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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

2006

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.

0612

Form sections A through M: A For the 2006 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Accounting method; G Website; H and I are not applicable to section 527 organizations; J Organization type; K Check here; L Gross receipts; M Check if the organization is not required to attach Sch. B.

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

SCANNED APR 14 2010 Revenue

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes sub-rows for contributions, program revenue, membership dues, rental income, investment income, sales of assets, special events, and inventory.

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TOTAL CARE SERVICES, INC

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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: Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-27, 28-29, 30-39, 40-42, 43a-43g, and 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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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
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a PROVIDE IN-HOME RESIDENTIAL SUPPORT AND RESPITE CARE SERVICES INCLUDING NUTRITIONAL, SPEECH AND HEARING SERVICES. ALSO PROVIDE BEHAVIORAL AND FAMILY SUPPORT SERVICES. OVER 500 CLIENTS A YEAR ARE SUPPORTED BY THIS PROGRAM.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,309,584.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	2,309,584.

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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	225,100.	49,183.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	1,366,573.	
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees	97,472.	447,622.
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 a Investments - publicly-traded securities		
	b Investments - other securities		
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment: basis	631,317.		
b Less: accumulated depreciation	33,042.		
58 Other assets, including program-related investments (describe SEE STATEMENT 7)	31,365.	33,795.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,426,788.	2,495,448.	
Liabilities	60 Accounts payable and accrued expenses	12,189.	429.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	411,692.	454,270.
	65 Other liabilities (describe SEE STATEMENT 9)	36,341.	<733.>
66 Total liabilities. Add lines 60 through 65	460,222.	453,966.	
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		
	68 Temporarily restricted		
	69 Permanently restricted		
	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.	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	0.
	72 Retained earnings, endowment, accumulated income, or other funds	966,566.	2,041,482.
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	966,566.	2,041,482.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,426,788.	2,495,448.	

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Part VII 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?		N/A
	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?		N/A
	84b		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
	85a		N/A
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.		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 a	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		88a X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	X	88b
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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		89b X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<u>0.</u>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<u>0.</u>
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g X
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, 2006	90b	22
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		91b X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		N/A

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**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 If "Yes," enter the name of the foreign country **N/A**

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**

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

Note: Enter gross amounts unless otherwise indicated.

	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 <b>SEE STATEMENT 12</b>					4,786,334.
b					
c					
d					
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					13,203.
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 <b>MISCELLANEOUS INCOME</b>					1.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	4,799,538.
105 Total (add line 104, columns (B), (D), and (E))					4,799,538.

Note: Line 105 plus line 1e, 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).
▼	<b>SEE STATEMENT 13</b>

**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).

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TOTAL CARE SERVICES, INC

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				X	
(A) Name, address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a WHEELER & ASSOCIATES, INC. 5000 PHILADELPHIA WAY, SUITE J LANHAM, MD 20706-4408	52-1708456	SEE STATEMENT 14	318,828.		
b					
c					
Totals			318,828.		

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				X	
(A) Name, address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a WHEELER & ASSOCIATES, INC. 5000 PHILADELPHIA WAY, SUITE J LANHAM, MD 20706-4408	52-1708456	SEE STATEMENT 15	226,376.		
b					
c					
Totals			226,376.		

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No  
X

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: *Drucella Wheeler Ndoye* Signature of officer Date: 3/24/2010  
 DRUCELLA WHEELER-NDOYE, EXECUTIVE DIRECTOR Type of print name and title

Fold Preparer's Use Only: *D.H. WEINER* Preparer's signature Date: 3/24/10 Check if self-employed  Preparer is 501(c)(3) or 179(b) (See Gen. Instr. A)  
 DENNIS H. WEINER & ASSOCIATES, CHARTERED EIN: 5655 OLD COURT ROAD, SUITE 203 Phone no.:

03/24/2010 15:57

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

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

OMB No 1545-0047

**2006**

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 2 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.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? SEE STATEMENT 16	X	
b	Lending of money or other extension of credit? SEE STATEMENT 17	X	
c	Furnishing of goods, services, or facilities? SEE STATEMENT 18	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 19	X	
e	Transfer of any part of its income or assets?		X
3	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counselling, debt management, credit repair, or debt negotiation services?		X
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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  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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> ▶					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006 **TOTAL CARE SERVICES, INC**

