

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning , 2005, and ending , 20

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

C Name of organization
RAMPART GROUP, INC dba SENIOR CARE OF BREVARD
 Number and street (or P O box if mail is not delivered to street address) Room/suite
234 WILLARD STREET A
 City or town, state or country, and ZIP + 4
COCOA, FLORIDA 32922

D Employer identification number
59 : 2525381

E Telephone number
(321) 631-9014

F Accounting method: Cash Accrual
 Other (specify) ▶

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 ▶
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

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

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **391,108.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a		31,713.	
	b Indirect public support	1b			
	c Government contributions (grants)	1c		6,052.	
	d Total (add lines 1a through 1c) (cash \$ 9,079 noncash \$ 28,686.)	1d			37,765.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			345,517.
	3 Membership dues and assessments	3			0.
	4 Interest on savings and temporary cash investments	4			1.00
	5 Dividends and interest from securities	5			0.
	6a Gross rents	6a		0.	
	b Less: rental expenses	6b		0.	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			0.
7 Other investment income (describe ▶)	7			0.	
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b Less: cost or other basis and sales expenses	8a	0.	8b	0.
	c Gain or (loss) (attach schedule)	8b	0.	8c	0.
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0.		0.
Revenue	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a		0.	
	b Less: direct expenses other than fundraising expenses	9b		0.	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0.	
Revenue	10a Gross sales of inventory, less returns and allowances	10a		0.	
	b Less: cost of goods sold	10b		0.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			0.
	11 Other revenue (from Part VII, line 103)	11		7,825.	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		391,108.	
Expenses	13 Program services (from line 44, column (B))	13		403,175.	
	14 Management and general (from line 44, column (C))	14		26,539.	
	15 Fundraising (from line 44, column (D))	15		0.	
	16 Payments to affiliates (attach schedule)	16		0.	
	17 Total expenses (add lines 13 and 14, column (E))	17		429,714.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-38,606.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		-84,862.	
	20 Other changes in net assets or fund balances (attach explanation)	20		2,197	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		-121,271.	

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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. (See the instructions.)

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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0.	0.		
23	Specific assistance to individuals (attach schedule)	0.	0.		
24	Benefits paid to or for members (attach schedule)	0.	0.		
25	Compensation of officers, directors, etc.	16,784.	0.	16,784.	0.
26	Other salaries and wages	164,531.	164,531.	0.	0.
27	Pension plan contributions	0.	0.	0.	0.
28	Other employee benefits	0.	0.	0.	0.
29	Payroll taxes	30,441.	28,361.	2,080.	0.
30	Professional fundraising fees	0.	0.	0.	0.
31	Accounting fees	2,375.	2,375.	0.	0.
32	Legal fees	0.	0.	0.	0.
33	Supplies	2,227.	2,227.	0.	0.
34	Telephone	9,794.	9,794.	0.	0.
35	Postage and shipping	1,120.	1,120.	0.	0.
36	Occupancy	60,213.	60,213.	0.	0.
37	Equipment rental and maintenance	30,213.	30,213.	0.	0.
38	Printing and publications	211.	211.	0.	0.
39	Travel	393.	393.	0.	0.
40	Conferences, conventions, and meetings	200.	200.	0.	0.
41	Interest	15,114.	15,114.	0.	0.
42	Depreciation, depletion, etc. (attach schedule)	3,615.	3,615.	0.	0.
43	Other expenses not covered above (itemize):				
a	ACTIVITY PROGRAM EXPENSE	502.	502.	0.	0.
b	ADULT DAY CARE FOOD PROGRAM	27,307.	27,307.	0.	0.
c	ADVERTISING EXPENSE	1,364.	1,364.	0.	0.
d	ALARM MONITORING EXPENSE	2,289.	2,289.	0.	0.
e	BACKGROUND CHECK EXPENSE	373.	373.	0.	0.
f	BANK SERVICE CHARGES	600.	600.	0.	0.
g	SEE OTHER EXPENSES STATEMENT	60,048.	52,373.	7,675.	0.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	429,714.	403,175.	26,539.	0.

