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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			Revenue less	expenses. Subtract line 18 from line 12	176,388.	-79,823.	
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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	sets	20	Total assets (F	Part X, line 16)			
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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	_				1,250,942.	1,1/1,119.	
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	<u>u ut</u>	, corre	sor, and complete.	. הביימימויטו טו או הבאמיבו לטוובו זומו טוווכבו) וא משאה טוו או וווטווואמוטון טו אווכר brep	arer has any knowleuge.		

Sign Here	Signature of officer JENNIFER DECKER, EXECUT	Date							
	Type or print name and title								
	Print/Type preparer's name F	Preparer's signature							
Paid	JOHN M. RITTICHIER J	OHN M. RITTICHIER	07/10/23 self-employed P00873799						
Preparer	Firm's name FIARDING SHYMANSKI	& CO, PSC	Firm's EIN ▶ 35-1346211						
Use Only	Firm's address 🖌 101 S. FIFTH STRE	ET, SUITE 1700							
	LOUISVILLE, KY 40	Phone no. 502-584-4142							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

m 990 (202		61-1211189	Page 2
	atement of Program Service Accomplishments eck if Schedule O contains a response or note to any line in this Part III		
	eck in Schedule O contains a response of note to any line in this Part in	<u></u>	[]
	ATION CARE IS A CHRISTIAN MINISTRY THAT SEEKS TO PRO	OVIDE FOR THE	
	ICAL, SPIRITUAL, EMOTIONAL, AND SOCIAL WELL-BEING OF		
	OF A LOVING, COMPASSIONATE ENVIRONMENT IN THE NAME	OF JESUS	
CHRI			
	rganization undertake any significant program services during the year which were not listed on the n 990 or 990-EZ?		X No
	n 990 or 990-EZ? describe these new services on Schedule O.	Yes	
,	rganization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	describe these changes on Schedule O.		
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 othe	ers, the total expenses, a	nd
	if any, for each program service reported.		
а (Code:) (Expenses \$ 717,338. including grants of \$) (Reve PROGRAM PROVIDES MEDICAL AND DENTAL SERVICES TO UNI		595.)
	ICIALLY DISADVANTAGED PEOPLE AT THE OPERATION CARE M		
CLIN			
<u></u>			
) (Code:) (Expenses \$ 215,559. including grants of \$) (Reve	9 -	494.)
	PROGRAM PROVIDES TRANSITIONAL HOUSING AND MENTORING		
	DREN TO HELP MOVE RESIDENTS FROM HOMELESSNESS TO SEI		
	PROGRAM ALSO INCLUDES A CHILD-ENRICHMENT PROGRAM TH		
	CYCLE OF POVERTY BY PROVIDING SHELTERED CHILDREN WIT	TH TUTORING A	ND
OTHE.	R LIFE-ENRICHING EXPERIENCES.		
) (Expenses \$ 104,902. including grants of \$ 165,142.) (Reve		620.)
	PROGRAM INCLUDES EMERGENCY FOOD, CLOTHING, AND HOUS SHINGS ASSISTANCE TO PEOPLE FACING CRISIS SITUATION		
	D, FIRE, AND JOB LOSS; A THRIFT STORE THAT PROVIDES		
	TY MERCHANDISE AT AFFORDABLE COSTS; AND A COMMUNITY		
	T THAT PROVIDES BLANKETS, HATS, GLOVES, TOYS, AGE-A		
	RATURE ABOUT THE TRUE MEANING OF CHRISTMAS, AND A FO		
-	DREN FROM FINANCIALLY DISADVANTAGED FAMILIES.		
	bgram services (Describe on Schedule O.)	١	
Expenses • Total pro	gram service expenses ► 1,037,799.)	
; rotarpro		Form (990 (2021)
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 Form 990 (2021)
 OPERATION
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 INC

 Part IV
 Checklist of Required Schedules
 Inc

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u></u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
132003	12-09-21	Form	990	(2021)

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 Form 990 (2021)
 OPERATION
 CARE
 INC

 Part IV
 Checklist of Required Schedules (continued)

00	Did the experimetion we set many then $\hat{\pi}_{\Gamma}$ 000 of events as other assistance to suffer demonstrational values of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	- 23	
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	0		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		1.00		1
	Check if Schedule O contains a response or note to any line in this Part V			
	· · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	12-09-21	Form	990	(2021)
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orm	990 (2021) OPERATION CARE INC		61-1211	189	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
		, ı			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		20			
	filed for the calendar year ending with or within the year covered by this return	2a	28	2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions Did the erganization have unrelated business great income of \$1,000 or more during the upper 2.			20		х
				3a 3b		Δ
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to <i>line 3b, provide an explanation on Schedule</i> At any time during the calendar year, did the organization have an interest in, or a signature or other a			30		
чa	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		х
h	If "Yes," enter the name of the foreign country	ccourn	y:	та		
N N	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	s (FBAB)			
5a				5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	rovided to the payor?	7a	х	
				7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
0	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I I		12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	400				
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		х
				14a		
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		x
	excess parachute payment(s) during the year?			15		Δ
6	If "Yes," see the instructions and file Form 4720, Schedule N.	incom	202	16		х
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	. incom	IC (16		Δ
17	If "Yes," complete Form 4720, Schedule O.	2014				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			17		
						(2021

