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CANNED
CA)

Form 990-T	E	xempt Organization		siness Income der section 6033(m	OMB No 1545-0047
	For cale	ndar year 2019 or other tax year begin				1 9	<u> </u>
Department of the Treasury	FOI Case	► Go to www.irs gov/Form990				•=-	<u> </u>
Internal Revenue Service	ە⊄	not enter SSN numbers on this form				c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check b	ox if na	me changed and see instruction	ns)		oyer (dentification number lyees' trust, see instructions)
B Exempt under section	1	HEALTHSOURCE OF OHI	o, I	NC.			
X 501(C p 3)	Print	Number, street, and room or suite no	lf a P C	box, see instructions		31-0	884250
408(e) 220(e	Type						ated business activity code
408A 530(a	.,,,,,,	424 WARDS CORNER RD			200	(See in	structions)
529(a)]	City or town, state or province, count	y, and i	ZIP or foreign postal code			
C Book value of all assets at end of year		LOVELAND, OH 45140				4461	10
•		oup exemption number (See instruc-				,	
		eck organization type 🕨 🐰 501				401(a)	
		inization's unrelated trades or busine	esses			-	(or first) unrelated
trade or business he							than one, describe the
		e end of the previous sentence, co	mplete	Parts I and II, complete a S	chedule M for each	ch additior	nal
trade or business, th							► Yes X No
		corporation a subsidiary in an affilionatifying number of the parent co			controlled group?		► res _^ No
		HOMAS DUCRO, JR.	rporau		ne number ▶ 51	3-576-	-7700
		or Business Income		(A) Income	(B) Expen		(C) Net
		3,369,181.		(1.)	(5) =		(0) 1.00
b Less returns and allow			10	3,369,181.			/
		ule A, line 7)	7	2,042,026.			· /i
=	•	2 from line 1c	3	527,155.			527/155.
4a Capital gain net i	ncome (a	attach Schedule D)	4a				
		Part II, line 17) (attach Form 4797).	4b				<u></u>
c Capital loss dedu	ction for t	rusts	4c_				
5 Income (loss) from a p	artnership o	r an S corporation (attach statement)	5_				
6 Rent income (Sch	nedule C)		6				
7 Unrelated debt-fi	nanced in	come (Schedule E)	7				
8 Interest, annuities, roy	alties, and re	ents from a controlled organization (Schedule F	8				<u> </u>
		1(c)(7), (9), or (17) organization (Schedule G)	-				
· · · · · · · · · · · · · · · · · · ·		ncome (Schedule I)					
•		dule J)	11				
		ctions, attach schedule)	12	527 155			527 155
13 Total. Combine li	nes 3 thr	ough 12	13	527,155.	loductions \/F	Odustic	527, 155.
connecte	d with th	ne unrelated business incom	ie)	mis for minications on d	leductions.) (L	Jeduciic	ons must be directly
		directors, and trustees (Schedule K		EOEN/ED		. 14	
			 	RECEIVED		. 15	371,913.
-		/	Γ	SC		. 16	
		/	1	VOV 2.3 2020 🚉		. 17	
18 Interest (attach s	chedule) ((see instructions)	1			. 18	
				GDEN, UT		. 19	
		4562)			30,827	<u>. </u>	
		on Schedule A and elsewhere on re				21b	30,827.
							
•		compensation plans					05 010
1		s					95,812.
,		Schedule I)					
		chedule J)					444,805.
,		chedule)				, , , , , , , , , , , , , , , , , , , ,	943,357.
		s 14 through 27le income before net operating					-416,202.
		ie income before net operating g loss arising in tax years beginnir					110,202.
DEGUGGOUI IOI NEI	. uperault	a 1000 arionia ni tan yealo dealillill					<u></u>
/		e income Subtract line 30 from line					-416,202.

	990-T (2019) AEALTHSOURCE OF CHIO, INC.	31-0004230	Page 2
`. <mark>.?.</mark> ai	rt # Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1 8	
	instructions)	32	41,347.
33	Instructions)	33	
34	Charitable contributions (see instructions for limitation rules)		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lines		
33)	41,347.
	34 from the sum of lines 32 and 33	 	41,547.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		41 247
	instructions)	⁷ 36	41,347.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	1 6 5 1	0.
Par	t IV. Tax Computation		
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40	
			
