

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning, 2005, and ending, 20

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

C Name of organization: OPERATION CARE INC, P O BOX 1393, SHELBYVILLE, KY 40065

D Employer identification number: 61-1211189, E Telephone number: (502) 633-1965, F Accounting method: X Cash

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check X if the organization is not required to attach Sch. B

G Website: J Organization type (check only) X 501(c) ( 03 ) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 222106

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, gross rents, investment income, sales of assets, special events, and inventory sales.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23 12534	12534		
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26 92521	83228	5618	3675
27	Pension plan contributions	27			
28	Other employee benefits	28 5169	3797	1308	64
29	Payroll taxes	29 9625	8526	587	512
30	Professional fundraising fees	30			
31	Accounting fees	31 9250		9250	
32	Legal fees	32			
33	Supplies	33 6470	2834	3636	
34	Telephone	34 5140	1851	3289	
35	Postage and shipping	35 707		707	
36	Occupancy	36 41212	29322	11890	
37	Equipment rental and maintenance	37 2048		2048	
38	Printing and publications	38 43		43	
39	Travel	39 488		488	
40	Conferences, conventions, and meetings	40 53		53	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 10398	8722	1676	
43	Other expenses not covered above (itemize):				
a	<u>SALES TAX</u>	43a 3334	3334		
b	<u>MEALS/ ENTERTAINMENT</u>	43b 758		758	
c	<u>VAN MAINTENANCE</u>	43c 106		106	
d	<u>MISC. EXPENSES</u>	43d 2708	1354	1354	
e	<u>FUND RAISING</u>	43e 1301			1301
f	<u>ADVERTISING</u>	43f 3066			3066
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 206931	155502	42811	8618

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**(See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>▶ PROVIDE SRVCES FOR CRISIS FAM</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a THE MEDICAL CLINIC PROVIDES HEALTH CARE FOR LOW INCOME PEOPLE WITHOUT HEALTH INSURANCE</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>43901</b>
<b>b EMERGENCY AND TEMPORARY HOUSING FOR WOMEN AND CHILDREN</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>41102</b>
<b>c THRIFT SHOP IS STOCKED WITH DONATED CLOTHING, FURNITURE, AND HOUSEHOLD ITEMS. ITEMS ARE GIVEN TO THE NEEDY BUT ALSO AVAIL. FOR SALE AT AFFORDABLE PRICES.</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>69860</b>
<b>d THE HELPS MINISTRY SERVED SEVERAL HOUSEHOLDS WITH FOOD, SCHOOL SUPPLIES, PERSONAL CARE, AND BABY NEEDS</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>639</b>
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶	<b>155502</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	<b>45</b> Cash - non-interest-bearing . . . . .	29502	<b>45</b>	51188	
	<b>46</b> Savings and temporary cash investments . . . . .	14456	<b>46</b>	14541	
	<b>47 a</b> Accounts receivable . . . . .	<b>47a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>		<b>47c</b>	
	<b>48 a</b> Pledges receivable . . . . .	<b>48a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .		<b>49</b>		
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>		
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>		
	<b>54</b> Investments - securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>		
	<b>55 a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>	
	<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>		
	<b>57 a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 322784			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 114819	218362	<b>57c</b> 207965	
	<b>58</b> Other assets (describe <b>▶ ROUNDING</b> ) . . . . .		(2)	<b>58</b> (2)	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .	262318	<b>59</b>	273692		
L i a b i l i t i e s	<b>60</b> Accounts payable and accrued expenses . . . . .	3031	<b>60</b>	2370	
	<b>61</b> Grants payable . . . . .		<b>61</b>		
	<b>62</b> Deferred revenue . . . . .		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>		
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	57040	<b>64b</b>	53900	
	<b>65</b> Other liabilities (describe <b>▶</b> ) . . . . .		<b>65</b>		
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .	60071	<b>66</b>	56270		
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>					
N e t A s s e t s	<b>67</b> Unrestricted . . . . .	202247	<b>67</b>	217422	
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>		
	<b>69</b> Permanently restricted . . . . .		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) . . . . .	202247	<b>73</b>	217422		
<b>74 Total liabilities and net assets / fund balances.</b> Add lines 66 and 73 . . . . .	262318	<b>74</b>	273692		





