. 4	,,	_	_			_		l lo				
Forn	[,] 990∗T	E	Exempt Orgai					ax Return	۱ [OMB No 1545-0687		
5 (m²)	0			nd proxy tax und			•		l	0040		
		For ca	lendar year 2018 or other tax yea	ar beginning $APR 1$	<u>, 20</u>	18 , and ending	MAI	R 31, 201	<u>9</u>	2018		
Dena	rtment of the Treasury			.irs.gov/Form990T for i					ļ	Open to Public Inspection for		
	nal Revenue Service		Do not enter SSN number	rs on this form as it ma	y be ma	de public if your or	ganiza	tion is a 501(c)(3).		501(c)(3) Organizations Only		
Ą	Check box if		Name of organization (_		-		(Emp	loyer identification number iloyees' trust, see		
·	address changed	1	FAMILY HEAL!	TH SERVICES	OF	DARKE CO	UNT	Υ,		uctions)		
	xempt under section	Print										
X] 501(c()(3)	or Type	Number, street, and room		x, see II	nstructions.				lated business activity code instructions)		
	408(e)220(e)	.,,,,,	5735 MEEKER						ļ			
느	408A530(a)		City or town, state or pro		or foreig	n postal code						
	529(a)		GREENVILLE,					· · · · · · · · · · · · · · · · · · ·	900	003		
	ook value of all assets end of year		F Group exemption numb		<u> </u>							
	19,138,9		G Check organization type		_			401(a)		Other trust		
		•	tion's unrelated trades or b		1			the only (or first) un				
			ME HEALTH CAI					complete Parts I-V.		•		
			ice at the end of the previou	us sentence, complete P	arts I an	id II, complete a Sch	nedule	M for each additiona	al trade	e or		
_	isiness, then complete							. F	7,,	<u> </u>		
	• • •		poration a subsidiary in an a		nt-subs	idiary controlled gro	oup?	▶ [Y	es X No		
			tifying number of the paren		TDE	OMOD T			27	E40 2006		
			JEAN YOUNG, I de or Business Inc		TKE	(A) Income	elepno	ne number > 9 (B) Expenses		548-3806 (C) Net		
EY .			ac or business inc		1	(A) Illcollie	\rightarrow	(D) Expenses) کری ^{ہ م} ی	1.50 ~ 2.55% Au 20 1221 1-684		
	Gross receipts or sale			a Dalanaa	1.		- [经收款			
	Less returns and allow		A I 7)	c Balance	10				<u> </u>	\$35.00 + 2 \$4.00 \$		
2	Cost of goods sold (S		•	$\Lambda \Lambda$.	2				* (*)	\$\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\fin}}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\fin}\text{\$\fin}\tex		
· 3	Gross profit. Subtract				3 4a	7,46	S P		<u>. 3 % 24</u> . 3 % 25	7,468.		
	Capital gain net incon	•	•	1707)	48 4b	7,30	,,,,		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7,400.		
0	Capital loss deduction		'art II, line 17) (attach Form	14/97) (4c				, , , , , , , , , , , , , , , , , , ,			
5	•		ship or an S corporation (at	tach ctatement\	5	20,54	17.			20,547.		
6	Rent income (Schedu	•	ship or an 3 corporation (at	itach statement)	6	20,33	* / •	S. W. 5.7. 0 24		20,347.		
7	Unrelated debt-financ		ne (Schedule F)		7							
8			nd rents from a controlled o	organization (Schedule F)	\vdash							
9			on 501(c)(7), (9), or (17) or	_								
10	Exploited exempt activ		. , , , , , , , , , ,	gamzation (Cancadia C)	10	,						
11	Advertising income (S	-	•		11							
12	Other income (See in:		•		12				The the to			
13	Total. Combine lines		•		13	28,01		27.0 % 27.0 % 22.	- 2	28,015.		
			t Taken Elsewher	e (See instructions for						,		
44. ***			utions, deductions must					ncome)		ü		
14	Compensation of off	icers, di	rectors, and trustees (Sche	dule K)			7		14	-		
15	Salaries and wages	,			DEC	EIVED	- 1		15			
16	Repairs and mainten	ance			720	7	က္ကု		16			
17	Bad debts			La		ا مسموم	IRS-OSC		17			
18	Interest (attach sche	dule) (se	ee instructions)	C138	SEP	2 3 2019	I&I		18			
19	Taxes and licenses		,	, [6]			川川		19			
20		ons (Se	e instructions for limitation	rules)	00	DEN, UT			20			
21	Depreciation (attach	Form 45	562)			21						
22		•	Schedule A and elsewhere	e on return		22a			22b			
23	Depletion					,			23			
24	Contributions to defe	erred co	mpensation plans						24			
25	Employee benefit pro								25			
26	Excess exempt expe	-	chedule I)						26			
27	Excess readership co	•	•						27	`		
28	Other deductions (at	•	•			SEE S'	TAT	EMENT 1	28	113,924.		
29	Total deductions. A		•						29	113,924.		
30			ncome before net operating	loss deduction. Subtrac	ct line 29	9 from line 13			30	-85,909.		
31			loss arising in tax years beg				s)		31			
32			ncome. Subtract line 31 fro			<u> </u>	<u>.</u>		32	-85,909.		
			work Reduction Act Notice			610				Form 990-T (2018)		