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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.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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	1,832,817.	198,740.			2,031,557.
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	2,554.	179.			2,733.
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	194.		SEE STATEMENT 20		194.
23 Total of lines 15 through 22	1,835,565.	198,919.	0.	0.	2,034,484.
24 Line 23 minus line 17	2,748.	179.			2,927.
25 Enter 1% of line 23	18,356.	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 2002 through 2005 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: (2005) 0. (2004) 0. (2003) 0. (2002) 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: (2005) 0. (2004) 0. (2003) 0. (2002) 0.					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 2,031,557. 20 _____ 21 _____					27c 2,031,557.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 2,031,557.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f 2,034,484.		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.8561%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .1343%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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) 2006 TOTAL CARE SERVICES, INC

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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.)

Table with columns for line numbers (36-44) and amounts. Includes rows for total lobbying expenditures, exempt purpose expenditures, and lobbying nontaxable amount.

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 13 of the instructions.)

Table for 4-Year Averaging Period with columns for years 2006, 2005, 2004, 2003, and Total. Rows include lobbying nontaxable amount, ceiling amount, total lobbying expenditures, and grassroots nontaxable amount.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

Table for Lobbying Activity by Nonelecting Public Charities with columns for Yes, No, and Amount. Rows list various lobbying activities like volunteers, staff, media, mailings, etc.



Form **4562**

# Depreciation and Amortization 990

(Including Information on Listed Property)

OMB No 1545-0172

## 2006

Attachment  
Sequence No. 67

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**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	108,000.
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	430,000.
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 2005 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 2007. 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 qualified New York Liberty or Gulf Opportunity 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	27,510.

### 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 2006	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 2006 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	
i	Nonresidential real property	/	39 yrs.	MM	S/L	

#### Section C - Assets Placed in Service During 2006 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	27,510.
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	

Form 4562 (2006)

TOTAL CARE SERVICES, INC

68-0568736 Page 2

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 qualified New York Liberty or Gulf Opportunity 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) Vehicle and rows 30-36 regarding miles driven and personal use availability

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 regarding policy statements and requirements for vehicle use

Part VI Amortization

Table for Part VI 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 2006 tax year:

43 Amortization of costs that began before your 2006 tax year 43

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

## 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
	<b>FURNITURE &amp; FIXTURES</b>							
9	<b>OFFICE FURNITURE</b>							
	120204	SL	7.00	16	660.		102.	94.
61	<b>FURNITURE FOR HUMAN RESOURCES</b>							
	010506	SL	7.00	16	1,274.			182.
62	<b>LEATHER MANAGER'S CHAIR</b>							
	011806	SL	7.00	16	113.			15.
63	<b>TOP GLASS FOR CONFERENCE TABLE</b>							
	032106	SL	7.00	16	666.			71.
64	<b>REFRIGERATOR FOR HR (FOR MEDICINES)</b>							
	032206	SL	7.00	16	168.			18.
65	<b>BOOKCASES</b>							
	031506	SL	7.00	16	436.			47.
66	<b>2-DRAWER FILE CABINETS</b>							
	032306	SL	7.00	16	101.			11.
67	<b>2-DRAWER FILE CABINETS</b>							
	032306	SL	7.00	16	101.			11.
68	<b>4-SHELVES METAL BOOKCASE</b>							
	032306	SL	7.00	16	126.			13.
69	<b>2 PLATFORM 36" HUTCH</b>							
	033006	SL	7.00	16	381.			41.
70	<b>2-DRAWER FILE CABINETS</b>							
	013106	SL	7.00	16	572.			75.
71	<b>KEY CABINET</b>							
	061406	SL	7.00	16	84.			7.
72	<b>MOBILE FILE CABINET</b>							
	061506	SL	7.00	16	123.			10.
73	<b>22" DEEP 2-DRAWER FILE CABINET</b>							
	061906	SL	7.00	16	97.			7.
74	<b>UNSHAPED COMPUTER WORKSTATION.</b>							
	062006	SL	7.00	16	409.			29.
75	<b>MOBILE FILE CABINET</b>							
	062706	SL	7.00	16	123.			9.
76	<b>2-DRAWER MOBILE FILE CABINETS</b>							
	100306	SL	7.00	16	126.			4.
77	<b>36' WIDE 4-DRAWER FILE CABINET</b>							
	101606	SL	7.00	16	642.			15.
78	<b>25" 4-DRAWER FILE CABINET</b>							
	101606	SL	7.00	16	171.			4.
79	<b>4-DRAWER VERTICAL LETTER FILE</b>							
	121906	SL	7.00	16	429.			0.
	<b>* 990 PAGE 2 TOTAL FURNITURE &amp; FIXTURES</b>							
					6,802.	0.	102.	663.
	<b>TRANSPORTATION EQUIPMENT</b>							
8	<b>2000 FORD E-150 CARGO VAN</b>							
	101904	SL	5.00	16	5,000.		1,167.	1,000.
22	<b>CHEVY 12-PASSENGER VAN</b>							
	120105	SL	5.00	16	31,416.		524.	6,283.
23	<b>HONDA ELEMENT</b>							
	121305	SL	5.00	16	22,456.			4,491.
60	<b>2004 FORD TARUS</b>							
	110106	SL	5.00	16	17,676.			589.