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OPERATION CARE INC

X

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 OPERATION CARE INC
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response
 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the d				
	of officers, directors, trustees, or key employees to a management company or other person?		3		x
	Did the organization make any significant changes to its governing documents since the prior Form 990				X
	Did the organization become aware during the year of a significant diversion of the organization's assets				X
	Did the organization have members or stockholders?				X
	Did the organization have members, stockholders, or other persons who had the power to elect or appo				
	more members of the governing body?		7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc				
	persons other than the governing body?		7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b				
	The governing body?	5	8a	x	
	Each committee with authority to act on behalf of the governing body?			X	
				Δ	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				x
2001	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
Seci	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	nue Code.)			
				Yes	
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chap				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body b	efore filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?	12 b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	," describe			
	on Schedule O how this was done		. 12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		. 14	Х	
15	Did the process for determining compensation of the following persons include a review and approval b	y independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a			
	taxable entity during the year?		16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to organization t	• •			
	exempt status with respect to such arrangements?		. 16b		
	ion C. Disclosure		. 100		
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright KY				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990 T (soction 501(c)		availat	
				avalla	JIE
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain or content)				
40				-:-!	
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confl	ict of interest policy,	and finan	cial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's books	and records			
	JENNIFER DECKER - 502-633-1965				
	708 MAIN STREET, SHELBYVILLE, KY 40065			פפט	

Form 990 (2021)	OPERATION CARE INC	61-1211189 Page 7						
Part VII Compe	nsation of Officers, Directors, Trustees, Key Employe	es, Highest Compensated						
Employ	ees, and Independent Contractors							
Check if S	Schedule O contains a response or note to any line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	(C) Positio (do not check mor box, unless person officer and a direct				than o s both	n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JENNIFER DECKER	40.00									
AD-HOC DIRECTOR				X				70,000.	0.	0.
(2) TERESA BARNES	1.00									-
VICE CHAIRMAN		Х		X				0.	0.	0.
(3) STEVE HORNBACK	10.00									-
CHAIRMAN		Х		X				0.	0.	0.
(4) LEWIS MATHIS	1.00									•
TREASURER		Х		X				0.	0.	0.
(5) JANET CUTHRELL	3.00									•
SECRETARY	1 00	Х		X				0.	0.	0.
(6) SETH WHITAKER	1.00									0
DIRECTOR	1 00	Х						0.	0.	0.
(7) LAURA MOORMAN	1.00								0	0
DIRECTOR		Х						0.	0.	0.
(8) LOUISE MCLAUGHLIN	20.00								0	0
DIRECTOR		Х						0.	0.	0.
		1								
		•								
		1								
		•								
		1								
		1								
		1								
		1								
132007 12-09-21	•	•	-		-	-	-		•	Form 990 (2021)

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								Pa	age 8					
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	n an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) timate nount other	of	
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizat d relate anizatie	e ion ed
	Subtotal								70,000.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.70,000.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			0
3	Did the organization list any former officer,	diractor trust			mol	01/0	0 0r	hia	best componented omp		ſ		Yes	No
3	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-						-		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>											5		х
	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t									, 1	ensati			
	(A) (B) Name and business address NONE Description of services								С	C) Omper	;) nsatio	n		
2	Total number of independent contractors (in	•	ot lin	niteo	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				(J					orm ⁹	9 90 (2	2021)

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	t VIII	2021) OPERATION (Statement of Revenue				61-1211	189 Pag
		Check if Schedule O contains a resp	onse or note to any line	e in this Part VIII			Г
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue exclu
					function revenue	business revenue	from tax und sections 512 -
	4 -	Federated campaigns 1a					00010110 0 12
ULS		· · · · · · · · · · · · · · · · · · ·					
nor		Membership dues 1b					
A	С	Fundraising events 1c					
ar	d	Related organizations 1d					
E	е	Government grants (contributions) 1e					
0	f	All other contributions, gifts, grants, and					
ue.		similar amounts not included above 1f	995,466.				
S	g	Noncash contributions included in lines 1a-1f	\$ 648,914.				
and Other Similar Amounts	-	Total. Add lines 1a-1f		995,466.			
			Business Code				
	2 -	MEDICAL CLINIC	621990	31,907.	31,907.		
		HOUSING	624200	9,588.	9,588.		
an	a		624100	4,666.			
ēŪ	С	ASSISTANCE	024100	4,000.	4,666.		
Hevenue	d						
٦	е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	►	46,161.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶				
	4	Income from investment of tax-exempt b					
	5	Royalties					
	5	(i) Rea					
	6 -		.,				
			0.				
		Less: rental expenses 6b					
		Rental income or (loss) 6c 9,6	00.	0 600	0.000		
		Net rental income or (loss)	····· •	9,600.	9,600.		
	7 a	Gross amount from sales of (i) Secur	ities (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b					
	С	Gain or (loss)					
		Net gain or (loss)					
		Gross income from fundraising events (not					
	υa	•					
		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses					
	с	Net income or (loss) from fundraising even	nt <u>s</u> 🕨	5,923.			5,92
	9 a	Gross income from gaming activities. See	e				
		Part IV, line 19	9a				
	b	Less: direct expenses					
		Net income or (loss) from gaming activitie	f				
.		Gross sales of inventory, less returns					
	iu a		10a312,978.				
		and allowances					
		Less: cost of goods sold		17 075	17 075		
+	С	Net income or (loss) from sales of invento		-17,975.	-17,975.		
			Business Code				
Ð	11 a	MISC REVENUE	900099	7,923.	7,923.		
'n	b						
Revenue	с						
ř		All other revenue					
		Total. Add lines 11a-11d		7,923.			
1		Total revenue. See instructions		1,047,098.	45,709.	0.	5,92
	12	CUTAL LEVELUE - SEE UISTOCOODS					

