

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: CareSource Management Group Co
 % JANET FERNANDES
 Doing business as

D Employer identification number: 31-1703368

E Telephone number: (937) 531-3027

G Gross receipts \$ 1,883,335,158

F Name and address of principal officer:
 Erhardt Preitauer
 Same as C above
 Dayton, OH 45401

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1999 **M** State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 CareSource Management Group Co is a supporting org to the CareSource Family of Companies' IRC 501(c)(3) not-for-profit orgs & holds a 3rd party admin license in 5 states.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4,145
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,712,225	868,327
9 Program service revenue (Part VIII, line 2g)	1,587,068,146	1,685,686,524
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,377,177	18,925,281
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,643	71,000
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,606,200,191	1,705,551,132
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	402,941	547,553
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	391,610,677	447,139,356
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,266,387,968	1,270,409,124
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,658,401,586	1,718,096,033
19 Revenue less expenses. Subtract line 18 from line 12	-52,201,395	-12,544,901

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	925,675,011	818,501,167
21 Total liabilities (Part X, line 26)	654,292,914	560,283,469
22 Net assets or fund balances. Subtract line 21 from line 20	271,382,097	258,217,698

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-11-13

DAVID W GOLTZ CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

CARESOURCE MANAGEMENT GROUP CO IS A SUPPORTING ORGANIZATION TO CARESOURCE, CARESOURCE INDIANA INC, CARESOURCE KENTUCKY CO, CARESOURCE GEORGIA CO, CARESOURCE LIFE SERVICES CO, CARESOURCE WEST VIRGINIA CO, AND ANY OTHER CARESOURCE NOT-FOR-PROFIT TAX-EXEMPT ORGANIZATION WHICH OPERATES CONSISTENTLY WITH SECTION 501(C)(3) AND IS CLASSIFIED AS A PUBLIC CHARITY. THE CORPORATION PROVIDES STRATEGIC OVERSIGHT TO THE SUPPORTED ORGANIZATIONS TO ENSURE THAT THE EXEMPT PURPOSES OF THE SUPPORTED ORGANIZATIONS ARE FURTHERED. THE CORPORATION OPERATES AS A POLICY-MAKING SUPPORT ORGANIZATION FOR THE SUPPORTING ORGANIZATIONS AND CONDUCTS ACTIVITIES CONSISTENT WITH SUCH PURPOSE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,718,096,033 including grants of \$ 547,553) (Revenue \$ 1,685,692,821)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,718,096,033

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	Yes	
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	12	
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed OH
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶ JANET FERNANDES PO BOX 8738 Dayton, OH 454018738 (937) 531-3027

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	42,591		
	e Government grants (contributions)	1e	825,736		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$	1g			
	h Total. Add lines 1a-1f		868,327		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a INSURANCE PREMIUMS; REINSURANCE		524298	927,018,358	927,018,358		
b MANAGEMENT FEES		561000	758,668,166	758,668,166		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			1,685,686,524			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			18,087,170		18,087,170	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents		(i) Real				
			(ii) Personal				
		6a	71,000				
		b Less: rental expenses	6b	0			
	c Rental income or (loss)	6c	71,000	0			
	d Net rental income or (loss)			71,000		71,000	
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other		0		
		7a	178,622,136				
		b Less: cost or other basis and sales expenses	7b	177,761,144	22,882		
	c Gain or (loss)	7c	860,992	-22,882			
	d Net gain or (loss)			838,111		838,111	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a		0		
			b Less: direct expenses	8b		0	
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities. See Part IV, line 19		9a		0		
			b Less: direct expenses	9b		0	
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances		10a		0			
		b Less: cost of goods sold	10b		0		
c Net income or (loss) from sales of inventory			0				
11a Miscellaneous Revenue	Business Code						
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions			1,705,551,132	1,685,686,524	18,996,281		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	547,553	547,553		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	16,123,516	16,123,516		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	338,768,513	338,768,513		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,529,695	16,529,695		
9 Other employee benefits	46,977,046	46,977,046		
10 Payroll taxes	28,740,586	28,740,586		
11 Fees for services (non-employees):				
a Management	1,176,000	1,176,000		
b Legal	4,238,930	4,238,930		
c Accounting	444,074	444,074		
d Lobbying	65,400	65,400		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	225,212,791	225,212,791		
12 Advertising and promotion	13,421,834	13,421,834		
13 Office expenses	32,320,766	32,320,766		
14 Information technology	31,655,992	31,655,992		
15 Royalties	0			
16 Occupancy	10,285,484	10,285,484		
17 Travel	5,086,368	5,086,368		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,092,685	2,092,685		
20 Interest	20,802,851	20,802,851		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	33,549,616	33,549,616		
23 Insurance	2,307,896	2,307,896		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL EXPENSE	691,176,482	691,176,482		
b PHARMACY EXPENSE	193,149,489	193,149,489		
c DUES & FILING FEES	1,139,654	1,139,654		
d CORPORATE MEMBERSHIPS	666,974	666,974		
e All other expenses	1,615,838	1,615,838		
25 Total functional expenses. Add lines 1 through 24e	1,718,096,033	1,718,096,033	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	157,141,429	1	19,360,848
	2 Savings and temporary cash investments	109,089,554	2	133,267,138
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	110,107,541	4	206,813,899
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	15,144,888	9	23,334,039
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 295,597,901		
	b Less: accumulated depreciation	10b 143,935,944	154,095,575	10c 151,661,957
	11 Investments—publicly traded securities	156,497,544	11	3,538,037
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	176,167,834	13	149,726,574
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	47,430,646	15	130,798,675
16 Total assets. Add lines 1 through 15 (must equal line 34)	925,675,011	16	818,501,167	
Liabilities	17 Accounts payable and accrued expenses	292,918,597	17	340,962,254
	18 Grants payable	0	18	0
	19 Deferred revenue	18,655,879	19	23,160,523
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	342,718,438	23	196,160,692
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	654,292,914	26	560,283,469
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	271,382,097	27	258,217,698
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	271,382,097	32	258,217,698	
33 Total liabilities and net assets/fund balances	925,675,011	33	818,501,167	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,705,551,132
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,718,096,033
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,544,901
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	271,382,097
5	Net unrealized gains (losses) on investments	5	-1,509,088
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	889,590
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	258,217,698