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)		
42	Proxy tax See instructions		
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Par	t V Tax and Payments		
_	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
	Other credits (see instructions)	1	
		-	
	General business credit Attach Form 3800 (see instructions)	-	
		-	
е	Total credits Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		
	Payments A 2018 overpayment credited to 2019		
	2019 estimated tax payments	1	
		1	
	Tax deposited with Form 8868	-	
	Foreign organizations Tax paid or withheld at source (see instructions)	-	
	Backup withholding (see instructions)	4	
f	Credit for small employer health insurance premiums (attach Form 8941)	」 │	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 51g	J.—_	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		
56	Enter the amount of line 55 you want		
	t VI Statements Regarding Certain Activities and Other Information (see Instruction		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of	other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	
	here >		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	X
	If "Yes," see instructions for other forms the organization may have to file		-
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
55 _	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my knowledge s	and belief it is
e:	true correct and complete. Declaration of preparent/filler than taynaver) is based on all information of which preparer has any knowledge		
Sigr	11/12/2	ay the IRS discuss	this return
Her	72020 CPO wi	th the preparer sho	own_below
		ee instructions)? X Ye	s No
	Print/Type preparer's name Preparer's signature Date Chec	rt PTIN	
Paid	AARON HERSHBERGER Qaron Husellines 11/11/2020 self-		51884
	parer Firm's game > BKD, LLP	sEIN▶ 44-0160	0260
Use	Only	e no 513-621-8	

JSA 9X2741 1 000 2877LW D410 11/9/2020

Form **990-T** (2019)

Form 990-T (2019)							Page				
Schedule A - Cost of G	oods Sold. Er	ter method	d of inventor	y valuation	<u> </u>						
1 Inventory at beginning of				6 Inventory	at end of ye	ar	6				
2 Purchases	2			7 Cost of	goods so	old. Subtract line					
3 Cost of labor	3			6 from lir	ne 5 Enter	here and in Part					
4a Additional section 263A c	osts			I, line 2 .			. 7				
(attach schedule)	4a		8	8 Do the rules of section 263A (with respect to Yes							
b Other costs (attach schede	ule) . 4b					or acquired for					
5 Total Add lines 1 through				to the orga	anization?	<u> </u>	X				
Schedule C - Rent Incom	e (From Real P	roperty a	nd Persona	al Property	Leased V	Vith Real Prope	erty)				
(see instructions)											
1 Description of property											
(1)											
(2)						- -					
(3)											
(4)											
	2. Rent recei	ved or accrue	ed								
(a) From personal property (if the for personal property is more th more than 50%)	nan 10% but not	percenta	age of rent for p	ersonal property personal property ased on profit or	exceeds		Irrectly connected with the income (a) and 2(b) (attach schedule)				
(1)				-	_						
(2)						<u> </u>					
(3)											
(4)	 -		· · · · · · · · · · · · · · · · · · ·		-						
Total		Total			_		——————————————————————————————————————				
(c) Total income. Add totals of chere and on page 1, Part I, line 6			_			(b) Total deduction Enter here and or Part 1, line 6, colui	n page 1,				
Schedule E - Unrelated D			e instruction	ns)							
1 Description of del		•	2 Gross in	come from or debt-financed		debt-financ	nnected with or allocable to ced property				
			I .	perty		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)				
(1)											
(2)											
(3)			ļ								
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust of or allocal debt-financed (attach sche	ole to property	4 dr	olumn vided umn 5		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)				%			_				
(2)				%							
(3)				%							
(4)			L,	%	-						
•						e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)				
Total dividends-received deduct							Form 990-T (2019				

Form 990-T (2019)	HEALTHS								_	884 <u>2</u> 50 Page 4	
Schedule F - Interest, Ann	uities, Royaltie						i tions (se	e instructi	ons)	<u> </u>	
Name of controlled organization	2 Employer	per 3 N	let unrel	ated income instructions)	4 Total	ons of specifie ents made	d included	of column 4 to 1 in the contra tion's gross in	olling	6 Deductions directly connected with income in column 5	
(1) (2) (3)											
(4) Nonexempt Controlled Organi	zations			_	i					<u> </u>	
7 Taxable Income	8. Net unrelated (loss) (see instruc		· · · · · · · · · · · · · · · · · · ·				art of column ded in the co ization's gros		11. Deductions directly connected with income in column 10		
(1)					_						
(3)					_					···	
Totals						Ente	columns 5 a here and on I, line 8, colu	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)	
Schedule G-Investment II) Orga	nizatio	n (see ins	tructions)			
1 Description of income	fıncome	, , , , , , , , , , , , , , , , , , ,	3 Deduction directly contractly contractly contractly school (attach school)	tions nected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)		
(1)											
(2)	 	<u> </u>	+								
(3)	 		+						-+		
(4)	Enter here and on pag Part I, line 9, column			-	•					Enter here and on page 1, Part I line 9, column (B)	
Totals ▶	<u> </u>									<u></u>	
Schedule I-Exploited Exe	empt Activity In	come, Oth	ner Th	an Adverti	sing Ir	come (see instru	ictions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expen directl connected productio unrelate business in	ly d with on of ed	or business 2 minus col If a gain, co	t income (loss) unrelated trade siness (column nus column 3) gain, compute 5 through 7		ss income ctivity that unrelated ss 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)											
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,							Enter here and on page 1, Part II, line 25	
Totals	come (ass ass	uotions\		<u>. </u>							
Schedule J- Advertising In Part I Income From Per			oneol	idated Bas	ie						
Part Income From Per		ed on a C	<u>onsoi</u>	4 Advert	ising					7 Excess readership	
1 Name of periodical	2 Gross advertising income	3 Dire advertising		gain or (los 2 minus co a gain, cor cols 5 thro	3) If		rculation come	6 Reade cost		costs (column 6 minus column 5, but not more than column 4)	
(1)				<u></u>						1	
(2)										-1	
(3)	 			 	-			 -	_		
(4)	 					 _	·	 -	_	 	
Totals (carry to Part II, line (5))										Form 990-T (2019)	

