

**Return of Organization Exempt from Income Tax**

**2003**

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 2003 calendar year, or tax year beginning Jul 1, 2003, and ending Jun 30, 2004**

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

**C** Name of organization: **MIRACLE OF LOVE INC.**  
 Number and street (or P O box if mail is not delivered to street addr) Room/suite: **1800 MERCY DRIVE**  
 City, town or country State ZIP code + 4: **ORLANDO FL 32808**

**D** Employer Identification Number: **59-3455949**  
**E** Telephone number: **(407) 445-6008**  
**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

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

**G** Web site: **N/A**

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**I** Group Exemption Number: \_\_\_\_\_

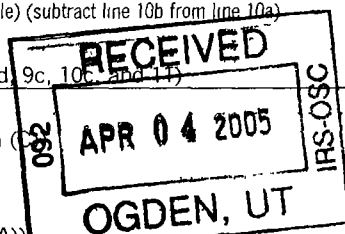
**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **987,065**

**Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1 a</b>	59,871.		
<b>b</b>	Indirect public support	<b>1 b</b>			
<b>c</b>	Government contributions (grants)	<b>1 c</b>	751,628.		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1 d</b>		811,499.	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		172,381.	
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6 a</b>	Gross rents	<b>6 a</b>			
<b>b</b>	Less rental expenses	<b>6 b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6 c</b>			
<b>7</b>	Other investment income (describe: <b>INVESTMENT INCOME</b> )	<b>7</b>		80.	
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8 a</b>	0.		
<b>c</b>	Gain or (loss) (attach schedule) See L-8 Stmt	<b>8 b</b>	2,437.		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8 c</b>	-2,437.		
<b>8 d</b>		<b>8 d</b>		-2,437.	
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ 540. of contributions reported on line 1a)	<b>9 a</b>	2,873.		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9 b</b>	3,783.		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9 c</b>		-910.	
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10 a</b>			
<b>b</b>	Less cost of goods sold	<b>10 b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10 c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		232.	
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		980,845.	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		690,762.	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		190,381.	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		18,241.	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		899,384.	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		81,461.	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		83,269.	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		164,730.	

SCANNED APR 12 2005



**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 \$ _____)	22			
23	Specific assistance to individuals (att sch)	23	147,978.	147,978.	
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	90,000.	0.	90,000.
26	Other salaries and wages	26	393,103.	361,439.	15,872.
27	Pension plan contributions	27			
28	Other employee benefits	28	25,736.	19,180.	5,704.
29	Payroll taxes	29	48,342.	36,028.	10,717.
30	Professional fundraising fees	30			
31	Accounting fees	31	11,000.	0.	11,000.
32	Legal fees	32	300.	0.	300.
33	Supplies	33	7,113.	5,962.	1,151.
34	Telephone	34	36,079.	29,714.	6,365.
35	Postage and shipping	35	927.	832.	95.
36	Occupancy	36	65,317.	53,792.	11,525.
37	Equipment rental and maintenance	37	11,732.	0.	11,732.
38	Printing and publications	38	5,000.	5,000.	0.
39	Travel	39	10,324.	10,324.	0.
40	Conferences, conventions, and meetings	40	1,200.	0.	1,200.
41	Interest	41	106.	0.	106.
42	Depreciation, depletion, etc (attach schedule)	42	11,797.	0.	11,797.
43	Other expenses not covered above (itemize).				
	a PAYROLL PROCESSING FEES	43a	2,107.	1,749.	358.
	b OTHER EXPENSES	43b	17,094.	15,870.	1,224.
	c INSURANCE	43c	3,462.	2,694.	768.
	d ADVERTISING	43d	5,222.	0.	5,222.
	e See Other Expenses Stmt	43e	5,445.	200.	5,245.
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	899,384.	690,762.	190,381.

**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 \$ \_\_\_\_\_

Statement of Program Service Accomplishments		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
What is the organization's primary exempt purpose? <u>SEE STATEMENT 1</u>		
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 and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)		
a	<u>SEE STATEMENT 2</u>	
	(Grants and allocations \$ _____ )	690,762.
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)	690,762.

**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
ASSETS	45 Cash – non-interest-bearing	29,596.	45	110,161.
	46 Savings and temporary cash investments	0.	46	0.
	47a Accounts receivable		47a	
	b Less allowance for doubtful accounts		47b	47c
	48a Pledges receivable		48a	
	b Less allowance for doubtful accounts		48b	48c
	49 Grants receivable	59,893.	49	76,453.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)		51a	
	b Less allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	3,459.	53	1,459.
	54 Investments – securities (attach schedule)			54
	55a Investments – land, buildings, & equipment basis		55a	
	b Less accumulated depreciation (attach schedule)		55b	55c
	56 Investments – other (attach schedule)			56
	57a Land, buildings, and equipment basis	48,433.	57a	
	b Less accumulated depreciation (attach schedule) L-57 Stmt	34,230.	57b	57c
	58 Other assets (describe ▶ _____)			58
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	120,091.	59	202,276.	
LIABILITIES	60 Accounts payable and accrued expenses	36,822.	60	37,546.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
	66 <b>Total liabilities</b> (add lines 60 through 65)	36,822.	66	37,546.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	83,269.	67	164,730.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	83,269.	73	164,730.	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	120,091.	74	202,276.	

