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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)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning and ending

| | | | | | | |
|---|--|--|--|--|---------------------------|--|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions | C Name of organization TOTAL CARE SERVICES, INC | | D Employer identification number 68-0568736 | | |
| | | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | E Telephone number | |
| | | 5000 PHILADELPHIA WAY, SUITE J | | | (301)918-0070 | |
| City or town, state or country, and ZIP + 4 LANHAM, MD 20706-4408 | | | | F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) | | |

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

H and **I** are not applicable to section 527 organizations

G Website: **N/A**

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **344,296.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

| | | | | | |
|------------|--|--|-----|----------|----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received: | | | |
| | a | Direct public support | 1a | | |
| | b | Indirect public support | 1b | | |
| | c | Government contributions (grants) | 1c | | |
| | d | Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____) | 1d | | 0. |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | 344,117. |
| | 3 | Membership dues and assessments | 3 | | |
| | 4 | Interest on savings and temporary cash investments | 4 | | 179. |
| | 5 | Dividends and interest from securities | 5 | | |
| | 6a | Gross rents | 6a | | |
| | 6b | Less: rental expenses | 6b | | |
| | 6c | Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | |
| 7 | Other investment income (describe _____) | 7 | | | |
| 8a | Gross amount from sales of assets other than inventory | (A) Securities | 8a | | |
| | | (B) Other | 8b | | |
| | | Less: cost or other basis and sales expenses | 8c | | |
| | | Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8d | | |
| 9 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| a | Gross revenue (not including \$ _____ of contributions reported on line 1a) | 9a | | | |
| b | Less: direct expenses other than fundraising expenses | 9b | | | |
| 9c | Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | |
| | | Less: cost of goods sold | 10b | | |
| | | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | | |
| 11 | Other revenue (from Part VII, line 103) | 11 | | | |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | 344,296. | |
| Expenses | 13 | Program services (from line 44, column (B)) | 13 | | 135,571. |
| | 14 | Management and general (from line 44, column (C)) | 14 | | 32,837. |
| | 15 | Fundraising (from line 44, column (D)) | 15 | | |
| | 16 | Payments to affiliates (attach schedule) | 16 | | |
| | 17 | Total expenses (add lines 16 and 44, column (A)) | 17 | | 168,408. |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | | 175,888. |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 0. |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | | 0. |
| | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | | 175,888. |

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TOTAL CARE SERVICES, INC

68-0568736

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses not covered above, 44 Total functional expenses.

Joint Costs. Check [] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No

If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts; but optional for others)

Table with 2 columns: Description of program service, Program Service Expenses. Row a: PROVIDE IN-HOME RESIDENTIAL SUPPORT AND RESPITE CARE SERVICES INCLUDING NUTRITIONAL, SPEECH AND HEARING CARE. ALSO PROVIDE BEHAVIORAL AND FAMILY SUPPORT SERVICES. OVER 300 CLIENTS A YEAR ARE SUPPORTED BY THIS PROGRAM. (Grants and allocations \$ 0.) 135,571. Row e: Other program services (attach schedule) (Grants and allocations \$) Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 135,571.