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p>	3b		

Software ID:**Software Version:****EIN:** 31-1703368**Name:** CareSource Management Group Co

Form 990 (2019)

Form 990, Part III, Line 4a:

CareSource Management Group Co ("CSMG"), as a supporting organization, provides strategic oversight to CareSource, CareSource Indiana Inc., The CareSource Foundation, CareSource Kentucky Co, CareSource Georgia Co, CareSource West Virginia Co, and CareSource Life Services Co (The "CareSource Group"). CSMG provides committee oversight regarding quality of care measures, Healthcare Effectiveness Data and Information Set, National Committee for Quality Assurance, as well as State and Federal quality measures. CSMG's governance oversight also includes financial review, compliance with all applicable healthcare laws, cybersecurity surveillance, and enterprise risk management functions. In March 2012, CSMG signed an Alliance Agreement with Humana, Inc., to jointly participate in state bid opportunities for Medicaid and provide coverage for people who qualify for Medicaid in the Commonwealth of Kentucky. As of December 31, 2019, there were 148,485 Medicaid Members in a Humana - CareSource Medicaid plan. CSMG has a commendable accreditation for this Medicaid plan. The current term of the Medicaid contract with the Commonwealth of Kentucky ended in June 2019, but contained one (1) additional six (6) month renewal period that was mutually agreed upon. CareSource Reinsurance LLC ("CSRE"), a single member LLC of CSMG, continued doing business with Humana in the same capacity through 2019. Under the terms of the Alliance, the risk associated with the Medicaid members in this population are 100% ceded to CSRE. Effective December 31, 2019, the Company ended its relationship with Humana and will not continue servicing members in the Kentucky Medicaid program. CSRE will continue to process claims runoff for effective dates of service December 31, 2019 and prior through December 31, 2022 as agreed upon with Humana. The CareSource Group's primary activity for over 30 years has been providing nonprofit Medicaid health maintenance organization ("HMO") services. The CareSource Group started its first Medicaid HMO program in Ohio in 1989. This plan is now one of the largest Medicaid managed care plans in the country. The CareSource Group has expanded beyond Ohio to operate Medicaid plans in various other states, including Georgia and Indiana. CareSource Management Group holds a Third Party Administrator ("TPA") license in five states. In total, the CareSource Group plans facilitate access to health care to approximately 2,000,000 low income individuals. The CareSource Group refers to these individuals as "Members." Additionally, over the last several years, the CareSource Group's leadership began to recognize that despite health care reform, many low income individuals remained uninsured or underinsured. They also realized that the CareSource Group was uniquely positioned to address this problem due to its extensive experience providing managed care to low income individuals. The CareSource Group therefore concluded that it was imperative that it expand its operations to states with significant low income populations which would benefit from the organization's charitable approach to health care. As a result, the CareSource Group expanded to operate qualified plans on the health care exchange in Kentucky and West Virginia, as well as exclusively through several of its other CareSource-related entities, all of which are exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code ("IRC"). As with its Medicaid HMO plans, the CareSource Group refers to individuals participating in its health care exchange plans as "Members." Through all of its activities, the CareSource Group strives to make a lasting difference in its Members' lives by improving their health and overall well-being. It firmly adheres to this mission by providing services to Members (both of its Medicaid HMO plans and health care exchange plans) that go beyond the delivery of medical benefits and which remove poverty as a barrier to achieving good health and independence. The CareSource Group also believes that it can improve the health of its Members through educational initiatives. Education empowers Members to take on greater personal responsibility for their own health and the health of their family by encouraging healthy decisions and preventative care. For example, the CareSource Group prepares a personalized wellness plan for each of its Members. Moreover, Members who are pregnant or have a child under the age of one can sign-up for Text4Babies. Members participating in Text4Babies receive three text messages per week that provide advice on proper preventative care. Other educational efforts include a childhood obesity management program for children between the ages of five and 17 years old. At CareSource, we know that social determinants of health are key drivers of healthcare access, utilization, and outcomes. As such, social determinants of health require full integration into the treatment of Members' physical health. What sets us apart from traditional managed care is our record of accomplishments and results in integrating these non-clinical aspects into every interaction we have with our Members. The CareSource mission is to make a lasting difference in Members' lives by improving their health and well-being. This has catalyzed our commitment over the past five years to develop programs that target our Members' social needs - nutrition, transportation, housing, jobs, social connectedness, communication, access, and more. We shape our benefits to integrate social and economic solutions seamlessly into our Members' care to have maximum impact on their social support, stability, health, and wellness. Life Services is the umbrella framework through which we address social determinants of health including hunger, housing, social stability, workforce development, and employment. Within Life Services, our JobConnectT program addresses the education and employment barriers that many of our Members face and that impede their path to self-sufficiency. JobConnectT is widely recognized within the managed care industry for reducing dependence on governmental services by providing Members with life coaching, access to community-based resources, and support setting and reaching their professional and educational goals. Life Services also participates in the Jobs-Plus Program ("Jobs-Plus"). The Jobs-Plus program was conceived in the mid-1990s by the Department of Housing and Urban Development ("HUD") in cooperation with various private charitable organizations. Jobs-Plus is based on the concept of saturating low-income housing developments with information, services, and incentives to encourage residents to obtain employment. Beginning in 2016, as part of the Life Services program, CSMG was party to five grants awarded at the federal and county levels: (1) The Dayton Metropolitan Housing Authority, dba Greater Dayton Premier Management ("GDPM"), was the recipient of a multi-million dollar grant from HUD. GDPM chose CSMG as the subcontractor to implement JobConnect in the DeSoto Bass and Hilltop low-income housing communities located in Dayton, Ohio. CSMG began offering JobConnect in these communities in 2017. As the subcontractor, CSMG was awarded \$936,000 to implement JobConnect. As of June, 2019, 167 Members signed up to participate, 82 are actively working with a life coach and 71 reported full time employment. The JobsPlus program began April 1, 2017 and continues through June 30, 2020; (2) A \$95,000 workforce development grant from the Workforce Development Board of Central Ohio. This 18 month workforce development program, in conjunction with the City of Columbus and Franklin County, is designed to facilitate a job readiness and retention program for the unemployed and underemployed in the Milo-Grogan Neighborhood by opting the residents into the JobConnect program. This grant ended on December 31, 2018; (3) On April 1, 2018, the Workforce Development Board of Central Ohio, in conjunction with the Westside Community Fund and CSMG, entered into another year long contract for \$89,000 to serve the neighborhoods of West Columbus and is designed to facilitate a job readiness and retention program for the unemployed and underemployed. This contract ended on April 30, 2019; (4) In January, 2018, CSMG entered into a yearlong contract for \$150,000 with the Montgomery County Alcohol, Drug Addiction and Mental Health Services Board to serve Montgomery County Ohio residents who are also receiving substance abuse and/or mental health services by opting them into the JobConnect program. This grant was renewed for calendar year 2019; and (5) In November 2018, CSMG entered into a yearlong contract for \$20,000 with CityWide, a non-profit organization with a mission to strengthen Dayton through strategic economic and community development. CityWide will serve as a consultant for capacity building in affordable housing, strategic partnerships, and research and analysis. This contra