## 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
	<b>* 990 PAGE 2 TOTAL TRANSPORTATION EQUIPMENT</b>							
					76,548.	0.	1,691.	12,363.
	<b>OTHER</b>							
93	<b>RIGGS PLAZA LH IMPROVEMENTS</b>							
	123106	NC	38.00		360,470.			0.
	<b>* 990 PAGE 2 TOTAL OTHER</b>							
					360,470.	0.	0.	0.
	<b>COMPUTER EQUIPMENT</b>							
	<b>OTHER</b>							
10	<b>COMPUTER EQUIPMENT</b>							
	010405	SL	3.00	16	1,231.		361.	410.
11	<b>COMPUTER EQUIPMENT</b>							
	012705	SL	3.00	16	668.		204.	223.
12	<b>COMPUTER EQUIPMENT</b>							
	012705	SL	3.00	16	796.		243.	265.
13	<b>COMPUTER EQUIPMENT</b>							
	033105	SL	3.00	16	336.		84.	112.
14	<b>COMPUTER EQUIPMENT</b>							
	040205	SL	3.00	16	1,220.		305.	407.
15	<b>COMPUTER EQUIPMENT</b>							
	040505	SL	3.00	16	17.		4.	6.
16	<b>COMPUTER EQUIPMENT</b>							
	043005	SL	3.00	16	2,438.		542.	813.
17	<b>COMPUTER EQUIPMENT</b>							
	051905	SL	3.00	16	149.		29.	50.
18	<b>COMPUTER EQUIPMENT</b>							
	101805	SL	3.00	16	1,592.		88.	531.
19	<b>COMPUTER EQUIPMENT</b>							
	121005	SL	3.00	16	1,599.		44.	533.
20	<b>COMPUTER EQUIPMENT</b>							
	121005	SL	3.00	16	1,977.		55.	659.
21	<b>COMPUTER EQUIPMENT</b>							
	121305	SL	3.00	16	1,874.		52.	625.
43	<b>COMPUTER EQUIPMENT</b>							
	112905	SL	3.00	16	828.			276.
44	<b>COMPUTER HARDWARE, SOFTWARE &amp; ACCESSORIES</b>							
	120205	SL	3.00	16	1,523.			508.
45	<b>COMPUTER EQUIPMENT</b>							
	122005	SL	3.00	16	115.			38.
46	<b>COMPUTER EQUIPMENT/SOFTWARE</b>							
	122105	SL	3.00	16	629.			210.
47	<b>COMPUTER EQUIPMENT</b>							
	020206	SL	3.00	16	7,804.			2,385.
48	<b>DELL PRECISION 670 DESKTOP COMPUTERS</b>							
	030206	SL	3.00	16	5,431.			1,509.
	<b>* 990 PAGE 2 TOTAL OTHER</b>							
					30,227.	0.	2,011.	9,560.
	<b>* 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT</b>							
					30,227.	0.	2,011.	9,560.
	<b>OFFICE EQUIPMENT</b>							

