

Form 990

OMB No 1545-0047

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)

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	C Name of organization Unconditional Love, Inc.		D Employer ID number 59-3062093
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number 321-242-8928
		1495 North Harbor City Blvd.		Ste F
		City or town state or country and ZIP + 4		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter no 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

G Web site **N/A**

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

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

I Enter 4-digit GEN

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

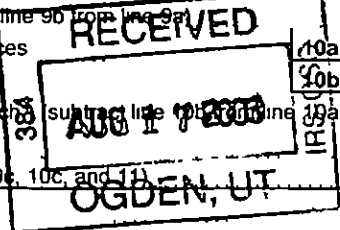
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **1,329,787**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

1 Contributions gifts, grants, and similar amounts received				
a Direct public support	1a	21,831		
b Indirect public support	1b			
c Government contributions (grants)	1c	958,858		
d Total (add lines 1a through 1c) (cash \$ 980,689 noncash \$)	1d		980,689	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		327,650	
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		(B) Other	
b Less cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d Total (add lines 8a, 8b, and 8c)	8d			
9 Special events and activities (attach schedule)				
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	21,448		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,329,787		
13 Program services (from line 44, column (B))	13	1,218,668		
14 Management and general (from line 44, column (C))	14	123,707		
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	1,342,375		
A Excess or (deficit) for the year (subtract line 17 from line 12)	18	-12,588		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,960		
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	-10,628		

EXPENSES

NET ASSETS



Handwritten initials

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 21 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 Stmt 1	23 42,753	42,753		
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc	25 121,469	68,119	53,350	
26 Other salaries and wages	26 877,445	832,901	44,544	
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 26,586	24,170	2,416	
34 Telephone	34 27,841	24,361	3,480	
35 Postage and shipping	35 7,137	6,245	892	
36 Occupancy	36 39,542	34,599	4,943	
37 Equipment rental and maintenance	37 12,532	10,965	1,567	
38 Printing and publications	38 4,522	3,957	565	
39 Travel	39 11,578	10,977	601	
40 Conferences, conventions, and meetings	40 14,846	14,074	772	
41 Interest	41 4,575	4,003	572	
42 Depreciation, depletion, etc (attach schedule)	42 13,882	12,147	1,735	
43 Other expenses not covered above (itemize) a	43a			
b See Statement 2	43b 137,667	129,397	8,270	
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 1,342,375	1,218,668	123,707	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 24 of the instructions)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts but optional for others.)
a See Statement 3 (Grants and allocations \$ _____)	630,902
b See Statement 4 (Grants and allocations \$ _____)	587,766
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)	1,218,668

Part IV Balance Sheets (See page 24 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
45	Cash - non-interest-bearing	30,356	45	12,615
46	Savings and temporary cash investments		46	
47a	Accounts receivable	61,767		
b	Less allowance for doubtful accounts		47c	61,767
47b		56,035		
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
48b				
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
51b				
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	4,908	53	8,159
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
55b				
56	Investments-other (attach schedule)		56	
57a	Land buildings, and equipment basis	70,730		
b	Less accumulated depreciation (attach schedule) See Stmt 5			
57b		44,856	57c	25,874
58	Other assets (describe See Stmt 6)	2,245	58	2,245
59	Total assets (add lines 45 through 58) (must equal line 74)	121,308	59	110,660
60	Accounts payable and accrued expenses	65,161	60	65,133
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule) See Worksheet	400	63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) See Worksheet	53,787	64b	56,155
65	Other liabilities (describe _____)		65	
66	Total liabilities (add lines 60 through 65)	119,348	66	121,288
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	1,960	67	-10,628
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 column (B) must equal line 21)	1,960	73	-10,628
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	121,308	74	110,660

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

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

a	Total revenue gains, & other support per audited financial statements ▶	a	1,329,787
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	1,329,787
d	Amounts included on line 12, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify)		
	\$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	1,329,787

a	Total expenses and losses per audited financial statements ▶	a	1,342,375
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	1,342,375
d	Amounts included on line 17, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b Form 990 \$		
	(2) Other (specify)		
	\$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	1,342,375

