Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning , and ending

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SPACE COAST CENTER FOR INDEPENDENT LIVING, INC.

Number and street (or P O box if mail is not delivered to street address) | Room/suite
331 RAMP RD

City or town, state or country, and ZIP + 4
COCOA BEACH FL 32931

D Employer ID number
59-1744445

E Telephone number
321-784-9008

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).

G Website: ▶ FACILONLINE.ORG/SCCIL/

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," att. a list See instr)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

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 ▶

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 519,683

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received.			
	a	Direct public support	1a	3,817	
	b	Indirect public support	1b	27,427	
	c	Government contributions (grants)	1c	375,282	
	d	Total (add lines 1a through 1c) (cash $ 406,526 noncash $)			1d 406,526
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 113,157
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sales of assets other than inventory	(A) Securities: 8a	(B) Other:	
	b	Less: cost or other basis and sales expenses	8b	3,064	
	c	Gain or (loss) (attach schedule)	8c	-3,064	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) SEE STMT 1			8d -3,064
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a		
	b	Less. direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 516,619
Expenses	13	Program services (from line 44, column (B))			13 418,747
	14	Management and general (from line 44, column (C))			14 38,041
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses (add lines 16 and 44, column (A))			17 456,788
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 59,831
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 111,753
	20	Other changes in net assets or fund balances (attach explanation)			20
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 171,584

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For Paperwork Reduction Act Notice, see the separate Instructions.

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Form **990** (2003)

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $) (non-cash $)	22				
23 Specific assistance to individuals	23	30,134	30,134		
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc.	25	38,224	35,989	2,235	
26 Other salaries and wages	26	158,888	158,888		
27 Pension plan contributions	27				
28 Other employee benefits	28	35,622	35,622		
29 Payroll taxes	29	14,131	14,131		
30 Professional fundraising fees	30				
31 Accounting fees	31	6,677	5,047	1,630	
32 Legal fees	32				
33 Supplies	33	21,041	18,471	2,570	
34 Telephone	34	11,396	11,218	178	
35 Postage and shipping	35	2,347	2,118	229	
36 Occupancy	36	28,740	26,833	1,907	
37 Equipment rental and maintenance	37	13,916	12,038	1,878	
38 Printing and publications	38				
39 Travel	39	9,614	9,158	456	
40 Conferences, conventions, and meetings	40				
41 Interest	41	3,258		3,258	
42 Depreciation, depletion, etc. (attach schedule)	42	19,769	7,772	11,997	
43 Other expenses not covered above (itemize): a	43a				
b SEE STATEMENT 2	43b	63,031	51,328	11,703	
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	456,788	418,747	38,041	0

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $, (ii) the amount allocated to Program services $, (iii) the amount allocated to Management and general $; and (iv) the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

▶ SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) & (4) orgs, & 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 4 (Grants and allocations $)		418,747
b (Grants and allocations $)		
c (Grants and allocations $)		
d (Grants and allocations $)		
e Other program services (attach schedule) (Grants and allocations $)		
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	▶	418,747

Part IV **Balance Sheets** (See page 25 of the instructions.)

	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45 Cash-non-interest-bearing			100	45	74,332
	46 Savings and temporary cash investments				46	
	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			45,831	49	46,504
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			1,400	53	6,105
	54 Investments-securities ▶ ☐ Cost ☐ FMV				54	
	55a Investments-land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
	56 Investments-other (attach schedule)				56	
	57a Land, buildings, and equipment: basis	57a	403,472			
	b Less: accumulated depreciation (attach schedule) SEE STMT 5	57b	153,212	260,057	57c	250,260
	58 Other assets (describe ▶ SEE STMT 6)			78,528	58	74,649
	59 Total assets (add lines 45 through 58) (must equal line 74)			385,916	59	451,850
Liabilities	60 Accounts payable and accrued expenses			49,372	60	70,493
	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) SEE WORKSHEET			217,000	64b	200,000
	65 Other liabilities (describe ▶ SEE STMT 7)			7,791	65	9,773
	66 Total liabilities (add lines 60 through 65)			274,163	66	280,266
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			81,448	67	147,641
	68 Temporarily restricted			30,305	68	23,943
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)			111,753	73	171,584
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)			385,916	74	451,850

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.

