

Return of Organization Exempt from Income Tax

2001

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 2001 calendar year, or tax year beginning Jul 1, 2001, and ending Jun 30, 2002

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: MIRACLE OF LOVE INC. D Employer identification number: 59-3455949. E Telephone number: (407) 445-6008. F Accounting method: Accrual.

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

H and I are not applicable to Section 527 organizations. H(a) Is this a group return for affiliates? H(b) If yes enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4 digit group GEN. M Check if the organization is not required to attach Schedule B.

G Web site

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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 832,018

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes rows for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross revenue, Net income, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets at beginning/end of year.

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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 |
|--|--|-----------|----------------------|----------------------------|-----------------|
| 22 | Grants and allocations (att sch) (cash \$ _____ non cash \$ _____) | | | | |
| 23 | Specific assistance to individuals (att sch) | | | | |
| 24 | Benefits paid to or for members (att sch) | | | | |
| 25 | Compensation of officers, directors, etc | 50,000 | 0 | 50,000 | 0 |
| 26 | Other salaries and wages | 427,228 | 357,043 | 54,585 | 15,600 |
| 27 | Pension plan contributions | | | | |
| 28 | Other employee benefits | 7,345 | 5,474 | 1,628 | 243 |
| 29 | Payroll taxes | 36,007 | 26,835 | 7,982 | 1,190 |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | 32,176 | 0 | 32,176 | 0 |
| 32 | Legal fees | | | | |
| 33 | Supplies | 12,829 | 10,753 | 2,076 | 0 |
| 34 | Telephone | 21,613 | 17,800 | 3,813 | 0 |
| 35 | Postage and shipping | 2,029 | 1,823 | 206 | 0 |
| 36 | Occupancy | 68,732 | 56,604 | 12,128 | 0 |
| 37 | Equipment rental and maintenance | 6,824 | 0 | 6,824 | 0 |
| 38 | Printing and publications | 1,570 | 1,570 | 0 | 0 |
| 39 | Travel | 12,967 | 12,967 | 0 | 0 |
| 40 | Conferences, conventions, and meetings | 1,425 | 0 | 1,425 | 0 |
| 41 | Interest | 2,007 | 0 | 2,007 | 0 |
| 42 | Depreciation, depletion, etc (attach schedule) | 8,977 | 0 | 8,977 | 0 |
| 43 | Other expenses not covered above (itemize) | | | | |
| 43a | <u>PAYROLL PROCESSING FEES</u> | 1,741 | 1,445 | 296 | 0 |
| 43b | <u>SPECIFIC CLIENT ASSISTANCE</u> | 76,300 | 76,300 | 0 | 0 |
| 43c | <u>OTHER EXPENSES</u> | 28,631 | 26,309 | 2,322 | 0 |
| 43d | <u>INSURANCE</u> | 8,249 | 6,420 | 1,829 | 0 |
| 43e | | | | | |
| 44 | Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 | 806,650 | 601,343 | 188,274 | 17,033 |

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

What is the organization's primary exempt purpose? SEE STATEMENT 1

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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

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

| | | | | | |
|---|---|--|---|--|---------|
| a | <u>SEE STATEMENT 3</u> | | | | |
| | (Grants and allocations \$ _____) | | 0 | | 601,343 |
| b | | | | | |
| | (Grants and allocations \$ _____) | | | | |
| c | | | | | |
| | (Grants and allocations \$ _____) | | | | |
| d | | | | | |
| | (Grants and allocations \$ _____) | | | | |
| e | Other program services | | | | |
| | (Grants and allocations \$ _____) | | | | |
| f | Total of Program Service Expenses (should equal line 44, column (B), program services) | | | | 601,343 |