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 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) Contnb to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 7				

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 26 of the instructions ▶ Yes No

Part VI Other Information (See page 27 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		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 inc of \$1,000 or more during the year covered by this return?		X
78b	b 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
81a	Enter direct or indirect political expenditures See line 81 instr	and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	
81b	b 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
82b	b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
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	N/A	
85c	c Dues, assessments, and similar amounts from members		
85d	d Section 162(e) lobbying and political expenditures		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> section 4912 <u>0</u> , section 4955 <u>0</u>		
89b	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		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 FL		
90b	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	33	
91	The books are in care of Bill Goode Located at 1495 N Harbor City Blvd, Melbourne, FL	Telephone no 321-242-8928 ZIP + 4 32935	
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 31 of the instructions)

	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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a Insurance					7,314
b					
c					
d					
e					
f Medicare/Medicaid payments					320,336
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b Other Revenue					21,448
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	349,098
105 Total (add line 104, columns (B), (D), and (E))					349,098

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 32 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 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 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 33 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, including attachments, and believe it is true, correct and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Dolores Rayen
Signature of officer
Dolores Rayen, Secretary
Type or print name and title

Paid Preparer's Use Only

Preparer's signature *Jack James CPA*
Firm's name (or yours if self-employed), address and ZIP + 4
James, Key & Dinho,
2717 North Wickham
Melbourne, FL 32935

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions)

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Unconditional Love, Inc.

59-3062093

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 instr 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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2002

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amount on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	1		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>	2a		X
<p>a Sale, exchange, or leasing of property?</p>	2b	X	
<p>b Lending of money or other extension of credit? See Stmt 9</p>	2c		X
<p>c Furnishing of goods, services, or facilities?</p>	2d		X
<p>d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)? See Part V, Form 990</p>	2e		X
<p>e Transfer of any part of its income or assets?</p>	3		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)</p>	4		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	<p>Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.</p>		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	928,575	927,689	820,176	719,852	3,396,292
16 Membership fees received					
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					
18 Gross inc from int, dividends amounts received from pymt on securities loans (section 512(a)(5)) rents royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of serv or fac furnished to the org by a governmental unit without charge Do not incl the value of serv or fac generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets					
23 Total of lines 15 through 22	928,575	927,689	820,176	719,852	3,396,292
24 Line 23 minus line 17	928,575	927,689	820,176	719,852	3,396,292
25 Enter 1% of line 23	9,286	9,277	8,202	7,199	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 ▶ **26a**

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 1998 through 2001 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**

d Add Amounts from column (e) for lines 18 _____ 19 _____
22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

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

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

(2001)	(2000)	(1999)	(1998)
	15,000		
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			
(2001)	(2000)	(1999)	(1998)
c Add Amounts from column (e) for lines 15 <u>3,396,292</u> 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c 3,396,292			
d Add Line 27a total <u>15,000</u> and line 27b total _____ ▶ 27d 15,000			
e Public support (line 27c total minus line 27d total) ▶ 27e 3,381,292			
f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f 3,396,292			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 99.5583%			
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 1998 through 2001, 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?			
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No" please explain (If you need more space, attach a separate statement)			
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?			
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?			
b Admissions policies?			
c Employment of faculty or administrative staff?			
d Scholarships or other financial assistance?			
e Educational policies?			
f Use of facilities?			
g Athletic programs?			
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a Does the organization receive any financial aid or assistance from a governmental agency?			
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation			

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

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

Form 990/990-PF	Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons	2002
For calendar year 2002, or tax year beginning		, and ending

Name Unconditional Love, Inc.	Employer Identification Number 59-3062093
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Form 990, Part IV, Line 63 - Additional Information

Name of lender	Title
(1) Joyce Goode	President, Unconditional Love Inc
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 3,500	3/01/00		on demand - 0% int rate	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) none	operating funds
(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)	400	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	400	

