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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)

0712

OMB No 1545-0047
2007
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 **2007** calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 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): **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):

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **7,952,567.**

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

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

SCANNED APR 14 2010

Revenue					
1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b			
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)			1e	0.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	7,906,678.
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	41,636.
5	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	
7	Other investment income (describe _____)			7	
8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less: cost or other basis and sales expenses	8a	8b		
c	Gain or (loss) (attach schedule)	8c			
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"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	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	Other revenue (from Part VII, line 103)			11	4,253.
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	7,952,567.
Expenses					
13	Program services (from line 44, column (B))			13	4,367,189.
14	Management and general (from line 44, column (C))			14	2,522,657.
15	Fundraising (from line 44, column (D))			15	786.
16	Payments to affiliates (attach schedule)			16	
17	Total expenses. Add lines 16 and 44, column (A)			17	6,890,632.
Net Assets					
18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	1,061,935.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	2,041,482.
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	3,103,417.

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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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	229,009.	0.	229,009.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,401,991.	113,861.	1,288,130.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	25,719.		25,719.	
29 Payroll taxes	136,549.	9,533.	127,016.	
30 Professional fundraising fees				
31 Accounting fees	46,421.		46,421.	
32 Legal fees	8,299.		8,299.	
33 Supplies	75,233.	15,625.	59,608.	
34 Telephone	49,612.	5,982.	43,630.	
35 Postage and shipping	9,905.		9,905.	
36 Occupancy	661,882.	475,397.	186,485.	
37 Equipment rental and maintenance	17,940.		17,940.	
38 Printing and publications	9,937.		9,937.	
39 Travel	71,927.	17,606.	54,321.	
40 Conferences, conventions, and meetings				
41 Interest	64,304.		64,304.	
42 Depreciation, depletion, etc. (attach schedule)	69,495.	4,565.	64,930.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	4,012,409.	3,724,620.	287,003.	786.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	6,890,632.	4,367,189.	2,522,657.	786.

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 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 3</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 700 CLIENTS A YEAR ARE SUPPORTED BY THIS PROGRAM.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	4,259,600.
b PROVIDE HIGH QUALITY DAY CARE SERVICES WITH A FOCUS ON THE PHYSICAL, COGNITIVE, SOCIAL AND EMOTIONAL DEVELOPMENT OF CHILDREN. TWENTY-FIVE CHILDREN WERE SUPPORTED BY THIS PROGRAM IN 2007.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	107,589.
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)	4,367,189.

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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	49,183.	722,431.
	46 Savings and temporary cash investments		420,399.
	47 a Accounts receivable	1,469,969.	
	b Less: allowance for doubtful accounts	1,366,573.	1,469,969.
	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	447,622.	906,250.
	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		108,654.
	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	819,568.		
b Less: accumulated depreciation	598,275.	717,031.	
58 Other assets, including program-related investments (describe SEE STATEMENT 6)	33,795.	75,413.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,495,448.	4,420,147.	
Liabilities	60 Accounts payable and accrued expenses	429.	415,646.
	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	454,270.	805,168.
	65 Other liabilities (describe SEE STATEMENT 7)	<733.>	95,916.
66 Total liabilities. Add lines 60 through 65	453,966.	1,316,730.	
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	2,041,482.	3,103,417.
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)	2,041,482.	3,103,417.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,495,448.	4,420,147.	

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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 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	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.		
	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		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		
	88b 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.		
	89c		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
	89d		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f		
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?		X
	89g		
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, 2007 90b 29		
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

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Part VI	Other Information (continued)	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	X
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.)

	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 SEE STATEMENT 10					7,906,678.
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					41,636.
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 MISCELLANEOUS INCOME					4,253.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	7,952,567.
105 Total (add line 104, columns (B), (D), and (E))					7,952,567.

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).
▼	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).

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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).

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.

	Yes	No
	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 12	322,799.
b	-----			
c	-----			
Totals				322,799.

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.

	Yes	No
	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 13	81,336.
b	-----			
c	-----			
Totals				81,336.

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

Paid Preparer's Use Only: *D.H. WEINER* Date: *3-24-10* Check if self-employed
 Preparer's signature
 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 21208-3900
 Phone no. (410) 402-0131

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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 12	322,799.		
b -----					
c -----					
Totals			322,799.		

				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 13	81,336.		
b -----					
c -----					
Totals			81,336.		

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

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: DRUCELLA WHEELER-NDOYE, EXECUTIVE DIRECTOR Date: _____
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: DENNIS H. WEINER & ASSOCIATES, CHARTERED EIN: _____
3635 OLD COURT ROAD, SUITE 403
BALTIMORE, MARYLAND 21208-3908 Phone no.: (410) 484-8191

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

2007

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
JR SAMUELS & ASSOCIATES, LLC	SPEECH THERAPY	173,650.
MONICA WHITE GANT	LICENSED PRACTICAL NURSE	50,557.
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 3B, 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 14	X	
b	Lending of money or other extension of credit? SEE STATEMENT 15	X	
c	Furnishing of goods, services, or facilities? SEE STATEMENT 16	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 17	X	
e	Transfer of any part of its income or assets?		X
3 a	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 counseling, debt management, credit repair, or debt negotiation services?		X
4 a	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		N/A
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 8 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 8 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	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007 **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) 2006	(b) 2005	(c) 2004	(d) 2003	(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	4,374,465.	1,832,817.	198,740.		6,406,022.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	13,203.	2,554.	179.		15,936.
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	1.	194.	SEE STATEMENT 18		195.
23 Total of lines 15 through 22	4,387,669.	1,835,565.	198,919.	0.	6,422,153.
24 Line 23 minus line 17	13,204.	2,748.	179.		16,131.
25 Enter 1% of line 23	43,877.	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 2003 through 2006 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: (2006) 0. (2005) 0. (2004) 0. (2003) 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: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 6,406,022. 20 _____ 21 _____					27c 6,406,022.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 6,406,022.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 6,422,153.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.7488%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .2481%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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.

