

Return of Organization Exempt from Income Tax

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2004 calendar year, or tax year beginning Jul 1, 2004, and ending Jun 30, 2005

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).

G Web site: N/A

J Organization type: 501(c) 3

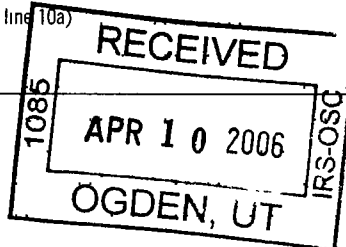
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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 Group Exemption Number. M Check if the organization is not required to attach Schedule B.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 972,622.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED MAY 10 2006

**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
<b>22</b> Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	<b>22</b>			
<b>23</b> Specific assistance to individuals (att sch)	<b>23</b> 129,861.	129,861.		
<b>24</b> Benefits paid to or for members (att sch)	<b>24</b>			
<b>25</b> Compensation of officers, directors, etc	<b>25</b> 50,000.	0.	50,000.	0.
<b>26</b> Other salaries and wages	<b>26</b> 511,700.	421,275.	73,574.	16,851.
<b>27</b> Pension plan contributions	<b>27</b>			
<b>28</b> Other employee benefits	<b>28</b> 35,291.	26,468.	7,764.	1,059.
<b>29</b> Payroll taxes	<b>29</b> 51,029.	38,272.	11,226.	1,531.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 10,000.	0.	10,000.	0.
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 13,704.	10,963.	2,741.	0.
<b>34</b> Telephone	<b>34</b> 29,855.	23,884.	5,971.	0.
<b>35</b> Postage and shipping	<b>35</b> 910.	728.	182.	0.
<b>36</b> Occupancy	<b>36</b> 74,979.	59,983.	14,996.	0.
<b>37</b> Equipment rental and maintenance	<b>37</b> 7,664.	6,131.	1,533.	0.
<b>38</b> Printing and publications	<b>38</b> 134.	134.	0.	0.
<b>39</b> Travel	<b>39</b> 21,727.	21,727.	0.	0.
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 1,500.	0.	1,500.	0.
<b>41</b> Interest	<b>41</b> 16.	0.	16.	0.
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 6,600.	5,280.	1,320.	0.
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> PAYROLL PROCESSING FEES	<b>43a</b> 3,090.	2,472.	618.	0.
<b>b</b> OTHER EXPENSES	<b>43b</b> 6,882.	3,390.	3,492.	0.
<b>c</b> INSURANCE	<b>43c</b> 3,230.	2,584.	646.	0.
<b>d</b> ADVERTISING	<b>43d</b> 2,187.	2,136.	51.	0.
<b>e</b> See Other Expenses Stmt	<b>43e</b> 13,968.	236.	13,732.	0.
<b>44</b> Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	<b>44</b> 974,327.	755,524.	199,362.	19,441.

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**

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> SEE STATEMENT 1	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
<b>a</b> SEE STATEMENT 3 ----- ----- ----- (Grants and allocations \$ 0.)	755,524.
<b>b</b> ----- ----- ----- (Grants and allocations \$ )	
<b>c</b> ----- ----- ----- (Grants and allocations \$ )	
<b>d</b> ----- ----- ----- (Grants and allocations \$ )	
<b>e</b> Other program services (Grants and allocations \$ )	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	755,524.

