Dati | | | | |
| - | _ | 990-T | EX | cempt Organization | | | | | n | c | MB No 1545-0687 | |
| | Form | 330-1 | | (and proxy tax | cun | der section | 6033 | (e)) | Γ | | | _ |
| | | ļ | For cale | ndar year 2018 or other tax year begir | ning _ | , 2018, | and end | ıng , 2 | ا۱ | | 2018 | |
| | Departi | ment of the Treasury | | ► Go to www.irs.gov/Form990 | T for i | nstructions and ti | he lates | t information | | | | _ |
| | Internal | Revenue Service | _ ▶ Do | not enter SSN numbers on this form | as it ma | ay be made public if | your org | anization is a 501(c | :)(3) | Oper 501(c | to Public Inspection for c)(3) Organizations Only | |
| | A | Check box if | | Name of organization (Check b | ox if na | me changed and see | instructio | ns) | | | ntification number | _ |
| | | address changed | | | | | | | (Emplo | yees iru | st, see instructions) | |
| | B Exe | mpt under section | | CARESOURCE MANAGEME | NT G | ROUP CO. | | | | | | |
| | X | 501(C)(3) | 31-1703368 | | | | | | | | | |
| | \neg | 7400(a) | | | | | | | | | isiness activity code | |
| | - | 408A 530(a) | , ,,,,,,, | РО ВОХ 8738 | | | | ļ | (See in | struction | s) | |
| | \vdash | 529(a) | | City or town, state or province, counti | v and | ZIP or foreign postal o | ode | | | | | |
| | | k value of all assets | | DAYTON, OH 45401-87 | | | | | | | | |
| | | nd of year | F 6 | | | | | ł | | | | _ |
| | | | | up exemption number (See instruct | _ _ | - | 15044 | | 104(-) | | 011 | |
| | | | | ck organization type X 501 | | | 1501(| c) trust | 401(a) | | Other trust | <u>-</u> |
| | | | | inization's unrelated trades or busine | esses | | | | • | • | st) unrelated | |
| | | de or business her | | | | | • | , complete Parts I- | | | one, describe the | |
| | | • | | end of the previous sentence, co | mpleto | Parts I and II, com | picte a s | Schedule M for eac | n addition | nal | | |
| | | de or business, the | | | | | | | | | | _ |
| | | - | | corporation a subsidiary in an affil | | | bsidiary | controlled group? | | ▶ | · Yes No | > |
| | | | | identifying number of the parent co | rporati | on 🕨 | | | | | | _ |
| | J Th | e books are in care | e of ▶J <i>P</i> | NET FERNANDES | | , , , | Telepho | ne number 🕨 93 | 7-531- | -302 | 7 | |
| | Par | Unrelated | Trade o | or Business Income | | (A) incom | е | (B) Expen | ses | | (C) Net | _ |
| | 1 a | Gross receipts or s | sales | | | | | | | | | í |
| | b | Less returns and allowa | nces | c 8alance > | 10 | | | | | 1 | _ | _[|
| | 2 | Cost of goods sol | d (Sched | ule A, line 7) | 2 | | | | | | | |
| | 3 | | | 2 from line 1c | 3 | | | | | | | |
| | 4 a | | | ittach Schedule D) | 4a | | | | | | | _ |
| | ь | | | Part II, line 17) (attach Form 47,97) | 4b | | | | • | | | _ |
| | c | * | | trusts | 4c | | | | | | • | _ |
| | 5 | | | r an S corporation (attach statement) | - | | Г | 5565 | <u></u> | | | _ |
| | 6 | | | · · · · · · · · · · · · · · · · · · · | \vdash | | | RECEI\ | /ED | | | _ |
| 5 | 7 | | | come (Schedule E) | 7 | | | | | 101 | | _ |
| ř | 8 | | | | H: | | 323 | FFR 0.3 | 2020 | 卷 | | _ |
| D | | • | | ents from a controlled organization (Schedule F | ' | | - 18 | + FEB 0 3- | <u> </u> | 7, | | _ |
| | 9 | | | 1(c)(7), (9), or (17) organization (Schedule G) | _ | | \dashv | | | ∮≌┼ | | — |
| | 10 | | - | ncome (Schedule I) | - | | | OGDEN | . UT | + + | | _ |
| | 11 | | | dule J) | 11 | | | + | - | ┷┹ | | _ |
| | | | | tions, attach schedule) | $\overline{}$ | | | 1 | | 1- | | _ |
| | 13 | · · · · · · · · · · · · · · · · · · | | ough 12 | | <u>, </u> | 0. | 1 | | <u> </u> | | _ |
| | Par | | | Taken Elsewhere (Sec inst | | | | | _xcept t | or co | ntributions, | |
| • | | | | be directly connected with | | | | • | | , | | _ |
| | 14 | Compensation of | officers, | directors, and trustees (Schedule K) |) | | | | 14 | <u> </u> | | _ |
| | 15 | Salaries and wage | s,,, | | | | | | . 15 | | | _ |
| | 16 | Repairs and main | tenance | | | | | | 16 | <u> </u> | - | _ |
| | 17 | Bad debts | | | | | | | 17 | | _ | _ |
| | 18 | Interest (attach se | chedule) | (see instructions) | | | | | 18 | | | |
| | 19 | | | | | | | | | | | _ |
| | 20 | | | See instructions for limitation rules) | | | | | | | • | _ |
| | 21 | | | 4562) | | , | 1 | | | \top | | _ |
| 2 | 22 | Less depreciation | claimed | on Schedule A and elsewhere on r | eturn | 22 | a | | 22b | 1 | | |
| > | 23 | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | _ |
| | 24 | | | compensation plans | | | | | | 1 | | _ |
| | 25 | | | | | | | | | 1 | | _ |
| | | | | S . , , , | | | | | | +- | | _ |
| | 26 | | | Schedule I) | | | | | | | | _ |
| | 27 | | | chedule J) | | | | | | | | _ |
| | 28 | | | chedule) | | | | | | - | | _ |
| | 29 | | | s 14 through 28 | | | | | | - | | _ |
| | 30 | Unrelated busine | ss taxab | le income before net operating | loss | deduction Subtra | act line | 29 from line 1 | 3 30 | _ | | |
| | 31 | Deduction for net | operatin | g loss arising in tax years beginni | ng on (| or after January 1, 2 | 2018 (se | e instructions) | 31 | <u> </u> | | _} |
| | 32 | Unrelated busines | ss taxabl | e income Subtract line 31 from line | 30 . | | <u></u> | <u> </u> | 32 | | | _ |
| | | | ion Act N | lotice, see instructions | | _ | | | 3 | 7 | Form 990-T (201 | 8) |
| | 8X2740 |) 1 000 JSA | | | | | | | | | CL PAGE | 7 |