Table with columns: Limits on Lobbying Expenditures, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include lines 36-44 for various lobbying expenditure categories.

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: (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows include lines 45-50 for lobbying nontaxable amount, ceiling amount, and expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

Table for Lobbying Activity by Nonelecting Public Charities with columns: Yes, No, Amount. Rows include categories a-i for various lobbying activities.

Depreciation and Amortization Detail FORM 990 PAGE 2

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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.		196.	94.
61	FURNITURE FOR HUMAN RESOURCES							
	010506	SL	7.00	16	1,274.		182.	182.
62	LEATHER MANAGER'S CHAIR							
	011806	SL	7.00	16	113.		15.	16.
63	TOP GLASS FOR CONFERENCE TABLE							
	032106	SL	7.00	16	666.		71.	95.
64	REFRIGERATOR FOR HR (FOR MEDICINES)							
	032206	SL	7.00	16	168.		18.	24.
65	BOOKCASES							
	031506	SL	7.00	16	436.		47.	62.
66	2-DRAWER FILE CABINETS							
	032306	SL	7.00	16	101.		11.	14.
67	2-DRAWER FILE CABINETS							
	032306	SL	7.00	16	101.		11.	14.
68	4-SHELVES METAL BOOKCASE							
	032306	SL	7.00	16	126.		13.	18.
69	2 PLATFORM 36" HUTCH							
	033006	SL	7.00	16	381.		41.	54.
70	2-DRAWER FILE CABINETS							
	013106	SL	7.00	16	572.		75.	82.
71	KEY CABINET							
	061406	SL	7.00	16	84.		7.	12.
72	MOBILE FILE CABINET							
	061506	SL	7.00	16	123.		10.	18.
73	22" DEEP 2-DRAWER FILE CABINET							
	061906	SL	7.00	16	97.		7.	14.
74	UNSHAPED COMPUTER WORKSTATION							
	062006	SL	7.00	16	409.		29.	58.
75	MOBILE FILE CABINET							
	062706	SL	7.00	16	123.		9.	18.
76	2-DRAWER MOBILE FILE CABINETS							
	100306	SL	7.00	16	126.		4.	18.
77	36' WIDE 4-DRAWER FILE CABINET							
	101606	SL	7.00	16	642.		15.	92.
78	25" 4-DRAWER FILE CABINET							
	101606	SL	7.00	16	171.		4.	24.
79	4-DRAWER VERTICAL LETTER FILE							
	121906	SL	7.00	16	429.			61.
136	SITUATIONS-LEATHER MANAGER'S CHAIR							
	020507	SL	7.00	16	124.			16.
137	4-DRAWER LETTER FILE							
	041307	SL	7.00	16	1,227.			131.
138	LEATHER GUEST CHAIR							
	041607	SL	7.00	16	121.			12.
139	STACKING CHAIR							
	041607	SL	7.00	16	1,011.			96.
140	PLASTIC TABLE 30" X 72" GRAY							
	050907	SL	7.00	16	33.			3.
141	FOLDING TABLE 8-FT							
	050907	SL	7.00	16	61.			6.

Depreciation and Amortization Detail FORM 990 PAGE 2

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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
142	FOLDING TABLE (WALNUT)							
	060807	SL	7.00	16	187.			16.
143	HIGHSIDE 2-DRAWER FILE CABINET - 6PCS							
	071007	SL	7.00	16	381.			27.
144	30-CAP KEY CABINET (SAND)							
	071007	SL	7.00	16	41.			3.
145	40-CAP KEY RACK DRAWER							
	071007	SL	7.00	16	44.			3.
146	METRO CART - SILVER							
	072607	SL	7.00	16	52.			3.
147	HOSPITAL BED - USED FOR TRAINING							
	081307	SL	7.00	16	475.			28.
148	CONFERENCE TABLE FOR LANHAM OFFICE							
	082807	SL	7.00	16	220.			10.
149	VERTICAL 4-DRAWER LETTER FILE CABINET							
	101207	SL	7.00	16	337.			12.
150	EXEC CHAIR ADJ ARMS, MISS							
	101207	SL	7.00	16	136.			5.
151	PLASTIC TABLES - 30" X 72" GRAY							
	101207	SL	7.00	16	236.			8.
152	LIGHTWEIGHT EASLES (2)							
	103107	SL	7.00	16	114.			3.
153	OVERSIZE LEATHER EXECUTIVE CHAIR							
	110607	SL	7.00	16	430.			10.
154	TABLES FOR WORK STATION SET-UP							
	111607	SL	7.00	16	236.			3.
155	EXECUTIVE CHAIR ADJ ARMS, MISS							
	110107	SL	7.00	16	409.			10.
156	VERTICAL 2-DRAWER LETTER FILE CABINET							
	110107	SL	7.00	16	252.			6.
157	PLASTIC TABLE 30" X 72" GRAY							
	110107	SL	7.00	16	157.			4.
158	EXEC CHAIR ADJ ARMS, MISS							
	110607	SL	7.00	16	378.			9.
159	EXEC CHAIR ADJ ARMS, MISS							
	110607	SL	7.00	16	126.			3.
160	22" LETTER FILE CABINATE (BLACK)							
	120307	SL	7.00	16	166.			2.
161	4-DRAWER FILE CABINET (HQ NURSING DEP)							
	122007	SL	7.00	16	582.			0.
162	BLACK LEATHER CHAIR							
	122807	SL	7.00	16	88.			0.
163	LEATHER TASK CHAIR W/ARMS							
	122807	SL	7.00	16	91.			0.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					14,517.	0.	765.	1,399.
	TRANSPORTATION EQUIPMENT							
8	2000 FORD E-150 CARGO VAN							
	101904	SL	5.00	16	5,000.		2,167.	999.
22	CHEVY 12-PASSENGER VAN							
	120105	SL	5.00	16	31,416.		6,807.	6,283.
23	HONDA ELEMENT							
	121305	SL	5.00	16	22,456.		4,491.	4,491.