## 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
	<b>OTHER</b>							
49	<b>BROTHER INTELLIFAX 4100</b>							
	012606	SL	7.00	16	317.			42.
50	<b>BROTHER MULTI-FUNCTION MACHINE</b>							
	040406	SL	7.00	16	95.			10.
51	<b>PANASONIC KXFL541 FAX/COPIER</b>							
	040406	SL	7.00	16	296.			32.
52	<b>ELECTRONIC TIME CLOCK</b>							
	061206	SL	7.00	16	190.			16.
53	<b>JVC DVD/VCR COMBO</b>							
	071806	SL	7.00	16	137.			8.
54	<b>COMMERCIAL STEAM VACUUM</b>							
	071706	SL	7.00	16	333.			20.
55	<b>TOUCHSTATION TIME SYSTEM</b>							
	090106	SL	7.00	16	476.			23.
56	<b>A510- ACCUCUT TRIMMER</b>							
	091306	SL	7.00	16	114.			5.
57	<b>REPLACEMENT OF ACCUCUT TRIMMER</b>							
	091906	SL	7.00	16	114.			4.
58	<b>SHARP PRINTING CALCULATOR</b>							
	102706	SL	7.00	16	38.			1.
59	<b>BROTHER 2920 LASER FAX</b>							
	112106	SL	7.00	16	317.			4.
	<b>* 990 PAGE 2 TOTAL OTHER</b>							
					2,427.	0.	0.	165.
	<b>* 990 PAGE 2 TOTAL - OFFICE EQUIPMENT</b>							
					2,427.	0.	0.	165.
	<b>LEASEHOLD IMPROVEMENTS</b>							
	<b>OTHER</b>							
39	<b>55 QUINCY LH IMPROVEMENTS</b>							
	123105	NC	14.00		3,850.			0.
40	<b>HEADQUARTERS LI 5780 2ND ST</b>							
	062005	SL	84.00	16	15,500.		1,107.	2,214.
42	<b>RIGGS PLAZA CN</b>							
	070105	NC	38.00		5,000.			0.
88	<b>63 INGRAHAM LH IMPROVEMENTS</b>							
	020606	NC	38.00		5,000.			0.
89	<b>55 QUINCY LH IMPROVEMENTS</b>							
	123106	NC	14.00		20,019.			0.
	<b>* 990 PAGE 2 TOTAL OTHER</b>							
					49,369.	0.	1,107.	2,214.
	<b>* 990 PAGE 2 TOTAL - LEASEHOLD IMPROVEMENTS</b>							
					49,369.	0.	1,107.	2,214.
	<b>IT-COMPUTER EQUIPMENT</b>							
	<b>OTHER</b>							
24	<b>COMPUTER EQUIPMENT</b>							
	072305	SL	3.00	16	410.		57.	137.
25	<b>COMPUTER EQUIPMENT</b>							
	080905	SL	3.00	16	65.		9.	22.

