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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

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

C Name of organization
TOTAL CARE SERVICES, INC
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5000 PHILADELPHIA WAY, SUITE J
 City or town, state or country, and ZIP + 4
LANHAM, MD 20706-4408

D Employer identification number
68-0568736

E Telephone number
(301) 918-0070

F Accounting method: Cash Accrual
 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).

G Website: **N/A**

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

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

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **N/A**

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,644,892.**

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

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	2,642,144.
		Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	2,554.
		Dividends and interest from securities			5	
	6	a	Gross rents	6a		
		b	Less: rental expenses	6b		
		c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
8	7 Other investment income (describe _____)			7		
	a	Gross amount from sales of assets other than inventory	8a	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
8	d 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"/>					
9	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10	a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	11 Other revenue (from Part VII, line 103)			11	194.	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	2,644,892.	
Expenses	13 Program services (from line 44, column (B))			13	1,171,115.	
	14 Management and general (from line 44, column (C))			14	683,099.	
	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	1,854,214.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	790,678.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	175,888.	
	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	966,566.	

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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.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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** SEE STATEMENT 3

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

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

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a PROVIDE IN-HOME RESIDENTIAL SUPPORT AND RESPITE CARE SERVICES INCLUDING NUTRITIONAL, SPEECH AND HEARING SERVICES. ALSO PROVIDE BEHAVIORAL AND FAMILY SUPPORT SERVICES. OVER 400 CLIENTS A YEAR ARE SUPPORTED BY THIS PROGRAM.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,171,115.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,171,115.

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Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	150,735.	45	225,100.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	954,704.		
	47a			
	b Less: allowance for doubtful accounts	145,377.	47c	954,704.
	47b			
	48 a Pledges receivable			
	48a			
	b Less: allowance for doubtful accounts		48c	
	48b			
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees	15,641.	50	97,472.
	STATEMENT 5			
	51 a Other notes and loans receivable			
51a				
b Less: allowance for doubtful accounts		51c		
51b				
52 Inventories for sale or use		52		
53 Prepaid expenses and deferred charges		53		
54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
55 a Investments - land, buildings, and equipment: basis				
55a				
b Less: accumulated depreciation	5,485.	55e		
55b				
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	123,679.			
57a				
b Less: accumulated depreciation	5,532.	57c	118,147.	
57b				
58 Other assets (describe)	SEE STATEMENT 7	500.	58	31,365.
59 Total assets (must equal line 74). Add lines 45 through 58	317,738.	59		1,426,788.
Liabilities	60 Accounts payable and accrued expenses	12,189.	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	128,483.	64b	411,692.
	STMT 8			
65 Other liabilities (describe)	PAYROLL TAXES PAYABLE	1,178.	65	36,341.
66 Total liabilities. Add lines 60 through 65	141,850.	66		460,222.
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	175,888.	72	966,566.
	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)	175,888.	73	966,566.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	317,738.	74	1,426,788.

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Part VI Other Information (continued)		Yes	No
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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
83b	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
85a	N/A		
85b	N/A		
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?		
85g	N/A		
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?		
85h	N/A		
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		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		X
89b			
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 DC		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	5
91 a	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		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c	X
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

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Part VII Analysis of Income-Producing Activities (See 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: MISCELLANEOUS INCOME, 104 Subtotal (add columns (B), (D), and (F)).

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

Table with 2 columns: Line No., Explain how each activity furthers the exempt purpose or is related to carrying out the exempt purpose. Includes text: SEE STATEMENT 11

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

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

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

Signature and information block containing: Signature of officer (Dennis H. Weiner), Date (3/24/2010), Type or print name and title (DIRECTOR), Preparer's name (D.H. WEINER), Firm's name (DENNIS H. WEINER & ASSOCIATES, CHARTERED), Firm's address (3625 OLD COURT ROAD, SUITE 404, PATIMORE, MARYLAND 21208-3908), and Phone no. (410) 444-4101.

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TOTAL CARE SERVICES, INC

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>DIRECT SUPPORT &</u>					
b <u>MEDWAIVER INCOME</u>					2,066,501.
c <u>RESIDENTIAL CONTRACT</u>					
d <u>INCOME</u>					575,643.
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					2,554.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
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:					
a <u>MISCELLANEOUS INCOME</u>					194.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	2,644,892.
105 Total (add line 104, columns (B), (D), and (E))					2,644,892.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 11

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

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

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

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

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

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

Please Sign Here: Signature of officer: _____ Date: _____ DRUCELLA WHEELER-NDOYE, EXECUT Type or print name and title.