Depreciation and Amortization Detail FORM 990 PAGE 2

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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
60	2004 FORD TARUS							
	110106	SL	5.00	16	17,676.		589.	3,535.
127	2008 CHEVY EXPRESS VAN - 15 PASSENGER							
	102907	SL	5.00	16	34,818.			1,161.
128	2007 CHEVY EXPRESS VAN - 15 PASSENGER							
	102907	SL	5.00	16	34,212.			1,140.
129	2007 CHEVY EXPRESS VAN							
	102907	SL	5.00	16	34,606.			1,154.
130	2007 CHEVY EXPRESS VAN - 15 PASSENGER							
	102907	SL	5.00	16	33,772.			1,126.
131	2007 FORD ECONOLINE VAN - E350 CUTAWAY							
	040607	SL	5.00	16	33,591.			5,039.
132	2007 TOYOTA SIENNA VAN - 7 PASSENGER							
	061107	SL	5.00	16	23,827.			2,780.
133	2007 TOYOTA SIENNA VAN - 7 PASSENGER							
	062707	SL	5.00	16	23,775.			2,378.
134	2007 TOYOTA SIENNA VAN - 7 PASSENGER							
	062707	SL	5.00	16	23,775.			2,378.
135	GPS							
	091107	SL	5.00	16	447.			30.
	* 990 PAGE 2 TOTAL TRANSPORTATION EQUIPMENT							
					319,371.	0.	14,054.	32,494.
	COMPUTER EQUIPMENT							
	OTHER							
10	COMPUTER EQUIPMENT							
	010405	SL	3.00	16	1,231.		771.	410.
11	COMPUTER EQUIPMENT							
	012705	SL	3.00	16	668.		427.	223.
12	COMPUTER EQUIPMENT							
	012705	SL	3.00	16	796.		508.	265.
13	COMPUTER EQUIPMENT							
	033105	SL	3.00	16	336.		196.	112.
14	COMPUTER EQUIPMENT							
	040205	SL	3.00	16	1,220.		712.	407.
15	COMPUTER EQUIPMENT							
	040505	SL	3.00	16	17.		10.	6.
16	COMPUTER EQUIPMENT							
	043005	SL	3.00	16	2,438.		1,355.	813.
17	COMPUTER EQUIPMENT							
	051905	SL	3.00	16	149.		79.	50.
18	COMPUTER EQUIPMENT							
	101805	SL	3.00	16	1,592.		619.	531.
19	COMPUTER EQUIPMENT							
	121005	SL	3.00	16	1,599.		577.	533.
20	COMPUTER EQUIPMENT							
	121005	SL	3.00	16	1,977.		714.	659.
21	COMPUTER EQUIPMENT							
	121305	SL	3.00	16	1,874.		677.	625.
43	COMPUTER EQUIPMENT							
	112905	SL	3.00	16	828.		276.	276.
44	COMPUTER HARDWARE, SOFTWARE & ACCESSORIES							
	120205	SL	3.00	16	1,523.		508.	508.

