

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
 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.

F Name and address of principal officer: RICHARD STEINBERG
 Same As C Above

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: www.westcare.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1997 **M** State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE SUBSTANCE ABUSE PREVENTION & TREATMENT.</u>		
	2 Check this box <input type="checkbox"/> 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).....	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	8
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a).....	5	47
	6 Total number of volunteers (estimate if necessary).....	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....	1,642,313.	1,893,488.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	49.	56.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	40,183.	40,801.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	1,682,545.	1,934,345.
Expenses	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).....	1,132,187.	1,160,163.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	704,256.	656,511.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	1,836,443.	1,816,674.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-153,898.	117,671.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26).....	1,049,353.	1,388,052.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	515,843.	736,871.
		533,510.	651,181.

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 Date: CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ROLAND M. ROOS Preparer's signature: ROLAND M. ROOS Date: _____

Check if self-employed PTIN: P00024256

Firm's name: ROOS AND MCNABB CPAS A PROFESSIONAL CORPORATION Firm's EIN: 85-3902793

Firm's address: 4384 E ASHLAN AVE, STE 107 Phone no.: (559) 226-2209

FRESNO, CA 93726

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III.

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.