Part II Income From Per 2 through 7 on a			rate Basis (For	each periodical	listed in Part II	, fill in columns
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)					·	
(4)						
Totals from Part I ▶					1	
	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 26
Totals, Part II (lines 1-5)					a	
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)	<u> </u>	
1 Name		2 7		3. Percent of time devoted to business	4 Compensation unrelated to	
(1)				%		_
(2)				%		
(3)				%		
(4)		<u>_</u>		%		
Total. Enter here and on page 1, Page 1, Page 1, Page 1, Page 2, Page	art II, line 14	<u> </u>	<u> </u>	<u> ▶</u>	<u> </u>	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning $\underline{-01/01}$, 2019, and ending $\underline{-12/3}$

► 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

Name of the organization

HEALTHSOURCE OF OHIO, INC.

Employer identification number

31-0884250

Unrelated Business Activity Code (see instructions) ▶ 561499

Describe the unrelated trade or business ▶BILLING SERVICES

Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 338,642. 1a Gross receipts or sales 338,642. Less returns and allowances Cost of goods sold (Schedule A, line 7)...... 2 2 338,642. 338,642.3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b Income (loss) from a partnership or an S corporation (attach 6 Unrelated debt-financed income (Schedule E). Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J)...... 11 12 12 Other income (See instructions, attach schedule) 338,642. 338,642.Total. Combine lines 3 through 12.....

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	205,086.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	2,639.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	46,205.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	44,921.
28	Total deductions. Add lines 14 through 27	28	298,851.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	39,791.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		1,339.
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	38,452.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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)

123,160.

Name of the organization

HEALTHSOURCE OF OHIO, INC.

Employer identification number

31-0884250 Unrelated Business Activity Code (see instructions) ▶ 561499

Describe the unrelated trade or business ▶ CONSULTING SERVICES Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 123,160. 1a Gross receipts or sales 123,160. b Less returns and allowances Ιc Cost of goods sold (Schedule A, line 7)..... 2 2 123,160. 123,160. 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4h Income (loss) from a partnership or an S corporation (attach 5 6 Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J)..... 11 Other income (See instructions, attach schedule) 12 12

123,160.

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

13

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	74,587.
16	Repairs and maintenance	16_	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19_	
20	Depreciation (attach Form 4562),		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	960.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	16,804.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	16,336.
28	Total deductions. Add lines 14 through 27	28	108,687.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	14,473.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		11,578.
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	2,895.

For Paperwork Reduction Act Notice, see instructions

Total. Combine lines 3 through 12.....

Schedule M (Form 990-T) 2019

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

➤ Attach to your tax return.
➤ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return		Busi	iness or acti	vity to which	n this i	rom relates			Identifying number
HEALTHSOURCE OF OHIO, IN	C	PH	ARMACY	31-0884250					
Part I Election To Expense	Certain Property	Under Sect	ion 179						
Note: If you have any l				you cor	mple	ete Part I.			
1 Maximum amount (see instructions)								1	
2 Total cost of section 179 property p								2	
3 Threshold cost of section 179 prope								3	
4 Reduction in limitation Subtract line	3 from line 2 If zero	or less, enter -	0					4	
5 Oollar limitation for tax year Subtract line 4 fro separately, see instructions	m line 1 if zero or less, enter	-0- If marned filing						5	
6 (a) Description			(b) Cost (bu	isiness use	only)	(c) Elect	ed cost		
7 Listed property Enter the amount fr	om line 29			[7				
8 Total elected cost of section 179 pr	operty Add amounts	ın column (c),	lines 6 and	7				8	
9 Tentative deduction Enter the small	er of line 5 or line 8.							9	
10 Carryover of disallowed deduction f								10	
11 Business income limitation Enter th	ne smaller of business	s income (not	less than	zero) or lu	ne 5	See instructi	ons .	11	·
12 Section 179 expense deduction Ad	d lines 9 and 10, but	don't enter mo	ore than line	11 <u>.</u>		<u></u>		12	
13 Carryover of disallowed deduction to	2020 Add lines 9 ai	nd 10, less line	12	•	13				
Note: Don't use Part II or Part III below f	or listed property Inste	ad, use Part V							
Part II Special Depreciation	Allowance and Ot	her Deprec	iation (D	on't inclu	ıde lı	sted proper	ty Se	e inst	ructions)
14 Special depreciation allowance f	or qualified propert	y (other tha	in listed	property)	plac	ed in service	:e		
during the tax year. See instructions,								14	
15 Property subject to section 168(f)(1)								15	
16 Other depreciation (including ACRS)	<u> </u>			<u>.</u>		<u> </u>		16	
Part III MACRS Depreciation (Don't include listed	property S	ee instruc	tions)					
		Sec	tion A						
17 MACRS deductions for assets place	ed in service in tax yea	rs beginning b	efore 2019					17	30,827
18 If you are electing to group any	assets placed in ser	vice during t	he tax yea	ar into or	ne or	more genera	al		
asset accounts, check here									
	Placed in Service	During 2019	9 Tax Yea	r Using 1	the C		reciat	ion Sy	ystem
(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use	(d) Recove	ery (e) Convention	(f) Me	thod	(g) Depreciation deduction
19a 3-year property									
b 5-year property									
c 7-year property									
d 10-year property									
e 15-year property									
f 20-year property	L								
g 25-year property				25 yrs			S/	L	
h Residential rental				27 5 yrs		ММ	S/	L	
property				27 5 yrs		ММ	S/	L	
Nonresidential real				39 yrs		ММ	S/	L	
property						ММ	S/		
Section C - Assets I	Placed in Service D	ouring 2019	Tax Year_	<u>U</u> sing th	e Alt	ernative De	precia	ation :	System
20a Class life							S/	L	
b 12-year				12 yrs		_	S/	L	
c 30-year				30 yrs		ММ	S/	L	
d 40-year				40 yrs		ММ	S/	L	
Part IV Summary (See instruct	ions.)								
21 Listed property Enter amount from li	ne 28							21	
22 Total. Add amounts from line 12,	lines 14 through 17	7, lines 19 ai	nd 20 in d	column (g), an	d line 21 Er	nter		
here and on the appropriate lines of y	our return Partnershi	ps and S corp	orations - se	e instruct	tions.	<u></u> .	<u>. , .</u>	22	30 , 827
23 For assets shown above and place	ed in service during	the current	year, ente	er the	П				1
portion of the basis attributable to se	ection 263A costs	<u>.</u>		<u></u> . l	23				