<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	<b>82a</b>	<input checked="" type="checkbox"/>
	<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . . <b>82b</b>		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	<b>83a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83b</b>	<input checked="" type="checkbox"/>
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b>	N/A
<b>85</b>	<b>501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>85b</b>	N/A
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members . . . . . <b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . . <b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b>	<input checked="" type="checkbox"/>
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	<b>85h</b>	N/A
<b>86</b>	<b>501(c)(7) orgs. Enter: a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>		
<b>87</b>	<b>501(c)(12) orgs. Enter: a</b> Gross income from members or shareholders . . . . . <b>87a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b>		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	<b>88</b>	<input checked="" type="checkbox"/>
<b>89 a</b>	<b>501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____</b>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	<b>89b</b>	N/A
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ _____		
<b>90 a</b>	List the states with which a copy of this return is filed ▶ _____		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) . . . . . <b>90b</b>		7
<b>91 a</b>	The books are in care of ▶ <b>HENDERSON TAX SERVICE</b> Telephone no. ▶ <b>502-633-0761</b> Located at ▶ <b>602 MAIN ST SHELBYVILLE KY</b> ZIP + 4 ▶ <b>40065</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>91b</b>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .	<b>91c</b>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country ▶ _____		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> <u>THRIFT SHOP SALES</u>					59455
<b>b</b> <u>RENTS</u>					5824
<b>c</b> <u>MEDICAL CENTER</u>					14734
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments					98
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . .					
<b>103</b> Other revenue: <b>a</b> <u>MISC</u>					350
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .					80461
<b>105</b> <b>Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					80461

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	THRIFT SHOP IS STOCKED WITH DONATED CLOTHING & HOUSEHOLD ITEMS.
93B	RENTAL FEES ARE CHARGED TO SHELTER RESIDENTS WHO ARE EMPLOYED
93C	MEDICAL CENTER PROVIDES MEDICAL CARE TO LOW INCOME PEOPLE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date 12-12-2006 Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W) \_\_\_\_\_

Firm's name (or yours if self-employed) address, and ZIP + 4 HENDERSON TAX SERVICE  
602 MAIN ST  
SHELBYVILLE KY 40065 EIN \_\_\_\_\_ Phone no. 502-633-0761

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplementary Information -- (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

**OPERATION CARE INC**

Employer identification number  
**61-1211189**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶

<b>Part III</b> Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? . . . . .	2a	X
b	Lending of money or other extension of credit? . . . . .	2b	X
c	Furnishing of goods, services, or facilities? . . . . .	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
e	Transfer of any part of its income or assets? . . . . .	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	3a	X
b	Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .	3c	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  0B
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . .	137684	180330	174860	189506	682380
<b>16</b> Membership fees received . . . . .	91108	63295	56940	48813	260156
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . .					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . .	170	227	514	1263	2174
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1396	1342	428	567	3733
<b>23</b> Total of lines 15 through 22 . . . . .	230358	245194	232742	240149	948443
<b>24</b> Line 23 minus line 17 . . . . .	230358	245194	232742	240149	948443
<b>25</b> Enter 1% of line 23 . . . . .	2304	2452	2327	2401	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶					<b>26a</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts . . ▶					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b>
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ . . . . . ▶					<b>26d</b>
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b>
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ▶					<b>26f</b> %
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) <u>124537</u> (2003) <u>154030</u> (2002) <u>143000</u> (2001) <u>161350</u>					
c Add: Amounts from column (e) for lines: 15 <u>682380</u> 16 <u>260156</u> 17 _____ 20 _____ 21 _____ . . . . . ▶					<b>27c</b> <u>942536</u>
d Add: Line 27a total . . and line 27b total . . <u>582917</u> . . . . . ▶					<b>27d</b> <u>582917</u>
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b> <u>359619</u>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶					<b>27f</b> <u>948443</u>
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ▶					<b>27g</b> <u>37.9</u> %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . . . . . ▶					<b>27h</b> <u>.23</u> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

# Depreciation Detail Listing

**2005**

PROGRAM SERVICES - 1

PAGE 1

For your records only

\* Item was disposed  
of during current year.