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Part IV-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	519,683
b	Amounts included on line a but not on line 12, Form 990:		
	(1) Net unrealized gains on investments $		
	(2) Donated services and use of facilities $		
	(3) Recoveries of prior year grants $		
	(4) Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	519,683
d	Amounts included on line 12, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify): SEE STMT 8 $ -3,064		
	Add amounts on lines (1) and (2) ▶	d	-3,064
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	516,619

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

a	Total expenses and losses per audited financial statements ▶	a	459,852
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities $		
	(2) Prior year adjustments reported on line 20, Form 990 $		
	(3) Losses reported on line 20, Form 990 $		
	(4) Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	459,852
d	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify): SEE STMT 9 $ -3,064		
	Add amounts on lines (1) and (2) ▶	d	-3,064
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	456,788

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 10				

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? If "Yes," attach schedule-see page 28 of the instructions. ▶ ☐ Yes ☒ No

Part VI Other Information (See page 28 of the instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		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.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		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?	80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt or ☐ nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a			
b	Did the organization file Form 1120-POL for this year?	81b		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?	82a	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.) SEE STMT 11 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	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? N/A	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? N/A	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		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 ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	14	
91	The books are in care of ▶ SPACE COAST CTR INDEP LIV Telephone no. ▶ 321-784-9008 Located at ▶ 331 RAMP RD, COCOA BEACH, FLORIDA ZIP + 4 ▶ 32931			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by sec 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 PROGRAM INCOME					72,103
b CONTRACT INCOME					41,054
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-3,064
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	110,093
105 Total (add line 104, columns (B), (D), and (E))				▶	110,093

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 page 34 of the instructions.)

Line No. ●	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

(b) Did the organization, during the year, pay premiums, directly or indirectly

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, includi and belief, it is true, correct, and complete. Declaration of preparer (other tha

▶ Signature of officer

▶ Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ W. Ed Mor

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BERMAN HOPKINS & M
480 NORTH ORLANDO
WINTER PARK, FL 3

DAA

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
SPACE COAST CENTER FOR INDEPENDENT LIVING, INC.

Employer identification number
59-1744445

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $ 50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expiration if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
3b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

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

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

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) 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 page 5 of the instructions.)

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants See line 28.)	473,236	531,445	526,602	460,945	1,992,228
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	69,902	71,620	63,507	35,995	241,024
18 Gross income from interest, dividends, amounts received from payment 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				336	336
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	543,138	603,065	590,109	497,276	2,233,588
24 Line 23 minus line 17	473,236	531,445	526,602	461,281	1,992,564
25 Enter 1% of line 23	5,431	6,031	5,901	4,973	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶	26a		39,851
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		
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c		1,992,564
d Add: Amounts from column (e) for lines: 18 336 19 ____ 22 ____ 26b ____ ▶	26d		336
e Public support (line 26c minus line 26d total) ▶	26e		1,992,228
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f		99.9831%

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: N/A

(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: N/A

(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 on 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.

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
32	Does the organization maintain the following:				
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
33	Does the organization discriminate by race in any way with respect to:				
a	Students' rights or privileges?		33a		
b	Admissions policies?		33b		
c	Employment of faculty or administrative staff?		33c		
d	Scholarships or other financial assistance?		33d		
e	Educational policies?		33e		
f	Use of facilities?		33f		
g	Athletic programs?		33g		
h	Other extracurricular activities?		33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
34a	Does the organization receive any financial aid or assistance from a governmental agency?		34a		
b	Has the organization's right to such aid ever been revoked or suspended?		34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation		35		

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is- / The lobbying nontaxable amount is-			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the 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:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

DAA

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Forms 990 / 990-PF

Mortgages and Other Notes Payable

For calendar year 2003, or tax year beginning , and ending

2003

Name
SPACE COAST CENTER FOR INDEPENDENT LIVING, INC.