Depreciation and Amortization Detail FORM 990 PAGE 2

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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
45	COMPUTER EQUIPMENT							
	122005	SL	3.00	16	115.		38.	38.
46	COMPUTER EQUIPMENT/SOFTWARE							
	122105	SL	3.00	16	629.		210.	210.
47	COMPUTER EQUIPMENT							
	020206	SL	3.00	16	7,804.		2,385.	2,601.
48	DELL PRECISION 670 DESKTOP COMPUTERS							
	030206	SL	3.00	16	5,431.		1,509.	1,810.
94	2 DELL PRECISION 390							
	041507	SL	3.00	16	3,109.			777.
95	COMPUTER ACCESSORIES							
	061607	SL	3.00	16	200.			33.
96	MONITOR - LCD X171S							
	062607	SL	3.00	16	190.			32.
97	ACER LCD MONITOR 17"							
	062607	SL	3.00	16	171.			29.
98	NOTEBOOK DV6305US-15.4"							
	062607	SL	3.00	16	761.			127.
99	COMPUTER SLIMLINE							
	062607	SL	3.00	16	613.			102.
100	COMPUTER COMPA							
	062607	SL	3.00	16	529.			88.
101	VOSTRO 400, INTEL CORE2 DUO							
	091207	SL	3.00	16	6,798.			755.
102	COMPUTER							
	101907	SL	3.00	16	1,200.			67.
103	VOSTRO 1500 COMPUTERS							
	110607	SL	3.00	16	1,351.			75.
104	VOSTRO 400 INTEL CORE2 DUO							
	102407	SL	3.00	16	7,170.			398.
105	SYSTEM SERVICE TAG/SERIAL NO. 9S8N5F1							
	110607	SL	3.00	16	2,396.			133.
106	CORDLESS DESKTOP X110							
	111307	SL	3.00	16	95.			5.
	* 990 PAGE 2 TOTAL OTHER							
					54,810.	0.	11,571.	12,698.
	* 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT							
					54,810.	0.	11,571.	12,698.
	OFFICE EQUIPMENT							
	OTHER							
49	BROTHER INTELLIFAX 4100							
	012606	SL	7.00	16	317.		42.	45.
50	BROTHER MULTI-FUNCTION MACHINE							
	040406	SL	7.00	16	95.		10.	14.
51	PANASONIC KXFL541 FAX/COPIER							
	040406	SL	7.00	16	296.		32.	42.
52	ELECTRONIC TIME CLOCK							
	061206	SL	7.00	16	190.		16.	27.
53	JVC DVD/VCR COMBO							
	071806	SL	7.00	16	137.		8.	20.
54	COMMERCIAL STEAM VACUUM							
	071706	SL	7.00	16	333.		20.	48.

Depreciation and Amortization Detail FORM 990 PAGE 2

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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
55	TOUCHSTATION TIME SYSTEM							
	090106	SL	7.00	16	476.		23.	68.
56	A510- ACCUCUT TRIMMER							
	091306	SL	7.00	16	114.		5.	16.
57	REPLACEMENT OF ACCUCUT TRIMMER							
	091906	SL	7.00	16	114.		4.	16.
58	SHARP PRINTING CALCULATOR							
	102706	SL	7.00	16	38.		1.	5.
59	BROTHER 2920 LASER FAX							
	112106	SL	7.00	16	317.		4.	45.
107	SHARP PRINTING CALCULATOR							
	051807	SL	7.00	16	37.			3.
108	HPLJ 1020 PRINTER							
	060507	SL	7.00	16	190.			16.
109	HPLJ 1020 PRINTER							
	062707	SL	7.00	16	381.			27.
110	SONY CYBERSHOT DSCN2							
	062707	SL	7.00	16	370.			26.
111	LAMINATING MACHINE H250							
	060107	SL	7.00	16	177.			15.
112	TELEPHONE SET T7316E CHARCOAL							
	081007	SL	7.00	16	465.			28.
113	CALLPILOT 100/150 VOICE MESSAGING MAILBOX							
	082107	SL	7.00	16	519.			25.
114	LARGE DISPLAY PRINT CALCULATOR							
	091107	SL	7.00	16	38.			2.
115	PROF. PRINTING CALCULATOR (SHARP) WHITE							
	091907	SL	7.00	16	95.			3.
116	BROTHER 7420 MULTIFUNCTION MACHINE							
	100407	SL	7.00	16	264.			9.
117	INTELLIFAX 4100E LASER FAX							
	101107	SL	7.00	16	301.			11.
118	TELEPHONE SET T7316E CHARCOAL							
	101507	SL	7.00	16	1,014.			36.
119	COMPUCESSORY 60060 CROSS-CUT SHREDDER							
	102207	SL	7.00	16	382.			9.
120	RADIUS CORNER MAGNETIC IN/OUT BOARD							
	111407	SL	7.00	16	190.			5.
121	LASERJET 1015 HP PRINTERS							
	112207	SL	7.00	16	412.			5.
122	LASERJET 1020 HP PRINTERS							
	112207	SL	7.00	16	317.			4.
123	DESKJET F4180 HP PRINTER							
	112207	SL	7.00	16	85.			1.
124	SHREDDER							
	112907	SL	7.00	16	173.			2.
125	PRINTER/FAX/PHONES FOR NEW SATELLITE OFF FOR ON							
	122007	SL	7.00	16	116.			0.
126	DVD PLAYER/VCR COMBO & ACCESSORIES							
	122007	SL	7.00	16	107.			0.
	* 990 PAGE 2 TOTAL OTHER							
					8,060.	0.	165.	573.
	* 990 PAGE 2 TOTAL - OFFICE EQUIPMENT							
					8,060.	0.	165.	573.