Mortgages and Other Notes Payable

Form
990/990-PF

2002

For calendar year 2002, or tax year beginning , and ending

Name **Unconditional Love, Inc.** Employer Identification Number **59-3062093**

Form 990, Part IV, Line 64b - Additional Information

Name of lender	Relationship to disqualified person
(1) Riverside National Bank	None
(2) Bank of America	None
(3) Dell Financial Services	None
(4) Lanier	None
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 11,197	6/08/00	12/08/05	Monthly P&I	11.020
(2) 30,000	12/15/00		On demand	6.750
(3) 20,950	3/16/01	10/16/03	Monthly P&I	7.760
(4) 15,417	3/21/02	3/01/07	Monthly P&I	9.470
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) 2000 Hyundai	Purchase vehicle
(2) Accts receivable, inventory, equipment	Operating funds
(3) Computer equipment	Lease computer equipment
(4) Copier	Lease copier
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) None	8,774	6,030
(2) None	29,191	29,191
(3) None	15,822	7,461
(4) None		13,473
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	53,787	56,155

Federal Statements

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
Chair mat	Purchase		1/01/91	12/31/02	\$	\$ 68	\$ 68	\$
Telephone 2	Purchase		1/01/91	12/31/02		152	152	
Telephone	Purchase		1/01/91	12/31/02		42	42	
Office sofa (used)	Purchase		1/01/91	12/31/02		115	115	
Telephone - 2	Purchase		1/01/92	12/31/02		115	115	
Telephone	Purchase		1/01/93	12/31/02		21	21	
Fax machine	Purchase		1/01/94	12/31/02		385	385	
Oak file cabinets (used)	Purchase		1/01/94	12/31/02		333	333	
Patio furniture	Purchase		1/01/95	12/31/02		300	300	
Computers (used)	Purchase		1/01/95	12/31/02		1,500	1,500	
Cell phones	Purchase		1/01/95	12/31/02		147	147	
Phone handset	Purchase		1/01/97	12/31/02		546	546	
Phone handset	Purchase		1/01/97	12/31/02		141	141	
Total					<u>\$ 0</u>	<u>\$ 3,865</u>	<u>\$ 3,865</u>	<u>\$ 0</u>

Federal Statements

Statement 1 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

Description	Amount
	\$ 14,168
	28,585
Total	<u>\$ 42,753</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
Membership dues	1,879	1,757	122	
Membership dues	470	470		
Insurance	6,379	4,968	1,411	
Insurance	4,911	4,911		
Miscellaneous	329	24	305	
Miscellaneous	19	19		
Professional fees	37,994	35,524	2,470	
Professional fees	9,498	9,498		
Contracted services	76,188	72,226	3,962	
Total	<u>\$ 137,667</u>	<u>\$ 129,397</u>	<u>\$ 8,270</u>	<u>\$ 0</u>

Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

Provided primary care early intervention services, including mental health and substance abuse counseling for 580 HIV infected residents of Brevard County, Florida, consisting of 4,415 encounters
 Provided HIV testing and counseling for 292 residents of Brevard County, Florida

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

Provided case management services for 530 residents of Brevard County, Florida, including 21,641 face-to-face encounters
 Provided housing assistance for 232 residents, food baskets for 293 residents and transportation for 170 residents of Brevard County, Florida

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
Office furniture & equipment	\$ 48,286	\$ 25,203	\$ 56,412	\$ 33,351
Medical equipment	2,171	2,111	2,171	2,131
Vehicles	12,147	7,526	12,147	9,374
Total	<u>\$ 62,604</u>	<u>\$ 34,840</u>	<u>\$ 70,730</u>	<u>\$ 44,856</u>

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

Description	Beginning of Year	End of Year
Rental & utility deposits	\$ 2,245	\$ 2,245
Total	<u>\$ 2,245</u>	<u>\$ 2,245</u>