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Erhardt Preitauer President & CEO/Director	15.0 45.0	X		X				3,061,457	0	1,899,707
David Goltz CFO/Treasurer from 05/19	30.0 30.0			X				1,395,705	0	523,051
Jai Pillai Chief Operating Officer	20.0 40.0			X				837,370	0	495,728
David Finkel Executive VP, Markets	15.0 45.0				X			826,297	0	407,546
Daniel McCabe Chief Administrative Officer	30.0 38.0			X				737,231	0	410,495
L Tarlton Thomas III Former Chief Operating Officer	0.0 0.0						X	1,107,296	0	3,517
Christina Turner EVP Strategy & Business Dev	30.0 30.0				X			675,031	0	394,121
Bobby Jones President, Market	1.0 59.0					X		720,398	0	348,015
Steve Smitherman President, Market	1.0 59.0					X		0	778,465	235,469
Stephen Ringel President, Market	1.0 59.0					X		640,571	0	361,976

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Devon Valencia Chief Information Officer	15.0 45.0				X			532,987	0	382,195
James Voiland Chief Clinical Officer	45.0 15.0				X			517,662	0	374,402
Michael Taylor President, Market	45.0 40.0					X		590,016	0	241,858
Deirdra Yocum VP, Market Operations	30.0 30.0					X		671,724	0	156,423
Paul Stoddard Chief Information Ofr To 06/19	44.0 16.0				X			648,148	0	15,134
Jefferson Myers EVP Strat & Ext Rel To 06/19	30.0 30.0				X			357,713	0	24,036
Mark Chilson Former EVP & Gen Counsel	0.0 0.0						X	255,404	0	0
Michael Ervin MD Vice Chairperson/Director	10.0 5.0	X		X				225,000	0	0
Kevin Brown Chairperson/Director	10.0 0.0	X		X				220,000	0	0
Ellen Leffak Sec/Treas to 05/19/Director	10.0 10.0	X		X				210,000	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Craig Brown Director	10.0 5.0	X						180,000	0	0
David Miller Director From 02/19	10.0 5.0	X						138,750	0	0
Terence Rapoch Director	10.0 5.0	X						112,500	0	0
Edward Thomas Brodmerk Director	10.0 0.0	X						107,500	0	0
Patrice Wolfe Director	10.0 0.0	X						105,000	0	0
Patricia Martin Director	10.0 0.0	X						103,750	0	0
Anthony Principi Director	10.0 0.0	X						102,500	0	0
John Monahan Director	10.0 0.0	X						102,500	0	0
Richard Topping Secretary from 05/19	40.0 20.0			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CareSource Management Group Co

Employer identification number
31-1703368

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 6

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	6				83,000,000	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		No
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		1	No

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Form 990, Schedule A, Part IV, Section A, Question 1	<p>CareSource Management Group Co ("CSMG") is a supporting organization to the Internal Revenue Code Section 501(c)(3) organizations classified as public charities that are members of the CareSource Family of Nonprofit organizations ("CS Public Charities"). CSMG specifically names CareSource and CareSource Indiana Inc. in its Articles of Incorporation. The Articles of Incorporation further state the sole and specific purpose for which CSMG is formed, is to act for the benefit of, and to carry out, as a supporting organization, the purposes of CareSource, CareSource Indiana Inc, and any other not-for-profit tax exempt organization which operates consistently with the above named tax exempt organizations exempt from taxation under Section 501(c)(3) of the Internal Revenue Code and classified as public charities under Section 509(a)(1) or 509(a)(2) of the Code. Although not mentioned by name, those organizations include CareSource Georgia Co and CareSource Kentucky Co, both of which were incorporated in 2014; and CareSource Life Services Co, and CareSource West Virginia Co, which were incorporated during 2015.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Form 990, Schedule A, Part IV, Section A, Question 6	In furtherance of the charitable purposes of the CS Public Charities, which primarily operate to improve the health and overall well-being of low-income populations, CSMG improves the lives of the underserved by providing grants on behalf of the CS Public Charities to other charitable organizations that deliver a broad array of health and human services and programs. The grants are targeted to reach the neediest populations in the communities where the CS Public Charities operate.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Form 990, Schedule A, Part IV, Section C, Question 1	<p>As noted above, CareSource Management Group Co. ("CSMG") is a supporting organization to the members of the CareSource family of nonprofit entities that are classified as charitable organizations under section 501(c)(3) of the Internal Revenue Code (the "Code") and public charities under section 509(a) of the Code. During 2019, CSMG and each of the CS Public Charities had the same Chief Executive Officer (Erhardt Preitauer), Chief Administrative Officer (Dan McCabe), Chief Financial Officer (Dave Goltz), and Chief Operating Officer (Jai Pillai). Further, boards of the CS Public Charities were almost exclusively comprised of CSMG management-level employees who reported to the CSMG board. Thus, CSMG was "supervised or controlled in connection with" the CS Public Charities, its supported organizations, because control and management of CSMG and the CS Public Charities were vested in the same individuals.</p>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization CareSource Management Group Co	Employer identification number 31-1703368
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? **Yes** **No**

4a Was a correction made? **Yes** **No**

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? **Yes** **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		128,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		2,800
j Total. Add lines 1c through 1i			130,800
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Form 990, Schedule C, Part II-B, Line 1b	Staff attended functions and meetings with government officials and legislators to discuss government sponsored health care programs.
Form 990, Schedule C, Part II-B, Line 1g	Lobbyists are retained to provide updates and represent the Organization's interests with federal and state legislators who deal with legislation related to government sponsored health care programs.
Form 990, Schedule C, Part II-B, Line 1i	\$2,800 is the allocable portion of the Organization's dues paid to Kentucky Association of Health Plans for lobbying and grassroots efforts conducted by the trade association on behalf of its members.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
CareSource Management Group Co

Employer identification number
31-1703368

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,512,609		3,512,609
b Buildings		109,723,803	6,321,456	103,402,347
c Leasehold improvements		9,333,318	4,038,359	5,294,959
d Equipment		153,146,679	130,424,195	22,722,484
e Other		19,881,492	3,151,934	16,729,558
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				151,661,957

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVEST CARESOURCE MGMT SVCS	17,744,158	C
(2) INVEST CARESOURCE WEST VIRGINI	9,500,000	C
(3) INVEST CARESOURCE	17,200,000	C
(4) INVEST CARESOURCE KENTUCKY CO	23,750,000	C
(5) INVEST CARESOURCE INDIANA INC	49,151,342	C
(6) INVEST CARESOURCE GEORGIA CO	32,000,000	C
(7) INVEST CARESOURCE VIRGINIA CO	0	C
(8) INV CARESOURCE MGMT FOUNDATION	381,074	C
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	149,726,574	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CAPITAL LEASE ASSET	6,467,249
(2) SERP PLAN	6,703,261
(3) AMORTIZATION OF INTEREST	0
(4) INTERCOMPANY RECEIVABLES	117,245,294
(5) DEPOSITS	382,871
(6) OTHER TANGIBLE ASSETS	0
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	130,798,675