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10 2021.06000 OPERATION CARE INC

	Check if Schedule O contains a respon			(
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	165,142.	165,142.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	27,665.	27,665.		
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	385,961.	351,146.	27,087.	7,728.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	33,418.	26,397.	7,021.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	16,075.		16,075.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	400	0.07	015	
12	Advertising and promotion	482.	267.	215.	200
13	Office expenses	27,861.	22,563.	5,000.	298.
14	Information technology	2,870.	2,212.	250.	408.
15	Royalties	66 050		10 010	70.
16		66,950. 1,408.	56,068. 1,408.	10,812.	70.
17	Travel	1,400.	1,400.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	32,630.	28,250.	4,380.	
22 23		10,654.	10,654.	±,500•	
23 24	Other expenses. Itemize expenses not covered	10,0010	10,0310		
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES-MEDICAL	306,139.	306,139.		
a b	REPAIRS AND MAINTENANCE	37,714.	27,936.	9,778.	
c	LABORATORY COSTS	11,760.	11,760.		
d	OTHER TAXES	192.	192.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,126,921.	1,037,799.	80,618.	8,504.
26	Joint costs. Complete this line only if the organization			,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

OPERATION CARE INC

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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OPERATION CARE INC

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					(A) Beginning of	vear		(B) End of year
	4					328 ·		130,977
	1	Cash - non-interest-bearing	100,	58.	1	58		
	2	Savings and temporary cash investments			53	244.	2	50,297
	3	Pledges and grants receivable, net			,	244.	3	30,297
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any current or						
		trustee, key employee, creator or founder, substa					-	
		controlled entity or family member of any of thes					5	
	6	Loans and other receivables from other disqualif	-					
	_	under section 4958(f)(1)), and persons described			6			
ets	7	Notes and loans receivable, net			420	548.	7	206 000
Assets	8	Inventories for sale or use			420,	540.	8	306,999
-	9			·····			9	
	10a	Land, buildings, and equipment: cost or other		1 202 101				
		basis. Complete Part VI of Schedule D	10a	<u>1,293,191.</u> 521,279.	705	000		771 010
		Less: accumulated depreciation			705,	089.		771,912
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, line 1				12		
	13	Investments - program-related. See Part IV, line 1				13		
	14	Intangible assets			14			
	15		······ -	1 265	0.617	15	1 0 6 0 0 4 3	
	16	Total assets. Add lines 1 through 15 (must equa			1,365,		16	1,260,243
	17	Accounts payable and accrued expenses			29,	781.	17	44,428
	18	Grants payable					18	
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete F					21	
es	22	Loans and other payables to any current or form						
Liabilities		trustee, key employee, creator or founder, substa						
iab.		controlled entity or family member of any of thes			0.4	F 4 4	22	11 606
_	23	Secured mortgages and notes payable to unrelative		Г	84,	544.	23	44,696
	24	Unsecured notes and loans payable to unrelated					24	
	25	Other liabilities (including federal income tax, pay						
		parties, and other liabilities not included on lines	17-24).	Complete Part X				
		of Schedule D		·····	114	205	25	00 104
	26	Total liabilities. Add lines 17 through 25			114,	325.	26	89,124
s		Organizations that follow FASB ASC 958, chee	ck here					
ice:		and complete lines 27, 28, 32, and 33.			1 1 5 2	000		1 0 2 0 0 0
Net Assets or Fund Balances	27	Net assets without donor restrictions	1,153,		27	<u>1,039,707</u> 131,412		
B	28			····· _	97,	044.	28	131,412
nnc		Organizations that do not follow FASB ASC 95	58, chec	k here 🕨 🛄				
r F		and complete lines 29 through 33.						
S	29	Capital stock or trust principal, or current funds					29	
sse	30	Paid-in or capital surplus, or land, building, or eq	uipment	fund			30	
tAŝ	31	Retained earnings, endowment, accumulated inc		E C			31	
Ne	32	Total net assets or fund balances			1,250,		32	1,171,119
	33	Total liabilities and net assets/fund balances			1,365,	267.	33	1,260,243

Form 990 (2021)

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Form 990 (2021) Part X Balance Sheet

Form	OPERATION CARE INC	61-121	1189	Pac	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,047		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,120	5,92	21.
3	Revenue less expenses. Subtract line 2 from line 1	3	-79	9,82	23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,250),94	42.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,171	L,11	19.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	ggn /	0001