Part IV Balance Sheets (See 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 |
|--|---|--|---------|--------------------|
| A S S E T S | 45 Cash – non interest bearing | 3,433 | 45 | 30,263 |
| | 46 Savings and temporary cash investments | 5,754 | 46 | 0 |
| | 47 a Accounts receivable | | | |
| | b Less allowance for doubtful accounts | | 47 c | |
| | 48 a Pledges receivable | | | |
| | b Less allowance for doubtful accounts | | 48 c | |
| | 49 Grants receivable | 55,187 | 49 | 46,406 |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51 a Other notes & loans receivable (attach sch) | | | |
| | b Less allowance for doubtful accounts | | 51 c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | 528 | 53 | 1,831 |
| | 54 Investments – securities (attach schedule) | ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54 | |
| | 55 a Investments – land, buildings, & equipment basis | | | |
| | b Less accumulated depreciation (attach schedule) | | 55 c | |
| 56 Investments – other (attach schedule) | | 56 | | |
| 57 a Land, buildings, and equipment basis | 48,523 | | | |
| b Less accumulated depreciation (attach schedule) L-57 Stmt | 15,511 | 57 c | 33,012 | |
| 58 Other assets (describe ▶ See Line 58 Stmt) | 66,695 | 58 | 64,677 | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 151,452 | 59 | 176,189 | |
| L I A B I L I T I E S | 60 Accounts payable and accrued expenses | 35,146 | 60 | 36,533 |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64 a Tax exempt bond liabilities (attach schedule) | | 64 a | |
| | b Mortgages and other notes payable (attach schedule) | 66,695 | 64 b | 64,677 |
| | 65 Other liabilities (describe ▶) | | 65 | |
| 66 Total liabilities (add lines 60 through 65) | 101,841 | 66 | 101,210 | |
| N E T A S S E T S O R N E T L I A B I L I T I E S | Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| | 67 Unrestricted | 49,611 | 67 | 74,979 |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | 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 and column (B) must equal line 21) | 49,611 | 73 | 74,979 |
| | 74 Total liabilities and net assets/fund balances (add lines 66 and 73) | 151,452 | 74 | 176,189 |

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.

BAA

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

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

| | |
|---|--------------|
| a Total revenue, gains, and other support per audited financial statements | a N/A |
| b Amounts included on line a but not on line 12, Form 990 | |
| (1) Net unrealized gains on investments \$ | |
| (2) Donated services and use of facilities \$ | |
| (3) Recoveries of prior year grants \$ | |
| (4) Other (specify) | |
| ----- \$ | |
| Add amounts on lines (1) through (4) | b |
| c Line a minus line b | c |
| d Amounts included on line 12, Form 990 but not on line a | |
| (1) Investment expenses not included on line 6b, Form 990 \$ | |
| (2) Other (specify) | |
| ----- \$ | |
| Add amounts on lines (1) and (2) | d |
| e Total revenue per line 12, Form 990 (line c plus line d) | e |

| | |
|---|--------------|
| a Total expenses and losses per audited financial statements | a N/A |
| b Amounts included on line a but not on line 17, Form 990 | |
| (1) Donated services and use of facilities \$ | |
| (2) Prior year adjustments reported on line 20, Form 990 \$ | |
| (3) Losses reported on line 20, Form 990 \$ | |
| (4) Other (specify) | |
| ----- \$ | |
| Add amounts on lines (1) through (4) | b |
| c Line a minus line b | c |
| d Amounts included on line 17, Form 990 but not on line a | |
| (1) Investment expenses not included on line 6b, Form 990 \$ | |
| (2) Other (specify) | |
| ----- \$ | |
| Add amounts on lines (1) and (2) | d |
| e Total expenses per line 17, Form 990 (line c plus line d) | e |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see 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 and deferred compensation | (E) Expense account and other allowances |
|---|--|---|---|--|
| LOWELL D STAFFORD 4530 EVERS PLACE, ORLANDO FL 32811 | EXECUTIVE DIRECTOR 40 | 50,000 | 1,218 | 0 |
| DWAYNE HICKMAN 652 ELLIS AVE, ORLANDO, FL 32811 | PRESIDENT 10 | 0 | 0 | 0 |
| FRANKLIN WILLIAMS 2056 CASCADE COVE DR ORLANDO, FL 32820 | SECRETARY 10 | 0 | 0 | 0 |
| TYNICA NALL 4490 KIRKLAND BLVD ORLANDO FL 32811 | MEMBER 5 | 0 | 0 | 0 |
| OTHA JONES 11945 RED BRIDGED, ORLANDO FL 32824 | MEMBER 5 | 0 | 0 | 0 |
| JULIO SANTOS 2457 GINGER MILL BLVD, ORLANDO FL 32824 | MEMBER 5 | 0 | 0 | 0 |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes No