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-1703368

Name: CareSource Management Group Co

Supplemental Information

Return Reference	Explanation
FIN 48 (ASC 740) Footnote	As outlined in the CareSource Management Group Co.'s Audited Consolidated Financial Statements: The Company annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the consolidated financial statements. Currently, tax years 2016-2019 are open for audit by the Internal Revenue Service.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CareSource Management Group Co

Employer identification number

31-1703368

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Contribution Review	The company may provide assistance to other Internal Revenue Code Tax exempt charitable organizations in the form of charitable contributions. These contributions are unrestricted funds available for use by the charitable organization for the purpose the charitable organization deems necessary.
Charitable Board Credit Contributions	In support of CareSource Management Group Co's commitment to its charitable purposes, some of its appointed directors elect to earn charitable credits for each board meeting attended. At year-end, the directors designate their credits to their internal revenue code (IRC) section 501(c)(3) tax exempt charity of choice. Charitable donations in the amount of \$3,000 were paid or accrued in 2019 under this policy by the organization.

Additional Data

Software ID:
Software Version:
EIN: 31-1703368
Name: CareSource Management Group Co

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First Four Events Foundation Inc 900 Kettering Tower Dayton, OH 45423	46-1674138	501(c)(3)	55,000				First Four Event & Military Appreciation Night
United Way of Greater Dayton 33 West First St Suite 500 Dayton, OH 45402	31-0536658	501(c)(3)	50,000				Corporate Campaign Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dayton Contemporary Dance Company 840 Germantown St Dayton, OH 45402	23-7220259	501(c)(3)	50,000				50th Anniversary Support
Think Tank Inc 110 S Jefferson St Dayton, OH 45402	31-0858459	501(c)(3)	45,000				The Cost of Poverty Experience (COPE)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Preschool Promise Inc 4801 Springfield St Dayton, OH 45431	81-4799474	501(c)(3)	40,000				Star Attendance
Foodbank Inc 56 Armor Place Dayton, OH 45417	86-1082880	501(c)(3)	25,000				Mass Food Distributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ohio Governor's Imagination Library 2168 Sulter Pkwy Dublin, OH 43016	84-1826095	501(c)(3)	25,000				General Support
Health Policy Institute of Ohio 10 W Broad St Suite 1050 Columbus, OH 43215	30-0186863	501(c)(3)	20,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dayton Boys Club 1828 West Stewart St Dayton, OH 45417	31-0536657	501(c)(3)	20,000				Community Resiliency Grant Match
YWCA Dayton 141 W Third St Dayton, OH 45402	31-0537168	501(c)(3)	10,000				YWCA Women of Influence

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Culture Works 110 North Main St Suite 165 Dayton, OH 45402	23-7412338	501(c)(3)	10,000				General Support
Str8 Up Mentoring Foundation Inc 7625 Ivywood Drive Indianapolis, IN 46250	81-5250349	501(c)(3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brandon's House Counseling Center Inc 1618 Beeler St New Albany, IN 47150	35-1903018	501(c)(3)	10,000				General Support
Meals on Wheels of Northwest Indiana Inc 8446 Virginia St Merrillville, IN 46410	31-1168281	501(c)(3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HVAF of Indiana Inc 964 N Penn St Indianapolis, IN 46204	35-1890547	501(c)(3)	10,000				General Support
Philanthropy Ohio 500 South Front St Suite 900 Columbus, OH 43215	31-1111842	501(c)(3)	8,500				Health Funders Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rebuilding Together Dayton 30 S Main St Suite B Dayton, OH 45402	31-1457626	501(c)(3)	7,500				National Rebuilding Day
Downtown Dayton Partnership 10 W 2nd St Suite 611 Dayton, OH 45402	34-1722175	501(c)(3)	5,500				Holiday Parade

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
CareSource Management Group Co