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 \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (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? Alzheimer Patient relief, Assistance & Care	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.)
a THE ORGANIZATION ESTABLISHED A COMMUNITY ALZHEIMER RESPITE CARE FACILITY WHICH CARED FOR AND PROVIDED RELIEF TO OVER FIFTY ALZHEIMER SUFFERERS, THEIR FAMILIES AND CAREGIVERS. (Grants and allocations \$ 0.00) If this amount includes foreign grants, check here <input type="checkbox"/>	403,175.
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). <input type="checkbox"/>	403,175.

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	0.	45	7,063.
	46 Savings and temporary cash investments	2,091.	46	6.
	47a Accounts receivable	11,525.		
	b Less: allowance for doubtful accounts		0.	47c
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		0.	48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		309.	50
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts			51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 Investments—securities (attach schedule)			54
	55a Investments—land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)			55c
	56 Investments—other (attach schedule)			56
	57a Land, buildings, and equipment: basis	29,764.		
	b Less: accumulated depreciation (attach schedule)	15,002.	3,124.	57c
	58 Other assets (describe ► SEE LINE 58 STATEMENT)		2,411.	58
59 Total assets (must equal line 74). Add lines 45 through 58.		7,935.	59	
60 Accounts payable and accrued expenses		71,630.	60	
61 Grants payable			61	
62 Deferred revenue			62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)		0.	63	
64a Tax-exempt bond liabilities (attach schedule)			64a	
b Mortgages and other notes payable (attach schedule)		0.	64b	
65 Other liabilities (describe ► ACCRUED PAYROLL LIABILITIES)		21,167.	65	
66 Total liabilities. Add lines 60 through 65		76,491.	66	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	-84,862.	67	-121,271.
	68 Temporarily restricted	0.	68	0.
	69 Permanently restricted	0.	69	0.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		-84,862.	73
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		7,935.	74

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	391,108.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	391,108.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	391,108.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	429,714.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	429,714.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
LAWRENCE MAXWELL 333-A Fifth Ave., Indialantic, FL 32903	DIRECTOR 5			
PETER DiLAVORE P.O. Box 033184, Indialantic, FL 32903	DIRECTOR 5			
RAYMOND F BENOIT 1106 Palermo St. NW, Palm Bay, FL 32907	PRESIDENT 40	16,784.		
RITA ELKINS 5970 Cannon Ave, Cocoa FL. 32927	DIRECTOR 5			
DIXIE STELLING Bionetics Corp. Mail Code Bio-2, KFC, FL 32899	DIRECTOR 5			
RICHARD BRACE 3721 Sunward Ave., Merritt Island, Fl. 32953	VICE PRES 5			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 6		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . .	75b	✓
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	75c	✓
d Does the organization have a written conflict of interest policy?	75d	✓

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	✓
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	✓
b If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a		
b Did the organization file Form 1120-POL for this year?	81b	✓

Part VI Other Information (continued)		Yes	No
82a	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?		<input checked="" type="checkbox"/>
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		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	85a		
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		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
	b Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ ; section 4955 ▶		
b	501(c)(3) and 501(c)(4) orgs. 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	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
90a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	6
91a	The books are in care of ▶ RAYMOND F. BENOIT Telephone no. ▶ (. 321) 634-5939 Located at ▶ 234 WILLARD STEET, COCOA, FL. ZIP + 4 ▶ 32922		
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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>

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) Exclusion code	(D) Amount	
93 Program service revenue:					
a <u>ALZHEIMER SPECIFIC CARE</u>					253,420.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					92,097.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a <u>FORGIVENESS OF DEBT</u>					7,785.
b <u>CREDIT CARD REWARD INCOME</u>					40.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				1.	353,343.
105 Total (add line 104, columns (B), (D), and (E))					353,343.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	INCOME FROM THIS ACTIVITY PROVIDES SUPPORT RESPITE TIME & CARE FOR THE NUMEROUS ALZHEIMER PATIENTS IN THE AREA, THEIR FAMILIES & CAREGIVERS.