FAMILY HEALTH SERVICES OF DARKE COUNTY,

Form 990		<u>9524</u>	Page 2
Part	III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-85,909.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	35	0.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
36	·	0.0	-85,909.
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		05 000
	enter the smaller of zero or line 36	38	<u>-85,909.</u>
Part	IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
	Other credits (see instructions) 45b	1 1	
		1 1	
C		1 1	
0	•	15-	
€	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50	Payments: A 2017 overpayment credited to 2018 50a 160.	1	
1	2018 estimated tax payments]	
	Tax deposited with Form 8868		
	foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941)	1	
	Other credits, adjustments, and payments: Form 2439	1	
,	Form 4136 Other Total 50g		
F4		51	160.
51	Total payments. Add lines 50a through 50g	-	100.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	160
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	160.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	0.
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)		т
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		<u> </u>
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under papalities of perjury, I deglare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	ge and beli	ef, it is true,
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here		•	scuss this return with
			hown below (see No No
			W 169 140
	Print/Type preparer's hame Preparer's signature Date Check i	f PTIN	
Paid	self- employed		1000045
Prep	arer JESSE YOUNG, CPA JESSE YOUNG, CPA 09/04/19		1236247
Use	Only Firm's name ► CLARK, SCHAEFER, HACKETT & CO. Firm's EIN ►	31	-0800053
	14 EAST MAIN STREET, SUITE 500		
	Firm's address ► SPRINGFIELD, OH 45502 Phone no. 9	<u> 37 – 3</u>	99-2000
			Earm 990-T (2019)

Schedule A - Cost of Goods Sold. Ente	r method of inven	tory valuation N/A	<u> </u>				
1 Inventory at beginning of year 1		6 Inventory at end of ye	ar	6			
2 Purchases 2	-	7 Cost of goods sold. S					
3 Cost of labor 3		from line 5. Enter here					
4a Additional section 263A costs		line 2 7					
(attach schedule) 4a		8 Do the rules of section	Yes No				
b Other costs (attach schedule) 4b		property produced or	acquired for resale) apply to				
5 Total. Add lines 1 through 4b 5		the organization?					
Schedule C - Rent Income (From Real (see instructions)	Property and	Personal Property	Leased With Real Pr	operty)			
1. Description of property							
(1)							
(2)			•				
(3)							
(4)							
2. Rent recei	ved or accrued		2/->2				
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	nd personal property (if the percent ersonal property exceeds 50% or if it is based on profit or income)	age columns 2	ectly connected with the income in (a) and 2(b) (attach schedule)			
(1)							
(2)							
(3)							
(4)							
Total 0.	Total		0.				
(c) Total income. Add totals of columns 2(a) and 2(b). Enter and on page 1, Part I, line 6, column (A)			(b) Total deduction: Enter here and on page Part I, line 6, column (B)	1,			
Schedule E - Unrelated Debt-Financed	Income (see	instructions)	_				
		2. Gross income from		connected with or allocable nanced property			
Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)							
(2)							
(3)		1					
(4)							
4. Amount of everage acquisition 5. Average debt on or ellocable to debt-financed of or property (attach schedule) debt-fin	e adjusted basis allocable to anced property ch schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)		%					
(2)		%					
(3)		%					
(4)		%					
	,		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)			
Totals		•		0. 0.			
Total dividends-received deductions included in colum	n 8) 0.			

Form 990-T (2018)

(4)

0.

0.

•

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

Total. Enter here and on page 1, Part II, line 14

Part II Income From Perio columns 2 through 7 on			rate Basis (For ea	ch periodical li	sted in P	art II, fill in	1 ago_
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	0.	0.			· · · · · · · · · · · · · · · · · · ·	F	-0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			1.1		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	· 0.	0.			· //		0.
Schedule K - Compensation	n of Officers, D	Directors, and	Trustees (see in	structions)			
1. Name	-		2. Title	time o	ercent of levoted to siness		ensation attributable elated business
(1)					%		
(2)					%		
(3)			-		%		

Form 990-T (2018)

0.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
EXEPNSES ATTRIBUTABLE TO K-	1 INCOME	113,924.
TOTAL TO FORM 990-T, PAGE 1	, LINE 28	113,924.
FORM 990-T INCOM	E (LOSS) FROM S CORPORATIONS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
CHN INC ADULT DAY CARE - OR CHN INC ADULT DAY CARE - INC	TEREST INCOME	10,576. 4,177. 5,794.
TOTAL INCLUDED ON FORM 990-	T, LINE 5	20,547.