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.)	
<b>a</b> Total revenue, gains, and other support per audited financial statements	987,065.
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:	
<b>(1)</b> Net unrealized gains on investments \$	
<b>(2)</b> Donated services and use of facilities \$	
<b>(3)</b> Recoveries of prior year grants \$	
<b>(4)</b> Other (specify) _____	
_____ \$	
Add amounts on lines <b>(1)</b> through <b>(4)</b>	<b>b</b>
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b> 987,065.
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$	
<b>(2)</b> Other (specify) <u>SEE ATTACHED STATEMENT 5</u> \$ -6,220.	
Add amounts on lines <b>(1)</b> and <b>(2)</b>	<b>d</b> -6,220.
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b> 980,845.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
<b>a</b> Total expenses and losses per audited financial statements	905,604.
<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:	
<b>(1)</b> Donated services and use of facilities \$	
<b>(2)</b> Prior year adjustments reported on line 20, Form 990 \$	
<b>(3)</b> Losses reported on line 20, Form 990 \$	
<b>(4)</b> Other (specify): <u>SEE ATTACHED STATEMENT 5</u> \$ 6,220.	
Add amounts on lines <b>(1)</b> through <b>(4)</b>	<b>b</b> 6,220.
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b> 899,384.
<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$	
<b>(2)</b> Other (specify) _____	
_____ \$	
Add amounts on lines <b>(1)</b> and <b>(2)</b>	<b>d</b>
<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b> 899,384.

**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
NICOLA NORTON 1800 MERCY DRIVE, SUITE 300 ORLANDO, FL 32808	EXECUTIVE DIRECTOR 40	40,000.	0.	0.
OTHA JONES 11945 RED BRIDGES ORLANDO, FL 32824	PRESIDENT 10	0.	0.	0.
AELIA MUNROE 316 QUEENS GATE ROAD ORLANDO, FL 32818	VICE PRESIDENT 10	0.	0.	0.
TYNICA NALL 4490 KIRKLAND BLVD. ORLANDO, FL 32811	MEMBER 5	0.	0.	0.
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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 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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					172,381.
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					80.
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-2,437.	
101 Net income or (loss) from special events			01	-910.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b MISCELLANEOUS INCOME			03	232.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				-3,115.	172,461.
105 Total (add line 104, columns (B), (D), and (E))					169,346.

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)
93f	TO PROMOTE, MAINTAIN AND OPTIMIZE THE HEALTH OF PERSONS LIVING WITH AIDS IN ORDER TO PREVENT OR DELAY INSTITUTIONALIZATION. PAC WAIVER PROVIDES HOME AND COMMUNITY-BASED SERVICES TO MEDICAID
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

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

Please 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: 3/27/05  
 \_\_\_\_\_, EXECUTIVE DIRECTOR

Date / Check if / Preparer's SSN or PTIN (see instructions)

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

Department of the Treasury  
Internal Revenue Service

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

**(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.)**

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

OMB No 1545-0047

**2003**

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 and deferred compensation	(e) Expense account and other allowances
NONE				
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-----				
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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		
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-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	None	

**Part II** Statements About Activities (See instructions)

	Yes	No
<p><b>1</b> 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 <b>▶</b> \$ _____</p> <p>(Must equal amounts on line 38, Part VI-A, or line i 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><b>2</b> 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><b>a</b> Sale, exchange, or leasing of property?</p>		X
<p><b>b</b> Lending of money or other extension of credit?</p>		X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>		X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p style="text-align: right;">See Part V, Form 990</p>	X	
<p><b>e</b> Transfer of any part of its income or assets?</p>		X
<p><b>3a</b> 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.)</p>		X
<p><b>b</b> Do you have a section 403(b) annuity plan for your employees?</p>		X
<p><b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		X

**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.)

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	791,156.	804,306.	589,377.	105,185.	2,290,024.
<b>16</b> Membership fees received	0.	0.	0.	0.	0.
<b>17</b> 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	68,829.	23,909.	8,572.	55,306.	156,616.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,169.	3,803.	1,318.	0.	7,290.
<b>19</b> Net income from unrelated business activities not included in line 18	0.	0.	0.	0.	0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.
<b>21</b> 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.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0.	0.	0.	0.	0.
<b>23</b> Total of lines 15 through 22	862,154.	832,018.	599,267.	160,491.	2,453,930.
<b>24</b> Line 23 minus line 17	793,325.	808,109.	590,695.	105,185.	2,297,314.
<b>25</b> Enter 1% of line 23	8,622.	8,320.	5,993.	1,605.	