## 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
26	COMPUTER EQUIPMENT							
	081105	SL	3.00	16	82.		11.	27.
27	COMPUTER EQUIPMENT							
	081105	SL	3.00	16	661.		92.	220.
28	COMPUTER EQUIPMENT							
	081205	SL	3.00	16	164.		23.	55.
29	COMPUTER EQUIPMENT							
	081205	SL	3.00	16	30.		4.	10.
30	COMPUTER EQUIPMENT							
	081205	SL	3.00	16	1,689.		235.	563.
31	COMPUTER EQUIPMENT							
	081205	SL	3.00	16	124.		17.	41.
32	COMPUTER EQUIPMENT							
	081205	SL	3.00	16	1,186.		165.	395.
33	COMPUTER EQUIPMENT							
	081905	SL	3.00	16	76.		8.	25.
	* 990 PAGE 2 TOTAL OTHER							
					4,487.	0.	621.	1,495.
	* 990 PAGE 2 TOTAL - TT-COMPUTER EQUIPMENT							
					4,487.	0.	621.	1,495.
	TT-FURNITURE & FIXTURES							
	OTHER							
80	SOMMERSET "L" DESK (MAPLE)							
	040606	SL	7.00	16	301.			32.
81	60" HUTCH FOR COMPACT "L" DESK (MAPLE)							
	040606	SL	7.00	16	176.			19.
82	STACKING ARM CHAIR (BLUE)							
	040506	SL	7.00	16	330.			35.
83	STACKING ARM CHAIR (BLUE)							
	040506	SL	7.00	16	330.			35.
84	METAL UTILITY CARTS (ORANGE/TOPAZE/PURPLE)							
	042006	SL	7.00	16	583.			56.
85	ADJUSTABLE UTILITY CARTS (RED & YELLOW)							
	042006	SL	7.00	16	389.			37.
86	COMMERCIAL-GRADE OPEN SHELVING (GREY)							
	042006	SL	7.00	16	627.			60.
87	VARIOUS PURCHASES BY TOTS TOWNE							
	070106	SL	7.00	16	10,862.			776.
	* 990 PAGE 2 TOTAL OTHER							
					13,598.	0.	0.	1,050.
	* 990 PAGE 2 TOTAL - TT-FURNITURE & FIXTURES							
					13,598.	0.	0.	1,050.
	TT-SIGNS							
	OTHER							
92	SIGN-TOTS TOWNE							
	123106	SL	7.00	16	2,831.			0.
	* 990 PAGE 2 TOTAL OTHER							
					2,831.	0.	0.	0.
	* 990 PAGE 2 TOTAL - TT-SIGNS							
					2,831.	0.	0.	0.

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
	<b>TT-LEASEHOLD IMPROVEMENTS</b>							
	<b>OTHER</b>							
41	<b>LEASEHOLD IMPROVEMENTS</b>							
	123105	NC	38.00		21,413.			0.
90	<b>LAND IMPROVEMENTS</b>							
	123106	NC	38.00		17,577.			0.
91	<b>LAND IMPROVEMENTS</b>							
	123106	NC	38.00		45,568.			0.
	<b>* 990 PAGE 2 TOTAL, OTHER</b>							
					84,558.	0.	0.	0.
	<b>* 990 PAGE 2 TOTAL - TT-LEASEHOLD IMPROVEMENTS</b>							
					84,558.	0.	0.	0.
	<b>* GRAND TOTAL 990 PAGE 2 DEPR</b>							
					631,317.	0.	5,532.	27,510.

TOTAL CARE SERVICES, INC68-0568736

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**FOOTNOTES****STATEMENT 1**

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**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	3,144.		3,144.	
COMPANION EXPENSE	1,895.	1,895.		
OFFICE EXPENSE	47,325.		47,325.	
LICENSES AND PERMITS	3,099.		3,099.	
OUTSIDE SERVICES	53,908.	207.	53,701.	
DIRECT SUPPORT				
PERSONNEL	1,790,096.	1,790,096.		
PROFESSIONAL FEES	38,911.		38,911.	
RESIDENTIAL CONTRACT				
EXPENSE	126,564.	126,564.		
CONTRIBUTIONS	601.		601.	
INSURANCE	39,894.		39,894.	
PROFESSIONAL				
DEVELOPMENT	22,460.		22,460.	
DAY PROGRAM EXPENSE	1,037.	1,037.		
PENALTIES AND FINES	6,803.		6,803.	
THEFT LOSS	25,000.		25,000.	
ADVERTISING & PROMOTION	234.		234.	
<b>TOTAL TO FM 990, LN 43</b>	<b>2,160,971.</b>	<b>1,919,799.</b>	<b>241,172.</b>	

TOTAL CARE SERVICES, INC

68-0568736

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DRUCELLA WHEELER NDOYE	88,467.			88,467.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	88,467.			88,467.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
UKELA PROCTOR	46,010.			46,010.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	46,010.			46,010.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SONYA BUSH	29,514.			29,514.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	29,514.			29,514.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				163,991.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED		ON PART II, LINE 25A		163,991.