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
	%			
	%			
	%			
	%			

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

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

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

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

Under penalties of perjury, I declare that I have examined this return, and believe it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has knowledge.

Please Sign Here

Signature of officer: Raymond F. Benoit

Type or print name and title: **RAYMOND F. BENOIT, PRESIDENT**

Paid Preparer's Use Only

Preparer's signature: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

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

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization RAMPART GROUP, INC. dba SENIOR CARE OF BREVARD	Employer identification number 59 : 2525381
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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 . ▶		NONE		

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 ▶		NONE

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 ▶		NONE

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.		
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?		✓
b Lending of money or other extension of credit?	✓	
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e Transfer of any part of its income or assets?		✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		✓
b Do you have a section 403(b) annuity plan for your employees?		✓
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

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

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

- 5** A church, convention of churches, or association of churches. 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 supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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

Part V Private School Questionnaire (See page 7 of the instructions.)
(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?	29	
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?	30	
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.)	31	
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.)	32a 32b 32c 32d	
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.)	33a 33b 33c 33d 33e 33f 33g 33h	
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

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

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return Rampart Group, Inc dba Senior Care of Brevard	Business or activity to which this form relates Form 990/990EZ	Identifying number 59-2525381
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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	\$105,000																											
2 Total cost of section 179 property placed in service (see instructions)	2																												
3 Threshold cost of section 179 property before reduction in limitation	3	\$420,000																											
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4																												
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">(a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7 Listed property. Enter the amount from line 29</td> <td style="text-align:center;">7</td> <td></td> </tr> <tr> <td>8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7</td> <td style="text-align:center;">8</td> <td></td> </tr> <tr> <td>9 Tentative deduction. Enter the smaller of line 5 or line 8.</td> <td style="text-align:center;">9</td> <td></td> </tr> <tr> <td>10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562</td> <td style="text-align:center;">10</td> <td></td> </tr> <tr> <td>11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)</td> <td style="text-align:center;">11</td> <td></td> </tr> <tr> <td>12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11</td> <td style="text-align:center;">12</td> <td></td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 ▶</td> <td style="text-align:center;">13</td> <td></td> </tr> </tbody> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6			7 Listed property. Enter the amount from line 29	7		8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		9 Tentative deduction. Enter the smaller of line 5 or line 8.	9		10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10		11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12		13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 ▶	13	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost																											
6																													
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																												
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11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11																												
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12																												
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 ▶	13																												

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

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

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	1,083.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B—Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		7,009.	5.0 yrs	HY	200DB	1,263.
c 7-year property		6,940.	7.0 yrs.	HY	200DB	1,083.
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 2005 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	186.
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	3,615.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
		%						
PHONE SYSTEM	10/15/05	100 %	1,303.	1,303.	7 yrs.	200DB/HY	186.	
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.							28	186.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.								29

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions):					
43 Amortization of costs that began before your 2005 tax year.					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