Federal Statements

Statement 7 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name				Title	Average Hours	Address	City, State, Zip
	Comp	Benefits	Expenses				
Joyce Goode				President	40		
	68,119	3,872	0	3865 Avalan St			Titusville FL 32796
Rev Dan Thompson				V-President	Varies		
	0	0	0	4295 Garden St			Titusville FL 32796
Rev Bill Mclellan				Sec/Treasure	Varies		
	0	0	0	1350 S Hickory St			Melbourne FL 32901
Bill Goode				Administrato	40		
	53,350	3,872	0	3865 Avalan St			Titusville FL 32796
Dr Timothy Poirier				Director	Varies		
	0	0	0	1495 N Harbor City Blvd #E			Melbourne FL 32935
Barry Inman				Director	Varies		
	0	0	0	2575 N Courtenay Parkway			Merritt Island FL 32953
Norman Tomaka RPH				Director	Varies		
	0	0	0	1977 Player Circle N			Melbourne FL 32935-4416
Ronald Caprilla				Director	Varies		
	0	0	0	8474 Sylvan Drive			W Melbourne FL 32904
Rev Charles Shaw				Director	Varies		
	0	0	0	892 Wandering Pine Trail			Rockledge FL 32955-8197
Charlie Bucalo				Director	Varies		
	0	0	0	6050 Babcock St			Palm Bay FL 32909
Harvey A Hester				Director	Varies		
	0	0	0	4050 Minton Road			Melbourne FL 32904
Robin Robinson				Director	Varies		
	0	0	0	1281 Estridge Drive			Rockledge FL 32955
Stephanie Howard				Director	Varies		
	0	0	0	6001 Midway Avenue			Cocoa FL 32927
Cathy Clark				Director	Varies		
	0	0	0	1492 Salazar St SE			Palm Bay FL 32909
Edwin Vasquez				Director	Varies		
	0	0	0	1101 Craftland Lane			Palm Bay FL 32905
Maria Sanchez				Director	Varies		
	0	0	0	1460 Sheafe Ave NE			Palm Bay FL 32907
Dolores Rayen				Director	Varies		
	0	0	0	P O Box 2174			Melbourne FL 32902

Federal Statements

Statement 8 - Form 990, Part VIII - Relationship of Activities

<u>Line No</u>	<u>Description</u>
93a	Insurance payments for primary care for HIV positive individuals
93f	Provide primary care for HIV infected, HIV testing and counseling for at risk individuals, case management and support services for HIV positive and AIDS patients

Federal Statements

Statement 9 - Schedule A, Part III, Line 2b - Lending of Money or Extension of Credit