**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	<b>45</b> Cash – non-interest-bearing	60,024.	<b>45</b>	74,568.	
	<b>46</b> Savings and temporary cash investments	50,137.	<b>46</b>	50,764.	
	<b>47 a</b> Accounts receivable				
	<b>b</b> Less allowance for doubtful accounts		<b>47 c</b>		
	<b>48 a</b> Pledges receivable				
	<b>b</b> Less allowance for doubtful accounts		<b>48 c</b>		
	<b>49</b> Grants receivable	76,453.	<b>49</b>	79,280.	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>		
	<b>51 a</b> Other notes & loans receivable (attach sch)				
	<b>b</b> Less: allowance for doubtful accounts		<b>51 c</b>		
	<b>52</b> Inventories for sale or use . . .		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges	1,459.	<b>53</b>	1,459.	
	<b>54</b> Investments – securities (attach schedule)		<b>54</b>		
	<b>55 a</b> Investments – land, buildings, & equipment: basis				
<b>b</b> Less: accumulated depreciation (attach schedule)		<b>55 c</b>			
<b>56</b> Investments – other (attach schedule)		<b>56</b>			
<b>57 a</b> Land, buildings, and equipment basis	53,948.				
<b>b</b> Less: accumulated depreciation (attach schedule) L-57 Stmt	40,830.	14,203.	<b>57 c</b>	13,118.	
<b>58</b> Other assets (describe ▶ _____)			<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	202,276.	<b>59</b>		219,189.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses	37,546.	<b>60</b>	56,164.	
	<b>61</b> Grants payable		<b>61</b>		
	<b>62</b> Deferred revenue		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>		
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		<b>64 a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64 b</b>		
	<b>65</b> Other liabilities (describe ▶ _____)		<b>65</b>		
<b>66 Total liabilities</b> (add lines 60 through 65)	37,546.	<b>66</b>		56,164.	
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.				
	<b>67</b> Unrestricted	164,730.	<b>67</b>	163,025.	
	<b>68</b> Temporarily restricted		<b>68</b>		
	<b>69</b> Permanently restricted		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>		
	<b>73 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)	164,730.	<b>73</b>		163,025.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	202,276.	<b>74</b>		219,189.

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.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	972,622.
<b>b</b>	Amounts included on line <b>a</b> 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>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	972,622.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	972,622.

**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	<b>a</b>	974,327.
<b>b</b>	Amounts included on line <b>a</b> 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>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	974,327.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	<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>	974,327.

**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
NICOLA NORTON 1800 MERCY DRIVE, SUITE 300 ORLANDO, FL 32808	EXECUTIVE DIRECTOR 40	50,000.	0.	0.
OTHA JONES 11945 RED BRIDGES ORLANDO, FL 32824	PRESIDENT 2	0.	0.	0.
AELIA MUNROE 316 QUEENS GATE RD ORLANDO, FL 32818	VICE PRESIDENT 4	0.	0.	0.
TYNICA NALL 4490 KIRKLAND BLVD. ORLANDO, FL 32811	SECRETARY 1	0.	0.	0.
SARRA IDEHEN 5862 TALAVERA ST. ORLANDO, FL 32807	BOARD MEMBER 1	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

Other Information (See 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 <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures See line 81 instructions	81a	0.
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.)	82b	
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
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	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	85c	
	d Section 162(e) lobbying and political expenditures	85d	
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	
	b Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) organizations. Enter. a Gross income from members or shareholders	87a	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0. ; section 4912 <input type="checkbox"/> 0. , section 4955 <input type="checkbox"/> 0.		
89b	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 <input type="checkbox"/> NONE		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	21
91	The books are in care of <input type="checkbox"/> NICOLA NORTON Telephone number <input type="checkbox"/> (407) 445-6008 Located at <input type="checkbox"/> 1800 MERCY DRIVE, SUITE 300, ORLANDO FL ZIP + 4 <input type="checkbox"/> 32808		
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 <input type="checkbox"/> 92		

**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					162,500.
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	627.	
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					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b MISCELLANEOUS INCOME			03	9,276.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				9,903.	162,500.
105 Total (add line 104, columns (B), (D), and (E))					172,403.

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 WAIVERS PROVIDE HOME AND COMMUNITY-BASED SERVICES TO MEDICAID ELIGIBLE 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
	0%			
	0%			
	0%			
	0%			

**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 Sign Here

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.