THE RAMPART GROUP INC DBA SENIOR CARE OF BRE
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 12/31/05

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/05	Current Depreciation	Accum Depr 12/31/05
1650 Vehicles									
5	VAN	06/01/99	200% DB	05/00	Y	11,500.00	11,500.00	0.00	11,500.00
Total for (Vehicles)						11,500.00	11,500.00	0.00	11,500.00
Furniture & Fixtures									
1	Furniture & Equipment	01/01/97	200% DB	07/00	N	2,560.00	2,560.00	0.00	2,560.00
3	Piano	06/30/99	200% DB	07/00	N	500.00	401.00	66.00	467.00
7	Refridgeator	07/25/02	200% DB	07/00	N	124.98	70.32	15.62	85.94
57	Furniture	12/31/04	200% DB	07/00	N	38.00	2.02	10.28	12.30
36	Television	01/01/05	200% DB	07/00	N	50.00	0.00	7.14	7.14
37	Office Desk	01/01/05	200% DB	07/00	N	100.00	0.00	14.29	14.29
38	4 - Office Waiting Rm Chairs	01/01/05	200% DB	07/00	N	200.00	0.00	28.57	28.57
39	Hospital Bed	01/01/05	200% DB	07/00	N	725.00	0.00	103.57	103.57
40	Used Refridgerator	01/01/05	200% DB	07/00	N	100.00	0.00	14.29	14.29
34	Computer Desk	03/08/05	200% DB	07/00	N	1,576.93	0.00	315.39	315.39
31	Brown Desk	09/26/05	200% DB	07/00	N	149.49	0.00	21.36	21.36
32	Brown Desk	09/26/05	200% DB	07/00	N	150.49	0.00	21.50	21.50
25	Freezer	10/15/05	200% DB	07/00	N	252.11	0.00	36.02	36.02
26	Refridgerator	10/15/05	200% DB	07/00	N	145.19	0.00	20.74	20.74
28	Black Office Desk	10/15/05	200% DB	07/00	N	900.00	0.00	128.57	128.57
29	Brown Desk	10/15/05	200% DB	07/00	N	110.00	0.00	15.71	15.71
33	4 Office Executive Chairs	10/15/05	200% DB	07/00	N	300.00	0.00	42.86	42.86
35	Black Filing Cabinet	10/15/05	200% DB	07/00	N	75.00	0.00	10.71	10.71
41	1 Round Table	10/15/05	200% DB	07/00	N	50.00	0.00	7.14	7.14
42	6 Small Folding Cafeterior Tables	10/15/05	200% DB	07/00	N	360.00	0.00	51.43	51.43
43	3 Lg. Folding Cafeterior Tables	10/15/05	200% DB	07/00	N	150.00	0.00	21.43	21.43
46	Metal Storage Rack	10/15/05	200% DB	07/00	N	100.00	0.00	14.29	14.29
47	Restaurant Food Cart	10/15/05	200% DB	07/00	N	200.00	0.00	28.57	28.57
48	3-Hole Stainless Stee Sink	10/15/05	200% DB	07/00	N	375.00	0.00	53.57	53.57
49	Plastic Utility Sink	10/15/05	200% DB	07/00	N	42.00	0.00	6.00	6.00
50	Amoire Cabinet	10/15/05	200% DB	07/00	N	150.00	0.00	21.43	21.43
52	Armoire	10/15/05	200% DB	07/00	N	50.00	0.00	7.14	7.14
53	5 Cubical Deviders	10/15/05	200% DB	07/00	N	180.00	0.00	25.71	25.71
54	Love Seat	10/15/05	200% DB	07/00	N	50.00	0.00	7.14	7.14
55	Sofa	10/15/05	200% DB	07/00	N	100.00	0.00	14.29	14.29
56	2 - Round Tables	10/15/05	200% DB	07/00	N	100.00	0.00	14.29	14.29
Total for (Furniture & Fixtures)						9,964.19	3,033.34	1,145.05	4,178.39
Medical Equipment									
44	Sm. Medical refridgerator	10/15/05	200% DB	05/00	N	50.00	0.00	10.00	10.00
45	2 - Hoyer Lifts	10/15/05	200% DB	07/00	N	200.00	0.00	28.57	28.57
Total for (Medical Equipment)						250.00	0.00	38.57	38.57
Office Equipment									
2	Office Equipment	01/01/98	200% DB	05/00	N	3,032.00	3,032.00	0.00	3,032.00
4	2-Printers	01/01/99	200% DB	05/00	N	400.00	400.00	0.00	400.00
6	Computer	07/10/00	200% DB	05/00	N	1,129.00	1,063.97	65.03	1,129.00
8	Laptop Computer	01/07/02	200% DB	05/00	N	2,215.00	1,577.08	255.17	1,832.25