See statement for Form 990, Part IV, line 63

59-3062093

Federal Asset Report Indirect Depreciation

FYE 12/31/2002

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
90	2000 Hyundai	10/01/99	12,147				12,147	5 HY 200DB	7,526	1,849
			<u>12,147</u>				<u>12,147</u>		<u>7,526</u>	<u>1,849</u>
Other Depreciation										
1	Conference table	1/01/91	99				99	5 MO S/L	99	0
2	Chairs - 4 (used)	1/01/91	116				116	5 MO S/L	116	0
3	Office desk	1/01/91	247				247	5 MO S/L	247	0
4	Desk chair (used)	1/01/91	98				98	5 MO S/L	98	0
5	Desk chair	1/01/91	159				159	5 MO S/L	159	0
6	Chair mat	1/01/91	68				68	5 MO S/L	68	0
	Sold/Scrapped 12/31/02									
7	Side chairs - 2 (used)	1/01/91	70				70	5 MO S/L	70	0
8	Book case - 2 (used)	1/01/91	70				70	5 MO S/L	70	0
9	Fire extinguisher	1/01/91	42				42	5 MO S/L	42	0
10	Telephone 2	1/01/91	152				152	5 MO S/L	152	0
	Sold/Scrapped 12/31/02									
11	Decorations	1/01/91	715				715	5 MO S/L	715	0
12	Chairs - 8 (used)	1/01/91	102				102	5 MO S/L	102	0
13	Lamps - 2	1/01/91	100				100	5 MO S/L	100	0
14	Chairs - 2	1/01/91	300				300	5 MO S/L	300	0
15	Fire extinguisher	1/01/91	37				37	5 MO S/L	37	0
16	Telephone	1/01/91	42				42	5 MO S/L	42	0
	Sold/Scrapped 12/31/02									
17	Coffee table (used)	1/01/91	37				37	5 MO S/L	37	0
18	Decorations	1/01/91	715				715	5 MO S/L	715	0
19	Office sofa (used)	1/01/91	115				115	5 MO S/L	115	0
	Sold/Scrapped 12/31/02									
20	Desk (used)	1/01/92	50				50	5 MO S/L	50	0
21	Table & 4 chairs (used)	1/01/92	52				52	5 MO S/L	52	0
22	Desk, chair/mat (used)	1/01/92	192				192	5 MO S/L	192	0
23	Stacking chairs (used)	1/01/92	64				64	5 MO S/L	64	0
24	Telephone - 2	1/01/92	115				115	5 MO S/L	115	0
	Sold/Scrapped 12/31/02									
25	Office desk	1/01/93	73				73	5 MO S/L	73	0
26	Credenza	1/01/93	37				37	5 MO S/L	37	0
27	Refrigerator	1/01/93	130				130	5 MO S/L	130	0
28	File cabinet	1/01/93	53				53	5 MO S/L	53	0
29	Telephone	1/01/93	21				21	5 MO S/L	21	0
	Sold/Scrapped 12/31/02									
30	File cabinet	1/01/93	162				162	5 MO S/L	162	0
31	File cabinet	1/01/94	49				49	5 MO S/L	49	0
32	Fax machine	1/01/94	385				385	5 MO S/L	385	0
	Sold/Scrapped 12/31/02									
33	Folding table	1/01/94	59				59	5 MO S/L	59	0
34	Desk chairs	1/01/94	276				276	5 MO S/L	276	0
35	Desk & credenza set (used)	1/01/94	595				595	5 MO S/L	595	0
36	Guest chair (used)	1/01/94	79				79	5 MO S/L	79	0
37	Oak file cabinets (used)	1/01/94	333				333	5 MO S/L	333	0
	Sold/Scrapped 12/31/02									
38	Conference chairs (used)	1/01/94	294				294	5 MO S/L	294	0
39	Computer center set (used)	1/01/94	375				375	5 MO S/L	375	0
40	Lithographs	1/01/95	152				152	5 MO S/L	152	0
41	Patio furniture	1/01/95	300				300	5 MO S/L	300	0
	Sold/Scrapped 12/31/02									
42	Computers (used)	1/01/95	1,500				1,500	5 MO S/L	1,500	0
	Sold/Scrapped 12/31/02									
43	Cell phones	1/01/95	147				147	5 MO S/L	147	0
	Sold/Scrapped 12/31/02									
44	Desk	1/01/95	182				182	5 MO S/L	182	0
45	Chair	1/01/95	109				109	5 MO S/L	109	0
46	Desk	1/01/95	189				189	5 MO S/L	189	0
47	Side chairs	1/01/95	88				88	5 MO S/L	88	0
48	Chairs	1/01/96	99				99	5 MO S/L	99	0
49	Phone handset	1/01/96	317				317	5 MO S/L	317	0
50	Phone handset	1/01/96	368				368	5 MO S/L	368	0
51	Waiting room chair	1/01/96	234				234	5 MO S/L	234	0
52	Desk, file, chair (used)	1/01/96	234				234	5 MO S/L	234	0