Employer Identification Number
59-1744445

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	OSCEOLA CNTY INDUSTR'L DEV AUTHORITY	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	350,000	11/29/90	7/29/10	SEMIANN INT; ANN PRINCIPAL	7.500
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	REAL ESTATE	FINANCE COST OF CENTER'S FACILITY
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		217,000	200,000
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		217,000	200,000

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
LASER JET PRINTER	PURCHASE		3/01/95	12/31/03	$	$ 653	$ 653	$
2 OKIDATA 400E PRINTERS	PURCHASE		7/01/95	12/31/03		796	796	
SURGE PROTECTOR	PURCHASE		2/02/96	12/31/03		54	54	
LASER JET 5L PRINTER	PURCHASE		3/01/96	12/31/03		528	528	
LASER JET 5L PRINTER	PURCHASE		3/01/96	12/31/03		528	528	
BUILDING CONSTRUCTION COSTS	PURCHASE		10/01/92	5/01/03		4,606	1,542	-3,064
TOTAL					$ 0	$ 7,165	$ 4,101	$ -3,064

Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	$	$	$	$
EXPENSES				
INTERPRETING FEES	14,370	4,930	9,440	
MISCELLANEOUS	11,396	11,235	161	
INSURANCE	5,307	3,205	2,102	
CONTRACT SERVICES	31,325	31,325		
WORKER'S COMP INSURANCE	633	633		
TOTAL	$ 63,031	$ 51,328	$ 11,703	$ 0

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

TO ADVANCE THE SOCIAL, ECONOMIC AND PHYSICAL WELFARE OF PERSONS WITH DISABILITIES.

Statement 4 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

CIVIC AND COMMUNITY INVOLVMENT INCLUDING ARCHITECTURAL AND ACCESSIBILITY.
DISABILITY AWARENESS-WORK WITH VARIOUS GROUPS TO CREATE MEANINGFUL AWARENESS OF DISABILITY ISSUES; INCREASE SOCIAL ACCEPTANCE OF PERSONS WITH DISABILITIES.
EDUCATION AND EMPLOYMENT-PROVIDING INDEPENDENT LIVING AND EMPLOYMENT PROGRAMS FOR IMPROVING THE QUALITY OF LIFE AND JOB OPPORTUNITIES FOR PERSONS WITH DISABILITIES.
EQUIPMENT BENEFITS AND SERVICES-INCREASE AND IMPROVE AVALIABILITY OF ESSENTIAL AIDS EQUIPMENT BENEFITS AND SERVICES FOR PERSONS WITH DISABILITIES INCLUDING, AMONG OTHERS, TRANSPORTATION, PERSONAL AND HEALTH CARE, AND RECREATIONAL AND SOCIAL OPTIONS.

Federal Statements

Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
EQUIPMENT	$ 34,530	$ 21,431	$ 38,057	$ 24,823
BLDG CONSTRUCTION COSTS	305,170	98,911	305,170	106,960
OTHER BLDG COSTS	60,245	19,546	60,245	21,429
TOTAL	$ 399,945	$ 139,888	$ 403,472	$ 153,212

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEBT SERVICE RESERVE FUND	$ 33,906	$ 34,039
DEPOSITS	1,247	822
FINANCING COSTS, NET OF AMORT.	18,173	15,845
UNAMORTIZED VALUE OF USE OF FACILITI	25,202	23,943
TOTAL	$ 78,528	$ 74,649

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
CAPITAL LEASE PAYABLE	$ 7,791	$ 9,773
TOTAL	$ 7,791	$ 9,773

Statement 8 - Form 990, Part IV-A - Other Revenue Included on Return

Description	Amount
LOSS ON SALE OF ASSETS RECORDED AS FUNCTIONAL EXPENSE ON AUDITED FINANCIAL STATEMENTS	$ -3,064
TOTAL	$ -3,064

Statement 9 - Form 990, Part IV-B - Other Expenses Included on Return

Description	Amount
LOSS ON SALE OF ASSETS RECORDED IN REVENUE SECTION ON FORM 990	$ -3,064
TOTAL	$ -3,064