Part IV Balance Sheets

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

| | | (A) Beginning of year | (B) End of year | |
|---|---|--------------------------|--------------------|----------|
| Assets | 45 Cash - non-interest-bearing | 45 | 150,735. | |
| | 46 Savings and temporary cash investments | 46 | | |
| | 47 a Accounts receivable | 47a | 145,377. | |
| | b Less: allowance for doubtful accounts | 47b | 47c | |
| | 48 a Pledges receivable | 48a | | |
| | b Less: allowance for doubtful accounts | 48b | 48c | |
| | 49 Grants receivable | 49 | | |
| | 50 Receivables from officers, directors, trustees, and key employees | 50 | 15,641. | |
| | 51 a Other notes and loans receivable | 51a | | |
| | b Less: allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | 52 | | |
| | 53 Prepaid expenses and deferred charges | 53 | | |
| | 54 Investments - securities | 54 | | |
| | 55 a Investments - land, buildings, and equipment: basis | 55a | | |
| | b Less: accumulated depreciation | 55b | 55c | |
| 56 Investments - other | 56 | | | |
| 57 a Land, buildings, and equipment: basis | 57a | 5,660. | | |
| b Less: accumulated depreciation | 57b | 57c | | |
| 58 Other assets (describe ► SECURITY DEPOSITS) | 58 | 500. | | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 0. | 59 | 317,738. | |
| Liabilities | 60 Accounts payable and accrued expenses | 60 | 12,189. | |
| | 61 Grants payable | 61 | | |
| | 62 Deferred revenue | 62 | | |
| | 63 Loans from officers, directors, trustees, and key employees | 63 | | |
| | 64 a Tax-exempt bond liabilities | 64a | | |
| | b Mortgages and other notes payable | 64b | 128,483. | |
| | 65 Other liabilities (describe ► PAYROLL TAXES PAYABLE) | 65 | 1,178. | |
| 66 Total liabilities (add lines 60 through 65) | 0. | 66 | 141,850. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | 67 | | |
| | 68 Temporarily restricted | 68 | | |
| | 69 Permanently restricted | 69 | | |
| | Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | 0. | 70 | 0. |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | 0. | 71 | 0. |
| | 72 Retained earnings, endowment, accumulated income, or other funds | 0. | 72 | 175,888. |
| 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) | 0. | 73 | 175,888. | |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | 0. | 74 | 317,738. | |

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

Form 990 (2004)

TOTAL CARE SERVICES, INC

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| Part VII Other Information | | Yes | No |
|----------------------------|--|-----|----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? N/A | 78b | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X |
| b | If "Yes," enter the name of the organization WHEELER & ASSOCIATES, INC. and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt. | | |
| 81 a | Enter direct or indirect political expenditures. See line 81 instructions 81a 0. | | |
| b | Did the organization file Form 1120-POL for this year? | 81b | X |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A | 83b | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A | 84b | |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A | 85a | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A | 85b | |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | |
| c | Dues, assessments, and similar amounts from members 85c N/A | | |
| d | Section 162(e) lobbying and political expenditures 85d N/A | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A | 85g | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A | 85h | |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A | | |
| b | Gross receipts, included on line 12, for public use of club facilities 86b N/A | | |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88 | X |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0. | | |
| b | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction SEE STATEMENT 1 | 89b | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | | |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization 0. | | |
| 90 a | List the states with which a copy of this return is filed WASHINGTON DC | | |
| b | Number of employees employed in the pay period that includes March 12, 2004 90b 0 | | |
| 91 | The books are in care of SARAH GROTE Telephone no. (301) 918-0070 | | |
| | Located at 5000 PHILADELPHIA WAY, SUITE J, LANHAM, MD ZIP + 4 20706-4408 | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A | | |

Form 990 (2004)

TOTAL CARE SERVICES, INC

68-0568736

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (DIRECT SUPPORT & MEDWAIVER INCOME, RESIDENTIAL CONTRACT INCOME), Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, Gain or (loss) from sales of assets, and Other revenue.

Note: Line 103 plus line 10, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Table with 2 columns: Line No., Description of activity. Entry: SEE STATEMENT 1.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

Signature and preparer information section. Includes signature of Drucella Wheeler Ndoye, date 3/24/2010, and preparer information for DENNIS H. WEINER & ASSOCIATES, CHARTERED.

Form 990 (2004)

TOTAL CARE SERVICES, INC

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Entry: SEE STATEMENT 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. Entry: N/A

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

Signature and information section including: Please Sign Here, Signature of officer, Date, DRUCELLA WHEELER-NDOYE, EXECUT, Preparer's signature, Firm's name (or yours if self-employed), DENNIS H. WEINER & ASSOCIATES, CHARTERED, 3635 OLD COURT ROAD, SUITE 403, BALTIMORE, MARYLAND 21208-3908, Preparer's SSN or PTIN, Check if self-employed, EIN, Phone no. (410) 484-8191

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **TOTAL CARE SERVICES, INC** Employer identification number **68 0568736**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | 0 | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | 0 | |

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Do you make grants for scholarships, fellowships, student loans, etc.? 3b. Do you have a section 403(b) annuity plan... 4a. Did you maintain any separate account for participating donors... 4b. Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

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

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
5. A church, convention of churches, or association of churches.
6. A school.
7. A hospital or a cooperative hospital service organization.
8. A Federal, state, or local government or governmental unit.
9. A medical research organization operated in conjunction with a hospital.
10. An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11a. An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11b. A community trust.
12. [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions...
13. An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).

Provide the following information about the supported organizations. (See page 5 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Multiple empty rows for data entry.

14. An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2004 **TOTAL CARE SERVICES, INC**

68-0568736

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts; c Total support for section 509(a)(1) test: Enter line 24, column (e); d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) 0., (2002) 0., (2001) 0., (2000) 0.; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) 0., (2002) 0., (2001) 0., (2000) 0.; c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount on line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | Yes | No |
|------|--|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .. If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | |
| 32 | Does the organization maintain the following: | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? .. If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | 32d | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| a | Students' rights or privileges? | 33a | |
| b | Admissions policies? | 33b | |
| c | Employment of faculty or administrative staff? | 33c | |
| d | Scholarships or other financial assistance? | 33d | |
| e | Educational policies? | 33e | |
| f | Use of facilities? | 33f | |
| g | Athletic programs? | 33g | |
| h | Other extracurricular activities? .. If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | 33h | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b | Has the organization's right to such aid ever been revoked or suspended? .. If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a If the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|-----------------------------------|--|
| (The term "expenditures" means amounts paid or incurred.) | | N/A | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table - | | |
| | If the amount on line 40 is - | | |
| | The lobbying nontaxable amount is - | | |
| | Not over \$500,000 20% of the amount on line 40 | | |
| | Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 | 41 | |
| | Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000 \$1,000,000 | | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | N/A |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | 0. |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | 0. |
| 47 | Total lobbying expenditures | | | | 0. |
| 48 | Grassroots nontaxable amount | | | | 0. |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | 0. |
| 50 | Grassroots lobbying expenditures | | | | 0. |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (Add lines c through h.) | | | 0. |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Depreciation and Amortization Detail FORM 990 PAGE 2

990

| Asset Number | Description of property | | | | | | | |
|--------------|---|------------------|--------------|----------|---------------------|-----------------|---------------------------------------|------------------------|
| | Date placed in service | Method/ IRC sec. | Life or rate | Line No. | Cost or other basis | Basis reduction | Accumulated depreciation/amortization | Current year deduction |
| | FURNITURE & FIXTURES | | | | | | | |
| 9 | OFFICE FURNITURE | | | | | | | |
| | 120204 | SL | 7.00 | 16 | 660. | | | 8. |
| | * 990 PAGE 2 TOTAL FURNITURE & FIXTURES | | | | | | | |
| | | | | | 660. | 0. | 0. | 8. |
| | TRANSPORTATION EQUIPMENT | | | | | | | |
| 8 | 2000 FORD E-150 CARGO VAN | | | | | | | |
| | 101904 | SL | 5.00 | 16 | 5,000. | | | 167. |
| | * 990 PAGE 2 TOTAL TRANSPORTATION EQUIPMENT | | | | | | | |
| | | | | | 5,000. | 0. | 0. | 167. |
| | COMPUTER EQUIPMENT | | | | | | | |
| | * 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT | | | | | | | |
| | | | | | 0. | 0. | 0. | 0. |
| | OFFICE EQUIPMENT | | | | | | | |
| | * 990 PAGE 2 TOTAL - OFFICE EQUIPMENT | | | | | | | |
| | | | | | 0. | 0. | 0. | 0. |
| | LEASEHOLD IMPROVEMENTS | | | | | | | |
| | * 990 PAGE 2 TOTAL - LEASEHOLD IMPROVEMENTS | | | | | | | |
| | | | | | 0. | 0. | 0. | 0. |
| | TT-COMPUTER EQUIPMENT | | | | | | | |
| | * 990 PAGE 2 TOTAL - TT-COMPUTER EQUIPMENT | | | | | | | |
| | | | | | 0. | 0. | 0. | 0. |
| | TT-FURNITURE & FIXTURES | | | | | | | |
| | * 990 PAGE 2 TOTAL - TT-FURNITURE & FIXTURES | | | | | | | |
| | | | | | 0. | 0. | 0. | 0. |
| | TT-SIGNS | | | | | | | |
| | * 990 PAGE 2 TOTAL - TT-SIGNS | | | | | | | |
| | | | | | 0. | 0. | 0. | 0. |
| | TT-LEASEHOLD IMPROVEMENTS | | | | | | | |
| | * 990 PAGE 2 TOTAL - TT-LEASEHOLD IMPROVEMENTS | | | | | | | |
| | | | | | 0. | 0. | 0. | 0. |
| | * GRAND TOTAL 990 PAGE 2 DEPR | | | | | | | |
| | | | | | 5,660. | 0. | 0. | 175. |

TOTAL CARE SERVICES, INC68-0568736

FOOTNOTES

STATEMENT 1

STATEMENT OF EXCESS BENEFIT TRANSACTIONS
FORM 990, PART VI, LINE 89B

THE TAXPAYER AND THE DISQUALIFIED PERSON BELIEVE THAT THE VALUE OF THE ECONOMIC BENEFIT PROVIDED TO THE DISQUALIFIED PERSON DOES NOT EXCEED THE VALUE OF THE CONSIDERATION RECEIVED BY THE ORGANIZATION. THE DISQUALIFIED PERSON RECEIVED CASH ADVANCES PERSONALLY AND THROUGH RELATED INDIVIDUALS AND ENTITIES WHICH HAVE NOW BEEN FORMALIZED IN A PROMISSORY NOTE REQUIRING ACCRUED INTEREST AND A SET REPAYMENT SCHEDULE. THE VALUE OF THIS PROMISSORY NOTE EXCEEDS THE VALUE OF THE ECONOMIC BENEFIT PROVIDED BY THE ORGANIZATION.

TOTAL CARE SERVICES, INC

68-0568736

FORM 990

OTHER EXPENSES

STATEMENT 2

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|------------------------|--------------|----------------------------|----------------------------------|--------------------|
| BANK CHARGES | 56. | | 56. | |
| COMPANION EXPENSE | 17. | 17. | | |
| OFFICE EXPENSE | 3,022. | | 3,022. | |
| LICENSES AND PERMITS | 575. | | 575. | |
| OUTSIDE SERVICES | 793. | | 793. | |
| DIRECT SUPPORT | | | | |
| PERSONNEL | 122,896. | 122,896. | | |
| PROFESSIONAL FEES | 10,210. | | 10,210. | |
| RESIDENTIAL CONTRACT | | | | |
| EXPENSE | 4,359. | 4,359. | | |
| CONTRIBUTIONS | 366. | | 366. | |
| TOTAL TO FM 990, LN 43 | 142,294. | 127,272. | 15,022. | |

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT 3

EXPLANATION

PROVIDE HOME CARE SERVICES TO INDIVIDUALS WITH INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES

TOTAL CARE SERVICES, INC68-0568736

FORM 990 RECEIVABLES DUE FROM OFFICERS, DIRECTORS, TRUSTEES STATEMENT 4
AND OTHER KEY EMPLOYEES - REPORTED SEPARATELY

| BORROWER'S NAME AND TITLE | | | ORIGINAL LOAN AMOUNT | |
|--|------------------|--------------------|-------------------------|-------------|
| DRUCELLA WHEELER-NDOYE, EXECUTIVE DIRECTOR | | | 15,462. | |
| DATE OF NOTE | MATURITY DATE | TERMS OF REPAYMENT | INTEREST RATE | |
| 03/15/10 | 04/01/15 | MONTHLY | 4.62% | |
| SECURITY PROVIDED BY BORROWER | | PURPOSE OF LOAN | | |
| NONE | | UNKNOWN | | |
| DESCRIPTION OF CONSIDERATION | | | FMV OF CONSIDERATION | BALANCE DUE |
| INTEREST BEARING CONFESS JUDGEMENT PROMISSORY NOTE | | | 15,462. | 15,641. |
| TOTAL INCLUDED ON FORM 990, PART IV, LINE 50, COLUMN B | | | | 15,641. |