Federal Asset Report Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
53	Modem	1/01/96	223				223	5 MO S/L	223	0
54	Bookcase (used)	1/01/96	149				149	5 MO S/L	149	0
55	Phone handset	1/01/96	356				356	5 MO S/L	356	0
56	Phone handset	1/01/96	495				495	5 MO S/L	495	0
57	File cabinet	1/01/96	109				109	5 MO S/L	109	0
58	Phone handset	1/01/97	546				546	5 MO S/L	546	0
	Sold/Scrapped 12/31/02									
59	Phone handset	1/01/97	141				141	5 MO S/L	141	0
	Sold/Scrapped 12/31/02									
60	File cabinet (used)	1/01/97	365				365	5 MO S/L	365	0
61	2 Desks (used)	1/01/97	917				917	5 MO S/L	917	0
62	Chairs (used)	1/01/97	235				235	5 MO S/L	235	0
63	Phone handset	1/01/98	292				292	5 MO S/L	234	58
64	2 TVs	1/01/98	475				475	5 MO S/L	380	95
65	2 Desks (used)	1/01/98	368				368	5 MO S/L	294	74
66	Chair (used)	1/01/98	79				79	5 MO S/L	63	16
67	File cabinet (used)	1/01/98	98				98	5 MO S/L	78	20
68	File cabinet (used)	1/01/98	85				85	5 MO S/L	68	17
69	Table & chair (used)	1/01/98	169				169	5 MO S/L	135	34
70	File cabinet (used)	1/01/98	158				158	5 MO S/L	126	32
71	4 File cabinets (used)	1/01/98	713				713	5 MO S/L	570	143
72	File cabinet (used)	1/01/98	178				178	5 MO S/L	143	36
73	Desk & credenza set (used)	1/01/98	487				487	5 MO S/L	390	97
74	2 Chairs (used)	1/01/98	578				578	5 MO S/L	462	116
75	2 Typewriters	1/01/98	158				158	5 MO S/L	126	32
76	Pedestal desk (used)	1/01/99	229				229	5 MO S/L	137	46
77	Chair (used)	1/01/99	89				89	5 MO S/L	53	18
78	Phone handset	1/01/99	293				293	5 MO S/L	176	59
79	Phone handset	1/01/99	293				293	5 MO S/L	176	59
80	Exam scale	1/01/91	125				125	5 MO S/L	125	0
81	Exam stool	1/01/92	93				93	5 MO S/L	93	0
82	Ophthalmoscope/trans	1/01/92	367				367	5 MO S/L	367	0
83	Specula & dispenser	1/01/92	38				38	5 MO S/L	38	0
84	Baumanometer	1/01/92	110				110	5 MO S/L	110	0
85	Exam light & stand	1/01/92	759				759	5 MO S/L	759	0
86	Auto scope	1/01/92	79				79	5 MO S/L	79	0
87	Exam table	1/01/93	500				500	5 MO S/L	500	0
88	Office furniture - various	1/01/00	2,404				2,404	5 MO S/L	962	481
89	Medical equipment	1/01/00	100				100	5 MO S/L	40	20
91	MS Office 2000 prem	2/02/01	700				700	3 MO S/L	214	233
92	Phone system	2/07/01	2,770				2,770	5 MO S/L	508	554
93	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
94	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
95	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
96	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
97	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
98	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
99	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
100	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
101	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
102	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
103	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
104	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
105	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
106	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
107	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
108	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
109	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
110	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	278	370
111	Dell poweredge server	3/16/01	970				970	3 MO S/L	243	323
112	Freestanding panels	3/29/01	1,107				1,107	5 MO S/L	166	221
113	HPLJ 4050N printer	3/29/01	1,479				1,479	3 MO S/L	370	493
114	Lanier copier	3/21/02	10,792				10,792	5 MO S/L	0	1,619
115	Courtyard leveling	1/07/02	1,200				1,200	2 MO S/L	0	480
Total Other Depreciation			62,448				62,448		27,322	12,036
Total ACRS and Other Depreciation			62,448				62,448		27,322	12,036

Federal Asset Report Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	Per Conv Meth	Pnor	Current
	Grand Totals		74,595				74,595		34,848	13,885
	Less Dispositions		3,865				3,865		3,865	0
	Net Grand Totals		<u>70,730</u>				<u>70,730</u>		<u>30,983</u>	<u>13,885</u>
								<i>ROUNDING</i>		1127
									<u>30,983</u>	
									<u>44,856</u>	