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Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** , and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **IDEAL CARE, INC.**  
 Doing Business As **IDEAL CARE**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1702 GARDINER LANE**  
 City, town or post office, state, and ZIP code  
**LOUISVILLE KY 40205**

**D** Employer identification number  
**61-1277653**

**E** Telephone number  
**(502) 456-0811**

**G** Gross receipts \$ **500,026**

**F** Name and address of principal officer  
**JOHN I MAGEE 1702 GARDINER LANE, LOUISVILLE, KY 40205**

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

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

**J Website:** **IDEALCARE2000@YAHOO.COM**

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation **1995** **M** State of legal domicile **KY**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **IDEAL CARE INC IS A CHRISTIAN MINISTRY WHOSE PURPOSE IS TO PROVIDE CARE AND ASSISTANCE FOR SICK AND ELDERLY PEOPLE IN THE METRO LOUISVILLE AREA AS A WITNESS OF THE LOVE OF JESUS CHRIST.**

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>3</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>7</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)		
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>456,994</b>	<b>500,026</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>456,994</b>	<b>500,026</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>210,601</b>	<b>204,422</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>237,957</b>	<b>302,979</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>448,558</b>	<b>507,401</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>8,436</b>	<b>-7,375</b>
	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)	<b>9,918</b>	<b>19,236</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>20,000</b>	<b>26,230</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>-10,082</b>	<b>-6,994</b>

**Part II Signature Block**

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

**Sign Here**

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

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

**Paid Preparer Use Only**

Print/Type preparer's name <b>J MORGAN NUTT</b>	Preparer's signature <b>J MORGAN NUTT</b>	Date <b>7/29/2014</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00111999</b>
Firm's name <b>J MORGAN NUTT CPA PSC</b>		Firm's EIN <b>61-1388376</b>		
Firm's address <b>PO BOX 991068, LOUISVILLE, KY 40269-1068</b>		Phone no <b>(502)491-9255</b>		

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

g2 2b

J. Morgan Nutt CPA PSC  
P O Box 991068  
Louisville KY 40269-1068

# Invoice

Date	Invoice #
7/31/2014	1116

Bill To
PAID Ideal Care, Inc 1702 Gardiner Lane Louisville, Ky 40205

Description	Amount
2012 990 Return	750.00
2013 990 Return	750.00
Less Discount	-1,500.00
<b>Total</b>	<b>\$0.00</b>