X No

If only one, complete Parts I-V If more than one,

Form 990-J

Department of the Treasury

rnal Revenue Servi

Check hox if

B Exempt under section

X 501(c)(3())

408A

C Book value of all assets

7529(a)

408(e) 220(e)

530(a)

business, then complete Parts III-V

trade or business here > PARKING EXPENSES

address changed

EXTENDED TO MAY 15, 2020 OMB No. 1545-0687 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL~1 , ~2018~ , and ending ~JUN~30 , ~2019~► Go to www irs gov/Form990T for instructions and the latest information ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.) (Employees' trust, see instructions) 35-2005131 CHOICES COORDINATED CARE SOLUTIONS, Unrelated business activity code (See instructions) Number, street, and room or suite no. If a P.O. box, see instructions 7941 CASTLEWAY DRIVE City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46250 F Group exemption number (See instructions) at end of year 2, 179, 990. G Check organization type X 501(c) corporation 401(a) trust Other trust 501(c) trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation (317)726-2121 J The books are in care of BLIA THAO Telephone number Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts 5 5 Income (loss) from a partnership or an S corporation (attach statement) 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12

describe the first in the blank space at the end of the provious sentence, complete Parts I and II, complete a Schedule M for each additional trade or

Part II Deductions Not Faken Elsewhere (See instructions for limitations on deductions)
(Except for contributions, deductions must be directly connected with the unrelated business income) s, directors, and trustees (Schedille 14 14 Compensation of office MAR **09** 2020 15 15 Salaries and wages Repairs and mainter 16 16 17 Bad debts 17 18 Interest (attach schedule) 18 19 19 Taxes and licenses 20 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 21 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion 24 Contributions to deferred compensation plans 24 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 27 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 0. 29 Total deductions. Add lines 14 through 28 Ō. 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 instructions) 31 0 Unrelated business taxable income. Subtract line 31 from line 30 Form **990-T** (2018) 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-		<u>35-20</u>	05131_	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	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	28	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
30	enter the smaller of zero or line 36	2	38	0.
Dartil	V _I Tax Computation		1 00 1	
			- 1 26	0.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	40°		
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		411	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income See instructions	IL	- 43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> </u>) 44	0.
	Tax and Payments		<u> </u>	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		}	
b	Other credits (see instructions)		_	
C	General business credit Attach Form 3800 45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	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 (a	ttach schedule	9 47	
48	Total tax Add lines 46 and 47 (see instructions)	UP	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	t i	49	0.
50 a	Payments A 2017 overpayment credited to 2018 50a	79		
b	2018 estimated tax payments 50b			
	Tax deposited with Form 8868	1,100) .	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941)	-		
	Other credits, adjustments, and payments Form 2439			
8	Form 4136 ☐ Other Total ► 50g			,
51	Total payments Add lines 50a through 50g		51	1,100.
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	
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	- -5	54	1,100.
54	1	unded	55	1,100.
Dare	Statements Regarding Certain Activities and Other Information (see instruc		1 33 1	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
56	• • • • • • • • • • • • • • • • • • • •			163 140
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	, · · · · · · · · · · · · · · · · · · ·			X
	here		 	$-\frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	iign trustz		
	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 ▶\$			
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best of my k je	nowleage and belief	, it is true,
Sign	23.2028		May the IRS discus	s this return with
Here	CFO CFO		the preparer shown	·
	Signature of officer Date Title			Yes No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
Paid		self- employe		
Prepa	rer CASSE TATE CASSE TAKE 02/24/20			71193
Use (Poly Firm's name ► KSM BUSINESS SERVICES, INC.	Firm's EIN	▶ 35-2	123203
J36 (P.O. BOX 40857			
	Firm's address ► INDIANAPOLIS, IN 46240-0857	Phone no	(317) 5	80-2000
823711 0			Forn	990-T (2018)