If 'Yes,' attach schedule - see instructions

Part VI Other Information (See specific 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 | | X |
| 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | | X |
| 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 78b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement | | X |
| 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? | | X |
| 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 or indirect political expenditures. See line 81 instructions | | |
| 81b Did the organization file Form 1120-POL for this year? | | X |
| 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? | | 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) | | |
| 83a Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| 84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 85 501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members? | | |
| b Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | |
| c Dues, assessments, and similar amounts from members | | |
| d Section 162(e) lobbying and political expenditures | | |
| e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices | | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) | | |
| g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f? | | |
| 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? | | |
| 86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | | |
| b Gross receipts, included on line 12, for public use of club facilities | | |
| 87 501(c)(12) organizations Enter a Gross income from members or shareholders | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | | X |
| 89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u> | | |
| b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction | | X |
| c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 | | 0 |
| d Enter Amount of tax on line 89c, above, reimbursed by the organization | | 0 |
| 90a List the states with which a copy of this return is filed <u>NONE</u> | | |
| b Number of employees employed in the pay period that includes March 12, 2001 (see instructions) | | 13 |
| 91 The books are in care of <u>LOWELL STAFFORD</u> Telephone number <u>(407) 445-6008</u> Located at <u>1800 MERCY DRIVE, SUITE 300, ORLANDO</u> FL ZIP + 4 <u>32808</u> | | |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u> | | |

Part VII Analysis of Income-Producing Activities (See 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 RESIDENT FEES | | | | | 23,909 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash invmnts | | | | | |
| 96 Dividends & 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 pers prop | | | | | |
| 99 Other investment income | | | | | 3,803 |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | | 27,712 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 27,712 |

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 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 | PROVIDE ASSISTED LIVING FACILITY FOR INDIVIDUALS INFECTED WITH THE HIV VIRUS |
| 99 | TEMPORARY INVESTMENTS WERE MADE WITH GRANT PROCEEDS SO THAT THE |
| | See Relationship of Activities to the Accomplishment of Exempt Purposes Statement |

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

N/A

| (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 instructions)

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

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

Date 4/22/03

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

Supplementary Information - (see separate instructions)

Department of the Treasury
Internal Revenue Service

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

| | |
|--|---|
| Name of the Organization MIRACLE OF LOVE INC | Employer Identification Number 59-3455949 |
|--|---|

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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 III Statements About Activities (See instructions)

| | Yes | No |
|--|-----|----|
| <p>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 1 of Part VI-B)</p> <p>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</p> | | X |
| <p>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.)</p> <p>a Sale, exchange, or leasing of property? <i>See Statement 4</i></p> <p>b Lending of money or other extension of credit? <i>See Statement 4</i></p> <p>c Furnishing of goods, services, or facilities? <i>See Pt V, Fm 990</i></p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p>e Transfer of any part of its income or assets?</p> | X | |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) | | X |
| 4 Do you have a section 403(b) annuity plan for your employees? | | X |

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments

Part IV Reason for Non-Private Foundation Status (See 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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See 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 instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in) | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
|---|-------------|-------------|-------------|-------------|--------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) | 589,377 | 105,185 | 76,677 | 0 | 771,239 |
| 16 Membership fees received | 0 | 0 | 0 | 0 | 0 |
| 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 | 8,572 | 55,306 | 22,827 | 0 | 86,705 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 1,318 | 0 | 0 | 0 | 1,318 |
| 19 Net income from unrelated business activities not included in line 18 | 0 | 0 | 0 | 0 | 0 |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | 0 | 0 | 0 | 0 | 0 |
| 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 | 0 | 0 | 0 | 0 | 0 |
| 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets | 0 | 0 | 0 | 0 | 0 |
| 23 Total of lines 15 through 22 | 599,267 | 160,491 | 99,504 | 0 | 859,262 |
| 24 Line 23 minus line 17 | 590,695 | 105,185 | 76,677 | 0 | 772,557 |
| 25 Enter 1% of line 23 | 5,993 | 1,605 | 995 | 0 | |