STATEMENT(S) 3

TOTAL CARE SERVICES, INC

68-0568736

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

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EXPLANATION

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

TOTAL CARE SERVICES, INC68-0568736


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


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<u>BORROWER'S NAME AND TITLE</u>			<u>ORIGINAL LOAN AMOUNT</u>	
DRUCELLA WHEELER NDOYE, EXECUTIVE DIRECTOR			382,581.	
<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>TERMS OF REPAYMENT</u>	<u>INTEREST RATE</u>	
03/15/10	04/15/15	MONTHLY	4.62%	
<u>SECURITY PROVIDED BY BORROWER</u>		<u>PURPOSE OF LOAN</u>		
NONE		UNKNOWN		
<u>DESCRIPTION OF CONSIDERATION</u>			<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
INTEREST BEARING CONFESS JUDGEMENT PROMISSORY NOTE			382,581.	395,994.

<u>BORROWER'S NAME AND TITLE</u>			<u>ORIGINAL LOAN AMOUNT</u>	
MOUSSA NDOYE, DIRECTOR			50,000.	
<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>TERMS OF REPAYMENT</u>	<u>INTEREST RATE</u>	
03/15/10	04/15/15	MONTHLY	4.62%	
<u>SECURITY PROVIDED BY BORROWER</u>		<u>PURPOSE OF LOAN</u>		
NONE		UNKNOWN		
<u>DESCRIPTION OF CONSIDERATION</u>			<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
INTEREST BEARING CONFESS JUDGEMENT PROMISSORY NOTE			50,000.	51,628.

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TOTAL INCLUDED ON FORM 990, PART IV, LINE 50A, COLUMN B	<u>447,622.</u>
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## 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.	2,167.	2,833.
OFFICE FURNITURE	660.	196.	464.
COMPUTER EQUIPMENT	1,231.	771.	460.
COMPUTER EQUIPMENT	668.	427.	241.
COMPUTER EQUIPMENT	796.	508.	288.
COMPUTER EQUIPMENT	336.	196.	140.
COMPUTER EQUIPMENT	1,220.	712.	508.
COMPUTER EQUIPMENT	17.	10.	7.
COMPUTER EQUIPMENT	2,438.	1,355.	1,083.
COMPUTER EQUIPMENT	149.	79.	70.
COMPUTER EQUIPMENT	1,592.	619.	973.
COMPUTER EQUIPMENT	1,599.	577.	1,022.
COMPUTER EQUIPMENT	1,977.	714.	1,263.
COMPUTER EQUIPMENT	1,874.	677.	1,197.
CHEVY 12-PASSENGER VAN	31,416.	6,807.	24,609.
HONDA ELEMENT	22,456.	4,491.	17,965.
COMPUTER EQUIPMENT	410.	194.	216.
COMPUTER EQUIPMENT	65.	31.	34.
COMPUTER EQUIPMENT	82.	38.	44.
COMPUTER EQUIPMENT	661.	312.	349.
COMPUTER EQUIPMENT	164.	78.	86.
COMPUTER EQUIPMENT	30.	14.	16.
COMPUTER EQUIPMENT	1,689.	798.	891.
COMPUTER EQUIPMENT	124.	58.	66.
COMPUTER EQUIPMENT	1,186.	560.	626.
COMPUTER EQUIPMENT	76.	33.	43.
55 QUINCY LH IMPROVEMENTS	3,850.	0.	3,850.
HEADQUARTERS LI 5780 2ND ST	15,500.	3,321.	12,179.
LEASEHOLD IMPROVEMENTS	21,413.	0.	21,413.
RIGGS PLAZA CN	5,000.	0.	5,000.
COMPUTER EQUIPMENT	828.	276.	552.
COMPUTER HARDWARE, SOFTWARE & ACCESSORIES	1,523.	508.	1,015.
COMPUTER EQUIPMENT	115.	38.	77.
COMPUTER EQUIPMENT/SOFTWARE	629.	210.	419.
COMPUTER EQUIPMENT	7,804.	2,385.	5,419.
DELL PRECISION 670 DESKTOP COMPUTERS	5,431.	1,509.	3,922.
BROTHER INTELLIFAX 4100	317.	42.	275.
BROTHER MULTI-FUNCTION MACHINE	95.	10.	85.
PANASONIC KXFL541 FAX/COPIER	296.	32.	264.
ELECTRONIC TIME CLOCK	190.	16.	174.
JVC DVD/VCR COMBO	137.	8.	129.
COMMERCIAL STEAM VACUUM	333.	20.	313.
TOUCHSTATION TIME SYSTEM	476.	23.	453.
A510- ACCUCUT TRIMMER	114.	5.	109.