Name(s) as shown on return OPERATION CARE INC	Social security number/EIN 61-1211189
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No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	MENS SHELTER	19920701	12,428		100.00		12,428	32	SL MM	3.125	388	5,972			311
5	HOOD	19930501	750		100.00		750	7		0		750			
7	OC BUILDING	19930701	80,027		100.00		80,027	32	SL MM	3.125	2,501	32,894			2,001
8	AIR CONDITIONER	19930601	1,475		100.00		1,475	7		0		1,475			
9	MENS SHELTER	19930101	8,597		100.00		8,597	32	SL MM	3.125	269	3,501			215
10	WASHING MACHINE	19940201	318		100.00		318	7		0		318			
11	CLOTHES DRYER	19940801	269		100.00		269	7		0		269			
12	ICE MACHINE	19940901	1,500		100.00		1,500	7		0		1,500			
15	OC BLDG IMPROV.	19950501	50,000		100.00		50,000	32	SL MM	3.125	1,563	16,671			1,250
16	GE MICROWAVE	19950601	300		100.00		300	7		0		300			
19	REFRIGATOR	19970701	589		100.00		589	7		0		589			
20	CHRYSLER VAN	19970901	17,250		100.00		17,250	5		0		17,250			
22	REPLACEMENT WINDOWS/D	19971201	5,552		100.00		5,552	27	SL MM	3.704	206	1,675			139
23	CASH REGISTER	19970301	238		100.00		238	5		0		238			
24	FREEZER	19980301	494		100.00		494	7	SL HY	14.286	67	494			67
25	SHELTER LAND	19920701	2,500	2,500	100.00		0	3		0					
26	OC BLDG LAND	19930701	5,000	5,000	100.00		0	3		0					
27	T V	19980615	100		100.00		100	7	SL HY	14.286	9	100			9
28	DRYER	19980615	170		100.00		170	7	SL HY	14.286	14	170			14
29	WASHER	19980615	170		100.00		170	7	SL HY	14.286	14	170			14
30	REFRIGATOR	19970301	473		100.00		473	7		0		473			
31	VCR	19970501	184		100.00		184	5		0		184			
34	TABLE AND CHAIRS	20000620	650		100.00		650	7	SL HY	14.286	93	511			93
35	REFRIGATOR	20001012	1,000		100.00		1,000	7	SL HY	14.286	143	786			143
36	DRYER	20010830	389		100.00		389	7	SL HY	14.286	56	280			56
39	MEDICAL CLINIC BUILDI	20020611	80,124		100.00		80,124	39	SL MM	2.564	2,054	7,275			2,003
41	CARPET, MEDICAL CLINI	20020926	1,905		100.00		1,905	10	SL MQ	10	191	644			191
42	G.H. IMPROVEMENTS	20021003	3,000		100.00		3,000	39	SL MM	2.564	77	247			75
43	G.H. IMPROVEMENTS	20021009	4,500		100.00		4,500	39	SL MM	2.564	115	369			113
45	GH IMPROVEMENTS	20021112	6,000		100.00		6,000	39	SL MM	2.564	154	481			150

# Depreciation Detail Listing

**2005**

PROGRAM SERVICES - 1

PAGE 2

**For your records only**

\* Item was disposed  
of during current year.