Depreciation and Amortization Detail FORM 990 PAGE 2

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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
	LEASEHOLD IMPROVEMENTS							
	OTHER							
3955	QUINCY LH IMPROVEMENTS							
	123105	NC	14.00		3,850.			0.
40	HEADQUARTERS LI 5780 2ND ST							
	062005		84M	43	15,500.		3,321.	2,214.
8863	INGRAHAM LH IMPROVEMENTS							
	020606		38M	43	5,000.			658.
8955	QUINCY LH IMPROVEMENTS							
	123106	NC	14.00		20,019.			0.
16463	INGRAHAM LH IMPROVEMENTS							
	030107		38M	42	183.			24.
16563	INGRAHAM LH IMPROVEMENTS							
	052107		38M	42	11,616.			1,528.
16663	INGRAHAM LH IMPROVEMENTS							
	071007		38M	42	7,186.			946.
16763	INGRAHAM LH IMPROVEMENTS							
	071807		38M	42	9,323.			1,227.
16863	INGRAHAM LH IMPROVEMENTS							
	081307		38M	42	1,384.			182.
16955	QUINCY LH IMPROVEMENTS							
	123107	NC	14.00		155,691.			0.
1745001	FORBES BLVD IMPROVEMENTS							
	092007	NC	.000		83,550.			0.
	* 990 PAGE 2 TOTAL OTHER							
					313,302.	0.	3,321.	6,779.
	* 990 PAGE 2 TOTAL - LEASEHOLD IMPROVEMENTS							
					313,302.	0.	3,321.	6,779.
	IT-COMPUTER EQUIPMENT							
	OTHER							
24	COMPUTER EQUIPMENT							
	072305	SL	3.00	16	410.		194.	137.
25	COMPUTER EQUIPMENT							
	080905	SL	3.00	16	65.		31.	22.
26	COMPUTER EQUIPMENT							
	081105	SL	3.00	16	82.		38.	27.
27	COMPUTER EQUIPMENT							
	081105	SL	3.00	16	661.		312.	220.
28	COMPUTER EQUIPMENT							
	081205	SL	3.00	16	164.		78.	55.
29	COMPUTER EQUIPMENT							
	081205	SL	3.00	16	30.		14.	10.
30	COMPUTER EQUIPMENT							
	081205	SL	3.00	16	1,689.		798.	563.
31	COMPUTER EQUIPMENT							
	081205	SL	3.00	16	124.		58.	41.
32	COMPUTER EQUIPMENT							
	081205	SL	3.00	16	1,186.		560.	395.
33	COMPUTER EQUIPMENT							
	081905	SL	3.00	16	76.		33.	25.

Depreciation and Amortization Detail FORM 990 PAGE 2

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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
172	COMPUTER EQUIPMENT							
	063007	SL	3.00	16	1,730.			288.
	* 990 PAGE 2 TOTAL OTHER							
					6,217.	0.	2,116.	1,783.
	* 990 PAGE 2 TOTAL - TT-COMPUTER EQUIPMENT							
					6,217.	0.	2,116.	1,783.
	TT-FURNITURE & FIXTURES							
	OTHER							
80	SOMMERSET "L" DESK (MAPLE)							
	040606	SL	7.00	16	301.		32.	43.
81	60" HUTCH FOR COMPACT "L" DESK (MAPLE)							
	040606	SL	7.00	16	176.		19.	25.
82	STACKING ARM CHAIR (BLUE)							
	040506	SL	7.00	16	330.		35.	47.
83	STACKING ARM CHAIR (BLUE)							
	040506	SL	7.00	16	330.		35.	47.
84	METAL UTILITY CARTS (ORANGE/TOPAZE/PURPLE)							
	042006	SL	7.00	16	583.		56.	83.
85	ADJUSTABLE UTILITY CARTS (RED & YELLOW)							
	042006	SL	7.00	16	389.		37.	56.
86	COMMERCIAL-GRADE OPEN SHELVING (GREY)							
	042006	SL	7.00	16	627.		60.	90.
87	VARIOUS PURCHASES BY TOTS TOWNE							
	070106	SL	7.00	16	10,862.		776.	1,552.
173	VARIOUS PURCHASES BY TOTS. TOWNE							
	070107	SL	7.00	16	120.			9.
	* 990 PAGE 2 TOTAL OTHER							
					13,718.	0.	1,050.	1,952.
	* 990 PAGE 2 TOTAL - TT-FURNITURE & FIXTURES							
					13,718.	0.	1,050.	1,952.
	TT-SIGNS							
	OTHER							
92	SIGN-TOTS TOWNE							
	123106	SL	7.00	16	2,831.			404.
	* 990 PAGE 2 TOTAL OTHER							
					2,831.	0.	0.	404.
	* 990 PAGE 2 TOTAL - TT-SIGNS							
					2,831.	0.	0.	404.
	TT-LEASEHOLD IMPROVEMENTS							
	OTHER							
41	LEASEHOLD IMPROVEMENTS							
	123105		38M	43	21,413.			2,817.
90	LAND IMPROVEMENTS							
	123106	SL	38.00	16	17,577.			2,313.
91	LAND IMPROVEMENTS							
	123106	SL	38.00	16	45,568.			5,996.
170	LAND IMPROVEMENTS							
	080107		38M	42	1,184.			156.

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	8,733.		8,733.	
COMPANION EXPENSE	1,653.		1,653.	
OFFICE EXPENSE	16,014.		15,228.	786.
LICENSES AND PERMITS	870.		870.	
OUTSIDE SERVICES	75,628.	1,062.	74,566.	
DIRECT SUPPORT				
PERSONNEL	3,484,904.	3,484,904.		
PROFESSIONAL FEES	75,423.		75,423.	
RESIDENTIAL CONTRACT				
EXPENSE	235,891.	235,891.		
CONTRIBUTIONS	1,355.		1,355.	
INSURANCE	77,268.		77,268.	
PROFESSIONAL				
DEVELOPMENT	18,255.		18,255.	
DAY PROGRAM EXPENSE	2,763.	2,763.		
PENALTIES AND FINES	664.		664.	
THEFT LOSS	0.			
ADVERTISING & PROMOTION	7,641.		7,641.	
SALES TAX	5,347.		5,347.	
TOTAL TO FM 990, LN 43	4,012,409.	3,724,620.	287,003.	786.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

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

TOTAL CARE SERVICES, INC68-0568736

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

<u>BORROWER'S NAME AND TITLE</u>			<u>ORIGINAL LOAN AMOUNT</u>	
DRUCELLA WHEELER NDOYE, EXECUTIVE DIRECTOR			786,144.	
<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			786,144.	827,175.