| | | | |
|---|---|------------|---------|
| 26 Organizations described on lines 10 or 11 | a Enter 2% of amount in column (e), line 24 | 26a | 15,451 |
| 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 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts | | 26b | 0 |
| c Total support for Section 509(a)(1) test Enter line 24, column (e) | | 26c | 772,557 |
| d Add Amounts from column (e) for lines | 18 <u>1,318</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u> | 26d | 1,318 |
| e Public support (line 26c minus line 26d total) | | 26e | 771,239 |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | 26f | 99.83 % |

| | | |
|--|--|------------|
| 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 (2000) _____ (1999) _____ (1998) _____ (1997) _____ | |
| b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2000) _____ (1999) _____ (1998) _____ (1997) _____ | | |
| c Add Amounts from column (e) for lines | 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | 27c |
| d Add Line 27a total _____ and line 27b total _____ | | 27d |
| e Public support (line 27c total minus line 27d total) | | 27e |
| f Total support for section 509(a)(2) test Enter amount from line 23, column (e) | 27f | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | 27g |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | 27h |

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

| | | N/A | |
|-----|---|-----|----|
| | | Yes | No |
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- ----- | | |
| 32 | Does the organization maintain the following | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- | | |
| 33 | Does the organization discriminate by race in any way with respect to | | |
| a | Students' rights or privileges? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | Athletic programs? | | |
| h | Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

| | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|--|-----------------------------------|---|
| 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 – | | |
| Not over \$500,000 | | |
| Over \$500,000 but not over \$1,000,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | | |
| Over \$1,500,000 but not over \$17,000,000 | | |
| Over \$17,000,000 | | |
| The lobbying nontaxable amount is – | | |
| 20% of the amount on line 40 | | |
| \$100,000 plus 15% of the excess over \$500,000 | | |
| \$175,000 plus 10% of the excess over \$1,000,000 | | |
| \$225,000 plus 5% of the excess over \$1,500,000 | | |
| \$1,000,000 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36 | 43 | |
| 44 Subtract line 41 from line 38 Enter 0- if line 41 is more than line 38 | 44 | |
| Caution If there is an amount on either line 43 or line 44, you must file Form 4720 | | |

4-Year Averaging Period Under Section 501(h)

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

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non taxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- 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)

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

Additional Information

PRIMARY EXEMPT PURPOSE

THE MISSION OF MIRACLE OF LOVE, INC IS TO CREATE A COMPREHENSIVE, MULTICULTURAL AIDS SERVICE AND PREVENTION PROGRAM THAT IS EFFECTIVE AND RESPONSIVE TO COMMUNITIES OF COLOR IN ORANGE, SEMINOLE, LAKE, BREVARD, AND OSCEOLA COUNTIES, FLORIDA

Form 990, Page 1, Line 7

Other Investment Income Statement

Other investment income (describe)

INTEREST INCOME 3,803

Total 3,803

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

| | (a) Cost/Other Basis | (b) Accumulated Depreciation | (c) Book Value |
|--------------------------------|----------------------------|------------------------------------|-------------------|
| VEHICLES | 4,495 | 1,124 | 3,371 |
| FURNITURE AND OFFICE EQUIPMENT | 44,028 | 14,387 | 29,641 |
| Total | <u>48,523</u> | <u>15,511</u> | <u>33,012</u> |

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

| Line 58 - Other Assets | Beginning of Year | End of Year |
|------------------------------------|----------------------|----------------|
| RECEIVABLE FROM EXECUTIVE DIRECTOR | 66,695 | 64,677 |
| Total | <u>66,695</u> | <u>64,677</u> |

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

| Line Number ▼ | 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) |
|---------------------|--|
| | INCOME PRODUCED WOULD INCREASE THE FUNDS AVAILABLE FOR PROGRAM SERVICES |

Miracle of Love, Inc
2001 Form 990
Page 2, Part III – Statement of Program Service Accomplishments
EIN 59-3455949

MOL facilitates several programs that has and will continue to serve the under-served and un-served population in providing HIV prevention and care services. MOL's open-door-policy welcomes everyone. The individuals that benefit from these continued services are those affected and/or infected by HIV/AIDS including i e , African American Men Who Have Sex With Other Men, Incarcerated Men, Incarcerated Youth, Gay Youth and individuals in the latter stages of the infection. Listed below are services that address access to the under-served or un-served population in the way of Prevention and Care services.