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|-----------------------------------|------------------------|-----------------------------|------------|
| 2000 FORD E-150 CARGO VAN | 5,000. | 167. | 4,833. |
| OFFICE FURNITURE | 660. | 8. | 652. |
| TOTAL TO FORM 990, PART IV, LN 57 | 5,660. | 175. | 5,485. |

TOTAL CARE SERVICES, INC

68-0568736

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 6

LENDER'S NAME TERMS OF REPAYMENT

WHEELER & ASSOCIATES, INC MONTHLY

| DATE OF NOTE | MATURITY DATE | ORIGINAL LOAN AMOUNT | INTEREST RATE |
|--------------|---------------|----------------------|---------------|
| 03/15/10 | 04/01/15 | 77,587. | 4.62% |

| SECURITY PROVIDED BY BORROWER | PURPOSE OF LOAN |
|-------------------------------|---------------------------------|
| NONE | UNREIMBURSED OPERATING EXPENSES |

RELATIONSHIP OF LENDER

FOR-PROFIT S CORP WHOLLY OWNED BY EXECUTIVE DIRECTOR

| DESCRIPTION OF CONSIDERATION | FMV OF CONSIDERATION | BALANCE DUE |
|--|----------------------|-------------|
| INTEREST BEARING CONFESS JUDGEMENT PROMISSORY NOTE | 77,587. | 78,483. |

LENDER'S NAME TERMS OF REPAYMENT

BANK LINE OF CREDIT

| DATE OF NOTE | MATURITY DATE | ORIGINAL LOAN AMOUNT | INTEREST RATE |
|--------------|---------------|----------------------|---------------|
| | | 50,000. | .00% |

| SECURITY PROVIDED BY BORROWER | PURPOSE OF LOAN |
|-------------------------------|---------------------|
| NONE | BANK LINE OF CREDIT |

RELATIONSHIP OF LENDER

NONE

| DESCRIPTION OF CONSIDERATION | FMV OF CONSIDERATION | BALANCE DUE |
|------------------------------|----------------------|-------------|
| NONE | 50,000. | 50,000. |

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

128,483.

Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization 990

(Including Information on Listed Property)

OMB No. 1545-0172

2004

Attachment
Sequence No. 67

▶ See separate instructions. ▶ Attach to your tax return.

| | | |
|--|---|---|
| Name(s) shown on return TOTAL CARE SERVICES, INC | Business or activity to which this form relates FORM 990 PAGE 2 | Identifying number 68-0568736 |
|--|---|---|

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|--|----|----------|
| 1 Maximum amount. See instructions for a higher limit for certain businesses | 1 | 102,000. |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation | 3 | 410,000. |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost | | |
| 7 Listed property. Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | |
|--|----|------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | 175. |
| 15 Property subject to section 168(f)(1) election (see instructions) | 15 | |
| 16 Other depreciation (including ACRS) (see instructions) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

| | |
|---|----|
| Section A | |
| 17 MACRS deductions for assets placed in service in tax years beginning before 2004 | 17 |
| 18 If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | |

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use 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 | | | 25 yrs. | | S/L | |
| h Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | / | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

| | | |
|----------------|-----|------------|
| 20a Class life | S/L | |
| b 12-year | S/L | 12 yrs. |
| c 40-year | S/L | 40 yrs. MM |

Part IV Summary (See instructions)

| | | |
|--|----|------|
| 21 Listed property. Enter amount from line 28 | 21 | 175. |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see Instr. | 22 | |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | | 25 |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | S/L | | | |
| | | % | | | S/L | | | |
| | | % | | | S/L | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | | 28 |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|--|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

| | Yes | No |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See Instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. | | |

Part VI **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| 42 Amortization of costs that begins during your 2004 tax year: | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2004 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See instructions for where to report | | | | | 44 |