Paid Preparer's Use Only: Preparer's signature: _____ Date: _____ Check if self-employed Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: DENNIS H. WEINER & ASSOCIATES, CHARTERED 3635 OLD COURT ROAD, SUITE 403 BALTIMORE, MARYLAND 21208-3908 EIN: _____

523163 02-03-06 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 4947(a)(1) Nonexempt Charitable Trust

2005

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-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

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

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 14 regarding lobbying, grants, and other activities.

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

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

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

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

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

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

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	198,740.				198,740.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	179.				179.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	198,919.	0.	0.	0.	198,919.
24 Line 23 minus line 17	179.				179.
25 Enter 1% of line 23	1,989.				
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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: (2004) 0. (2003) 0. (2002) 0. (2001) 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 11b, 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: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 198,740. 20 _____ 21 _____					27c 198,740.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 198,740.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 198,919.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.9100%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .0900%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

Schedule A (Form 990 or 990-EZ) 2005 TOTAL CARE SERVICES, INC

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

(The term "expenditures" means amounts paid or incurred.)

(a) Affiliated group totals

(b) To be completed for ALL electing organizations

N/A

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44.

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.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows 45-50.

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

Table with 3 columns: Yes, No, Amount. Rows for various lobbying activities (a-i).

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.	94.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					660.	0.	8.	94.
	TRANSPORTATION EQUIPMENT							
	8 2000 FORD E-150 CARGO VAN							
	101904	SL	5.00	16	5,000.		167.	1,000.
	22 CHEVY 12-PASSENGER VAN							
	120105	SL	5.00	16	31,416.			524.
	23 HONDA ELEMENT							
	121305	SL	5.00	16	22,456.			0.
	* 990 PAGE 2 TOTAL TRANSPORTATION EQUIPMENT							
					58,872.	0.	167.	1,524.
	COMPUTER EQUIPMENT							
	OTHER							
	10 COMPUTER EQUIPMENT							
	010405	SL	3.00	16	1,231.			361.
	11 COMPUTER EQUIPMENT							
	012705	SL	3.00	16	668.			204.
	12 COMPUTER EQUIPMENT							
	012705	SL	3.00	16	796.			243.
	13 COMPUTER EQUIPMENT							
	033105	SL	3.00	16	336.			84.
	14 COMPUTER EQUIPMENT							
	040205	SL	3.00	16	1,220.			305.
	15 COMPUTER EQUIPMENT							
	040505	SL	3.00	16	17.			4.
	16 COMPUTER EQUIPMENT							
	043005	SL	3.00	16	2,438.			542.
	17 COMPUTER EQUIPMENT							
	051905	SL	3.00	16	149.			29.
	18 COMPUTER EQUIPMENT							
	101805	SL	3.00	16	1,592.			88.
	19 COMPUTER EQUIPMENT							
	121005	SL	3.00	16	1,599.			44.
	20 COMPUTER EQUIPMENT							
	121005	SL	3.00	16	1,977.			55.
	21 COMPUTER EQUIPMENT							
	121305	SL	3.00	16	1,874.			52.
	* 990 PAGE 2 TOTAL OTHER							
					13,897.	0.	0.	2,011.
	* 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT							
					13,897.	0.	0.	2,011.
	OFFICE EQUIPMENT							
	* 990 PAGE 2 TOTAL - OFFICE EQUIPMENT							
					0.	0.	0.	0.
	LEASEHOLD IMPROVEMENTS							

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
	OTHER							
39	55	QUINCY LH IMPROVEMENTS						
	1231	05NC	14.00		3,850.			0.
40		HEADQUARTERS LI 5780 2ND ST						
	0620	05SL	84.00	16	15,500.			1,107.
42		RIGGS PLAZA CON						
	0701	05NC	38.00		5,000.			0.
	* 990 PAGE 2 TOTAL OTHER							
					24,350.	0.	0.	1,107.
	* 990 PAGE 2 TOTAL - LEASEHOLD IMPROVEMENTS							
					24,350.	0.	0.	1,107.
	TT-COMPUTER EQUIPMENT							
	OTHER							
24		COMPUTER EQUIPMENT						
	0723	05SL	3.00	16	410.			57.
25		COMPUTER EQUIPMENT						
	0809	05SL	3.00	16	65.			9.
26		COMPUTER EQUIPMENT						
	0811	05SL	3.00	16	82.			11.
27		COMPUTER EQUIPMENT						
	0811	05SL	3.00	16	661.			92.
28		COMPUTER EQUIPMENT						
	0812	05SL	3.00	16	164.			23.
29		COMPUTER EQUIPMENT						
	0812	05SL	3.00	16	30.			4.
30		COMPUTER EQUIPMENT						
	0812	05SL	3.00	16	1,689.			235.
31		COMPUTER EQUIPMENT						
	0812	05SL	3.00	16	124.			17.
32		COMPUTER EQUIPMENT						
	0812	05SL	3.00	16	1,186.			165.
33		COMPUTER EQUIPMENT						
	0819	05SL	3.00	16	76.			8.
	* 990 PAGE 2 TOTAL OTHER							
					4,487.	0.	0.	621.
	* 990 PAGE 2 TOTAL - TT-COMPUTER EQUIPMENT							
					4,487.	0.	0.	621.
	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							
	OTHER							
41		LEASEHOLD IMPROVEMENTS						
	1231	05NC	38.00		21,413.			0.