Miracle of Love, Inc
2001 Form 990
Page 2, Part III – Statement of Program Service Accomplishments
EIN 59-3455949

Program Name Brothers Network

Number of client served Group Level Intervention 166

Number of client served Out Reach 700

Program Service Expenses \$138,309

Miracle of Love, Inc (MOL) Brothers' Network program offers group and individual level intervention for Gay/Bisexual and the Transgender communities of color. This intervention is theory based using the Social Cognitive Theory. The intervention is based on theories of peer influence and diffusion of innovations, which poses that people are most likely to adopt new behaviors when favorable evaluation of the behavior are conveyed to them by similar others whom they respect. Over the fiscal year September 30, 2001 to September 29, 2002 the goal of this program was to reach 166 gay, bi-sexual and transgender men of color in providing them with HIV/AIDS information using the Social Cognitive Theory. For the fiscal year the Brothers Network Program was able to exceed its goal in reaching 167 gay, bi-sexual and transgender men of color and providing outreach to over 700 gay men.

MOL's Young Minority Advocators (YMA) group, first meeting took place on February 1st 2002 and consisted of the Brothers Network Staff and 5 youths that were interested in being part of the development of a young MSM group. This meeting took place at the Miracle of Love's office and initiated the development of the YMA. The result of the weekly meeting that followed produced a name for the program i.e., YMA, a vision statement and goals and objectives.

An advisory committee consisting of the 5 members was formed. The main focus of the committee was increasing the membership of the program, but more importantly getting feedback from the YMSM's, to give that feedback to the Community Planning Partners (CPP). It is evident that the virus is gravely affecting this particular group and there was no representation at the Community Planning area and state level. This committee now meets once a week to further develop the YMA program. The rapid increase in members has forced the group to seek alternate accommodations at the Orlando downtown library to facilitate the weekly members meetings. The meetings serve as a source to mobilize and educate the YMSM. The weekly meetings have also attracted a number of Lesbian women of childbearing age, and the group now has female members. This YMA program that is geared towards mobilizing, educating and empowering YMSM and Lesbians of color is the only one of its kind in the Area 7 EMA. The activities of the program will support, build and enhance self-esteem and self-efficacy, increase the productivity of information sharing and provide a "safe space" for the support and development of talent, strength and courage in our youth. The rapid increase in membership is evident that a program of this type is not only needed in Orlando, but will be actively utilized by YMSM and Lesbians of this city and surrounding areas. To date the YMA program has a membership base of 75 individuals that meets weekly.

Miracle of Love, Inc
2001 Form 990
Page 2, Part III – Statement of Program Service Accomplishments
EIN 59-3455949

Program Name Brother to Brother

Number of client served Group Level Intervention 530

Number of client served Out Reach 1,751

Program Service Expenses \$156,349

MOL's Bother-to-Brother program offers group/individual level intervention for the incarcerated population. The intervention that is being used for this intervention is also the Social Cognitive Theory that is mentioned in the above paragraph. Over the fiscal year July 1, 2001 to June 30, 2002 the goal of this program was to reach 366 incarcerated men of color and men that self identify as gay or bi-sexual in providing them with HIV/AIDS information using the Social Cognitive Theory. For the fiscal year the Brothers-to-Brothers Program was able to exceed its goal in reaching 530 incarcerated men of color and providing outreach to over 1,751 incarcerated men.