FOL	11 4302	(2019)																	Page Z
Pá	art V					automo		certai	n c	ther	ve	hicles	, certa	ain aii	craft,	and	prope	ty us	ed fo
				•	•	nich you ai	,	a the s	tand	ard m	ulead	ne rate	e or de	ductina	lease (expens	e. comr	olete o	nlv 24a
		24b. cc	olumns	(a) thre	ough (c) o	f Section A	all of	Section	B. ar	nd Se	ction	Cıfa	oplicable	300g	,0000	CAPCINO	o, oom,	,,,,,,	ny Z-a
						Other Info				_					r nasse	nger ai	ıtomobil	1 29	
24	a Do vo					iness/investr			\neg	Yes	 		24b If "					Yes	No
	a DO yo		T	to supp			T-	Claimed		res	(e)	NO		T		1		т ,	No
		(a)	. 1		(b)	(c) Business/	İ	(d)	ľ	Basis f		eciation	_ (f)		(g)	1	(h)	1	(1)
		property (l	ıst		e placed service	investment u	se Cost	or other b	asıs	(busine			Recovery period		:hod/ /ention		eciation uction	1	section 179 ost
	VEIII	icies ilist)				percentage				U	se only	')	period	Con	remion	ueu	uction	`	
25	Spec	al depre	eciatio	n allow	ance for	qualified li	sted p	roperty	place	ed in	sen	vice di	uring						
						6 in a qualif									. 25	1		1	
26						ualified busi							<u> </u>						_
20	1 1000	city used	Tillore	- triair o	0 70 III a q	T Dusi	-											1	
							%							<u> </u>				ļ	
				_			%												
			T				%		ĺ					1			_	Ĭ	
27	Prope	erty used	1 50%	or less	in a qualif	ied busines	suse												_
=-			 			1	%							S/L -					_
						 	-									 			
						<u> </u>	%		\rightarrow					S/L -				ļ	
						L	%							S/L -]	
28	Add a	amounts	ın colu	ımn (h)	, lines 25	through 27	Enter	here a	nd or	ı line	21, p	age 1,			. 28	į			
						nter here a											. 29		
	7,00	anijo dinito	0010	(1/)													-1-5	_	
								Inform											
	•				•	a sole prop		•										rovided	vehicles
to y	our emp	ployees, fi	rst ansv	ver the	questions ir	Section C to	see if	you mee	t an e	хсери	on to	compl	eting this	section	for those	venicle	s 		
								(a)		(b)			(c)		d)		(e)		f)
20	Total	hucinos	chovec	tmont	miles driv	on during	Veh	ricle 1	\	/ehicle	2	V e	hicle 3	Veh	ıcle 4	Veh	ncle 5	Veh	ıcle 6
30						iles)													
							_		 		_	-	_						
			-		_	the year.			<u> </u>										
32	Total				•	mmuting)			j]				1		j	
	miles	driven .											_						_
33						ear Add									-				
					-			0	1		0		0		0		0		0
			-				Yes	No	Ye	_	No	Yes	No	Yes	No	Yes	No	Yes	No
34						personal	162	NO	16	3	110	163	NO	165	NO	162	NO	162	NO
	use d	uring off	-duty h	ours?.					<u> </u>								ļ		ļ
35	Was	the veh	iicle us	sed pr	imarily by	/ a more													
	than 5	5% owne	er or re	lated p	erson?											i			i
36						personal			 								<u> </u>		
30						•									1				1
	user.	<u>····</u>				<u></u>									'	<u> </u>		L	L
						ons for Em								-					
Ans	swer th	nese que	estions	to det	ermine if	you meet	an exc	eption 1	to co	mple	tıng	Section	n B for	vehicle	s used	by em	ployees	who a	ren't
moi	re than	5% own	ers or	related	persons	See instruc	tions												
27	Do 14		toin o	writto	nokov c	statement t	hat ar	obibito	م الم	orcor	- L	so of	vobiolos	unalue	lina co	mmutur	a bu	Yes	No
31	-	employee															ıg, by		
~~							 bok				• •		 historia						
38						statement 1										ing, by	y your		
	-	-				vehicles use	-	-		cers,	direc	tors, c	or 1% or	more o	wners				ļ
39	Do yo	u treat a	all use	of vehi	cles by em	iployees as	person	al use?											
40	Do yo	ou provi	de mo	re tha	n five vel	hicles to y	our en	nployee	s, ob	otain	ınfor	matioi	n from	your er	nployee	s abo	ut the		
	use of	f the veh	icles, a	ind reta	ain the info	ormation re	ceived?	7											1
41						rning qualif				nonet	ratio	 n usa?	See inc	truction					-
41																		-	
					38, 39, 4	0, or 41 is	Yes, C	on t co	mpie	te Se	Ction	Bior	the cove	rea ver	licies				
Pa	rt VI	Amort	<u>izatio</u>	<u>n</u>															
						(b)		ł							(e))			
		_	(a)			Date amort	zation	١.		(c)		- 1	(d)		Amortiz			(f)	
		Descri	ption of c	osts		begin		Am	iortiza	ble am	ount		Code se	ction	perior		Amortiza	tion for th	ns year
40	Λ	tizotic -	·f co	that !-	oaice dire	na vau- 22	10 40	V007 /5-		+	0.55,	!_			percen	laye			
42	Amon	uzation c	COSTS	tnat b	egins auri	ng your 20	is tax	year (se	e ins	ucti	uns)				ı				
																\bot			
																[
43	Amort	tization o	of costs	that h	egan befo	ore your 20	19 tax	vear				•				43			
						ee the instri			ere to	reno	rt				• • • •	44			
	· otal.	7.00 011		5010	(1) 36	20 (110 111011)				. 555	•	• • • •		<u>· · · · · </u>		44			