CARESOURCE MANAGEMENT GROUP CO.

ř 1

| | 990-1 (20 | | | | | | Page 2 |
|-----------|-----------|---|---------|-------------|-----------------|--------|---------------|
| Par | | Total Unrelated Business Taxable Income | | | | | |
| 33 | | f unrelated business taxable income computed from all unrelated trades or businesses | - | | | | |
| | instruct | ons) | | 33 | | | |
| 34 | | s paid for disallowed fringes | | 34 | | | |
| 35 | | on for net operating loss arising in tax years beginning before January 1, 2018 | | | | | |
| | ınstruct | ons), , , | | 35 | | | |
| 36 | Total o | f unrelated business taxable income before specific deduction. Subtract line 35 from the | sum | | | | |
| | of lines | 33 and 34, | | 36 | | | |
| 37 | Specific | deduction (Generally \$1,000, but see line 37 instructions for exceptions) | | 37 | | | |
| 38 | Unrelat | ed business taxable income Subtract line 37 from line 36 If line 37 is greater than line | 36, | | | | |
| | enter th | e smaller of zero or line 36 | | 38 | | | 0. |
| Par | t IV | Tax Computation | | | | | |
| 39 | | ations Taxable as Corporations Multiply line 38 by 21% (0 21) |) | 39 | | | |
| 40 | Trusts | Taxable at Trust Rates See instructions for tax computation income tax | | | | | |
| | the amo | unt on line 38 from Tax rate schedule or Schedule D (Form 1041) | > | 1 | | | |
| 41 | | x See instructions | | | | | |
| 42 | | ive minimum tax (trusts only). | | | | - | |
| 43 | | Noncompliant Facility Income See instructions | | | | | |
| 44 | | dd lines 41, 42, and 43 to line 39 or 40, whichever applies | | | | | |
| Par | _ | Tax and Payments | | | • | | |
| | | tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a | | T | | | |
| | - | redits (see instructions) | | 7 | | | |
| | | business credit Attach Form 3800 (see instructions) | | 1 1 | | | |
| | | or prior year minimum tax (attach Form 8801 or 8927) | | 1 | | | |
| | | edits Add lines 45a through 45d | | 45e | | | |
| 46 | | t line 45e from line 44 | | | | | |
| 47 | | es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach scher | | | | | |
| 48 | | x Add lines 46 and 47 (see instructions) | | | | | 0. |
| 49 | | it 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | | | | | |
| | | ts A 2017 overpayment credited to 2018 | • • | | | | |
| | | timated tax payments | | ┥ | | | |
| | | | 553 | - | | | |
| | | Usined William Goods 11 11 11 11 11 11 11 11 11 11 11 11 11 | | 1 | | | |
| | | organizations Tax paid or withheld at source (see instructions) | | - | | | |
| | | or small employer health insurance premiums (attach Form 8941) | | - | | | |
| | | | | - | | | |
| A | | edits, adjustments, and payments Form 2439 orm 4136 Other Total > 50g | | | | | |
| 51 | | syments Add lines 50a through 50g | | 51 | | 272, | 553. |
| 52 | • | ed tax penalty (see instructions) Check if Form 2220 is attached | · / · · | 52 | | | |
| 53 | | If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | ` | · } — | | | |
| | | | | 54 | | 272, | 553 |
| 54 | | ment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | | _ | | 272, | |
| 66 Par | | amount of line 54 you want | | <u> </u> | | | |
| | | | | | | Yes | No |
| | | time during the 2018 calendar year, did the organization have an interest in or a signature financial account (bank, securities, or other) in a foreign country? If "Yes," the organization | | | | 103 | - |
| | | Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of | | | | | ! |
| | | rolli 114, Report of Foreign Bank and Financial Accounts in 165, enter the fiame of | me | loreig | n country | - | - ~ - |
| | here > | | | | | - | - |
| 57 | • | he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, | a for | eign trus | st ⁷ | | , |
| | | see instructions for other forms the organization may have to file | | | | | i |
| <u>58</u> | | e amount of tax-exempt interest received or accrued during the tax year > \$ der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and the second s | o the | bost of r | mu knoudodaa | and he | liof it is |
| . | l to | e, correct, and complete Declare that I have examined this feculif, including accompanying schedules and statements, and the correct, and complete Declaration of which preparer has any knowledge | o ine | pesi oi i | ily kilowieuge | and be | itei, it is |
| Sigr | | 01/21/2020 CFO | | • | IRS discus | | |
| Here | _ | | _ | | preparer s | | ~ I |
| | 8 | gnature of officer Date Title | (| ee instruct | | es | No |
| Paid | | Print/Type preparer's name Preparer's signature Date | Che | ck 🔲 ı | f PTIN | | |
| Prep | | _ | self | employe | d L | | |
| • | Only | Firm's name | F⊮m | 's EIN 📐 | · | | |
| | , | Firm's address ▶ | Pho | ne no | | | |
| JSA | | | | | Form S | 90-T | (2018) |

| Form 990-T (2018) | | | | | | | | Page 3 |
|--|--|--------------------|---|---------|---------------|--|----------|---|
| Schedule A - Cost of Go | ods Sold. Er | iter method | l of inventory valua | tion | > | | , | |
| 1 Inventory at beginning of y | ear 1 | | 6 Inve | ntory | at end of yea | ar | 6 | |
| 2 Purchases | 2 | | 7 Cos | of | goods so | ld Subtract line | | |
| 3 Cost of labor | 3 | | 6 f | rom l | line 5 En | ter here and in | | |
| 4a Additional section 263A co | sts | | Part | I, line | 2 | | 7 | |
| (attach schedule) | 4a | | 8 Do | the | rules of | section 263A (w | ith re | espect to Yes No |
| b Other costs (attach schedu | le) . <mark>4b</mark> | | | | | or acquired for | | |
| 5 Total Add lines 1 through | | | to th | e orga | anization? | <u> </u> | | N/A |
| Schedule C - Rent Income | (From Real P | roperty ar | nd Personal Prop | erty | Leased V | Vith Real Proper | ty) | |
| (see instructions) | | | | | | | | |
| Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | · | | | | | | |
| | 2 Rent recei | ved or accrue | ed | | | | | |
| (a) From personal property (if the for personal property is more th more than 50%) | | percenta | rom real and personal pa age of rent for personal p of the rent is based on p | roperty | exceeds | | | onnected with the income (b) (attach schedule) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | - |
| (4) | | | | | | | | |
| Total | | Total | | | | | | |
| (c) Total income. Add totals of co | | | | | | (b) Total deduction Enter here and on Part I, line 6, column | page 1 | |
| Schedule E - Unrelated De | | | e instructions) | | | | | |
| 1 Description of deb | | , | Gross income fror allocable to debt-final | | | Deductions directly cor debt-financ | ed prope | erty |
| | | | property | | | nt line depreciation ch schedule) | · (| b) Other deductions (attach schedule) |
| (1) | | | | | | | | |
| (2) | | | | | | | | ···· |
| (3) | | | | | | | | . , |
| (4) | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adju- of or alloca debt-financed (attach sche | ble to property | 6 Column 4 divided by column 5 | | | income reportable n 2 x column 6) | | Allocable deductions mn 6 x total of columns 3(a) and 3(b)) |
| (1) | | | | % | | | | |
| (2) | | | | % | | | | |
| (3) | | | | % | | İ | | |
| (4) | | | | % | | | | |
| | | | | | | e and on page 1, e 7, column (A) | | r here and on page 1, i I, line 7, column (B) |
| Totals | | | | | | | | |