Miracle of Love, Inc
2001 Form 990
Page 2, Part III – Statement of Program Service Accomplishments
EIN 59-3455949

Program Name Brothers United

Number of client served Prevention Case Management serves 120

Number of client served Out Reach 133

Program Service Expenses \$90,201

MOL's Prevention Case Management (PCM) program offers PCM services offering counseling and testing. The goal of this program is to decrease the rate of infection, re-infection and transmission among the African American and Hispanic male population. Over the fiscal year July 1, 2001 to June 30, 2002 the goal of this program was to reach 120 African American men in providing them with PCM. For the fiscal year the Brothers United Program was able to exceed its goal in reaching 133 African American men and providing outreach to over 1,894 African American men.

Miracle of Love, Inc
2001 Form 990
Page 2, Part III – Statement of Program Service Accomplishments
EIN 59-3455949

Program Name HOPLWA

Number of client served Assisted Living Housing 7

Number of client served Housing Case Management 120

Program Service Expenses \$96,215

MOL's Assisted Living Facility Housing (ALF) program over the past 11 years has gained the expertise in working with the dual diagnosed population i e , with HIV/AIDS, Mental Health and Substance Abuse The Executive Director is a certified ALF administrator by the State of Florida Agency for Health Care Administration MOL's ALF program has also gained over 11 years of experience in working closely with health care facilities and doctor's offices in relaying any and all changes in clients' conditions and medications

Over the fiscal year January 1, 2002-December 2002 the program was able to provided services to 7 clients

Also MOL was funded to provide housing services to client that is infected with HIV/AIDS This program offers a broad range of activates necessary to process and sustain eligible clients for assistance MOL housing supportive services includes clients enrollment and intake processing, eligibility assessment, assisting clients in gaining access to local, state and federal government benefits, assisting clients in obtaining affordable housing and HUD-required client reporting

Over the fiscal years January 1, 2002-December 2002 this program was able to provided serves to over 120 clients

statemat 3 6/7

Miracle of Love, Inc
2001 Form 990
Page 2, Part III – Statement of Program Service Accomplishments
EIN 59-3455949

Program Name Ryan White Services

Number of client served Case Management 120

Number of client served Housing Case Management 70

Program Service Expenses \$120,269

MOL's Ryan White Case Management program is to assess clients and family member's needs, to be a personal support system, to develop a comprehensive individualized service plan and to implement the plan. Clients are monitored to assess the efficacy of the plan with periodic re-evaluation and adaptation of the plan as necessary over the life of the client. MOL's Case Management program is in collaboration with the Central Florida Reception Center. MOL's Rental Assistance program, which is funded under the CBC Minority Initiative assists minority women and children in paying their rent up to \$500.00, 3 times a year. Over the fiscal year March 1, 2002 through February 28, 2003 the program was able to serve 150 clients with this program.

MIRACLE OF LOVE, INC
FORM #990 SCHEDULE A
PART III – STATEMENTS ABOUT ACTIVITIES
JUNE 30, 2002

EIN 59-3455949

QUESTIONS 2a, 2b

DETAILS OF TRANSACTION

In November 1999, the Executive Director purchased a home to be used by the Miracle of Love, Inc to provide an Assisted Living Facility for persons infected with the HIV virus. The Assisted Living Facility is used for short-term emergency housing for HIV infected persons. Operating expenses of the facility are funded through a grant from the United States Department of Housing and Urban Development received from the Local Health Council of East Central Florida, Inc.

In connection with the purchase of the home, the mortgage debt was placed in the name of the Miracle of Love, Inc and title to the home was in the name of the Executive Director. The mortgage is collateralized by a home owned by the aunt of the Executive Director and is personally guaranteed by the aunt. Each of the properties is also subject to an assignment of rents.

Since the debt is the legal responsibility of the Miracle of Love, Inc. It has been recorded in its general ledger. This debt is offset by recording in equal amount of a receivable from the Executive Director. The Board of Directors is exploring alternatives to adjust this current situation which might include having the home refinanced with the debt placed in the name of the Executive Director or having the Executive Director deed the home to the Miracle of Love, Inc.

The Assisted Living Facility is leased from the Executive Director under an operating lease that expires July 2003. Rent required under the lease is \$789 per month. Rent has been paid in the form of paying the mortgage on the facility directly to the bank.

Statement 4