FORM 990-T		NET	OPERATING	LOSS	DEDUCTION		STATEMENT 3	
TAX YEAR	LOSS SUSTAI	NED	LOSS PREVIOUS APPLIE		LOSS REMAININO	3	AVAILABLE THIS YEAR	
03/31/15	145,5	02.		0.	145,5	502.	145,502	<i>-</i>
03/31/16	61,5	86.		0.	61,5	586.	61,586	
03/31/17	122,4	20.		0.	122,4	120.	122,420	
03/31/18	183,4			0.	183,4	189.	183,489	•
NOL CARRYO	JER AVAILABLE	THIS	YEAR		512,9	997.	512,997	•

SCHEDULE D . (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 ★ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

FAMILY HEALTH SERVICES OF DARKE COUNTY,

Employer identification number

34-1119524 INC Short-Term Capital Gains and Losses (See instructions. Part I See instructions for how to figure the amounts (h) Gain or (loss) Subtract column (a) from column (d) and combine the result with column (g) (d) Proceeds (sales price) (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 21. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824

6 Unused capital loss carryover (attach computa	6	()					
7 Net short-term capital gain or (loss). Combine	lines 1a through 6 in column	ı h		7	21.		
Part II Long-Term Capital Gair	ns and Losses (See	nstructions.)					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	Proceeds Cost or loss from Form(:		(g) Adjustments to ga or loss from Form(s) 89- Part II, line 2, column (49,	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b Totals for all transactions reported on Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on Form(s) 8949 with Box F checked					7,447.		
11 Enter gain from Form 4797, line 7 or 9				11			
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12			
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824			13			
14 Capital gain distributions							
15 Net long-term capital gain or (loss). Combine	15	7,447.					
Part III Summary of Parts I and							
16 Enter excess of net short-term capital gain (lin		il loss (line 15)		16	21.		
17 Net capital gain. Enter excess of net long-term	•		: 7)	17	7,447.		
18 Add lines 16 and 17. Enter here and on Form	. •	•	•	18	7,468.		

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) 2018

JWA

Form 8949

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

2018 Attachment 12A

Attachment Sequence No 12A

Name(s) shown on return

FAMILY HEALTH SERVICES OF DARKE COUNTY,

Social security number or taxpayer identification no.

34-1119524

INC						34-1	119324				
Before you check Box A, B, or C bell statement will have the same information broker and may even tell you which I	ation as Form 109 box to check	99-B Either will's	show whether you	r basıs (usually you	r cost) was	reported to the IF	bstitute IS by your				
Part I Short-Term. Transact	ions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	nstruction	s) For long-term					
transactions, see page 2 Note: You may aggregate al codes are required. Enter the	I short-term transac totals directly on S	tions reported on I Schedule D, line 1s	Form(s) 1099-B show	ving basis was reporte I to report these trans	d to the IRS	and for which no ac form 8949 (see instru	justments or ctions)				
You must check Box A, B, or C below.	Check only one bo	x. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separa	te Form 8949, page 1, for					
(A) Short-term transactions tran will					-						
(B) Short-term transactions re		•	•	•	11010 40	010,					
X (C) Short-term transactions no	'	•	•	sported to the me							
1 (a)	(b)		(d)	(e)	Adiustme	nt, if any, to gain or	(h)				
Description of property	property Data acquired Data sold or Proceeds Cost or other loss. If you enter an amount Gain or (loss).										
(Example 100 sh. XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the	column (f	(g), enter a code in). See instructions.	Subtract column (e)				
		(Mo , day, yr)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result				
				the instructions	Code(s)	Amount of adjustment	with column (g)				
CHN INC ADULT DAY						uojootiiioiit					
CARE							21.				
<u></u>											
				<u> </u>							
											
		,									
-											
		· - · · · ·									
					-						
											
•											
-											

<u> </u>											
2 Totals. Add the amounts in colur	nns (d), (e), (a), a	nd (h) (subtract									
negative amounts) Enter each to											
Schedule D, line 1b (if Box A abo		•									
above is checked), or line 3 (if B							21.				

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Attachment Sequence No 12A Form 8949 (2018) Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on page 1 Social security number or FAMILY HEALTH SERVICES OF DARKE COUNTY, taxpayer identification no. 34-1119524 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1 Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (e) (h) (d) (a) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (g) combine the result see Column (e) in Amount of adjustment Code(s) the instructions with column (a) CHN INC ADULT DAY 7,447. CARE 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your

above is checked), or line 10 (if Box F above is checked) Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2018) 823012 11-28-18

7,447.

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E