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Т

Name of the organization

Nam	ame of the organization Employer identification number									
			ATION CARE					6	1-1211189	
Pa	rtl	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b) (1	l)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7		An organization that norma	Ily receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general p	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or	
		university:								
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	or section a	509(a)(2).	See section &	509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ring	
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,	
		its supported organization	n(s) (see instructions)). You must complete	Part IV, Se	ctions A,	D, and E.			
d] Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	veness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .			
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information				ainstin a listed				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of		(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
Tota	I									

Schedule A	(Form	990	202
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OPERATION CARE INC

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1	1	1	1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		-				
	Gross receipts from related activities,	-				12	
13	First 5 years. If the Form 990 is for th	8		,	,		
Sar	organization, check this box and stor ction C. Computation of Publi			<u></u>			
				column (f))		14	0/
	Public support percentage for 2021 (I		•	(7)		14 15	<u>%</u> %
	Public support percentage from 2020 33 1/3% support test - 2021. If the o						
108							
h	stop here. The organization qualifies 33 1/3% support test - 2020. If the o		-		d line 15 is 22 1/20/		······ · ·
N	and stop here. The organization qual			- M			
17-	10% -facts-and-circumstances test				0 13 162 or 16b		
17 a	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
h	10% -facts-and-circumstances test	-			-	17a and line 15 is	
N.	more, and if the organization meets th		-				
	organization meets the facts-and-circl						
18	Private foundation. If the organization						s F
				,,,	DIN UND DON E		(Form 990) 2021

OPERATION CARE INC

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2019 (d) 2020 (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1050116 863,915. 1245478. 1082064 995,466. 5237039. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 217,585. 189,856. 252,826. 312,978. 158,680. 1131925. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1334890. 1208796. 1081500. 1435334. 1308444. 6368964. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 498,963. 379,895 160,587. 44,447 141,269 1225161. c Add lines 7a and 7b 498,963. 379,895. 160,587. 44,447 141,269. 1225161. 5143803. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 1208796. 1081500. 1435334. 1334890 1308444 6368964. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,500. 3,700. 9,600. 9,600. 9,600. 34,000. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,500 3,700 9,600. 9,600. 9,600. 34,000. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 7,512. 6,165. 9,810. 8,838. 7,923. 40,248. assets (Explain in Part VI.) 1216461. 1095010. 1452446. 1353328. 1325967. 6443212. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 79.83 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 72.40 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .53 17 17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) % .54 18 18 Investment income percentage from 2020 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

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3a

3b

3c

4a

4b

4c

5a

5b

5c

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7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	OPERATION	CARE
Part IV	Supporting O	rganizations (continued	d)

1

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			

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supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
Did the organization operate for the benefit of any supported organization other than the supported
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

|--|

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	v you supported a governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------------	-----------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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Yes No

Schedule A	(Form 990)	202
Part V	Type III	No

(Form 990) 2021 OPERATION CARE INC Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part)			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 OPERATION CARE INC 61-1211189 Page 7						
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continue}	ed)		
Secti	Current Year					
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	5	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS R	EVENUE	
2017 AMOUNT: \$	6,165.	
2018 AMOUNT: \$	9,810.	
2019 AMOUNT: \$	7,512.	
2020 AMOUNT: \$	8,838.	
2021 AMOUNT: \$	7,923.	
132028 01-04-22	Schedule A (Form 990)	202
102020 01-04-22	21	202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organizatio

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

61-1211189

e of the organization	on		
	OPERATION	CARE	INC

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

OPERATION CARE INC

Name of organization

Employer identification number

61-1211189

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 60,096. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 52,300. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 41,124. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 20,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll X 52,392. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person Payroll 75,789. Noncash X \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

25 2021.06000 OPERATION CARE INC

Name of organization

Employer identification number

61-1211189

OPERATION CARE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$11,766.	PersonXPayrollImage: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$5,030.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2021)

135299.1

26 2021.06000 OPERATION CARE INC

123452 11-11-21

OPERATION CARE INC

Name of organization

Employer identification number

61-1211189

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 14 X Person Payroll 34,049. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 19,376. Noncash X \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll Noncash 5,322. X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

135299.1

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	MEDICATION AND SUPPLIES	-	
		\$52,392.	_06/30/22_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	MEDICATION AND SUPPLIES	_	
		\$75,789.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	MEDICATION AND SUPPLIES	-	
		\$11,766.	06/30/22
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d)
Part I		(See instructions.)	Date received
	MEDICATION AND SUPPLIES		Date received
Part I			Date received
		(See instructions.)	
(a) No. from Part I	MEDICATION AND SUPPLIES	(See instructions.) (See instructions.) (C) (C) FMV (or estimate)	06/30/22 (d)
15 	MEDICATION AND SUPPLIES	(See instructions.) (See instructions.) (C) (C) FMV (or estimate)	06/30/22(d)
(a) No. from Part I	MEDICATION AND SUPPLIES	(See instructions.) (See instructions.) (c) FMV (or estimate) (See instructions.)	0 6 / 3 0 / 2 2 (d) Date received
(a) No. from Part I 16 (a) No. from	MEDICATION AND SUPPLIES	(See instructions.) (See instructions.) (c) FMV (or estimate) (See instructions.) (See instructions.) (See fmV (or estimate) (C) FMV (or estimate)	(d) Date received
(a) No. from Part I 16 (a) No. from	MEDICATION AND SUPPLIES	(See instructions.) (See instructions.) (c) FMV (or estimate) (See instructions.) (See instructions.) (See fmV (or estimate) (C) FMV (or estimate)	(d) Date received

Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

28 2021.06000 OPERATION CARE INC

135299.1

Schedule B (Form 990) (2021)

Name of organization

OPERATION CARE INC

61-1211189

Employer identification number

Schedule	B (Form 990) (2021)			Page 4
Name of o	organization			Employer identification number
OPERA	TION CARE INC			61-1211189
Part III) through (e) and the following line e charitable, etc., contributions of \$1,000 c	ntry. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g	 ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee

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29 2021.06000 OPERATION CARE INC

	SCHEDULE D Form 990)						
	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.			Open to Public	
	I Revenue Service		90 for instructions and the latest information of the second second second second second second second second s	ation.	Emm		
Nam	e of the organizati	OPERATION CARE INC	Empi	oyer identification number 61-1211189			
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Comple							
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Fund	Is and other accounts	
1	Total number at er	nd of year					
2		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value a	t end of year					
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	6		
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes No	
6	•	on inform all grantees, donors, and donor a	0 0		-		
		oses and not for the benefit of the donor o	<i>, , , , , , , , , ,</i>		0		
Par	impermissible priv		· · · · · · · · · · · · · · · · · · ·			Yes No	
		ation Easements. Complete if the org		Part IV, II	ine 7.		
1		servation easements held by the organization	· · · · · ·				
		n of land for public use (for example, recrea	·		-	mportant land area	
		f natural habitat	Preservation of	a certino	ea nist	oric structure	
2		n of open space through 2d if the organization held a qualif	ind conservation contribution in the form of	of a cond	convoti	on accoment on the last	
2	day of the tax year					Held at the End of the Tax Year	
а		onservation easements		- E	2a		
		And and have a second strength on the second strength			2b		
	-	vation easements on a certified historic stru		···· F	2c		
		vation easements included in (c) acquired a					
		nal Register			2d		
3		vation easements modified, transferred, rel			ation d	uring the tax	
	year 🕨			C		C C	
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enf	orcement of the conservation easements it	holds?			Yes No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation	easen	nents during the year	
	▶						
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion ease	ements	during the year	
	▶\$						
8		vation easement reported on line 2(d) abov					
)(4)(B)(ii)?					
9		be how the organization reports conservation	-				
		d include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that	descr	ibes the	
Par	organization's acc	ounting for conservation easements. Ations Maintaining Collections of	Art Historical Treasures or Otl	her Sir	milar	Assets	
I UI		f the organization answered "Yes" on Form			mai	//00010.	
19		elected, as permitted under FASB ASC 95		nd balar	nco sha	et works	
Ia	•	easures, or other similar assets held for put	· ·				
		Part XIII the text of the footnote to its finar					
b	••	elected, as permitted under FASB ASC 95			sheet v	vorks of	
5	-	sures, or other similar assets held for public					
		ing amounts relating to these items:	,,,,,,,,		1-20		
	•	ded on Form 990, Part VIII, line 1			▶ \$		
		ed in Form 990, Part X					
2		received or held works of art, historical trea					
	•	unts required to be reported under FASB A		۰ ۱۰۰ ۱۰۰			
а	-	on Form 990, Part VIII, line 1	-		▶ \$		
		Form 990, Part X			▶ \$		
		eduction Act Notice, see the Instructions			5	Schedule D (Form 990) 2021	

132051 10-28-21

30	
2021.06000	OPERATION

CARE INC

Sche		ON CARE INC					1-12			age 2
Par	t III Organizations Maintaining C	collections of Art,	, Historical Tr	easures, or	Other	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	ion, and other records	, check any of the	following that	make sig	nificant us	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progra	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further	the organizatio	n's exemp	ot purpose	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	art, historical trea	asures, or othe	r similar a	ssets		_		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		e if the organizati	ion answered "	Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod							-		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					•		
								Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
-	Distributions during the year					1e				
f	Ending balance									1
	Did the organization include an amount on F							Yes		No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete									<u>]</u>
		(a) Current year	(b) Prior year	(c) Two year		d) Three ye	ars hack	(e) Fou	vears	hack
10	Paginning of year balance							(0) 1 001	yours	Juon
1a h	Beginning of year balance									
0	Contributions Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
C										
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balance	(line 1a. column (a)) held as:						
a	Board designated or quasi-endowment		%							
	Permanent endowment		_,							
		%								
-	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ion that are held a	and administer	ed for the	organizat	ion			
	by:	Ũ				0			Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the	e organization's endow	ment funds.							
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11a.	See Form 990,	Part X, lii	ne 10.				
	Description of property	(a) Cost or oth basis (investme	• • •	st or other s (other)	• •	cumulated reciation	Ł	(d) Boo	k value	Э
1a	Land			32,500.				3	2,50)0.
	Buildings		1,0	97,547.	3	73,84	7.	72	3,70)0.
	Leasehold improvements									
	Equipment		1	63,144.	1	47,43	2.	1	5,71	L2.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X	, column (B), line	10c.)				77	1,91	L2.