**26 Organizations described on lines 10 or 11:**

**a** Enter 2% of amount in column (e), line 24 **26a** 45,946.

**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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts **26b** 4,054.

**c** Total support for section 509(a)(1) test Enter line 24, column (e) **26c** 2,297,314.

**d** Add Amounts from column (e) for lines **18** 7,290. **19** 0. **22** 0. **26b** 4,054. **26d** 11,344.

**e** Public support (line 26c minus line 26d total) **26e** 2,285,970.

**f Public support percentage (line 26e (numerator) divided by line 26c (denominator))** **26f** 99.51 %

**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  
 (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_

**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  
 (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_

**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 1999 through 2002, 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

**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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 ) ----- ----- -----		
<b>32</b>	Does the organization maintain the following.		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	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 ) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –		
<b>If the amount on line 40 is –</b>		
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		
<b>The lobbying nontaxable amount is –</b>		
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	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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 )

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 instructions )

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



If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: MIRACLE OF LOVE INC.
Employer identification number: 59-3455949
Number, street, and room or suite number: 1800 MERCY DRIVE
City, town or post office, state, and ZIP code: ORLANDO FL 32808

Check type of return to be filed (file a separate application for each return)

Form 990 (checked), Form 990-EZ, Form 990-T (Section 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN)
whole group, check this box
If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until May 16, 2005
5 For calendar year, or other tax year beginning Jul 1, 2003 and ending Jun 30, 2004
6 If this tax year is for less than 12 months, check reason Initial return, Final return, Change in accounting period
7 State in detail why you need the extension More time is needed to gather information in order to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868
8c Balance due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: [Handwritten Signature] Title: CPA Date: 2/12/05

Notice to Applicant - To be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name: Thomas R. Tschopp, CPA
Number and street (include suite, room, or apartment number) or a P O box number: 2600 Maitland Center Parkway, Suite 330
City or town, province or state, and country (including postal or ZIP code): Maitland FL 32751

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension— check this box and complete Part I only**

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b> File by the due date for filing your return See instructions	Name of Exempt Organization		Employer identification number	
	MIRACLE OF LOVE INC.		59-3455949	
	Number, street, and room or suite number If a P O box, see instructions			
	1800 MERCY DRIVE		state	ZIP code
City, town or post office For a foreign address, see instructions		FL	32808	
ORLANDO				

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until Feb 15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning Jul 1, 20 03, and ending Jun 30, 20 04

**2** If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

**Signature and Verification**

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, and that I am authorized to prepare this form

Signature  Title ▶ CPA Date ▶ 11.10.04

**BAA For Paperwork Reduction Act Notice, see instructions.**

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**Additional Information**

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FORM 990, PAGE 2, PART III

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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.

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Miracle of Love, Inc.  
2003 Form 990  
Page2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: Brothers United

Number of client served: Prevention Case Management serves 175

Number of client served: Out Reach serves 3,400

Program Service Expenses: \$134,316

MOL's Prevention Case Management (PCM) program offers PCM services for 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, 2003 to June 30, 2004 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 175 African American men and providing outreach to over 3,400 African American men.

Miracle of Love, Inc.  
2003 Form 990  
Page2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: HOPWA

Number of client served: Housing Case Management – 200

Program Service Expenses: \$153,504

MOL is funded to provide housing services to clients that are infected with HIV/AIDS. This program offers a broad range of activities 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 31, 2003 to September 30, 2004 this program was able to provide services to over 200 clients.

Miracle of Love, Inc.  
2003 Form 990  
Page2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: Ryan White Title 1

Number of client served: Case Management - 130

Program Service Expenses: \$46,051

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, three times a year. Over the fiscal year March 1, 2003 to March 1, 2005 the program was able to serve 130 clients with this program.

Miracle of Love, Inc.  
2003 Form 990  
Page2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: Brother Network

Number of client served: Group Level Intervention – 200

Number of client served: Out Reach – 4,000

Program Service Expenses: \$151,202

Miracle of Love, Inc. (MOL) Brother 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 is conveyed to them by other whom they respect. Over the fiscal year October 1, 2002 to June 30, 2004 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 200 gay, bi-sexual and transgender men of color and providing outreach to over 4,000 gay men.

Miracle of Love, Inc.  
2003 Form 990  
Page2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: Brother to Brother

Number of client served: Group Level Intervention – 700

Number of client served: Outreach – 4,000

Program Service Expenses: \$150,434

MOL's Brother-to-Brother program offers individual/group 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 previous paragraph. Over the fiscal year June 1, 2003 to June 30, 2004 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 Brother-to-Brother program was able to exceed its goal in reach 700 incarcerated men of color and providing outreach to over 4,000 incarcerated men.

