Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
> Do not enter social security numbers on this form as it may be made public.
> Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020

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

C Name and address of principal officer:
RICHARD STEINBERG
WESTCARE OHIO, INC.
P.O. BOX 94738
LAS VEGAS, NV 89193-4738

D Employer identification number
31-1508554

E Telephone number
9372591898

G Gross receipts:
$1,934,345

J Website: www.westcare.com

K Form of organization: Corporation
Type or print name and title
[ ] Trust [ ] Association [ ] Other [ ]
Year of formation: 1997
State of legal domicile: CH

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SUBSTANCE ABUSE PREVENTION & TREATMENT.

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

3 Number of voting members of the governing body (Part VI, line 1a).

4 Number of independent voting members of the governing body (Part VI, line 1b).

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a).

6 Total number of volunteers (estimate if necessary).

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

8 Contributions and grants (Part VIII, line 1h).

9 Program service revenue (Part VIII, line 2g).

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e).

12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).

14 Benefits paid to or for members (Part IX, column (A), line 4).

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).

16a Professional fundraising fees (Part IX, column (A), line 11a).

17 Total fundraising expenses (Part IX, column (D), line 25).

18 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).

19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).

20 Total assets (Part X, line 16).

21 Total liabilities (Part X, line 26).

22 Net assets or fund balances. Subtract line 21 from line 20.

Part II Signature Block

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

Sign Here

Signature of officer

KEN ORTBALS
CFO

Print/Type preparer’s name

ROLAND M. ROOS

Preparer’s signature

Phone number

May the IRS discuss this return with the preparer shown above? (See instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

2019 Open to Public Inspection

OEI No. 5450-0047
1. Briefly describe the organization's mission:

TO PROVIDE SUBSTANCE ABUSE PREVENTION & TREATMENT.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  
   □ Yes  □ No  
   If "Yes," describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?  
   □ Yes  □ No  
   If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses $  1,362,508., including grants of $  1,728,904.) (Revenue $  1,934,345.)

TO PROVIDE HEALTH AND HUMAN SERVICES, MENTAL HEALTH, SUBSTANCE ABUSE AND ADDICTION TREATMENT, DOMESTIC VIOLENCE SERVICES, HOMELESS SERVICES, WORK FORCE DEVELOPMENT ACTIVITIES, CARE TO RUN AWAY AND HOMELESS YOUTH, AND VETERANS SERVICES.

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

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

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses $ 1,362,508.