Name(s) as shown on return

Social security number/EIN

OPERATION CARE INC

61-1211189

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
46	GH IMPROVEMENTS	20021126	3,000		100.00		3,000	39	SL MM	2.564	77	241			75
48	AIR COND. MEDICAL CLI	20031007	5,199		100.00		5,199	10	SL MQ	10	520	1,105			520
49	GENESIS HOUSE REPAIRS	20031114	3,500		100.00		3,500	39	SL MM	2.564	90	191			88
50	GENESIS HOUSE REPAIRS	20031203	3,635		100.00		3,635	39	SL MM	2.564	93	190			91
51	GENESIS HOUSE REPAIRS	20030401	1,100		100.00		1,100	39	SL MM	2.564	28	76			28
<b>Totals</b>			302,386	7,500			294,886				8,722	97,389			7,646

\* Item was disposed  
of during current year.

## Depreciation Detail Listing

MANAGEMENT & GENERAL - 1

For your records only

**2005**

PAGE 3

Name(s) as shown on return OPERATION CARE INC	Social security number/EIN 61-1211189
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No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
2	EQUIPMENT	19920701	2,254		100.00		2,254	7			0	2,254			
3	TELEPHONE	19930201	1,100		100.00		1,100	5			0	1,100			
4	ANSWERING MACHINE	19930301	136		100.00		136	5			0	136			
6	COMPUTER/PRNR/MNTR	19930601	1,550		100.00		1,550	5			0	1,550			
13	FURNITURE- JAMISONS	19940601	1,160		100.00		1,160	7			0	1,160			
14	COMPUTER	19940601	1,440		100.00		1,440	5			0	1,440			
17	EPOCH COMPUTER	19960701	1,480		100.00		1,480	5			0	1,480			
18	PRINTER	19960701	398		100.00		398	5			0	398			
21	PRINTER	19971201	225		100.00		225	5			0	225			
32	COMPUTER	19970801	950		100.00		950	5			0	950			
33	COMPUTER	20000620	946		100.00		946	5	SL HY	20	95	946			95
37	COMPUTER	20011128	1,586		100.00		1,586	5	SL HY	20	317	1,585			317
38	COMPUTER EQUIPMENT	20020221	870		100.00		870	5	SL MQ	20	174	674			174
40	COMPUTER	20011226	1,120		100.00		1,120	7	SL HY	14.286	160	864			160
44	MEDICAL CLINIC PHONE	20021025	3,332		100.00		3,332	5	SL MQ	20	666	2,081			666
47	COMPUTER EQUIPMENT	20030827	700		100.00		700	7	SL MQ	14.286	100	238			100
52	LAPTOP COMPUTER	20031231	1,150		100.00		1,150	7	SL MQ	14.286	164	349			164
<b>Totals</b>			20,397	7,500			20,397				1,676	17,430			1,676

Statement Summary

2005

Form 990 - Part V

List of Officers, Directors, Trustees, and Key Employees

Name(s) shown on return		Identifying Number		
OPERATION CARE INC		61-1211189		
(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
BURCH KINSOLVING SHELBYVILLE KY 40065	DIRECTOR	0	0	0
KENNY MITCHELL SHELBYVILLE KY 40065	DIRECTOR	0	0	0
TOM RUNYAN SHELBYVILLE KY 40065	DIRECTOR	0	0	0
THERESA HARDIN WADDY, KY 40076	DIRECTOR	0	0	0
KEVIN BURK SHELBYVILLE KY 40065	TREASURER	0	0	0
GREG JACOBS SHELBYVILLE KY 40065	CHAIR PERSON	0	0	0
STANALEE GOWEN SHELBYVILLE KY 40065	SECRETARY	0	0	0
LISA VERAS SHELBYVILLE KY 40065	DIRECTOR	0	0	0
SUE THOMAS COX SHELBYVILLE KY 40065	DIRECTOR	0	0	0
GARY MILBY SHELBYVILLE KY 40065	DIRECTOR	0	0	0
CHARLES ASHBY SHELBYVILLE KY 40065	DIRECTOR	0	0	0
JUDY ROBERTS SHELBYVILLE KY 40065	EXEC DIRECTOR	30,000	0	0