<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.	54,013.

TOTAL CARE SERVICES, INC68-0568736

<u>BORROWER'S NAME AND TITLE</u>			<u>ORIGINAL LOAN AMOUNT</u>
WHEELER & ASSOCIATES, INC			25,062.
<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	25,062.	25,062.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 50A, COLUMN B		<u>906,250.</u>

<u>FORM 990</u>	<u>DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT</u>	<u>STATEMENT</u>	<u>5</u>
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<u>DESCRIPTION</u>	<u>COST OR OTHER BASIS</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
2000 FORD E-150 CARGO VAN	5,000.	3,166.	1,834.
OFFICE FURNITURE	660.	290.	370.
COMPUTER EQUIPMENT	1,231.	1,181.	50.
COMPUTER EQUIPMENT	668.	650.	18.
COMPUTER EQUIPMENT	796.	773.	23.
COMPUTER EQUIPMENT	336.	308.	28.
COMPUTER EQUIPMENT	1,220.	1,119.	101.
COMPUTER EQUIPMENT	17.	16.	1.
COMPUTER EQUIPMENT	2,438.	2,168.	270.
COMPUTER EQUIPMENT	149.	129.	20.
COMPUTER EQUIPMENT	1,592.	1,150.	442.
COMPUTER EQUIPMENT	1,599.	1,110.	489.
COMPUTER EQUIPMENT	1,977.	1,373.	604.
COMPUTER EQUIPMENT	1,874.	1,302.	572.
CHEVY 12-PASSENGER VAN	31,416.	13,090.	18,326.
HONDA ELEMENT	22,456.	8,982.	13,474.
COMPUTER EQUIPMENT	410.	331.	79.
COMPUTER EQUIPMENT	65.	53.	12.
COMPUTER EQUIPMENT	82.	65.	17.
COMPUTER EQUIPMENT	661.	532.	129.
COMPUTER EQUIPMENT	164.	133.	31.
COMPUTER EQUIPMENT	30.	24.	6.

TOTAL CARE SERVICES, INC

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COMPUTER EQUIPMENT	1,689.	1,361.	328.
COMPUTER EQUIPMENT	124.	99.	25.
COMPUTER EQUIPMENT	1,186.	955.	231.
COMPUTER EQUIPMENT	76.	58.	18.
55 QUINCY LH IMPROVEMENTS	3,850.	0.	3,850.
HEADQUARTERS LI 5780 2ND ST	15,500.	5,535.	9,965.
LEASEHOLD IMPROVEMENTS	21,413.	2,817.	18,596.
COMPUTER EQUIPMENT	828.	552.	276.
COMPUTER HARDWARE, SOFTWARE & ACCESSORIES	1,523.	1,016.	507.
COMPUTER EQUIPMENT	115.	76.	39.
COMPUTER EQUIPMENT/SOFTWARE	629.	420.	209.
COMPUTER EQUIPMENT	7,804.	4,986.	2,818.
DELL PRECISION 670 DESKTOP COMPUTERS	5,431.	3,319.	2,112.
BROTHER INTELLIFAX 4100	317.	87.	230.
BROTHER MULTI-FUNCTION MACHINE	95.	24.	71.
PANASONIC KXFL541 FAX/COPIER	296.	74.	222.
ELECTRONIC TIME CLOCK	190.	43.	147.
JVC DVD/VCR COMBO	137.	28.	109.
COMMERCIAL STEAM VACUUM	333.	68.	265.
TOUCHSTATION TIME SYSTEM	476.	91.	385.
A510- ACCUCUT TRIMMER	114.	21.	93.
REPLACEMENT OF ACCUCUT TRIMMER	114.	20.	94.
SHARP PRINTING CALCULATOR	38.	6.	32.
BROTHER 2920 LASER FAX	317.	49.	268.
2004 FORD TARUS	17,676.	4,124.	13,552.
FURNITURE FOR HUMAN RESOURCES	1,274.	364.	910.
LEATHER MANAGER'S CHAIR	113.	31.	82.
TOP GLASS FOR CONFERENCE TABLE	666.	166.	500.
REFRIGERATOR FOR HR (FOR MEDICINES)	168.	42.	126.
BOOKCASES	436.	109.	327.
2-DRAWER FILE CABINETS	101.	25.	76.
2-DRAWER FILE CABINETS	101.	25.	76.
4-SHELVES METAL BOOKCASE	126.	31.	95.
2 PLATFORM 36" HUTCH	381.	95.	286.
2-DRAWER FILE CABINETS	572.	157.	415.
KEY CABINET	84.	19.	65.
MOBILE FILE CABINET	123.	28.	95.
22" DEEP 2-DRAWER FILE CABINET	97.	21.	76.
UNSHAPED COMPUTER WORKSTATION	409.	87.	322.
MOBILE FILE CABINET	123.	27.	96.
2-DRAWER MOBILE FILE CABINETS	126.	22.	104.
36' WIDE 4-DRAWER FILE CABINET	642.	107.	535.
25" 4-DRAWER FILE CABINET	171.	28.	143.
4-DRAWER VERTICAL LETTER FILE	429.	61.	368.
SOMMERSET "L" DESK (MAPLE)	301.	75.	226.
60" HUTCH FOR COMPACT "L" DESK (MAPLE)	176.	44.	132.
STACKING ARM CHAIR (BLUE)	330.	82.	248.
STACKING ARM CHAIR (BLUE)	330.	82.	248.
METAL UTILITY CARTS (ORANGE/TOPAZE/PURPLE)	583.	139.	444.