Signature of officer: Mitchell Muto MSW Date: 7/4/06

Type or print name and title: NICOLA NORTON, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 3.30.06

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): 262-558313

Firm's name (or yours if self-employed), address, and ZIP + 4: TSCHOPP, WHITCOMB & ORR, P.A.  
2600 Maitland Center Parkway, Suite 330  
Maitland FL 32751

EIN: 593317546

Phone no: (407) 875-2760

**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

**2004**

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				
-----				
-----				
-----				
-----				
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	

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2004

**Part III** **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 <math>\blacktriangleright</math> \$ _____</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> <p><b>b</b> Lending of money or other extension of credit?</p> <p><b>c</b> Furnishing of goods, services, or facilities?</p> <p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <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>3b</b> Do you have a section 403(b) annuity plan for your employees?</p>		X
<p><b>4a</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
<p><b>4b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</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**  $\blacktriangleright$  \_\_\_\_\_
- 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** **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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	811,499.	791,156.	804,306.	589,377.	2,996,338.
<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	175,254.	68,829.	23,909.	8,572.	276,564.
<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	80.	2,169.	3,803.	1,318.	7,370.
<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	232.	0.	0.	0.	232.
<b>23</b> Total of lines 15 through 22	987,065.	862,154.	832,018.	599,267.	3,280,504.
<b>24</b> Line 23 minus line 17	811,811.	793,325.	808,109.	590,695.	3,003,940.
<b>25</b> Enter 1% of line 23	9,871.	8,622.	8,320.	5,993.	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	60,079.
<b>b</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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		<b>26b</b>	0.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)		<b>26c</b>	3,003,940.
<b>d</b> Add: Amounts from column (e) for lines:	<b>18</b> 7,370. <b>19</b> 0.	<b>26d</b>	7,602.
	<b>22</b> 232. <b>26b</b> 0.	<b>26e</b>	2,996,338.
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	2,996,338.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	99.75 %

<b>27 Organizations described on line 12:</b>			
<b>a</b> 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: (2003) _____ (2002) _____ (2001) _____ (2000) _____			
<b>b</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: (2003) _____ (2002) _____ (2001) _____ (2000) _____			
<b>c</b> Add: Amounts from column (e) for lines:	<b>15</b> _____ <b>16</b> _____	<b>27c</b>	
	<b>17</b> _____ <b>20</b> _____ <b>21</b> _____	<b>27d</b>	
<b>d</b> Add: Line 27a total _____ and line 27b total _____		<b>27e</b>	
<b>e</b> Public support (line 27c total minus line 27d total)		<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		<b>27f</b>	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>	%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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
<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 VII-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

<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<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		
	\$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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 VII-B Lobbying Activity by Nonelecting Public Charities** (See instructions.)  
(For reporting only by organizations that did not complete Part VI-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
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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



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**Additional Information**

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990, PAGE 2, PART III - PRIMARY EXEMPT PURPOSE

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THE MISSION OF MIRACLE OF LOVE, INC. IS TO PROVIDE COMPREHENSIVE, MULTICULTURAL  
HIV/AIDS CARE, EDUCATION AND PREVENTION SERVICES THAT ARE EFFECTIVE  
AND RESPONSIVE TO THE CENTRAL FLORIDA COMMUNITIES.

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
BANK CHARGES	422.	0.	422.	0.
LICENSES AND PERMITS	236.	236.	0.	0.
COMPUTER CONSULTING FEES	13,310.	0.	13,310.	0.
<b>Total</b>	<b>13,968.</b>	<b>236.</b>	<b>13,732.</b>	<b>0.</b>

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	53,948.	40,830.	13,118.
<b>Total</b>	<b>53,948.</b>	<b>40,830.</b>	<b>13,118.</b>

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).
	PERSONS WITH A DOCUMENTED DIAGNOSIS OF AIDS THAT CHOOSE TO LIVE AT HOME AND IN THE COMMUNITY.

Miracle of Love, Inc.  
2004 Form 990  
Page2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: Brothers United (Department of Health)

Number of clients required for program: 180

Number of clients reached: 210

Number of clients served: Out Reach serves 4,500

Program Service Expenses: \$ 58,634

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, 2004 to December 31, 2004 the goal of this program was to reach 180 African American men in providing them with PCM. For the fiscal year the Brothers United Program was able to exceed its goal in reaching 210 African American men and providing outreach to over 4,500 African American men.