Employer identification number
31-1703368

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes	4b Yes
	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	5b No
		No
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a Yes	6b No
		No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Form 990, Schedule J, Part I, Question 1a	Ten of the board members listed on Schedule J, Part II were reimbursed for travel to and from board meetings utilizing first/business class travel. The amount reimbursed was not treated as compensation as it was business related.
Form 990, Schedule J, Part I, Question 3	All compensation amounts reported on Schedule J, Part II for all listed persons other than Steve Smitherman are paid by the reporting organization. Steve Smitherman was paid by CSIN, a related organization to CSMG. Compensation paid to the CEO is pursuant to the terms of a written employment agreement between Mr. Preitauer and CSMG. CSMG has in place Clawback provisions within its executive compensation plans that generally require executives to pay back compensation to CSMG in the event a subsequent legal, accounting, regulatory or compliance issue is discovered over which the executive had direct responsibility and control during the executive's employment.
Form 990, Schedule J, Part I, Question 4a	L Tarlton Thomas III, Mark Chilson, Jefferson Myers, and Paul Stoddard each received a severance payment that is properly reported on Schedule J, Part II, Column B(III).
Form 990, Schedule J, Part I, Question 4b	The following listed persons listed on Form 990, Part VII, Section A, participate in a supplemental nonqualified retirement plan of the reporting organization, CareSource Management Group Co. ("CSMG"): Erhardt Preitauer, David Goltz, Jai Pillai, David Finkel, Daniel McCabe, Christina Turner, Bobby Jones, Steve Smitherman, Stephen Ringel, Michael Taylor, Deirdra Yocum, Devon Valencia, James Voiland, Paul Stoddard, and L Tarlton Thomas III. Amounts are accrued monthly for plan participants. The plan provides compensation to the participants after a vesting period, and the funds are available to the participants after they retire or resign from the organization. The plan provides for normal terms and conditions contained in a standard nonqualified retirement plan. The following listed persons listed on Form 990, Part VII, Section A, participate in a long-term incentive plan of the reporting organization: Erhardt Preitauer, David Goltz, Jai Pillai, David Finkel, Daniel McCabe, Christina Turner, Bobby Jones, Steve Smitherman, Stephen Ringel, Michael Taylor, Devon Valencia, and James Voiland. The plan provides compensation to the participants based on annual and long-term goals. The long-term incentive plan will pay out if these goals, or a subset of these goals, are achieved over a three year period. If a participant leaves their employment prior to this three year vesting period, they forfeit any amounts accrued under this plan. Amounts paid or accrued in 2019 for both deferred compensation arrangements include the following: Erhardt Preitauer \$1,381,150, David Goltz \$501,682, Jai Pillai \$263,728, David Finkel \$328,471, Daniel McCabe \$260,419, Christina Turner \$210,758, Bobby Jones \$196,045, Steve Smitherman \$302,731, Stephen Ringel \$196,045, Michael Taylor \$214,925, Deirdra Yocum \$201,980, Devon Valencia \$194,517, James Voiland \$193,212, Paul Stoddard \$389,348, and L Tarlton Thomas III \$746,689.
Form 990, Schedule J, Part I, Question 6b	The following listed persons listed on Form on Form 990, Part VII, Section A, line 1a are employees of the reporting organization: Erhardt Preitauer, David Goltz, Jai Pillai, David Finkel, Daniel McCabe, Christina Turner, Bobby Jones, Stephen Ringel, Michael Taylor, Deirdra Yocum, Devon Valencia, James Voiland, and Paul Stoddard. Steve Smitherman is an employee of CareSource Indiana Inc. ("CSIN"), a related organization to CSMG. All are or were eligible for a performance bonus as part of their compensation packages. The performance bonus is contingent on a combination of both company performance and individual performance against goals. The performance management process documents the company goals and individual goals, the corresponding potential performance bonus, and the progress/outcomes. The performance bonus is based on the employee's calendar year regular earnings.

Additional Data

Software ID:
Software Version:
EIN: 31-1703368
Name: CareSource Management Group Co

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Erhardt Preitauer President & CEO/Director	(i)	1,026,966	1,250,500	783,991	1,863,100	36,607	4,961,164	1,163,393
	(ii)	0	0	0	0	0	0	0
1David Goltz CFO/Treasurer from 05/19	(i)	555,838	215,000	624,867	502,115	20,936	1,918,756	325,000
	(ii)	0	0	0	0	0	0	0
2Jai Pillai Chief Operating Officer	(i)	469,413	237,500	130,457	480,287	15,441	1,333,098	237,500
	(ii)	0	0	0	0	0	0	0
3David Finkel Executive VP, Markets	(i)	433,074	167,500	225,723	389,425	18,121	1,233,843	252,500
	(ii)	0	0	0	0	0	0	0
4Daniel McCabe Chief Administrative Officer	(i)	419,863	164,136	153,232	383,840	26,655	1,147,726	164,136
	(ii)	0	0	0	0	0	0	0
5Christina Turner EVP Strategy & Business Dev	(i)	404,567	146,157	124,307	373,402	20,719	1,069,152	146,157
	(ii)	0	0	0	0	0	0	0
6Bobby Jones President, Market	(i)	386,960	188,840	144,598	329,360	18,655	1,068,413	188,840
	(ii)	0	0	0	0	0	0	0
7Steve Smitherman President, Market	(i)	0	0	0	0	0	0	0
	(ii)	284,431	231,945	262,089	209,342	26,127	1,013,934	207,772
8Stephen Ringel President, Market	(i)	379,585	143,460	117,526	334,760	27,216	1,002,547	143,460
	(ii)	0	0	0	0	0	0	0
9Devon Valencia Chief Information Officer	(i)	227,197	77,700	228,090	364,016	18,179	915,182	0
	(ii)	0	0	0	0	0	0	0
10James Voiland Chief Clinical Officer	(i)	249,960	162,757	104,945	364,016	10,386	892,064	0
	(ii)	0	0	0	0	0	0	0
11Michael Taylor President, Market	(i)	238,033	181,948	170,035	210,664	31,194	831,874	0
	(ii)	0	0	0	0	0	0	0
12Deirdra Yocum VP, Market Operations	(i)	242,243	200,097	229,384	125,360	31,063	828,147	0
	(ii)	0	0	0	0	0	0	0
13Paul Stoddard Chief Information Ofcr To 06/19	(i)	89,631	121,758	436,759	6,021	9,113	663,282	36,500
	(ii)	0	0	0	0	0	0	0
14L Tarlton Thomas III Former Chief Operating Officer	(i)	20,184	0	1,087,112	1,305	2,212	1,110,813	481,103
	(ii)	0	0	0	0	0	0	0
15Jefferson Myers EVP Strat & Ext Rel To 06/19	(i)	225,141	0	132,572	5,954	18,082	381,749	0
	(ii)	0	0	0	0	0	0	0
16Mark Chilson Former EVP & Gen Counsel	(i)	0	0	255,404	0	0	255,404	0
	(ii)	0	0	0	0	0	0	0
17Michael Ervin MD Vice Chairperson/Director	(i)	225,000	0	0	0	0	225,000	0
	(ii)	0	0	0	0	0	0	0
18Kevin Brown Chairperson/Director	(i)	220,000	0	0	0	0	220,000	0
	(ii)	0	0	0	0	0	0	0
19Ellen Leffak Sec/Treas to 05/19/Director	(i)	210,000	0	0	0	0	210,000	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

