EXTENDED TO MAY, 17, 2021

Form <b>990-T</b>	E	Exempt Organization Bus				-	OMB No 1545-0047
<u> </u>		(and proxy tax und			$\sum_{i} S_{i} O_{i} O_{i}$	ا ۸	2019
ر مجيد د کار د د د د د د د د د د د د د د د د د د د	For cal	allendar year 2019 or other tax year beginning JUL 1,				<u>-</u>	ZU 19
Department of the Treasury Internal Revenue Service	<b>•</b>	► Go to www.irs.gov/Form990T for in ► Do not enter SSN numbers on this form as it may	be ma	de public if your organiz		5	Open to Public Inspection for 01(c)(3) Organizations Only yer identification number
A Check box if address changed		Name of organization ( Check box if name c	hanged	and see instructions.)			yees' trust, see
B Exempt under section	Print	RECOVERY SERVICES OF NO	ORTE	WEST OHIO,	INC	34	4-1284738
X 501(cQ3 )	_ or	Number, street, and room or suite no. If a P.O. box	x, see ır	structions.			ted business activity code structions)
408(e) 220(e)	Туре	511 PERRY STREET				`	•
408A 530(a)		City or town, state or province, country, and ZIP o DEFIANCE, OH 43512	r foreig	n postal code		5311	120
Book value of all assets		F Group exemption number (See instructions.)	<b></b>				
at end of year 2, 281, 3	66.	G Check organization type ► X 501(c) corp	ooration	501(c) trust	401(a)	trust	Other trust
		ation's unrelated trades or businesses.	1		the only (or first) un		
	-	NTAL OF REAL PROPERTY		. If only one	complete Parts I-V.	If more	than one,
		ace at the end of the previous sentence, complete Pa	rts I an	•			
business, then complete				. ,			
		poration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	▶ [	Yes	X No
		itifying number of the parent corporation.					
The books are in care of	i <b>▶</b> (	JEAN GROVES		Teleph	one number 🕨 (	419	782-9920
Part Unrelate	d Trac	de or Business Income		(A) Income	(B) Expenses	i	(C) Net
1a Gross receipts or sal	es			,			
b Less returns and allo	wances	c Balance ▶	1c		4		
2 Cost of goods sold (	Schedule	A, line 7)	2				
3 Gross profit. Subtrac	t line 2 fi	rom line 1c	3			ام	<u></u> _
4 a Capital gain net inco.	me (attac	ch Schedule D)	4a			<b>%</b>	
b Net gain (loss) (Forn	n 4797, P	Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	n for trus	sts	4c				
5 Income (loss) from a	a partners	ship or an S corporation (attach statement)	5				
6 Rent income (Sched	ule C)		6				
7 Unrelated debt-finan	ced incor	me (Schedule E)	7	1,802.	5,6	01.	
•	•	and rents from a controlled organization (Schedule F)					
		on 501(c)(7), (9), or (17) organization (Schedule G)	9			-	
10 Exploited exempt act			10_				
Advertising income (		·	11_		S. S	CONTROL NO	<del> </del>
\$12 Other income (See ii			12	1 000	F 6		2 700
213 Total. Combine line Part III Deduction	s 3 throu	ugh 12	13	1,802.	5,6	01.	-3,799.
Partill Deduction		ot Taken Elsewhere (See instructions for the directly connected with the unrelated busing					
·							
		rectors, and trustees (Schedule K)	CF	IVED OF		14	
		/ R		181		15	<del></del>
16 Repairs and mainte	nance			1 2021 6		16 17	
17 Bad debts	م/ المانيات	see instructions) (%) M/	AY Z	1 5051 1001		18	<del></del>
18 Interest (attach sch 19 Taxes and licenses 20 Depreciation (attacl	eaule) (s	see instructions)	• • • • • • • • • • • • • • • • • • • •			19	
Taxes and licenses Depreciation (attack	h Earm 4	1562)	GD	EN. UT	1,272.	13	
		in Schedule A and elsewhere on return		21a	1,272.	21b	0.
·	iaiiileurui	III Schedule A alid elsewhere on return		[214]		22	
•	forrod on	ampaneation plane				23	
/		•				24	
<ul><li>24 Employee benefit p</li><li>25 Excess exempt exp</li></ul>	_					25	
26 Excess readership		•				26	
27 Other deductions (a						27	·
28 Total deductions.						28	, 0.
,		income before net operating loss deduction. Subtrac	t line 2	3 from line 13		29	-3,799.
,		loss arising in tax years beginning on or after Janua					
(see instructions)	peraung	1000 anomy in tax years beginning on or arter dands	., , 20	SEE STAT	CEMENT 1	30	0.
(	tayahle i	income. Subtract line 30 from line 29		J 5111.		31	-3,799.
		rwork Reduction Act Notice, see instructions.		·		. ~1	Form <b>990-T</b> (2019)