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No

Business or activity to which this form relates

rim.	ALMHOOLIDGE OF OUTO THE		D05	T T TNIC (21 0004050
	ALTHSOURCE OF OHIO, INC.				SERVICES	<u> </u>		_	31-0884250
Pa	Election To Expense Con Note: If you have any list				you comp	olete Part I			
1	Maximum amount (see instructions).							1	
2	Total cost of section 179 property place	ed in service (see in	structions)				[2	
3	Threshold cost of section 179 property	y before reduction i	n limitation (se	e instructio	ns)		٠	3	
4 5	Reduction in limitation Subtract line 3 Dollar limitation for tax year Subtract line 4 from I	no 1 If york or lock ontor	0. If married files					5	
	separately, see instructions		<u> </u>		isiness use onl		ted cost	<u> </u>	···
	(a) Description of	- property		(3) 0001 (30	15111000 000 0111	,, (G, E.C.)		-	
7	Listed property Enter the amount from	line 29			7			_	
8	Total elected cost of section 179 prop							8	
9	Tentative deduction Enter the smaller						_	9	
10	Carryover of disallowed deduction from							10	
11	Business income limitation. Enter the						_	11	
12	Section 179 expense deduction Add l	ines 9 and 10, but o	don't enter mo	ore than line	11		[12	
13	Carryover of disallowed deduction to 2								
Note	e. Don't use Part II or Part III below for	listed property Instea	ad, use Part V						
Рa	rt Special Depreciation All	owance and Ot	her Deprec	iation (D	on't include	e listed proper	ty See	ınstı	ructions)
14	Special depreciation allowance for	qualified property	(other tha	n listed j	property) pl	aced in servi	ce	l	
	during the tax year See instructions						L	14	
15	Property subject to section 168(f)(1) el							15	
16	Other depreciation (including ACRS)	<u></u>	<u> </u>	<u></u>	<u> </u>	<u></u>		16	
.Pa	rt III. MACRS Depreciation (De	on't include listed			tions)	· 			
				ion A					
17	MACRS deductions for assets placed	•					⊢	17	2,639
18	If you are electing to group any as	•	•	•			ral		
	asset accounts, check here								
	Section B - Assets F	(b) Month and year	(c) Basis for			General Der	reciatio	on Sy	/stem
	(a) Classification of property	placed in service	(business/invo	estment use	period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property		_						
b	5-year property								
	7-year property						ļ		
	10-year property		·				-		
	15-year property						 		
	20-year property				05		 		
<u>g</u>	25-year property				25 yrs	1414	S/L		
h	Residential rental				27 5 yrs	MM	S/L		 _
	property				27 5 yrs	MM	S/L		
i	Nonresidential real				39 yrs	MM	S/L S/L	\rightarrow	
	Section C - Assets Pla	and in Service D	ring 2010	Tay Voor	Licing the				Suctom
202	Class life	iced iii Service D	uring 2019	lax lear	Using the A	Alternative De	S/L		by Stein
	12-year				12 yrs		S/L	-	
	30-year		_		30 yrs	ММ	S/L	-+	
	40-year		-		40 yrs	MM	S/L	-	
	rt IV Summary (See instruction	ns)				141.14		<u> </u>	
	Listed property Enter amount from line							21	
	Total. Add amounts from line 12, lii						· · · · ⊢		 -
	here and on the appropriate lines of you	=						22	2,639
23	For assets shown above and placed portion of the basis attributable to sect	•		-					