## TOTAL CARE SERVICES, INC

68-0568736

REPLACEMENT OF ACCUCUT TRIMMER	114.	4.	110.
SHARP PRINTING CALCULATOR	38.	1.	37.
BROTHER 2920 LASER FAX	317.	4.	313.
2004 FORD TARUS	17,676.	589.	17,087.
FURNITURE FOR HUMAN RESOURCES	1,274.	182.	1,092.
LEATHER MANAGER'S CHAIR	113.	15.	98.
TOP GLASS FOR CONFERENCE TABLE	666.	71.	595.
REFRIGERATOR FOR HR (FOR MEDICINES)	168.	18.	150.
BOOKCASES	436.	47.	389.
2-DRAWER FILE CABINETS	101.	11.	90.
2-DRAWER FILE CABINETS	101.	11.	90.
4-SHELVES METAL BOOKCASE	126.	13.	113.
2 PLATFORM 36" HUTCH	381.	41.	340.
2-DRAWER FILE CABINETS	572.	75.	497.
KEY CABINET	84.	7.	77.
MOBILE FILE CABINET	123.	10.	113.
22" DEEP 2-DRAWER FILE CABINET	97.	7.	90.
UNSHAPED COMPUTER WORKSTATION	409.	29.	380.
MOBILE FILE CABINET	123.	9.	114.
2-DRAWER MOBILE FILE CABINETS	126.	4.	122.
36' WIDE 4-DRAWER FILE CABINET	642.	15.	627.
25" 4-DRAWER FILE CABINET	171.	4.	167.
4-DRAWER VERTICAL LETTER FILE	429.	0.	429.
SOMMERSET "L" DESK (MAPLE)	301.	32.	269.
60" HUTCH FOR COMPACT "L" DESK (MAPLE)	176.	19.	157.
STACKING ARM CHAIR (BLUE)	330.	35.	295.
STACKING ARM CHAIR (BLUE)	330.	35.	295.
METAL UTILITY CARTS (ORANGE/TOPAZE/PURPLE)	583.	56.	527.
ADJUSTABLE UTILITY CARTS (RED & YELLOW)	389.	37.	352.
COMMERCIAL-GRADE OPEN SHELVING (GREY)	627.	60.	567.
VARIOUS PURCHASES BY TOTS TOWNE	10,862.	776.	10,086.
63 INGRAHAM LH IMPROVEMENTS	5,000.	0.	5,000.
55 QUINCY LH IMPROVEMENTS	20,019.	0.	20,019.
LAND IMPROVEMENTS	17,577.	0.	17,577.
LAND IMPROVEMENTS	45,568.	0.	45,568.
SIGN-TOTS TOWNE	2,831.	0.	2,831.
RIGGS PLAZA LH IMPROVEMENTS	360,470.	0.	360,470.
TOTAL TO FORM 990, PART IV, LN 57	631,317.	33,042.	598,275.

TOTAL CARE SERVICES, INC

68-0568736

FORM 990

OTHER ASSETS

STATEMENT 7

DESCRIPTION

AMOUNT

SECURITY DEPOSITS  
EMPLOYEE ADVANCES

33,515.  
280.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

33,795.

TOTAL CARE SERVICES, INC

68-0568736

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 8

LENDER'S NAME                      TERMS OF REPAYMENT

WHEELER &amp; ASSOCIATES, INC    MONTHLY

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
03/15/10	04/01/15	194,900.	4.62%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
NONE	UNREIMBURSED OPERATING EXPENSES

RELATIONSHIP OF LENDER

FOR-PROFIT S CORP WHOLLY OWNED BY EXECUTIVE DIRECTOR

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
INTEREST BEARING CONFESS JUDGEMENT PROMISSORY NOTE	194,900.	216,400.

LENDER'S NAME                      TERMS OF REPAYMENT

BB &amp; T BANK LINE OF CREDIT

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		0.	.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
NONE	BANK LINE OF CREDIT

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
NONE	0.	177,483.

TOTAL CARE SERVICES, INC68-0568736LENDER'S NAMETERMS OF REPAYMENTAUTO LOANS

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		0.	.00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

AUTOS

PURCHASE VEHICLES FOR EXEMPT PURPOSE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATIONFMV OF CONSIDERATIONBALANCE DUE

0.

60,387.

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

454,270.FORM 990OTHER LIABILITIESSTATEMENT

9

DESCRIPTIONAMOUNTPAYROLL TAXES PAYABLE  
SALARY & WAGES PAYABLE<1,159.>  
426.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

<733.>

TOTAL CARE SERVICES, INC

68-0568736

FORM 990

EXPLANATION OF RELATIONSHIP  
PART V-A, LINE 75B

STATEMENT 10

INDIVIDUAL'S NAME

TITLE OR ROLE

DRUCELLA WHEELER-NDOYE

EXECUTIVE DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

SONYA BUSH

SECRETARY

EXPLANATION OF RELATIONSHIP

SISTER

INDIVIDUAL'S NAME

TITLE OR ROLE

DRUCELLA WHEELER-NDOYE

EXECUTIVE DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

UKELA PROCTOR

TREASURER

EXPLANATION OF RELATIONSHIP

DAUGHTER

TOTAL CARE SERVICES, INC

68-0568736

INDIVIDUAL'S NAME

TITLE OR ROLE

DRUCELLA WHEELER--NDOYE

EXECUTIVE DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

MOUSSA NDOYE

DIRECTOR

EXPLANATION OF RELATIONSHIP

HUSBAND

TOTAL CARE SERVICES, INC

68-0568736

FORM 990 PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS STATEMENT 11

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
DRUCELLA WHEELER-NDOYE	143,241.	0.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
WHEELER & ASSOCIATES, INC.	52-1708456

RELATIONSHIP BETWEEN ORGANIZATIONS  
FOR-PROFIT S CORP WHOLLY OWNED BY EXECUTIVE DIRECTOR

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 12

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
DIRECT SUPPORT & MEDWAIVER INCOME					3,778,813.
RESIDENTIAL CONTRACT INCOME					948,324.
EXTENDED RESPITE INCOME					82,551.
LESS: ALLOWANCES					<23,354.>
TO FORM 990, PART VII, LINE 93					4,786,334.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 13

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

THE ORGANIZATION PROVIDED 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 500 AT RISK CLIENTS.

TOTAL CARE SERVICES, INC

68-0568736

FORM 990

DESCRIPTION OF TRANSFER  
PART XI, LINE 106

STATEMENT 14

NAME OF CONTROLLED ENTITY

EMPLOYER ID

WHEELER & ASSOCIATES, INC.

52-1708456

DESCRIPTION OF TRANSFER

DIRECT TRANSFERS OF FUNDS TO WHEELER & ASSOCIATES, INC. FOR OPERATING EXPENSES

TOTAL CARE SERVICES, INC

68-0568736

FORM 990

DESCRIPTION OF TRANSFER  
PART XI, LINE 107

STATEMENT 15

NAME OF CONTROLLED ENTITY

EMPLOYER ID

WHEELER & ASSOCIATES, INC.

52-1708456

DESCRIPTION OF TRANSFER

EXPENSES PAID BY WHEELER & ASSOCIATES, INC. ON BEHALF OF TOTAL CARE SERVICES, INC.

TOTAL CARE SERVICES, INC

68-0568736

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2A

STATEMENT 16

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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

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2B

STATEMENT 17

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

TOTAL CARE SERVICES, INC

68-0568736

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2C

STATEMENT 18

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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

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 19

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THE EXECUTIVE DIRECTOR RECEIVED \$88,467 OF COMPENSATION IN 2006 FROM THIS ORGANIZATION. THE EXECUTIVE DIRECTOR ALSO RECEIVED A SALARY IN 2006 OF \$143,241 FROM THE FOR-PROFIT ENTITY, WHEELER & ASSOCIATES, INC., WHICH IS WHOLLY OWNED BY THE EXECUTIVE DIRECTOR.