CareSource Management Group Co

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

31-1703368

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Question 4	<p>CareSource Management Group Co filed an amended Code of Regulations effective May 20, 2019 . The amended Code of Regulations includes the following changes: (1) A provision was added stating that the Corporation's corporate headquarters and principal place of business shall be maintained in the Dayton Area and require its Chief Executive Officer and his/her direct reports to maintain a principal residence in the Dayton Area; (2) The number of Directors changed from less than 7 nor more than 11" to "no more than 11" added that the CEO must be a member; (3) A provision was added stating that the powers of the Corporation shall be managed under the direction of the Board; (4) The requirement that CareSource elect one of its officers or trustees to serve as a member of the Board was removed, and qualifications of directors was further defined; (5) The process for nomination and election of Directors was established; (6) Term limits were updated; (7) A provision was added stating that Board Compensation would be determined at the Board's discretion and upon recommendation by the Compensation Committee; (8) A section was added which defines presumed assent; (9) A section was added surrounding conduct of meetings; (9) A requirement that the Chairman be an independent Director was added; (10) The office of President was created and duties established, and the President shall be the Chief Executive Officer of the Corporation; (11) A provision was added stating that the Treasurer shall be the Chief Financial Officer and no bond shall be required, and the duties were further delineated; (12) A provision was added stating that the Secretary shall be the Chief Legal Officer, and the duties were further delineated; (13) It was established that only the Chairman and Vice Chairman terms shall be for one year while the President, Treasurer, and Secretary shall serve for as long as each remains in position commensurate with office; (14) The signing authority for the Officers was established; (15) The article entitled "Duty of Board," which set forth the number of CSMG Board members to be appointed to each of the Board Committees, was removed; (16) The article entitled "Powers of Trustees," which contained sections pertaining to Corporate Property, Gifts, Management, and Disbursements, was removed; (17) A requirement was added for the Risk Committee to annually review the Corporation's insurance policies to ensure they provide adequate amounts and types of coverage; (18) The previous wording for Conflicts of Interest was removed and replaced with wording stating that the Board will manage conflicts of interest and potential conflicts of interest in accordance with the Conflict of Interest Policy; (19) The Article on Committees was updated including committee appointments and committee voting; (20) An Article setting forth the recordkeeping requirements, along with inspection of records by Directors was added; (21) The Article which set forth the supported organization</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Question 4	s of CareSource Management Group Co was removed; (22) A new article was added establishing certain provisions in the Code of Regulations as permanent principles that are subject to the terms and conditions of the Membership Agreement between CSOH and CSMG.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Question 7A	All Directors of the Board of Directors of CareSource Management Group Co are elected by the Board of Directors of CareSource Management Group Co EXCEPT one (1) Director is not elected by the Board of Directors of CareSource Management Group Co. This Director is elected by CareSource, a supported organization of CareSource Management Group Co.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Question 11B	The Form 990 was provided to the organization's Finance committee for their review of the return prior to the time of filing Form 990. The Form 990 was made available to each voting member of the governing body of the organization for their review prior to the time of filing Form 990. The Form 990 was reviewed by the CEO, CFO, VP Treasury, Director Tax, an outside CPA firm, outside legal counsel, and by general counsel prior to filing Form 990 with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Question 12C	<p>Annually, each director, principal officer and member of a committee with Board-delegated powers ("interested person") shall sign a statement which affirms that such person has reviewed the Statement of Ethical Behavior and Conflict of Interest and Conflicts of Interest Corporate Governance Principles. In connection with any actual or possible conflicts of interest, an interested person must disclose the existence of his or her financial or conflict of interest and must be given the opportunity to disclose all material facts to the directors and members of committees with Board delegated powers considering the proposed transaction or arrangement. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the Board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or committee members shall decide if a conflict of interest exists. An interested person may make a presentation at the Board or committee meeting, but after such presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in the conflict of interest. The conflicted director has no vote on the matter involved with the conflict of interest. At the beginning of each regularly scheduled Board Meeting, the Board Members are asked to disclose if they have a Conflict of Interest on any item contained in the agenda. In addition, the Board Members are also asked to inform the Board if a Conflict of Interest arises during the course of the Board Meeting. When such a conflict is disclosed, then the procedure outlined above is implemented.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Q 15A and 15B; Schedule J, Part I	<p>The Compensation Committee consists of Board Members who are Independent. The Compensation Committee establishes the Company's general compensation philosophy and oversees and approves the development, adoption and implementation of compensation plans and programs for the company's officers and executives. The Compensation Committee receives a Report of comparability data prepared by an independent compensation consultant surveying data for comparable organizations' reasonable compensation. The comparability data is presented to the independent Board members in a written document in advance of the meeting and the independent comparability study is presented by the author of the study during the course of the meeting. In addition, the Minutes of each meeting are prepared, distributed and approved at the next regularly scheduled Compensation Committee meeting. The Compensation Consultant does no other business with the CareSource Family of Companies other than determining the reasonableness of compensation. At least annually, the Compensation Committee assesses the work of the compensation consultants.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Question 19	The company's Form 1023 is available for public inspection upon request, and Form 990 is available for public inspection upon request in accordance with IRC Section 6104(d). The company's Form 990 is also available on the U.S. nonprofit database website at www.guidestar.org . The Company does not make its audited financial statements available to the public. The company's articles of incorporation are available on the Ohio Secretary of State's website at www.sos.state.oh.us .