Schedule D (Form 990) 2021

132052 10-28-21

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Schedule D (Form 990) 2021	OPERATION	CARE	TIM
Part VII Investments -	Other Securities.		

61-1211189 Page 3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
A)			
В)			
C)			
D)			
E)			
F)			
G)			
H)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1)			
2)			
3)			
4)			
-) 5)			
6)			
7)			
8)			
(0)			
(9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► other Assets. Complete if the organization answered "Yes" (a) 1) 2)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Int IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Trt IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (1) (b) must equal Form 990, Part X, col. (B) line (column (b) must equal Form 990, Part X, col. (B) line (column (b) must equal Form 990, Part X, col. (B) line (column (b) must equal Form 990, Part X, col. (B) line (column (b) must equal Form 990, Part X, col. (C) line (column (b) must equal Form 990, Part X, col. (C) line (column (b) must equal Form 990, Part X, col. (C) line (column (c) must equal Form 90, column (c) line (c)	Description		
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line IT X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Trt IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line trt X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (a) (1) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c	Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		5.
II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		5.
II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		5.
II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description		5.
II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Form 990, Part X, line 2	5.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 OPERATION CARE INC			61-	1211189 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	1,516,254.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	137,631.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	331,525.		
е	Add lines 2a through 2d			2e	469,156.
3	Subtract line 2e from line 1			3	1,047,098.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	1,047,098.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per l	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,596,077.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	137,631.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	331,525.		
е	Add lines 2a through 2d			2e	469,156.
3	Subtract line 2e from line 1			3	1,126,921.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,126,921.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER,

THE ORGANIZATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED

BUSINESS TAXABLE INCOME.

MANAGEMENT EVALUATED THE ORGANIZATION'S UNCERTAIN TAX POSITIONS AND

CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT

REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

THRIFT STORE EXPENSES

132054 10-28-21

330,953.

Schedule D (Form 990) 2021 OPERATION CARE INC	61-1211189 Page 5
Part XIII Supplemental Information (continued)	
FUNDRAISING EXPENSES	572.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	331,525.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
THRIFT STORE EXPENSES	330,953.
FUNDRAISING EXPENSES	572.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	331,525.
	Schedule D (Form 990) 2021
	Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service		N Co to unuu ir	Attach to For				Open to Public Inspection			
Name of the organization		Go to www.ir	rs.gov/Form990 fo	or the latest inform	hation.		Employer identification number			
	ON CARE INC						61-1211189			
Part I General Information on Gran										
1 Does the organization maintain record criteria used to award the grants or a	ssistance?									
2 Describe in Part IV the organization's										
Part II Grants and Other Assistance recipient that received more th	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any			
1 (a) Name and address of organizatio or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
 2 Enter total number of section 501(c)(3 Enter total number of other organization 										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III can be duplicated if additional space is needed.										
	(a) Type of grant or assistance		(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				

OPERATION CARE INC

CLOTHING AND HOUSEHOLD GOODS	0	٥.	130,735.	THRIFT VALUE	CLOTHING AND HOUSEHOLD GOODS
FOOD PANTRY	0	0.	22,723.	FMV	FOOD
DIRECT ASSISTANCE	0	11,684.	0.		
Part IV Supplemental Information. Provide the information requ	uired in Part I, lir	e 2; Part III, column	(b); and any other ad	ditional information.	·

Page 2

Schedule I (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2021	
Open to Public Inspection	

Employer identification number

61-1211189

Name of the	organization
-------------	--------------

OPERATION CARE INC of Droports

га	III Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining		
1	Art - Works of art			<u> </u>				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		471,189.	FMV OF GOOD	S		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X	4,275	176,633.				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (FURNITURE AND)	X	1	1,092.	FMV			
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	33, Part V, D	Donee Acknowledg	ement 29				
						Y	'es	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				tions?	31	-+	X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				37
	contributions?					32a		X
b	If "Yes," describe in Part II.							

describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2021

132141 11-17-21

61-1211189 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

132142 11-17-21	38	Schedule M (Form 990) 2021
		Sebadula M (Earm 000) 0004

135299.1

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number 61-1211189

OMB No. 1545-0047

OPERATION CARE INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMOTIONAL, AND SOCIAL WELL-BEING OF PEOPLE IN NEED OF A LOVING,