Federal Statements

Statement 10 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Title	Average Hrs	Comp	Benefits	Expenses	Address	City, State, Zip
DON LUSK	PRESIDENT	VAR	0	0	0	2725 JUDGE FRAN JAMIESON WAY	VIERA FL 32940
BRIAN BRESLIN	VICE PRESIDE	VAR	0	0	0	2725 JUDGE FRAN JAMIESON	VIERA FL 32940
BETTY PREECE	SECRETARY	VAR	0	0	0	615 N. RIVERSIDE DRIVE	INDIALANTIC FL 32903
JIM STURMAN	TREASURER	VAR	0	0	0	600 KUREK CT #226	MERRITT ISLAND FL 32953
CARLO ARBORE	PAST PRESIDE	VAR	0	0	0	600 BARCELONA COURT	SATELLITE BEACH FL 32937
DONNA TAYLOR	EXECUTIVE DI	40	38,224	0	0	1414 ALBERT DRIVE	MELBOURNE FL 32935
C.J. MILES	DIRECTOR	VAR	0	0	0	840 N. COCOA BLVD	COCOA FL 32922
CAROLYN GOLDSMITH	DIRECTOR	VAR	0	0	0	1050 N. FISKE BLVD	COCOA FL 32922
ANNE LECHNER	DIRECTOR	VAR	0	0	0	2125 TOPAZ COURT	MERRITT ISLAND FL 32953
TERRI JONES	DIRECTOR	VAR	0	0	0	405 HAWTHORNE COURT	INDIAN HARBOR BEACH FL 32927
WANDA BAUER	DIRECTOR	VAR	0	0	0	6373 MACAULEY AVE	COCOA FL 32927
			0	0	0		

Federal Statements

Statement 11 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
USE OF 27,000 SQUARE FEET OF PROPERTY	$
TOTAL	$ 0

Statement 12 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93A	INCOME FROM PARTICIPANTS WHO ARE ABLE TO PAY FOR SERVICES SUCH AS PHYSICAL MODIFICATION OR EQUIPMENT TO AID FUNCTIONING WITH DISABILITIES.
93B	INCLUDES FUNDING TO DISTRIBUTE SPECIALIZED TELECOMMUNICATION EQUIPMENT AND PROVIDE TRAINING ON THE USE OF THE EQUIPMENT TO DISABLED CLIENTS.