FOR	m 4562	(2019)										_				Page Z
Pa	art V	entertainme	operty (Include ent, recreation, o	r amuseme	ent.)							,		prope	•	ed fo
		Note: For 'a	ny vehicle for wh s (a) through (c) of	ich you are f Section A	all of 9	g the si Section l	tanda Ban	ard mile id Sectio	age ra in Clif	ate or de applicable	ducting	lease (expens	e, comp	olete o	1ly 24a
_			Depreciation and									r nasse	nger au	ıtomobil	es)	
24	a Do yo		e to support the bus					Yes	No	24b If "					Yes	No
		(a)	(b)	(c)			П	(е		(f)	T	(g)		(h)		(i)
		f property (list icles first)	Date placed in service	Business/ investment us	e Cost	(d) or other b	asıs	Basis for de		Recovery	Me	thod/ vention	Depr	eciation luction	Elected :	section 179 ost
		·		percentage				use o		<u></u>	1 0011	vention	1 000		ļ	
25	Spec	ial depreciation	on allowance for	qualified lis	ted pr	operty	place	ed in se	rvice	during						
	_		ed more than 50%				e Se	e instru	ctions	<u> </u>		. 25			<u> </u>	
26	Prop	erty used mor	e than 50% in a qi			se					_	_				
					%		_			 	ļ					
				 	%		_								ļ	
			<u> </u>	 	%					<u> </u>	<u> </u>		L			
27	Prop	erty used 50%	or less in a qualifi													
					%						S/L -		<u> </u>	_	ļ	
					%						S/L -		<u> </u>		1	
				L	%					<u> </u>	S/L -		 _		1	
			lumn (h), lines 25										L		<u> </u>	
<u>29</u>	Add a	am <u>ounts in col</u>	lumn (ı), line 26 E									<u></u>	<u></u>	. 29	l	
										ehicles						
			r vehicles used by												rovided	vehicles
to y	our em	ployees, first ans	swer the questions in	Section C to	see if	you meet	an ex	xception	o com	pleting this	section	tor those	vehicle	·\$		
						a) iicle 1	\ \ <i>\</i>	(b) rehicle 2	Ι,	(c) /ehicle 3		d) icle 4		(e) nicle 5		f) icle 6
30			stment miles drive		VEI	iicie i	ľ	emole 2	ĺ '	remote 5	Ven	iicie 4	1 061	ncie 5	Ve"	ici e 0
	•	•	ude commuting m	, , , , , _F					_		1		ļ			
31	Total	commuting m	iles driven during	the year .												
32	Total		ersonal (nonco	٠, ١												
	miles	driven														
33	Total	miles drive	n during the ye	ear Add												
	lines	30 through 32	2			0)	0		0		0	<u> </u>	0
34	Was	the vehicle	available for	personal	Yes	No_	Yes	s No	Ye	s No	Yes	No	Yes	No	Yes	No
	use d	uring off-duty	hours?									ļ	ļ			
35	Was	the vehicle i	used primarily by	a more												
			elated person?			<u> </u>		<u> </u>			ļ					
36			e available for	•					!							
_			ction C - Question		plove	rs Who	Pro	vide Ve	hicle	s for Use	bv Th	eir Em	plove	es		
Ans	swer th		s to determine if								-				who a	ren't
			r related persons						,				_,,	,,,,,,,		
 37	Do v	ou maintain a	a written policy s	tatement th	at nr	ohibits :	all ne	ersonal	use o	f vehicles	inclu	dina co	mmutir	na hv	Yes	No
٠.			·····											.g, <i>D</i> y		
38	Do yo	ou máintain a	written policy s	tatement th	nat pr	ohibits	pers	onal use	of v	ehicles, e	xcept o	commut	ting, by	y your		
	emplo	yees? See the	e instructions for v	ehicles use	d by c	orporate	offic	cers, dire	ectors,	or 1% or	more o	wners				
			of vehicles by em													
40	Do yo	ou provide m	ore than five vel	nicles to yo	ur en	nployees	s, ob	tain info	ormati	on from	your er	nployee	s abo	ut the		
			and retain the info												_	
41	Do yo	u meet the re	quirements conce	rning qualifi	ed aut	omobile	dem	nonstrati	on use	? See ins	truction	s				
_	Note:	If your answe	er to 37, 38, 39, 4	0, or 41 is "	Yes," c	don't co	mple	te Section	on B fo	r the cove	ered vel	nicles				
Pa	rt VI	Amortizati	on													
			_	(b)								(е			10	
		(a) Description of	Costs	Date amortiz	zation	Δm		c) ble amoun	,	(d) Code se		Amortiz perio		Amortiza	(f) ition for th	uc voor
				begins			J. 1.12d		`			percer				yeal
42	Amor	tization of cos	ts that begins duri	ng your 201	9 tax	year (se	e ins	tructions	3)							
43	Amor	tization of cos	ts that began befo	re your 201	9 tax	year							43_			
44	Total.	Add amount	s in column (f). Se	e the instru	ctions	for whe	re to	report	<u></u>	<u> </u>			44			

