	- .							23		
**	√2 −	Ex	empt Organiz	ation	Bus	siness In	come	Tax Retu	rn	OMB No 1545-0687
Form 99	3U-1					der sectio			ŀ	
21		For caler	ndar year 2018 or other tax	year begini	ning	01/01,20	18, and endi	$\frac{12}{31}$	2018	୭ଲ18
Department of	the Treasury		► Go to www.irs gov					-		<u> </u>
Internal Reven		▶Do	not enter SSN numbers on	this form a	s it ma	y be made publ	ic if your orga	inization is a 501	c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
	eck box if		Name of organization (Check bo	x if nar	ne changed and	see instruction	s)		oyer identification number oyees' trust, see instructions)
add	ress changed								(Cilipii	yees trast, see instructions ;
B Exempt ur	der section		HEALTHSOURCE (OF OHIO), I	NC.				
X 501(Print	Number, street, and room of	or suite no l	faPO	box, see instruct	ions		31-0	884250
408(e	220(e)	Type								lated business activity code instructions)
408A	530(a)	',,,,,	424 WARDS COR	NER RD				200	(366 !!	istructions /
529(a	1		City or town, state or provi	ınce, country	, and Z	IP or foreign pos	al code			
C Book value			LOVELAND, OH	45140			_		4461	10
at end of y	Edi		up exemption number (S							
	90 , 663.		ck organization type 🕨			•	501(c) trust	401(a)	trust Other trust
			nization's unrelated trades	s or busine:	sses	▶ 3		Describ	e the only	(or first) unrelated
	business her							•		e than one, describe the
first in t	ne blank spa	ice at the	end of the previous sen	itence, cor	nplete	Parts I and II,	complete a S	chedule M for ea	ch additio	nal
			ete Parts III-V							
			corporation a subsidiary				t-subsidiary o	controlled group?		▶ Yes X No
			identifying number of the	parent cor	poration	on 🕨			2 576	7700
			M DUCRO					e number ▶ 51		·· 7 ·
Part I	Inrelated	Trade o	or Business Income)	ı —	(A) Inc	ome	(B) Expe	ises	(C) Net
			2,810,418.			, ,	10 410			
				Balance -			10,418.			
	-		ule A, line 7)		2		19, /03.			910,715.
	•		2 from line 1c		3	9.	10,715.			910,713.
•	•		ttach Schedule D)		4a					
			Part II, line 17) (attach Form		4b					-
•			rusts		4c					-
			r an S corporation (attach stateme		5					-
	•	•			6					
			come (Schedule E)		7					+
	-		nts from a controlled organization		_					+
			1(c)(7), (9), or (17) organization							
•	-	-	ncome (Schedule I)		10 11					
	•		lule J)		12					+
	•		tions, attach schedule)		_	9	10,715.			910,715.
13 Total	Deductio	nes 3 min	ough 12	See instr	uctic	ns for limits		leductions) (Excent	
			be directly connect						LACCPI	Or Contributions,
	_		directors, and trustees (S						14	
							· · · · · ·	· · · · · · · · ·	1 15	220 017
							RECEI	VĖD	. 16	1
•						, , , , , , , , , , , , , , , , , , ,	18		17	
							NIOV	- 107	18	
19 Taxe	s and license	·s	(see instructions)			121	1107. K.	2019 · · [🌣]	19	
			See instructions for limitat			1 1			20	
21 Depr	eciation (att	ach Form	4562)				DGDEN	1 U3 6,09).	1
22 Less	depreciation	claimed	on Schedule A and elsev	where on re	eturn		22a		22b	26,090.
	-									
			compensation plans						- 1	
25 Emai			S							70 117
26 Exce			Schedule I)							
27 Exce			chedule J)							
28 Othe	,		chedule)							275 002
			s 14 through 28							000 007
30 Unre			le income before net							109,808.
31 Dedu			g loss arising in tax year							
		-	- • • • • • • • • • • • • • • • • • • •	-	-	•	•			

32 Unrelated business taxable income Subtract line 31 from line 30 . For Paperwork Reduction Act Notice, see instructions. 8X2740 1.000 75 LW 5410

109,808. Form **990-T** (2018) PAGE 42

	990-T (20						Page 2
Par		Total Unrelated Business Taxable Income		- 1			
33		unrelated business taxable income computed from all unrelated trades or businesses (se			1	109,8	200
		ons)	- ⊢	33		109,0	,00.
34		s paid for disallowed fringes		34			
35		on for net operating loss arising in tax years beginning before January 1, 2018 (se			1	00	200
		ons),	-	35	1	109,8	300.
36		unrelated business taxable income before specific deduction. Subtract line 35 from the sur					
		33 and 34	- ⊢	36		٦,	
37	•	deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		1,(000.
38		d business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36					0
		e smaller of zero or line 36	• •	38			0.
Par		Tax Computation					
39	-	ations Taxable as Corporations. Multiply line 38 by 21% (0 21)		39			
40		Taxable at Trust Rates. See instructions for tax computation Income tax o	- 1				
		unt on line 38 from Tax rate schedule or Schedule D (Form 1041)	-	40			
41	Proxy ta	x See instructions	. ▶	41			
42	Alternat	ve mınımum tax (trusts only)	· •	42			
43		Noncompliant Facility Income. See instructions		43			
44	Total. A	dd lines 41, 42, and 43 to line 39 or 40, whichever applies		44			
Par	t V	Tax and Payments				_	
45 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a					
		edits (see instructions)					
		business credit Attach Form 3800 (see instructions)					
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)					
۵	Total cr	edits. Add lines 45a through 45d	\Box	45e			
46		line 45e from line 44		46			
47		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		47			
		c. Add lines 46 and 47 (see instructions)		48			0.
48		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.		49			
49			· .	73			
50 a	Paymen	ts A 2017 overpayment credited to 2018					
		timated tax payments					
		osited with Form 8868 · · · · · · · · · · · · · · · · ·					
d	Foreign	organizations Tax paid or withheld at source (see instructions)	\dashv				
		withholding (see instructions)	\dashv				
		or small employer health insurance premiums (attach Form 8941) 50f	\dashv				
g		edits, adjustments, and payments Form 2439					
		orm 4136 Other Total ▶ 50g					
51	•	yments Add lines 50a through 50g	∸;∤	51		_	
52	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached	}	52			
53		. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	.▶	53			
54	Overpa	rment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	. ▶	54			
<u>55</u>		amount of line 54 you want		55			
Par		Statements Regarding Certain Activities and Other Information (see instruct					
56		time during the 2018 calendar year, did the organization have an interest in or a signature				Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization					1
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	he f	oreign	country		
	here 🕨						Х
57	Durina t	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	oreig	ın trust?.			Х
- *	_	see instructions for other forms the organization may have to file	·				
58	Enter th	e amount of tax-exempt interest received or accrued during the tax year 🕨 \$					
	Ur	der penalties of pegury, I declare that I have examined this return, including accompanying schedules and statements, and to the	he be	st of my	knowledge	and bel	ief, it is
Sigi	n 🗼 tru	e, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	N -		C. die	Ala :-	
Her		"//5//9			S discuss reparer st		
		gnature of officer Date Title		instructions			No
		Print/Type prepared page	_		PTIN		لتحد
Paid	1		Check	llf nployed	P009	6188	4
Prep	oarer	DVD TTD			14-016		
Use	Only				3-621-		
		LIMIS and ess > 215 AUTHOL DIVIDITY DOLLD 2000 CHACTHULLIA OH 42505 b	none	110 0 2 2			

Form **990-T** (2018)

Form 990-T (2018)									F	Page 3
Schedule A - Cost of Go	oods Sold. Er	ter method	of invento	ry valuation 1	>					
1 Inventory at beginning of y	ear 1			6 Inventory	at end of yea	ar	6			
2 Purchases	2	1,899	,703.	7 Cost of	goods so	ld. Subtract line				
3 Cost of labor	3			6 from I	ine 5 En	ter here and in				
4a Additional section 263A co	sts			Part I, line	2		7	1,8	99,7	703.
(attach schedule)	4a			8 Do the	rules of	section 263A (w	th res	spect to	Yes	No
b Other costs (attach schedu	1 1					or acquired for				
5 Total. Add lines 1 through	4b - 5		,703.	to the orga	inization? .	<u> </u>				Х
Schedule C - Rent Income	(From Real P	roperty a	nd Persor	al Property	Leased V	Vith Real Proper	rty)			
(see instructions)	<u> </u>									
Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accrue	ed		_	1				
for personal property is more than 10% but not percentage of rent			ige of rent for	if personal property (if the or personal property exceeds is based on profit or income) 3(a) Deductions directly connor in columns 2(a) and 2(b) (in columns 2) and 2(b) (in columns 2).						me
(1)					-					
(2)				•						
(3)										
(4)										
Total		Total				(b) Takal dadaasia				
(c) Total income Add totals of co	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and or				
here and on page 1, Part I, line 6						Part I, line 6, colur				
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instruction	ons)						
				ncome from or	3 (Deductions directly coi debt-financ			e to	
1 Description of deb	t-financed property		l	o debt-financed operty		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)			
(1)								(41144)		
(1)						-				
(3)	<u> </u>		-							
(4)			_							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach scho	ble to property	4 0	Column divided olumn 5		income reportable n 2 x column 6)		Allocable dedo nn 6 x total o 3(a) and 3(b	f colum	
(1)				%						
(2)	·			%						
(3)				%						
(4)				%						
Totals						re and on page 1, ne 7, column (A)		here and or I, line 7, colu		
Total dividends-received deduct										

Schedule F-Interest, Anni	uities, Royalties	_		ntrolled Org			ations (se	- IIISTI GOTI	5113)	
Name of controlled organization	2 Employer identification numb	er 3 Ne	t unrela	lated income 4 Total of paymen		of speci	ied included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)	· · ·	1								
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc	I .		otal of specific syments made		ınc	Part of column luded in the co inization's gros	ntrolling	11 con	Deductions directly nected with income in column 10
(1)										
(2)										
(3)	· · · · · · · · · · · · · · · · · · ·									
(4)										
Totals		 tion 501(c	 :)(7),		▶) Orga	En Pa	dd columns 5 ater here and on rt 1, line 8, colu	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1, 1 I, line 8, column (B)
1 Description of income	2 Amount of			3 Deduction directly core (attach sch	tions nected		4 S	at-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)					_					
(3)										
(4)										
Totals ► Schedule I-Exploited Exc	Enter here and Part I, line 9, c	olumn (A)	er Th	an Adverti	sing In	come	e (see instru	uctions)		⊵nter here and on page 1 Part I line 9 coliimn (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	enses ctly ed with tion of alted 4 Net income (loss from unrelated trad or business (column 2 minus column 3) If a gain, compute cole 5 through 7		ne (loss) ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)								-		
(3)	 			· -				1		
(4)	1							1		1
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,							Enter here and on page 1, Part II, line 26
Totals	<u> </u>			<u> </u>	-					
Schedule J- Advertising I			1	data d Da	• -					
Part I Income From Per	iodicals Report	ed on a Co	nsol	dated Bas	SIS			1		
1 Name of periodical	2 Gross advertising income	3 Directadvertising of		4 Advertigain or (los 2 minus co a gain, co cols 5 thro	s) (col ol 3) If mpute	5	Circulation income	6 Read cos	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		_								
(2)				1			 -			
(3)			_	1				1		7
(4)				1				1		7
<u> </u>			-					1		
Totals (carry to Part II, line (5))	,									Form 990-T (2018

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

4 Advertising gain or (loss) (col costs (column 6

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

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

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

Form 990-T (2018)

375,883.

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS
--

CONSULTING SERVICES	43,922.
SUPPLIES	10,943.
INSURANCE	2,473.
RENT	9,868.
UTILITIES & TELEPHONE	8,899.
BUILDING SERVICES	18,086.
TRAVEL, TRAINING AND SUBSCRIPTIONS	5,036.
PURCHASED SERVICES	15,048.
INFORMATION SYSTEMS	28,120.
OTHER	21,990.
GENERAL AND ADMINISTRATIVE EXPENSES	211,498.

PART II - LINE 28 - OTHER DEDUCTIONS

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for **Unrelated Trade or Business**

OMB No 1545-0687

2018

Department of the Treasury

For calendar year 2018 or other tax year beginning 01/01 , 2018, and ending 12/31 .20 18

▶ Go to www irs gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

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

Internal	Revenue	Service
Name	of organ	ization

HEALTHSOURCE OF OHIO, INC.

Employer identification number 31-0884250

Unrelated business activity code (see instructions) ▶ 561499 Describe the unrelated trade or business ►BILLING SERVICES

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 148,281.					
b	Less returns and allowances c Balance ▶	1c	148,281.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	148,281.			148,281.
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		•		
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	148,281.			148,281.
Pai	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the un			ns) (Except for co	ntribu	tions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	21 22 1
15	Salaries and wages				15	91,824.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	_
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		21			
22	Less depreciation claimed on Schedule A and elsewhere on re	turn	22a		22b	

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

20,249.

37,547.

149,620.

-1,339.

-1,339.

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ATTACHMENT 2

SCHEDULE M -	PART	ΙI	_	LINE	28	_	TOTAL	OTHER	DEDUCTIONS
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RENT PROFESSIONAL SERVICES ADMINISTRATIVE SERVICES UTILITIES OTHER	6,140. 6,617. 19,200. 1,373. 4,217.

PART II - LINE 28 - OTHER DEDUCTIONS

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury

01/01 , 2018, and ending For calendar year 2018 or other tax year beginning

▶ Go to www irs gov/Form990T for instructions and the latest information.

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

Internal Revenue Service Name of organization

HEALTHSOURCE OF OHIO, INC.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Employer identification number 31-0884250

Unrelated business activity code (see instructions) ▶ 561499

Describe the unrelated trade or business ► CONSULTING SERVICES

Par	t1 Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 64,533.	<u> </u>			
b	Less returns and allowances c Balance ▶	1c	64,533.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	64,533.	·	64,533.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c	_		
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			<u> </u>
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	64,533.		64,533.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	88,045.
16	Repairs and maintenance	1	
17	Bad debts,	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs	1	22,965.
26	Excess exempt expenses (Schedule I),	ľ	
27	Excess readership costs (Schedule J)	I	
28	Other deductions (attach schedule)		36,563.
29	Total deductions. Add lines 14 through 28	I	147,573.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-83,040.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
•	instructions),	31	
32	Unrelated business taxable income Subtract line 31 from line 30		-83,040.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

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	1 *	- ()	חי	O	4	/		u

ATTACHMENT 3

SCHEDIILE	М -	PART	ТΤ	_	T.TNF.	28	_	ΤΟΤΆΙ.	OTHER	DEDUCTIONS

TRAVEL 3,278.
ADMINISTRATIVE SERVICES 31,032.
OTHER 2,253.

PART II - LINE 28 - OTHER DEDUCTIONS

36,563.