Form 990-T (2019) RECOVERY SERVICE	S OF NORTH	WEST OHIO, IN	IC	34-1284	738 Page 3
Schedule A - Cost of Goods Sold. Ente	er method of invento	ory valuation N/A			
1 Inventory at beginning of year 1		6 Inventory at end of yea			6
2 Purchases 2		7 Cost of goods sold. Su		ine 6	
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	263A (\	with respect to	Yes No
b Other costs (attach schedule) 4b		property produced or a			10.0 28.0
5 Total, Add lines 1 through 4b 5		the organization?		.oooz.o, 2pp., to	
Schedule C - Rent Income (From Real	Property and		ease	d With Real Prope	rty)
(see instructions)					
Description of property					
(1)				<del></del>	
(2)		-			
(3)					
(4)					
2. Rent rece	ived or accrued				
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for per	d personal property (if the percentag rsonal property exceeds 50% or if is based on profit or income)	ge		onnected with the income in 2(b) (attach schedule)
(1)					
(2)		<u> </u>			
(3)					
(4)		,			
Total 0.	Total		0.		
(c) Total income. Add totals of columns 2(a) and 2(b). E here and on page 1, Part I, line 6, column (A)	inter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Debt-Finance	Income (see in	nstructions)		r arti, into o, obtaini (b)	
		2. Gross income from		3. Deductions directly conne- to debt-financed	
1. Description of debt-financed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			S	TATEMENT 3	STATEMENT 4
(1) BUILDING & LAND IN DEFI.	ANCE	3,414.		1,272.	9,340.
(2)					
(3)					
(4)				<u></u>	
debt on or allocable to debt-financed of or property (attach schedule) debt-fin	ge adjusted basis r allocable to nanced 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) 12,165.	23,047.	52.78%		1,802.	5,601.
(2)		%			
(3)		%			
(4)		%			
				nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		▶Ì		1,802.	5,601.
Total dividends-received deductions included in colum	nn 8				0.

Schedule F - Interest, A	Innuitie	s, Royalt	ies, and					ations	see ins	structions	5)
				Exempt (	Controlled O	rganızatı	ions			<u> </u>	
Name of controlled organization	Name of controlled organization		oloyer cation ber		nrelated income ee instructions) 4.		yments made includ		t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)									·		
(4)											
Nonexempt Controlled Organia	zations	l					······································	1			
7. Taxable Income		nrelated incom	e (loss)	O Total	of specified pays	nents	10 Part of colu	ımın 9 tha	t is included	11 Dec	fuctions directly connected
7. Taxable moonle		see instructions		9, 10.21	made		in the controll	ling organ s income	nization's		income in column 10
(1)						-					
(2)											
(3)											
(4)											
							Add colur Enter here and line 8,		1, Part I,	Enter he	ore and on page 1, Part I, line 8, column (B).
Totals						•			0.		0.
Schedule G - Investme	nt Incon	ne of a S	Section	501(c)(7	7), (9), or (	17) Org	ganization		···		
(see instr	uctions)	_									
1. Descri	ription of inco	me 			2. Amount of	income	3. Deduction directly connected (attach scheen)	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)				-							
(3)		-									
(4)											
Totals		•••	•	<b>.</b>	Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	Exempt	Activity	Income	, Other	Than Adv		ng Income	>U (8)	4-40 to 12-12-22 William	(* ) * 1 884-882-84 = 1	
(see instru	ctions)										
Description of exploited activity	unrelated incom	Gross business le from business	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or Ilumn 2 n 3) If a e cols 5	5. Gross inc from activity is not unrela business inco	that ted	<b>6</b> . Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
		re and on , Part I, col (A)	Enter her page 1, line 10,	Part I,							Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertisin	ng Incor		nstruction		1.434080655.2	-compressive and 450	ennomentalis (1967-1945)	r r r _3,600000		n an ar 27 78 1987 (1982)	
Partiz Income From I					solidated	Basis					
Name of periodical		2. Gross advertising income		3. Direct	or (loss) (c				6. Reade		7, Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			<del>                                     </del>		33.53					1	
(2)											1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
(4)	$\perp$										
Totals (carry to Part II, line (5))	<b>•</b>	(	o.	0							0.
											Form <b>990-T</b> (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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.				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)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.1	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>•</b>	0.

Form 990-T (2019)

FORM 990-T		NET	OPERATIN	G LOSS I	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS	SUSTAINED	LOS PREVIO APPL	USLY	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19		4,852.		0.	4,852	2. 4,852.
NOL CARRYO	VER AV	AILABLE THIS	YEAR		4,852	2. 4,852.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/07	981.	981.	0.	0.
06/30/08	995.	995.	0.	0.
06/30/09	1,163.	1,163.	0.	0.
06/30/10	1,846.	1,846.	0.	0.
06/30/11	891.	891.	0.	0.
06/30/12	317.	317.	0.	0.
06/30/13	635.	635.	0.	0.
06/30/15	1,572.	1,572.	0.	0.
06/30/18	17,062.	0.	17,062.	17,062.
NOL CARRYO	VER AVAILABLE THIS	YEAR	17,062.	17,062.

FORM 990-T	SCHEDULE E - DEPRECIATION DEDUCTION					
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL		
DEPRECIATION	- SUBTOTAL		1,272.	1,272.		
TOTAL OF FORM 99	0-т, SCHEDULE E, COLUMN	1 3(A)		1,272.		

FORM 990-T	SCHEDULE E - (	OTHER DEDUCTIONS		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES INTEREST EXPENSE HOUSEKEEPING REPAIRS AND MAINT	ENANCE		828. 645. 740. 268.	
OFFICE EXPENSES WAGES	- SUBTO	ral – 1	129. 6,730.	9,340.
TOTAL OF FORM 990	-T, SCHEDULE E, COI	LUMN 3(B)		9,340.