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No 1545-0172 2019

Attachment Sequence No 179

Department of the Treasury
Internal Revenue Service (99
Name(s) shown on return

Business or activity to which this form relates

ldentifying number

HEALTHSOURCE OF OHIO, INC. 31-0884250 CONSULTING SERVICES **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions)................ 1 Total cost of section 179 property placed in service (see instructions), 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 6 (b) Cost (business use only) (c) Elected cost (a) Description of property Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 . . 12 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 13 Note. Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property See instructions) 960 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (a) Classification of property placed in (business/investment use (f) Method (a) Depreciation deduction period only - see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 vrs S/L g 25-year property 27 5 yrs MM S/L h Residential rental 27 5 yrs ММ S/L property 39 yrs ММ S/L Nonresidential real property MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L c 30-year 30 yrs ММ S/L d 40-year 40 yrs ММ S/I Part IV Summary (See instructions.) 21 22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 960 here and on the appropriate lines of your return Partnerships and S corporations - see instructions. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For	m 4562 (2019)							_		_					Page 2
Pa	entertainm	operty (Include ent, recreation, c	r amusem	ent.)									proper	•	
	Note: For a	ny vehicle for wh is (a) through (c) o	ich you are f Section A.	e using all of S	g the s Section	tandard B. and :	d mileag Section	ge rat Cıfa	te or ded policable	ducting	lease e	expense	e, comp	lete on	ıly 24a,
		Depreciation and				-					passe	nger au	tomobile	es)	
24	a Do you have evidence						'es	No	24b If "					Yes	No
	(a)	(b)	(c)			T	(e)		(f)	1 (g)		(h)		 i)
	Type of property (list vehicles first)	Date placed in service	Business/ investment us percentage	se Cost	(d) or other b		sis for depr usiness/inve use only	estment	Recovery period	Met	hod/ ention	Depre	eciation uction	Elected s	ection 179 ost
25	Special depreciation	on allowance for	qualified lis	ted or	operty	placed	In serv	vice d	luring	1					
	the tax year and us										. 25	1		1	
26	Property used mor							_							
_		1		%		1			T			T		<u> </u>	
_		-		%		1				†		1			
				%					ļ	†	·	<u> </u>			
27	Property used 50%	or less in a qualif		_1					<u> </u>	L		L		·	
				%						S/L -		Γ .			
_				%				_		S/L -				i	
		-		%						S/L -		_		İ	
28	Add amounts in co	lumn (h) lines 25			here ar	nd on lu	ne 21 n	age 1	·		28			1	
29	Add amounts in co	• • •	•					-				L	. 29		
<u></u>	7.00 0000	(1),					on Use			<u></u>			-1	·	
Cor	mplete this section fo	r vehicles used by								er" or re	elated o	erson	lf vou n	rovided	vehicles
	our employees, first an	•													
_					a)	(b)		(c)	(0	1)	(e)	(1	n
20	Total husingss/inve	atmost milas deu	on during		icle 1		icle 2	Ve	ehicle 3	Vehi			ıcle 5	Vehi	
30	Total business/inve														
31	Total commuting m	-	, , , , , , , , , , , , , , , , , , ,		_										
	_	ersonal (nonco								 					
J_	miles driven	•	٠, ١												
22	Total miles drive														
55	lines 30 through 32				0		0		0		0		0		0
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
J-T	use during off-duty		· .		-										
35	Was the vehicle						 	-							
55	than 5% owner or r														
36		•					<u> </u>	_	<u> </u>						
30	use?				ŀ										
	Sec	ction C - Questic	ns for Fm	nlove	rs Who	Provi	ide Vet	nicles	for Use	by The	air Em	nlove			
Δne	swer these question									•				who ar	en't
	re than 5% owners o				sption t	0 001111	picting	0000	011 10 101	*CITICICS	. 0000	by Citi,	Sicyces	WIIO ai	Circ
	Do you maintain a				hibits	all pers	sonal u	se of	vehicles	. ınclud	ıng coi	mmutin	a. bv	Yes	No
	your employees?														
38	Do you maintain a	a written policy s	statement ti	hat pro	ohibits	person	al use	of ve	hicles, e	xcept c		-	-		
	employees? See th						rs, direc	tors, d	or 1% or i	more ov	vners				
	Do you treat all use														
40	Do you provide m	ore than five vel	nicles to yo	our em	ployees	s, obta	ın ınfor	matıo	n from y	your en	ployee	s abou	ut the		
	use of the vehicles,									<i>.</i>					
41	Do you meet the re	quirements conce	rnıng qualıfı	ed auto	omobile	demo	nstratio	n use?	? See inst	tructions	·			i	
	Note: If your answ		0, or 41 is "	Yes," d	lon't co	mplete	Section	B for	the cove	red veh	ıcles				
Pa	rt VI Amortizati	on			·	_									
	(2)		(b)			(c)			(d)		(e)			(f)	
	(a) Description o	f costs	Date amorti		Am	ortizable	amount	l	Code se	ction	Amortiz		Amortiza	tion for th	ıs year
	<u> </u>		begins				_				percen				
42	Amortization of cos	ts that begins duri	ng your 201	9 tax	year (se	e instru	uctions)		-						
		<u> </u>													
		4-41-41	25.		L		_			1					
43	Amortization of cos	ts that began before	ore your 201	9 tax y	ear.		· · · ·				• • • •	43		_	
44	Total. Add amount	s in column (I) Se	e me instru	เปเบกร	IOI WITE	16 10 16	pull .	• • • •	<u></u>			44			