Miracle of Love, Inc.  
2004 Form 990  
Page2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: Brothers United (Department of Health)

Number of clients required for program: 300

Number of clients reached: 275

Program Service Expenses: \$ 58,634

In January 2005 This Prevention Case Management's project was finished and there was a new project called "The Mpowerment Project." This Department of Health project focuses on the gay and bi-sexual youth and addresses personal issues and assists them with empowerment. This program runs from January 1, 2005 – December 31, 2005.

Miracle of Love, Inc.  
2004 Form 990  
Page 2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: Ryan White Title 1

Number of clients served Case Management: 250

Number of clients served Housing - 60

Program Service Expenses: \$ 68,282

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. Over the fiscal year March 1, 2004 to February 28, 2005 the program was able to serve approximately 250 clients in this program.

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, 2004 to February 28, 2005 the program was able to serve 60 clients in this program. As of March 1, 2005 MOL did not apply for Rental Assistance monies under the CBC Minority Initiative (Ryan White Title I).

Miracle of Love, Inc.  
2004 Form 990  
Page2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: HOPWA

Number of clients served: Housing Case Management – 200

Program Service Expenses: \$170,952

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. The fiscal year for this program is October 1, 2004 to September 30, 2005. Through September this program was able to provide services to over 200 clients.

Miracle of Love, Inc.  
2004 Form 990  
Page2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: Brother Network

Number of clients served: 300

Number of clients served: Out Reach – 2,200

Program Service Expenses: \$ 155,854

Miracle of Love, Inc. (MOL) Brother Network program offers counseling and testing to gay/Bisexual men of color. Over the fiscal year July 2004 to June 30, 2005 the goal of this program was to reach 220 gay, bi-sexual men of color and provide them with Ora-Quick HIV tests or Ora-Sure Tests. For the fiscal year the Brothers Network program was able to exceed its goal by reaching over 300 gay and bi-sexual men of color and providing outreach to over 2,200 gay men.

Miracle of Love, Inc.  
2004 Form 990  
Page2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: Brother to Brother

Number of clients served: Group Intervention – 236

Program Service Expenses: \$ 144,066

MOL's Brother-to-Brother program offers individual/group level intervention for the incarcerated population using the Many Men Many Voice intervention. Over the fiscal year July 1, 2004 to June 30, 2005 the goal of this program was to reach 200 incarcerated men. For the fiscal year the Brother-to-Brother program was able to reach 236 incarcerated men.

Miracle of Love, Inc.  
2004 Form 990  
Page2, Part III – Statement of Program Service Accomplishments  
EIN: 59-3455949

Program Name: Project AIDS Care (PAC)

Number of clients served: 160

Program Service Expenses: \$ 99,102

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.

## 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)

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

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

**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*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<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	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	ORLANDO	FL 32808

**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 |

● The books are in the care of ▶ NICOLA NORTON -----

Telephone No. ▶ (407) 445-6008 ----- FAX No ▶ -----

- 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-months for a **Form 990-T corporation**) extension of time until Feb 15, 20 06, 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 04, and ending Jun 30, 20 05

**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. \$ \_\_\_\_\_ 0.

**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. \$ \_\_\_\_\_ 0.

**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. \$ \_\_\_\_\_ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

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).

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

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

- The books are in care of NICOLA NORTON
Telephone No. (407) 445-6008 FAX No.
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
members the extension is for.

I request an additional 3-month extension of time until May 15, 20 06.
For calendar year, or other tax year beginning Jul 1, 20 04, and ending Jun 30, 20 05.
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension: More information is needed 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 \$ 0.
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 \$ 0.
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 \$ 0.

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: [Signature] Title: CPA Date: 2-15-06

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 extended 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
EXTENSION APPROVED
MAR 13 2006
FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN,