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REPEAL OF IRC SECTION 512(A)(7)

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning 2019, and ending 2019. Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection (or 501(c)(3) Organizations Only)

A Check box if address changed
B Exempt under section
X 501(c)(3)
408(e) 220(e)
408A 530(e)
529(e)
C Book value of all assets at end of year

Name of organization: CARESOURCE MANAGEMENT GROUPE CO
Number street and room or suite no: PO BOX 8738
City or town, state or province, country, and ZIP or foreign postal code: DAYTON, OH 45401-8738

D Employer identification number: 31-1703368
E Unrelated business activity code

F Group exemption number
G Check organization type: X 501(c) corporation

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence. complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No

J The books are in care of: JANET FERNANDES Telephone number: 937-531-3027

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Table with 2 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 16 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Depreciation, 21 Less depreciation claimed, 22 Depletion, 23 Contributions to deferred compensation plans, 24 Employee benefit programs, 25 Excess exempt expenses, 26 Excess readership costs, 27 Other deductions, 28 Total deductions, 29 Unrelated business taxable income before net operating loss deduction, 30 Deduction for net operating loss, 31 Unrelated business taxable income.

For Paperwork Reduction Act Notice, see Instructions. Form 990-T (2019)

2020

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PAGE 51

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Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trade or businesses (see instructions)	32	
33	Amounts paid for disallowed fringe	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	0
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000 but see line 38 instructions for exceptions)	38	12,000
39	Unrelated business taxable income (Subtract line 38 from line 37; if line 38 is greater than line 37, enter the smaller of zero or line 37)	39	0

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable At Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
46b	Other credits (see instructions)	46b	
46c	General business credit (attach Form 3800 (see instructions))	46c	
46d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
46e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8613 <input type="checkbox"/> Form 8872 <input type="checkbox"/> Form 8898 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0
50	2019 net 985 tax liability paid from Form 985-A or Form 985-B, Part II, column (a), line 3	50	
51a	Payments: A 2019 overpayment carried to 2019	51a	
51b	2019 estimated tax payments	51b	280,000
51c	Tax deposited with Form 8868	51c	
51d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
51e	Backup withholding (see instructions)	51e	
51f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
51g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	280,000
53	Estimated tax penalty (see instructions) (Check if Form 2220 is attached)	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	280,000
56	Enter the amount of line 55 you want. Credit to 2020 estimated tax: <input type="checkbox"/> Refunded <input type="checkbox"/>	56	280,000

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

67	At any time during the 2019 calendar year, did the organization have an interest in, or a signature or other authority over, a financial account (bank, securities, or other) in a foreign country? If yes, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If yes, enter the name of the foreign country here:	Yes/No
68	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If yes, see instructions for other forms the organization may have to file.	Yes/No
69	Enter the amount of tax-exempt interest received or accrued during the tax year: \$	

Sign Here

Prepared by: 2019 (Date) 04/07/2020 (Date) CFD (Title)

Print/Type preparer's name: _____ (Date) _____ (Date) _____ (Date)

Preparer Use Only: Firms name: _____ Firms EIN: _____ Firms address: _____ Phone no: _____

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

CIS IMAGE DO NOT CORRESPOND FOR SIGNATURE

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1. Inventory at beginning of year	1		6. Inventory at end of year	6	
2. Purchases	2		7. Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3. Cost of labor	3				
4a. Additional section 263A costs (attach schedule)	4a				
4b. Other costs (attach schedule)	4b				
5. Total. Add lines 1 through 4b	5		8. Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
				N/A	

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 8, column (A) ▶		

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 + column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B) ▶
Total dividends received deductions included in column 8				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net-unrelated income (loss), 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable income, 8 Net-unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10. Rows (1) through (4).

Totals: Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected (attach schedule), 4 Set-asides (attach schedule), 5 Total deductions and set-asides (col. 3 plus col. 4). Rows (1) through (4).

Totals: Enter here and on page 1, Part I, line 9, column (A). Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). Rows (1) through (4).

Totals: Enter here and on page 1, Part I, line 10, col. (A). Enter here and on page 1, line 10, col. (B). Enter here and on page 1, Part II, line 25.

Schedule J - Advertising Income (see instructions)

Part I - Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 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). Rows (1) through (4).

Totals (carry to Part II, line (5)).