ATTACHMENT 1

FORM 990T - PART II - LINE 27 - TOTA	JOTHER DEDUCTIONS
--------------------------------------	-------------------

CONSULTING SERVICES	45,520.
SUPPLIES	10,523.
INSURANCE	2,410.
RENT	12,391.
UTILITIES & TELEPHONE	8,840.
BUILDING SERVICES	15,063.
TRAVEL, TRAINING AND SUBSCRIPTIONS	6,020.
PURCHASED SERVICES	20,689.
INFORMATION SYSTEMS	28,293.
OTHER	12,855.
GENERAL AND ADMINISTRATIVE EXPENSES	282,201.

PART II - LINE 27 - OTHER DEDUCTIONS

444,805.

つ	1	_	\sim	О	О	Λ	2	_	\sim	

ATTACHMENT 2

FORM 990-T, PART III, LINE 35 - DEDUCTION FOR NOL ARISING IN TAX YEARS BEFORE 1/1/18

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYFORWARD
DECEMBER 31, 2016	58,692	58,692	
DECEMBER 31, 2017	93,495	51,116	42,379
PRE 1/1/18 NOL DEDUCT	ION CARRIED FORWARD T	O DECEMBER 31, 2019	42,379

ATTACHMENT	3

FORM 990T'- PART II LINE 27 TOTAL OTHER DEDUCTIONS

TRAVEL	1,661.
DUES AND SUBSCRIPTIONS	1,574.
OFFICE EXPENSES	4,603.
PROFESSIONAL FEES	4,444.
MARKETING	6,669.
RENT	12,940.
UTILITIES	1,414.
ADMINISTRATIVE SERVICES	10,128.
MISCELLANEOUS	1,488.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

44,921.

ATTACHMENT 4

FORM 990T'- PART II LINE 27 TOTAL OTHER DEDUCTIONS

TRAVEL DUES AND SUBSCRIPTIONS	604. 572.
OFFICE EXPENSE	1,674.
PROFESSIONAL FEES	1,616.
RENT	4,706.
MARKETING	2,425.
UTILITIES	514.
ADMINISTRATIVE SERVICES	3,684.
MISCELLANEOUS	541.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

16,336.

HEALTHSOURCE OF OHIO, INC.

31-0884250

ATTACHMENT 5

ACTIVITY: BILLING

FORM 990-T, SCHEDULE M, PART II, LINE 31 - DEDUCTION FOR NOL ARISING AFTER 1/1/18

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYFORWARD
DECEMBER 31, 2018	1,339		1,339
PRE 1/1/18 NOL D	EDUCTION CARRIED FORWARD	TO DECEMBER 31, 2019	1,339

HEALTHSOURCE OF OHIO, INC.

31-0884250

ATTACHMENT 6

ACTIVITY: CONSULTING

FORM 990-T, SCHEDULE M, PART II, LINE 31 - DEDUCTION FOR NOL ARISING AFTER 1/1/18

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYFORWARD		
DECEMBER 31, 2018	83,040	<u> </u>	83,040		
NOL	DEDUCTION CARRIED FORWARD	TO DECEMBER 31, 2019	83,040		