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Change in Net Assets is inclusive of the following: (1) Change in Investment in Subsidiary \$873,082 and (2) partial refund of a past grant to Cuyahoga County \$16,508.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING TOTAL FEES:225212791

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CareSource Management Group Co

Employer identification number

31-1703368

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CareSource Reinsurance LLC 800 N Last Chance Gulch 101 Helena, MT 59601 45-4937120	Captive Ins	MT	-26,067,551	217,314,927	CSMG
(2) CareSource Network Partners LLC PO Box 8738 Dayton, OH 45401 81-1017455	Contracting	OH	0	0	CSMG
(3) CareSource At Home LLC PO Box 8738 Dayton, OH 45401 81-1025103	Home Health	OH	-1,584,312	883,444	CSMG
(4) CareSource Real Estate Holdings LLC PO Box 8738 Dayton, OH 45401 82-4834822	R/E Holding	OH	-1,129,103	108,206,412	CSMG

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CareSource Indiana Inc 135 N Pennsylvania St 1300 Indianapolis, IN 46204 32-0121856	Medicaid HMO	IN	501(c)(3)	509(a)(2)	CSMG	Yes	
(2) CareSource PO Box 8738 Dayton, OH 45401 31-1143265	Medicaid HMO	OH	501(c)(3)	509(a)(2)	NA		No
(3) The CareSource Foundation PO Box 8738 Dayton, OH 45401 56-2582561	Supporting	OH	501(c)(3)	509(a)(3) I	CareSource		No
(4) CareSource Kentucky Co 10200 Forest Green Blvd 400 Louisville, KY 40223 46-4991603	Exchange HMO	KY	501(c)(3)	509(a)(2)	CSMG	Yes	
(5) CareSource Georgia Co 600 Galleria Pkwy 400 Atlanta, GA 30339 47-2408339	Medicaid HMO	GA	501(C)(3)	509(a)(2)	CSMG	Yes	
(6) CareSource West Virginia Co 400 Washington St 401 Charleston, WV 25301 47-3028244	Exchange HMO	WV	501(c)(3)	509(a)(2)	CSMG	Yes	
(7) CareSource Life Services Co PO Box 8738 Dayton, OH 45401 81-1602217	Inactive	OH	501(c)(3)	509(a)(2)	CSMG	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CareSource Management Services Co PO Box 8738 Dayton, OH 454018738 31-1703371	Adm Mgmt Svcs	OH	CSMG	C Corp	-31,634	0	100.000 %	Yes	
(2) CareSource Mgmt Grp Foundation PO Box 8738 Dayton, OH 45401 81-4170497	Grantmaking	OH	CSMG	C Corp	3,574	383,074	100.000 %	Yes	
(3) CareSource Virginia Co PO Box 8738 Dayton, OH 45401 81-1727271	Inactive	VA	CSMG	C Corp	9,956	0	100.000 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-1703368
Name: CareSource Management Group Co

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CareSource Indiana Inc	D	15,000,000	Actual
CareSource Kentucky Co	D	7,000,000	Actual
CareSource West Virginia Co	D	6,000,000	Actual
CareSource Georgia Co	D	55,000,000	Actual
CareSource	N	1,242,000	Actual
CareSource	Q	30,479,202	Actual
CareSource Indiana Inc	P	4,679,905	Actual
CareSource Kentucky Co	P	1,387,156	Actual
CareSource Georgia Co	P	2,113,727	Actual
CareSource West Virginia Co	Q	566,131	Actual
CareSource Management Services Co	P	676,762	Actual
CareSource Kentucky Co	E	13,000,000	Actual
CareSource West Virginia Co	E	2,000,000	Actual
CareSource Indiana Inc	E	25,000,000	Actual
CareSource Kentucky Co	C	15,000,000	Actual
CareSource Indiana Inc	C	9,719,834	Actual
CareSource Virginia Co	C	2,000,000	Actual