Page 4

| Schedule F-Interest, Annu | uities, Royalties | | | om Contro | | | itions (see | Instruction | ons) | |
|---------------------------------------|--|--|-----------------------------------|--|--|------------------|---|---|------------|---|
| 1 Name of controlled organization | 2 Employer adentification numb | er 3 N | let unrel | ated income | 4 Total | of specification | ed included | f column 4 th in the control ion's gross in | olling | 6 Deductions directly connected with income in column 5 |
| (1) | | | | - | | | | _ | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | _ | | |
| (4) | | | | | | | | | | |
| Nonexempt Controlled Organiz | zations | | | | | | | | | |
| 7 Taxable income | 8 Net unrelated in (loss) (see instruc | | | Total of specific payments made | | inclu | Part of column uded in the co nization's gros | ntrolling | | Deductions directly nected with income in column 10 |
| (1) | | | | | | | | | <u> </u> | |
| (2) | | | | | | | | | ــــــ | |
| (3) | | | | | | | | | <u> </u> | |
| (4) | | | | | | | | | <u> </u> | id columns 6 and 11 |
| Totals | ncome of a Sec | | | (9), or (17 | | Ente Par | d columns 5 a er here and on I I, line 8, colu In (see ins | page 1, mn (A) | Ent | ler here and on page 1, rt I, line 8, column (B) |
| 1 Description of income | 2 Amount of | income | | 3 Deduction directly cor (attach set | nected | | | f-asides schedule) | _ | 5. Total deductions and set-asides (col. 3 plus col. 4) |
| (1) | | | _ | | | | | ·· | \dashv | |
| (2) | | | + | | _ | | | | $-\!\!\!+$ | · |
| (3) | | | - | | | | | | | |
| (4) | Enter here and o Part I, line 9, co | | | | | | | | | Enter here and on page 1, Part I, line 9, column (B) |
| Totals ▶ Schedule I – Exploited Exe | mnt Activity In | come Otl | er Th | an Advert | isina Ir | come | (see instri | ictions) | | |
| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expen directly connected production unrelated business in | ses y I with on of ed | 4. Net inconfrom unrelation business 2 minus collif a gain, occles 5 three | ne (loss) ed trade (column umn 3) ompute | 5 Gr from | oss income activity that t unrelated ess income | 6 Expe | able to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | - | | |
| (2) | | | | | _ | | | - | | - |
| (3) | | | | | | | | | | |
| (4) | | | | | | - | | 1 | | |
| Totals | Enter here and on page 1, Part I, line 10, col (A) | Enter here a page 1, P line 10, co | art I, | | | | | , | | Enter here and on page 1, Part II, line 26 |
| Schedule J- Advertising Ir | icome (see instri | uctions) | | · - | | | | | | |
| Part I Income From Per | | | onsol | idated Bas | sis | | | | | |
| , 1 Name of periodical | 2 Gross advertising income | 3 Dire advertising | cl | 4 Advertigan or (los 2 minus co a gain, co cols 5 thro | ising is) (col of 3) If mpute | | arculation ncome | 6 Read cos | • | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | |
| (2) | | | | 1 | | | | | | ! |
| (3) | | | | | | | | | | _ |
| (4) | | | | | | | | | | <u> </u> |
| Totals (carry to Part II, line (5)) ▶ | | | | | | | | | | |
| | | | | | | | | | | Form 990-T (2018) |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns - 2 through 7 on a line-by-line basis)

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|--|--|--|----------------------|--------------------|---|
| (1) | | | | | | |
| (2) | | | | _ | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | | | | | | |
| | Enter here and on page 1, Part I, line 11, cot (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | | | | 41 | ģ. | , |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|---------|---------------------------------------|--|
| 1) | | % | |
| 2) | | % | |
| 3) | | % | |
| 4) | | % | - |
| otal Enter here and on page 1, Part II, line 14 | | | |

Form 990-T (2018)