Book Asset Detail 1/01/03 - 12/31/03

Asset	*	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: BUILDING													
20		BUILDING CONSTRUCTION CO	10/01/92	300,564.07	0 00		0.00	97,490.20	9,392.63	106,882.83	193,681.24	S/L	32.0
21		OTHER BUILDING COSTS	10/01/92	60,245.00	0 00		0.00	19,546.32	1,882.66	21,428.98	38,816.02	S/L	32.0
24		Cost of Bond Issue	10/01/92	48,364 33	0.00		0.00	30,101.22	2,418.22	32,519.44	15,844.89	Amort	20.0
30		A/C Unit	5/01/03	4,606.00	0 00	c	0.00	0 00	76.77	76.77	4,529.23	S/L	40.0
31	*	BUILDING CONSTRUCTION CO	10/01/92	4,605.93	0.00		0.00	1,493.97	47.98	1,541.95	3,063.98	S/L	32.0
		BUILDING		418,385 33	0.00	c	0.00	148,631.71	13,818.26	162,449.97	255,935.36		
		***Less: Dispositions**		4,605.93	0.00		0.00	1,493.97	0.00	1,541.95	3,063.98		
		Net BUILDING		413,779.40	0.00	c	0.00	147,137.74	13,818.26	160,908.02	252,871.38		
Group: COMPUTER EQUIPMENT													
2	*	LASER JET PRINTER	3/01/95	653.00	0.00		0.00	653.00	0.00	653.00	0.00	S/L	5.0
6	*	2 OKIDATA 400E PRINTERS	7/01/95	796.00	0 00		0.00	796.00	0.00	796.00	0.00	S/L	5.0
7	*	SURGE PROTECTOR	2/02/96	54.00	0.00		0.00	54.00	0.00	54.00	0.00	S/L	5.0
8	*	LASER JET 5L PRINTER	3/01/96	528.00	0.00		0.00	528.00	0.00	528.00	0.00	S/L	5.0
9	*	LASER JET 5L PRINTER	3/01/96	528.00	0.00		0.00	528.00	0.00	528.00	0.00	S/L	5.0
11		INTEL CELERON 400 W/ ZIP DR	9/21/99	1,205.00	0.00		0.00	783.00	241.00	1,024.00	181.00	S/L	5.0
12		INTEL CELERON 400 W/ ZIP DR	9/21/99	1,205.00	0.00		0.00	783.00	241.00	1,024.00	181.00	S/L	5.0
13		INTEL CELERON 400 W/ ZIP DR	9/21/99	1,205.00	0.00		0.00	783.00	241.00	1,024.00	181.00	S/L	5.0
14		INTEL CELERON 400 W/ ZIP DR	8/09/99	1,205.00	0.00		0.00	823.00	241.00	1,064.00	141.00	S/L	5.0
15		INTEL CELERON 400 W/ ZIP DR	8/12/99	1,205.00	0.00		0.00	823.00	241.00	1,064.00	141.00	S/L	5.0
16		INTEL CELERON 400 W/ ZIP DR	8/12/99	1,205.00	0.00		0.00	823.00	241.00	1,064.00	141.00	S/L	5.0
17		INTEL CELERON 500 W/ PRINT	7/12/00	1,325.00	0.00		0.00	663.00	265.00	928.00	397.00	S/L	5.0
18		INTEL CELERON 500 W/ PRINT	7/31/00	1,290.00	0.00		0.00	624.00	258.00	882.00	408.00	S/L	5.0
22		Computer- Intel Celeron 700MHz	7/13/01	1,019.00	0.00		0.00	305.70	203.80	509.50	509.50	S/L	5.0
23		Dell Computer	12/20/01	838.00	0 00		0.00	167.60	167.60	335.20	502.80	S/L	5.0
25		Dell Computer	5/21/03	1,217.15	0.00	c	0.00	0.00	142.00	142.00	1,075.15	S/L	5.0
26		Dell Computer	5/21/03	1,217.15	0.00	c	0.00	0.00	142.00	142.00	1,075.15	S/L	5.0
27		Dell Computer	5/21/03	1,217.15	0.00	c	0.00	0.00	142.00	142.00	1,075.15	S/L	5.0
28		Dell Computer	5/21/03	1,217.15	0.00	c	0.00	0.00	142.00	142.00	1,075.15	S/L	5 0
29		Dell Computer	5/21/03	1,217.13	0.00	c	0.00	0.00	142.00	142.00	1,075.13	S/L	5.0
		COMPUTER EQUIPMENT		20,346.73	0.00	c	0.00	9,137.30	3,050.40	12,187.70	8,159.03		
		***Less: Dispositions**		2,559.00	0.00		0.00	2,559.00	0.00	2,559.00	0.00		
		Net COMPUTER EQUIPMENT		17,787.73	0.00	c	0.00	6,578.30	3,050.40	9,628.70	8,159.03		
Group: FURNITURE AND FIXTURES													
1		REFRIGERATOR	3/01/95	389.00	0.00		0.00	389.00	0.00	389.00	0.00	S/L	5.0
3		CONFERENCE TABLE/CHAIRS	3/01/95	900 00	0.00		0.00	900.00	0.00	900.00	0.00	S/L	5.0
4		PHONE UPGRADE	3/01/95	3,450.00	0.00		0.00	3,450.00	0.00	3,450.00	0.00	S/L	5.0
10		RDD PHONE EQUIPMENT	7/01/96	1,030.00	0 00		0.00	1,030.00	0.00	1,030.00	0.00	S/L	5.0
19		COPIER UNDER CAPITAL LEAS	10/12/00	14,500 00	0.00		0.00	6,525.00	2,900.00	9,425.00	5,075.00	S/L	5 0
		FURNITURE AND FIXTURES		20,269.00	0.00	c	0.00	12,294.00	2,900.00	15,194.00	5,075.00		

Book Asset Detail 1/01/03 - 12/31/03

Asset	*	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
		Grand Total		459,001.06	0.00	c	0.00	170,063.01	19,768.66	189,831.67	269,169.39		
		Less: Dispositions		7,164.93	0.00		0.00	4,052.97	0.00	4,100.95	3,063.98		
		Net Grand Total		451,836.13	0.00	c	0.00	166,010.04	19,768.66	185,730.72	266,105.41		