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, INC68-0568736

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	1,709.		1,709.	
COMPANION EXPENSE	141.	141.		
OFFICE EXPENSE	33,528.		33,528.	
LICENSES AND PERMITS	635.		635.	
OUTSIDE SERVICES	31,505.		31,505.	
DIRECT SUPPORT PERSONNEL	879,163.	879,163.		
PROFESSIONAL FEES	71,412.		71,412.	
RESIDENTIAL CONTRACT EXPENSE	97,950.	97,950.		
CONTRIBUTIONS	0.			
INSURANCE	6,822.		6,822.	
PROFESSIONAL DEVELOPMENT	3,420.		3,420.	
DAY PROGRAM EXPENSE	1,570.	1,570.		
PENALTIES AND FINES	375.		375.	
TOTAL TO FM 990, LN 43	1,128,230.	978,824.	149,406.	

TOTAL CARE SERVICES, INC

68-0568736

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DRUCELLA WHEELER NDOYE	100,000.			100,000.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	100,000.			100,000.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
UKELA PROCTOR	32,556.			32,556.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	32,556.			32,556.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				132,556.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				132,556.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

PROVIDE HOME CARE SERVICES TO INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

TOTAL CARE SERVICES, INC

68-0568736

FORM 990 RECEIVABLES DUE FROM OFFICERS, DIRECTORS, TRUSTEES STATEMENT 5
AND OTHER KEY EMPLOYEES - REPORTED SEPARATELY

BORROWER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT	
DRUCELLA WHEELER NDOYE, EXECUTIVE DIRECTOR			84,739.	
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			84,739.	87,241.

BORROWER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT	
MOUSSA NDOYE, DIRECTOR			10,000.	
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			10,000.	10,231.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 50, COLUMN B				97,472.

TOTAL CARE SERVICES, INC

68-0568736

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
2000 FORD E-150 CARGO VAN	5,000.	1,167.	3,833.
OFFICE FURNITURE	660.	102.	558.
COMPUTER EQUIPMENT	1,231.	361.	870.
COMPUTER EQUIPMENT	668.	204.	464.
COMPUTER EQUIPMENT	796.	243.	553.
COMPUTER EQUIPMENT	336.	84.	252.
COMPUTER EQUIPMENT	1,220.	305.	915.
COMPUTER EQUIPMENT	17.	4.	13.
COMPUTER EQUIPMENT	2,438.	542.	1,896.
COMPUTER EQUIPMENT	149.	29.	120.
COMPUTER EQUIPMENT	1,592.	88.	1,504.
COMPUTER EQUIPMENT	1,599.	44.	1,555.
COMPUTER EQUIPMENT	1,977.	55.	1,922.
COMPUTER EQUIPMENT	1,874.	52.	1,822.
CHEVY 12-PASSENGER VAN	31,416.	524.	30,892.
HONDA ELEMENT	22,456.	0.	22,456.
COMPUTER EQUIPMENT	410.	57.	353.
COMPUTER EQUIPMENT	65.	9.	56.
COMPUTER EQUIPMENT	82.	11.	71.
COMPUTER EQUIPMENT	661.	92.	569.
COMPUTER EQUIPMENT	164.	23.	141.
COMPUTER EQUIPMENT	30.	4.	26.
COMPUTER EQUIPMENT	1,689.	235.	1,454.
COMPUTER EQUIPMENT	124.	17.	107.
COMPUTER EQUIPMENT	1,186.	165.	1,021.
COMPUTER EQUIPMENT	76.	8.	68.
55 QUINCY LH IMPROVEMENTS	3,850.	0.	3,850.
HEADQUARTERS LI 5780 2ND ST	15,500.	1,107.	14,393.
LEASEHOLD IMPROVEMENTS	21,413.	0.	21,413.
RIGGS PLAZA CON	5,000.	0.	5,000.
TOTAL TO FORM 990, PART IV, LN 57	123,679.	5,532.	118,147.

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	AMOUNT
SECURITY DEPOSITS	31,085.
EMPLOYEE ADVANCES	280.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	31,365.

TOTAL CARE SERVICES, INC

68-0568736

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 8

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	299,211.	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	299,211.	308,852.

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 CARE SERVICES, INC68-0568736LENDER'S NAMETERMS OF REPAYMENT

AUTO LOANS

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		52,840.	.00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

AUTOS

PURCHASE VEHICLES FOR EXEMPT PURPOSE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATIONFMV OF CONSIDERATIONBALANCE DUE

0.