TOTAL CARE SERVICES, INC

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ADJUSTABLE UTILITY CARTS (RED & YELLOW)	389.	93.	296.
COMMERCIAL-GRADE OPEN SHELVING (GREY)	627.	150.	477.
VARIOUS PURCHASES BY TOTS TOWNE	10,862.	2,328.	8,534.
63 INGRAHAM LH IMPROVEMENTS	5,000.	658.	4,342.
55 QUINCY LH IMPROVEMENTS	20,019.	0.	20,019.
LAND IMPROVEMENTS	17,577.	2,313.	15,264.
LAND IMPROVEMENTS	45,568.	5,996.	39,572.
SIGN-TOTS TOWNE	2,831.	404.	2,427.
2 DELL PRECISION 390	3,109.	777.	2,332.
COMPUTER ACCESSORIES	200.	33.	167.
MONITOR - LCD X171S	190.	32.	158.
ACER LCD MONITOR 17"	171.	29.	142.
NOTEBOOK DV6305US-15.4"	761.	127.	634.
COMPUTER SLIMLINE	613.	102.	511.
COMPUTER COMPA	529.	88.	441.
VOSTRO 400, INTEL CORE2 DUO	6,798.	755.	6,043.
COMPUTER	1,200.	67.	1,133.
VOSTRO 1500 COMPUTERS	1,351.	75.	1,276.
VOSTRO 400 INTEL CORE2 DUO	7,170.	398.	6,772.
SYSTEM SERVICE TAG/SERIAL NO. 9S8N5F1	2,396.	133.	2,263.
CORDLESS DESKTOP X110	95.	5.	90.
SHARP PRINTING CALCULATOR	37.	3.	34.
HPLJ 1020 PRINTER	190.	16.	174.
HPLJ 1020 PRINTER	381.	27.	354.
SONY CYBERSHOT DSCN2	370.	26.	344.
LAMINATING MACHINE H250	177.	15.	162.
TELEPHONE SET T7316E CHARCOAL	465.	28.	437.
CALLPILOT 100/150 VOICE			
MESSAGING MAILBOX	519.	25.	494.
LARGE DISPLAY PRINT CALCULATOR	38.	2.	36.
PROF. PRINTING CALCULATOR (SHARP) WHITE	95.	3.	92.
BROTHER 7420 MULTIFUNCTION MACHINE	264.	9.	255.
INTELLIFAX 4100E LASER FAX	301.	11.	290.
TELEPHONE SET T7316E CHARCOAL	1,014.	36.	978.
COMPUCESSORY 60060 CROSS-CUT SHREDDER	382.	9.	373.
RADIUS CORNER MAGNETIC IN/OUT BOARD	190.	5.	185.
LASERJET 1015 HP PRINTERS	412.	5.	407.
LASERJET 1020 HP PRINTERS	317.	4.	313.
DESKJET F4180 HP PRINTER	85.	1.	84.
SHREDDER	173.	2.	171.
PRINTER/FAX/PHONES FOR NEW			
SATELLITE OFF FOR QN	116.	0.	116.
DVD PLAYER/VCR COMBO & ACCESSORIES	107.	0.	107.
2008 CHEVY EXPRESS VAN - 15 PASSENGER	34,818.	1,161.	33,657.

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2007 CHEVY EXPRESS VAN - 15 PASSENGER	34,212.	1,140.	33,072.
2007 CHEVY EXPRESS VAN	34,606.	1,154.	33,452.
2007 CHEVY EXPRESS VAN - 15 PASSENGER	33,772.	1,126.	32,646.
2007 FORD ECONOLINE VAN - E350 CUTAWAY	33,591.	5,039.	28,552.
2007 TOYOTA SIENNA VAN - 7 PASSENGER	23,827.	2,780.	21,047.
2007 TOYOTA SIENNA VAN - 7 PASSENGER	23,775.	2,378.	21,397.
2007 TOYOTA SIENNA VAN - 7 PASSENGER	23,775.	2,378.	21,397.
GPS	447.	30.	417.
SITUATIONS-LEATHER MANAGER'S CHAIR	124.	16.	108.
4-DRAWER LETTER FILE	1,227.	131.	1,096.
LEATHER GUEST CHAIR	121.	12.	109.
STACKING CHAIR	1,011.	96.	915.
PLASTIC TABLE 30" X 72" GRAY	33.	3.	30.
FOLDING TABLE 8-FT	61.	6.	55.
FOLDING TABLE (WALNUT)	187.	16.	171.
HIGHSIDE 2-DRAWER FILE CABINET - 6PCS	381.	27.	354.
30-CAP KEY CABINET (SAND)	41.	3.	38.
40-CAP KEY RACK DRAWER	44.	3.	41.
METRO CART - SILVER	52.	3.	49.
HOSPITAL BED - USED FOR TRAINING	475.	28.	447.
CONFERENCE TABLE FOR LANHAM OFFICE	220.	10.	210.
VERTICAL 4-DRAWER LETTER FILE CABINET	337.	12.	325.
EXEC CHAIR ADJ ARMS,MISS	136.	5.	131.
PLASTIC TABLES - 30" X 72" GRAY	236.	8.	228.
LIGHTWEIGHT EASLES (2)	114.	3.	111.
OVERSIZE LEATHER EXECUTIVE CHAIR	430.	10.	420.
TABLES FOR WORK STATION SET-UP	236.	3.	233.
EXECUTIVE CHAIR ADJ ARMS, MISS	409.	10.	399.
VERTICAL 2-DRAWER LETTER FILE CABINET	252.	6.	246.
PLASTIC TABLE 30" X 72" GRAY	157.	4.	153.
EXEC CHAIR ADJ ARMS,MISS	378.	9.	369.
EXEC CHAIR ADJ ARMS,MISS	126.	3.	123.
22" LETTER FILE CABINATE (BLACK)	166.	2.	164.
4-DRAWER FILE CABINET (HQ NURSING DEP)	582.	0.	582.
BLACK LEATHER CHAIR	88.	0.	88.
LEATHER TASK CHAIR W/ARMS	91.	0.	91.
63 INGRAHAM LH IMPROVEMENTS	183.	24.	159.

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63 INGRAHAM LH IMPROVEMENTS	11,616.	1,528.	10,088.
63 INGRAHAM LH IMPROVEMENTS	7,186.	946.	6,240.
63 INGRAHAM LH IMPROVEMENTS	9,323.	1,227.	8,096.
63 INGRAHAM LH IMPROVEMENTS	1,384.	182.	1,202.
55 QUINCY LH IMPROVEMENTS	155,691.	0.	155,691.
LAND IMPROVEMENTS	1,184.	156.	1,028.
LAND IMPROVEMENTS	1,000.	131.	869.
COMPUTER EQUIPMENT	1,730.	288.	1,442.
VARIOUS PURCHASES BY TOTS			
TOWNE	120.	9.	111.
5001 FORBES BLVD IMPROVEMENTS	83,550.	0.	83,550.
TOTAL TO FORM 990, PART IV, LN 57	819,568.	102,537.	717,031.

FORM 990	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SECURITY DEPOSITS	33,515.	65,379.
EMPLOYEE ADVANCES	280.	280.
INTEREST RECEIVABLE	0.	9,754.
TOTAL TO FORM 990, PART IV, LINE 58	33,795.	75,413.

FORM 990	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
PAYROLL TAXES PAYABLE	<1,159.>	7,668.
SALARY & WAGES PAYABLE	426.	88,248.
TOTAL TO FORM 990, PART IV, LINE 65	<733.>	95,916.

TOTAL CARE SERVICES, INC68-0568736

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 8

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

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

DESCRIPTION OF TRANSFER
PART XI, LINE 106

STATEMENT 12

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 13

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

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2A

STATEMENT 14

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 2B

STATEMENT 15

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 2C

STATEMENT 16

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 17

THE EXECUTIVE DIRECTOR RECEIVED \$127,335 OF COMPENSATION IN 2007 FROM THIS ORGANIZATION. THE EXECUTIVE DIRECTOR ALSO RECEIVED A SALARY IN 2007 OF \$112,015 FROM THE FOR-PROFIT ENTITY, WHEELER & ASSOCIATES, INC., WHICH IS WHOLLY OWNED BY THE EXECUTIVE DIRECTOR.

TOTAL CARE SERVICES, INC

68-0568736

SCHEDULE A OTHER INCOME STATEMENT 18

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS INCOME	1.	194.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	1.	194.	0.	0.

Form **4562**
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

2007

Attachment
Sequence No. 67

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

Name(s) shown on return TOTAL CARE SERVICES, INC	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 68-0568736
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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	125,000.
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	500,000.
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 2006 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 2008. 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) and cellulosic biomass ethanol plant 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	59,612.

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 2007	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 2007 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 2007 Tax Year Using the Alternative Depreciation System						
20a	Class life					
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	59,612.
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	2,346.

Form 4562 (2007)

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 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

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

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, and Yes/No columns

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

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

Table for Part VI with rows 42-44 showing amortization of costs for 2007 tax year and total amounts

TOTAL CARE SERVICES, INC

68-0568736

FORM 4562

PART VI - AMORTIZATION

STATEMENT 19

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR
63 INGRAHAM LH IMPROVEMENTS	03/01/07	183.		38M	24.
63 INGRAHAM LH IMPROVEMENTS	05/21/07	11,616.		38M	1,528.
63 INGRAHAM LH IMPROVEMENTS	07/10/07	7,186.		38M	946.
63 INGRAHAM LH IMPROVEMENTS	07/18/07	9,323.		38M	1,227.
63 INGRAHAM LH IMPROVEMENTS	08/13/07	1,384.		38M	182.
LAND IMPROVEMENTS	08/01/07	1,184.		38M	156.
LAND IMPROVEMENTS	08/01/07	1,000.		38M	131.
TOTAL TO FORM 4562, LINE 42					4,194.