THE RAMPART GROUP INC DBA SENIOR CARE OF BRE
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 12/31/05

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/05	Current Depreciation	Accum Depr 12/31/05
Office Equipment									
14	Office Equipment 2	01/07/02	200% DB	05/00	N	425.00	302.60	48.96	351.56
9	JVC Camcorder	07/07/02	200% DB	07/00	N	1,056.00	594.19	131.95	726.14
10	Scanner	07/07/02	200% DB	05/00	N	200.00	142.40	23.04	165.44
11	Shredder	07/10/02	200% DB	05/00	N	120.00	85.44	13.82	99.26
12	Fax Machine	08/06/02	200% DB	05/00	N	279.99	199.36	32.25	231.61
13	Digital Camera	11/25/02	200% DB	07/00	N	80.00	45.01	10.00	55.01
15	Multimedia Projector	01/14/03	200% DB	07/00	N	2,350.99	911.61	411.25	1,322.86
16	AVAYA Phone System	10/15/05	200% DB	07/00	N	1,303.05	0.00	186.15	186.15
17	Dell Power Edge Server	10/15/05	200% DB	05/00	N	704.79	0.00	140.96	140.96
18	ETC-100 Payroll Time Clock	10/15/05	200% DB	05/00	N	1,372.22	0.00	274.44	274.44
19	Computer	10/15/05	200% DB	05/00	N	501.44	0.00	100.29	100.29
20	Computer	10/15/05	200% DB	05/00	N	495.52	0.00	99.10	99.10
21	Battery Backup	10/15/05	200% DB	05/00	N	78.64	0.00	15.73	15.73
22	Dell Printer	10/15/05	200% DB	05/00	N	76.01	0.00	15.20	15.20
23	Vacuum	10/15/05	200% DB	07/00	N	101.11	0.00	14.44	14.44
24	Fire System	10/15/05	200% DB	07/00	N	2,262.89	0.00	323.27	323.27
27	Copier	10/15/05	200% DB	05/00	N	1,316.12	0.00	263.22	263.22
51	6 Draw BI Filing Cabinet	10/15/05	200% DB	07/00	N	50.00	0.00	7.14	7.14
	Total for (Office Equipment)					19,549.77	8,353.66	2,431.41	10,785.07
	Client Subtotal Before Sales					41,263.96	22,887.00	3,615.03	26,502.03
	Less Assets Sold					11,500.00			11,500.00
	Total					29,763.96	22,887.00	3,615.03	15,002.03

Form 990, Page 2 Part II, Line 43

1

Other Expenses Stmt.

Other Expenses not covered above (itemized):	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Caregiver Outreach Program	208	208	0	0
Consultant Fees	9,475	1,800	7675	0
Computer & Internet Expense	3,253	3,253	0	0
Credit Card Fees	312	312	0	0
Donations - Other Organization:	9,486	9,486	0	0
Dues & Subscriptions	229	229	0	0
Fines/Penalties/Judgements	11,233	11,233	0	0
Hazardous Waste	121	121	0	0
Insurance	9,569	9,569	0	0
Licenses & Permits	446	446	0	0
Meals & Entertainment	185	185	0	0
Office Expense	1,688	1,688	0	0
Patient Gifts	158	158	0	0
Pest Control	165	165	0	0
Repair & Maintenance	1,319	1,319	0	0
Storage Fees	120	120	0	0
Transportation Fees	11,275	11,275	0	0
Uncollectible Accounts Expense	267	267	0	0
Uniforms	539	539	0	0
Total	60,048	52,373	7,675	0

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets	Beginning of Year	End of Year
Deposits	2,411	384
Total	2,411	384

Form 990, Page 3, Part IV, Line 63

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Loans from officers, directors, trustees and key employees

Line 63 - Loans from officers, directors, trustees and key employees	Beginning of Year	End of Year
Linda Wagner	0	7,079
Raymond Benoit	0	17,837
Total	0	24,916

Form 990, Page 3, Part IV, Line 64b

Mortgages and other notes payable

Line 64b - Loans from officers, directors, trustees and key employees	Beginning of Year	End of Year
Dell Commercial Credit	0	5,141
Total	0	5,141

Form 990, Page 3, Line 50 column (A)

Description	Amount
Note Receivable - Ray Benoit	309
Total	309

Form 990, Page 1, Part I, Line 20

Description	Amount
Reversing entry 1/1/05 against prior year bank overdraft.	2,197

Page 3, Line 60 column (A)