COMPASSIONATE ENVIRONMENT IN THE NAME OF JESUS CHRIST.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS TO REVIEW FORM 990 BEFORE SUBMISSION TO THE IRS, THE TAX PREPARER PROVIDES A FINAL DRAFT OF THE RETURN TO THE EXECUTIVE DIRECTOR AND THE TREASURER, REVIEWS THE ORGANIZATION'S ACTIVITIES AND INFORMS THE EXECUTIVE DIRECTOR AND THE TREASURER OF THE TAX LAW PERTAINING TO THE ORGANIZATION. THE BOARD GETS A COPY OF THE RETURN TO REVIEW AND ASK QUESTIONS BEFORE IT IS FILED. THIS PROCESS ENSURES THAT THE ORGANIZATION MEETS ALL NECESSARY REQUIREMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY DIRECTORS, OFFICERS, AND ALL EMPLOYEES WHO INFLUENCE THE ACTIONS OF THE ORGANIZATION ARE COVERED UNDER THIS POLICY. CONFLICT OF INTEREST MAY BE DEFINED AS AN INTEREST, DIRECT OR INDIRECT WITH ANY PERSONS OR FIRMS INVOLVED WITH THE ORGANIZATION. TRANSACTIONS WITH PARTIES WITH WHOM CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY THE CONFLICT IS DISCLOSED. THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION, AND APPROVED OF SUCH TRANSACTION, Α COMPETETIVE BID OR COMPARABLE EVALUATION EXISTS AND THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR REVIEWING CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS FOR THE BOARD AND EMPLOYEES. THE PRESIDENT OF THE BOARD IS RESPONSIBLE FOR Schedule O (Form 990) 2021 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021 Page Name of the organization Employer identification number											
	OPERATIO	N C	ARE INC					61-1211189			
REVIEWING THE	CONFLICT	OF	INTEREST	STATEMENT	OF	THE	EXECUTIVI	E DIRECTOR.			

THE PRESIDENT OF THE BOARD IS RESPOSIBLE FOR REVIEWING THE CONFLICT OF

INTEREST STATEMENT WITH THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR THE BOARD MEMBERS,

DIRECTORS, AND EMPLOYEES IS BASED ON REASONABLE COMPENSATION THAT WOULD BE

PAID FOR LIKE ENTERPRISES UNDER LIKE CIRCUMSTANCES.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND DISCLOSURE EXPLANATION THE AGENCY MAINTAINS A

WEBSITE AT WHICH THE 990 AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE

PUBLIC AND ARE EASILY ACCESSIBLE. THE ORGANIZATION'S ARTICLES OF

INCORPORATION AND BY-LAWS ARE AVAILABLE UPON REQUEST IN WRITING AT THEIR

BUSINESS OFFICE.

PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

132212 11-11-21

	4562		ation and A				OMB No. 1545-0172
	HJUZ	• •	 Information on I Attach to your tax 		y) 990)	2021
Internal	Revenue Service (99)	io to www.irs.gov/Fo		ons and the lates usiness or activity to whi			Sequence No. 179
Name(S) shown on return			usiness of activity to wri	ch this form relate	:5	identifying humber
_	RATION CARE INC			ORM 990 P.			61-1211189
Par		perty Under Section 179	9 Note: If you have ar	y listed property, o	complete Parl		
	faximum amount (see instructions)						1,050,000.
	otal cost of section 179 property pl						2,620,000.
	hreshold cost of section 179 prope eduction in limitation. Subtract line						2,020,000.
	ollar limitation for tax year. Subtract line 4 from		, , , , , , , , , , , , , , , , , , , ,	see instructions		5	
6	(a) Description o			pusiness use only)	(c) Elected	cost	
7 L	isted property. Enter the amount fro	om line 29	I	7			
	otal elected cost of section 179 pro					8	
	entative deduction. Enter the smal						
	arryover of disallowed deduction fr						
11 B	usiness income limitation. Enter the	e smaller of business i	income (not less than	zero) or line 5		11	
12 S	ection 179 expense deduction. Add	d lines 9 and 10, but c	don't enter more than	line 11		12	
	arryover of disallowed deduction to			🕨 13			
	Don't use Part II or Part III below f	,					
Par	operial Depresidation / and		· · ·				
	pecial depreciation allowance for q			-	-		
	ne tax year						
	roperty subject to section 168(f)(1)					15	28,234.
Par	t III MACRS Depreciation (including ACRS)	n't include listed prop	perty. See instructions			10	20,234.
		• • • • • • • • • • • • • • •	Section A	-7			
17 N	ACRS deductions for assets place	d in service in tax vea	urs beginning before 2	021		17	4,320.
	you are electing to group any assets placed in s		v v		►		
	Section B - Asse	ets Placed in Service					m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property				_		
e	15-year property				_		
f	20-year property				_		
g	25-year property	11.01	2 21	25 yrs.		S/L	75.
h	Residential rental property	11 /21	3,31		MM	S/L	/3.
		/		27.5 yrs.	MM	S/L S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L S/L	
	Section C - Asset	s Placed in Service [During 2021 Tax Yea	r Using the Altern			em
20a	Class life		0			S/L	
b	12-year			12 yrs.		S/L	
с	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	
Par	t IV Summary (See instructions	s.)					
21 L	isted property. Enter amount from I	ine 28				21	
22 T	otal. Add amounts from line 12, line	es 14 through 17, line	es 19 and 20 in colum	n (g), and line 21.			
E	nter here and on the appropriate lir	ies of your return. Par	tnerships and S corp	orations - see instr		22	32,629.
23 E	or assets shown above and placed	in service during the	current year, enter the	e			

116251 12-21-21 LHA For Paperwork Reduction Act Notice, see separate4nstructions.16020710134428135299.TAX2021.06000OPERATION CARE INC