Miracle of Love, Inc.  
2003 Form 990  
Page2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: Project AIDS Care (PAC)

Number of client served: 180

Program Service Expenses: \$55,254

MOL's Project AIDS Care (PAC) program is a program of home and community based services that are organized under the concept of case management. The purpose of the PAC Waiver is to promote, maintain and optimize the health of persons living with AIDS in order to prevent or delay institutionalization. PAC Waiver provides home and community-based services to Medicaid eligible persons with a documented diagnosis of AIDS that choose to live at home and in the community. The individual case manager will work with the client and the people that he/she identifies as significant in order to develop a Plan of Care that will address their specific needs. The case manager acts as an advocate, expeditor, coach, problem solver and liaison with various vendors who may be called upon at some of the burdens of navigating the social and health care bureaucracies. PAC is a special enhancement of the Florida Medicaid Program. All Medicaid covered services must be made available to everyone who is Medicaid eligible and the services are provided only to people with AIDS and only in those areas of the State when an approved case management agency has been designated.

▶ Attach to return

Name MIRACLE OF LOVE INC.	Employer Identification Number 59-3455949
------------------------------	--

**Part I, Line 8, Column (A) Securities**

**Public Securities**

Description	Gross Sales Price	Basis	
		Cost	Selling Expenses
Publicly Traded Securities			

**Nonpublic Securities**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

**Total Securities**

**Gain or (Loss) from Sale of Securities**

**Part I, Line 8, Column (B) Other Assets**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
				Cost	Depreciation
1991 DODGE CARAVAN				4,495.	
-----	07/01/01	05/10/04		-2,547.	
-----	BOUGHT	N/A	0.	1,948.	
RCA 19" TV				65.	
-----	01/01/01	12/31/03		-65.	
-----	BOUGHT	N/A	0.	0.	
REFRIGERATOR				300.	
-----	05/13/02	08/01/03		-15.	
-----	BOUGHT	N/A	0.	285.	
-----				925.	
-----				-721.	
-----				204.	
See Sale of Other Assets			0.		

**Total Other Assets**

**Gain or (Loss) from Sale of Other Assets**

Schedule of Gains and Losses from Sale of Assets

**Sale of Other Assets**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
<u>OFFICE EQUIPMENT</u>				Cost	200.
				Depreciation	-67.
				Basis	133.
	06/01/03	02/02/04		Donation FMV	
	BOUGHT	N/A	0.		
<u>COLOR TV</u>				Cost	550.
				Depreciation	-550.
				Basis	0.
	04/01/91	02/02/04		Donation FMV	
	BOUGHT	N/A	0.		
<u>VACUUM CLEANER</u>				Cost	175.
				Depreciation	-104.
				Basis	71.
	12/31/99	02/02/04		Donation FMV	
	BOUGHT	N/A	0.		

925.  
-721.  
204.

Totals

0.

Form 990, Page 1, Part I, Line 9

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
CLASSIC	540.	540.	0.	1,100.	-1,100.
GALA	2,873.	0.	2,873.	2,683.	190.
Total	<u>3,413.</u>	<u>540.</u>	<u>2,873.</u>	<u>3,783.</u>	<u>-910.</u>

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PENALTIES	49.	0.	49.	0.
BANK CHARGES	543.	0.	543.	0.
LICENSES AND PERMITS	200.	200.	0.	0.
PROFESSIONAL FEES	4,653.	0.	4,653.	0.
Total	<u>5,445.</u>	<u>200.</u>	<u>5,245.</u>	<u>0.</u>

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

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
FURNITURE AND OFFICE EQUIPMENT	48,433.		48,433.
ACCUMULATED DEPRECIATION	0.	34,230.	-34,230.
Total	<u>48,433.</u>	<u>34,230.</u>	<u>14,203.</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).
99	ELIGIBLE PERSONS WITH A DOCUMENTED DIAGNOSIS OF AIDS THAT CHOOSE TO LIVE AT HOME AND IN THE COMMUNITY. TEMPORARY INVESTMENTS WERE MADE WITH THE GRANT PROCEEDS SO THAT THE INCOME PRODUCED WOULD INCREASE THE FUNDS AVAILABLE FOR PROGRAM SERVICES.

**Supporting Statement of:**

Form 990 p 4/Part IV-A, Line d(2)

Description	Amount
SPECIAL EVENT EXPENSES	-3,783.
LOSS ON SALE OF FIXED ASSETS	-2,437.
Total	<u>-6,220.</u>

**Supporting Statement of:**

Form 990 p 4/Part IV-B, Line b(4)

Description	Amount
LOSS ON SALE OF FIXED ASSETS	2,437.
SPECIAL EVENT EXPENSES	3,783.
Total	<u>6,220.</u>