52,840.

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

411,692.

TOTAL CARE SERVICES, INC68-0568736

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 9

INDIVIDUAL'S NAMETITLE OR ROLE

DRUCELLA WHEELER-NDOYE

EXECUTIVE DIRECTOR

INDIVIDUAL'S NAMETITLE OR ROLE

SONYA BUSH

SECRETARY

EXPLANATION OF RELATIONSHIP

SISTER

INDIVIDUAL'S NAMETITLE OR ROLE

DRUCELLA WHEELER-NDOYE

EXECUTIVE DIRECTOR

INDIVIDUAL'S NAMETITLE OR ROLE

UKELA PROCTOR

TREASURER

EXPLANATION OF RELATIONSHIP

DAUGHTER

INDIVIDUAL'S NAMETITLE OR ROLE

DRUCELLA WHEELER-NDOYE

EXECUTIVE DIRECTOR

INDIVIDUAL'S NAMETITLE OR ROLE

MOUSSA NDOYE

DIRECTOR

EXPLANATION OF RELATIONSHIP

HUSBAND

TOTAL CARE SERVICES, INC68-0568736

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 10

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
DRUCELLA WHEELER-NDOYE	28,444.	0.	0.

NAME OF RELATED ORGANIZATIONEMPLOYER ID NUMBER

WHEELER & ASSOCIATES, INC.

52-1708456

RELATIONSHIP BETWEEN ORGANIZATIONS

FOR-PROFIT S CORP WHOLLY OWNED BY EXECUTIVE DIRECTOR

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 11

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

THE ORGANIZATION PROVIDES HUMAN CARE SERVICES TO A VARIED AT-RISK AND NEEDY POPULATION IN THE WASHINGTON DC METROPOLITIAN AREA. THESE SERVICES INCLUDE BOTH SHORT-TERM AND LONG-TERM IN-HOME THERAPEUTIC CARE, RESPITE CARE AND INTERMEDIATE CARE. DURING THE YEAR THE ORGANIZATION PROVIDED SERVICES TO OVER 400 AT RISK CLIENTS.

TOTAL CARE SERVICES, INC

68-0568736

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2B

STATEMENT 12

THE ORGANIZATION ADVANCED FUNDS TO THE EXECUTIVE DIRECTOR WHICH WERE
ULTIMATELY DOCUMENTED WITH INTEREST BEARING PROMISSORY NOTES.

TOTAL CARE SERVICES, INC

68-0568736

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2A

STATEMENT 13

THE LEASE FOR THE HEADQUARTERS OFFICE SPACE IS HELD IN THE NAME OF THE EXECUTIVE DIRECTOR PERSONALLY RATHER THAN IN THE NAME OF THE ORGANIZATION.

TOTAL CARE SERVICES, INC

68-0568736

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 14

THE ORGANIZATION SHARES OFFICE SPACE AND STAFF WITH A FOR-PROFIT ENTITY, WHEELER & ASSOCIATES, INC., WHICH IS WHOLLY OWNED BY THE EXECUTIVE DIRECTOR.

TOTAL CARE SERVICES, INC

68-0568736

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 15

THE EXECUTIVE DIRECTOR RECEIVED \$100,000 OF COMPENSATION IN 2005 FROM THIS ORGANIZATION. THE EXECUTIVE DIRECTOR ALSO RECEIVED A SALARY IN 2005 OF \$28,444 FROM THE FOR-PROFIT ENTITY, WHEELER & ASSOCIATES, INC., WHICH IS WHOLLY OWNED BY THE EXECUTIVE DIRECTOR.

Form **4562**
(Rev. January 2006)
Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Depreciation and Amortization 990

(Including Information on Listed Property)

OMB No 1545-0172

2005

Attachment
Sequence No 67

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

TOTAL CARE SERVICES, INC

FORM 990 PAGE 2

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 the instructions for a higher limit for certain businesses	1	105,000.
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	420,000.
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 2004 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 2006. 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,357.

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 2005	17	
18	If you are electing 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 2005 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 2005 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see Instructions)

21	Listed property. Enter amount from line 28	21	
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	5,357.
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 the 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

Table with columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone 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: Table with columns for percentage and other details.

27 Property used 50% or less in a qualified business use: Table with columns for percentage and S/L status.

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.

Table for Section B with columns (a) through (f) for Vehicle. Rows include 30-36: Total business/commuting/other miles, availability for personal use, and primary owner.

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.

Table for Section C with rows 37-41: Written policy statement, personal use prohibition, information retention, and demonstration use requirements.

Part VI Amortization

Table with columns: (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 2005 tax year:

43 Amortization of costs that began before your 2005 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44