FOI	rm 4562 (2021)	OPE	RATION	CARE	INC							61-	1211:	189	Page 2
P	art V Listed Propert entertainment.	ty (Include au	utomobiles, ce	rtain oth	ner vehicle	es, cert	ain aircra	aft, an	d property	used for					
	Note: For any	vehicle for w	hich you are u	, sing the						expense	e, comp	olete on	ly 24a,		
	24b, columns (<u>v</u>								nito for n		~ ~ ~			
	 Section A - a Do you have evidence to s 	-	on and Other		-			_	24b If "Y						
242		(b)	(c)				es (e)		(f)	es, is th			h)	Yes _	<u> No</u> i)
	(a) Type of property	Date	Business/		(d) Cost or		is for depre		Recovery		hod/	Depre	ciation	Elec	ted
	(list vehicles first)	placed in service	investment use percenta		her basis		siness/inve use only		period	Conve	ention	dedu	uction	sectio cc	
25	Special depreciation allo	wance for q	ualified listed	oroperty	placed ir	n servic	e during	the ta	x year and						
	used more than 50% in	a qualified bu	usiness use								25				
26	Property used more that	n 50% in a q	ualified busine	ss use:											
		: :		6											
		: :		6											
	Dreneutry used 500/ en la			6											
27	Property used 50% or le									S/L -					
				% %						S/L -					
		: :		6						S/L -					
28	Add amounts in column				and on	line 21.	page 1				28				
	Add amounts in column												29		
					B - Inforr										
Co	mplete this section for ve	hicles used l	oy a sole prop	rietor, pa	artner, or	other "	more tha	in 5% (owner," or	related p	person.	lf you pr	ovided v	ehicles	
to y	your employees, first ans	wer the ques	tions in Sectio	on C to s	ee if you	meet a	n except	ion to	completin	g this se	ction fo	r those v	ehicles.		
				1	I										
	-				a)	-	b)		(c)	(d)		(e)		(f)	
30	Total business/investment		•	Ver	nicle	Ver	nicle	V V	/ehicle	Vehi	icie	Ver	nicle	Veh	cle
24	year (don't include commu Total commuting miles o														
	Total other personal (no														
52	driven	-	-												
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle available			Yes	No	Yes	No	Yes	i No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr														
	than 5% owner or relate														
36	Is another vehicle availa	•													
	use?						ida Vah	 		Their Er					
Δng	swer these questions to a		- Questions f	•	-				-		• •		ron't		
	ore than 5% owners or rela			Ception	to comp					d by emp	Jioyees	who a	ent		
	Do you maintain a writte	-		ohibits a	ll persona	al use o	f vehicle	s. inclu	udina com	mutina. I	ov vour			Yes	No
		en policy stat						,	0	-					
	•		=												
37	employees? Do you maintain a writte														
37	employees?	en policy stat	ement that pro	ohibits p	ersonal u	ise of ve	ehicles, e	except	commutir	ng, by yo	ur				
37 38 39	employees? Do you maintain a writte employees? See the ins Do you treat all use of v	en policy stat tructions for ehicles by en	ement that provide the second se	bhibits p by corp ersonal ι	ersonal u orate offi use?	ise of ve cers, di	ehicles, e rectors,	except or 1%	commutir or more ov	ng, by yo wners	ur				<u> </u>
37 38 39	employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more that	en policy stat tructions for ehicles by er an five vehicl	ement that provide the second	ohibits p by corp ersonal u ployees,	ersonal u orate offic use? obtain in	ise of ve cers, di iformati	ehicles, o rectors, on from	except or 1% your e	commutir or more ov mployees	ng, by yo wners about	ur				
37 38 39 40	employees? Do you maintain a writte employees? See the ins Do you treat all use of ve Do you provide more the the use of the vehicles,	en policy stat tructions for ehicles by er an five vehicl and retain th	ement that provent that provent that proves used as proves as proves as proves to your em e information	ohibits p by corp ersonal u ployees, received	ersonal u orate offi use? obtain in ?	ise of vo cers, di iformati	ehicles, e rectors, on from	except or 1% your e	commutir or more ov mployees	ng, by yo wners about	ur 				
37 38 39 40	employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more that the use of the vehicles, Do you meet the require	en policy stat tructions for ehicles by er an five vehicl and retain th ements conce	ement that provent that provent that proves as polyces as polyces to your em e information perning qualified	ohibits p by corp ersonal u ployees, received d autome	ersonal u orate offi use? obtain in ? obile dem	ise of vo cers, di oformati	ehicles, or rectors, or on from	except or 1% your e	commutir or more ov mployees	ng, by yo wners about	ur 				
37 38 39 40 41	employees? Do you maintain a writte employees? See the ins Do you treat all use of vo Do you provide more that the use of the vehicles, Do you meet the require Note: If your answer to	en policy stat tructions for ehicles by er an five vehicl and retain th ements conce	ement that provent that provent that proves as polyces as polyces to your em e information perning qualified	ohibits p by corp ersonal u ployees, received d autome	ersonal u orate offi use? obtain in ? obile dem	ise of vo cers, di oformati	ehicles, or rectors, or on from	except or 1% your e	commutir or more ov mployees	ng, by yo wners about	ur 				
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