

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)

2003

Open to Public Inspection

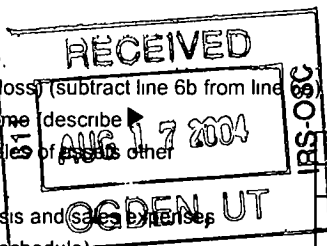
Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2003 calendar year, or tax year beginning, and ending; B Check if applicable; C Name of organization; D Employer ID number; E Telephone number; F Accounting method; G Website; J Organization type; K Check here; L Gross receipts.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes items like Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales, Special events, Gross sales of inventory, Other revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit), Net assets at beginning/end.



SCANNED AUG 24 2004

NET ASSETS

**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 \$ _____ ) Stmt 1	22				
23	Specific assistance to individuals	23	29,100	29,100		
24	Benefits paid to or for members	24				
25	Compensation of officers, directors, etc.	25	116,106	62,849	53,257	
26	Other salaries and wages	26	744,298	712,292	32,006	
27	Pension plan contributions	27				
28	Other employee benefits	28	50,610	42,281	8,329	
29	Payroll taxes	29	67,086	60,438	6,648	
30	Professional fundraising fees	30	51,549	38,322	13,227	
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	17,515	6,592	10,923	
34	Telephone	34	19,313	15,016	4,297	
35	Postage and shipping	35	7,527	4,063	3,464	
36	Occupancy	36	34,200	30,357	3,843	
37	Equipment rental and maintenance	37	10,458	7,158	3,300	
38	Printing and publications	38	5,067	2,323	2,744	
39	Travel	39	13,062	12,261	801	
40	Conferences, conventions, and meetings	40	3,813	3,813		
41	Interest	41	5,004		5,004	
42	Depreciation, depletion, etc (attach schedule)	42	14,800	13,024	1,776	
43	Other expenses not covered above (itemize) a	43a				
	b See Statement 2	43b	141,970	123,232	18,738	
	c	43c				
	d	43d				
	e	43e				
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,331,478	1,163,121	168,357	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?	Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others)
<p>▶ Primary care for HIV positives</p> <p>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.)</p> <p>a See Statement 3</p> <p>(Grants and allocations \$ _____ )</p>	622,600
<p>b See Statement 4</p> <p>(Grants and allocations \$ _____ )</p>	540,521
<p>c</p> <p>(Grants and allocations \$ _____ )</p>	
<p>d</p> <p>(Grants and allocations \$ _____ )</p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____ )</p>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	1,163,121

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

Note:		(A)		(B)
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		Beginning of year		End of year
45	Cash-non-interest-bearing	12,615	45	5,088
46	Savings and temporary cash investments		46	
47a	Accounts receivable	5,048		
b	Less: allowance for doubtful accounts		47c	5,048
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
49	Grants receivable		49	82,359
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	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	8,159	53	4,394
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	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	72,088		
b	Less: accumulated depreciation (attach schedule) See Stmt 5	59,013	57c	13,075
58	Other assets (describe <input type="checkbox"/> See Stmt 6 )	2,245	58	2,245
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	110,660	59	112,209
60	Accounts payable and accrued expenses	65,133	60	49,064
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	56,155	64b	44,052
65	Other liabilities (describe <input type="checkbox"/> )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	121,288	66	93,116
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
67	Unrestricted	-10,628	67	19,093
68	Temporarily restricted		68	
69	Permanently restricted		69	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	-10,628	73	19,093
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	110,660	74	112,209

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 27 of the instructions.)

Table with 5 rows (a-e) and 2 columns for description and amount. Row a: Total revenue, gains, and other support per audited financial statements \$1,361,199. Row b: Amounts included on line a but not on line 12, Form 990. Row c: Line a minus line b \$1,361,199. Row d: Amounts included on line 12, Form 990 but not on line a. Row e: Total revenue per line 12, Form 990 (line c plus line d) \$1,361,199.

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

Table with 5 rows (a-e) and 2 columns for description and amount. Row a: Total expenses and losses per audited financial statements \$1,331,478. Row b: Amounts included on line a but not on line 17, Form 990. Row c: Line a minus line b \$1,331,478. Row d: Amounts included on line 17, Form 990 but not on line a. Row e: Total expenses per line 17, Form 990 (line c plus line d) \$1,331,478.

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

Table with 5 columns: (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. Row 1: 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 28 of the instructions. Yes No

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
78b	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
81a	Enter direct and indirect political expenditures See line 81 instructions	81a	
81b	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
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85c	Dues, assessments, and similar amounts from members	85c	
85d	Section 162(e) lobbying and political expenditures	85d	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	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	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
86b	Gross receipts, included on line 12, for public use of club facilities	86b	
87a	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	
87b	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 <u>0</u> , section 4912 <u>0</u> ; section 4955 <u>0</u>		
89b	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 <u>FL</u>		
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	34
91	The books are in care of <u>Bill Goode</u> Located at <u>1495 N Harbor City Blvd, Melbourne, FL</u>	Telephone no <u>321-242-8928</u> ZIP + 4 <u>32935</u>	
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 Insurance					9,037
b					
c					
d					
e					
f Medicare/Medicaid payments					276,889
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					2,162
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	288,088
105 Total (add line 104, columns (B), (D), and (E))					288,088

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 8

**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, on a personal benefit contract?  Yes  No

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

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including 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.

*Joyce Goode*  
Signature of officer  
Joyce Goode, President of the  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Mark Jones CPA*  
Firm's name (or yours if self-employed): Jones, Key & Dinho  
address, and ZIP + 4: 2717 North Wickham, Melbourne, FL 329

**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

**2003**

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 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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2003

**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 <b>▶</b> \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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		X
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)? See Part V, Form 990	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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	980,689	928,575	927,689	820,176	3,657,129
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> 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					0
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets Stmt 9	21,448				21,448
<b>23</b> Total of lines 15 through 22	1,002,137	928,575	927,689	820,176	3,678,577
<b>24</b> Line 23 minus line 17	1,002,137	928,575	927,689	820,176	3,678,577
<b>25</b> Enter 1% of line 23	10,021	9,286	9,277	8,202	

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

**a** Enter 2% of amount in column (e), line 24 ▶ **26a** 0

**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** \_\_\_\_\_

**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.

(2002)	(2001)	(2000)	15,000	(1999)
--------	--------	--------	--------	--------

**b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2002)	(2001)	(2000)	(1999)
--------	--------	--------	--------

**c** Add: Amounts from column (e) for lines:

15	3,657,129	16	_____
17	_____	20	_____
	15,000	21	_____

**d** Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27c** 3,657,129

**e** Public support (line 27c total minus line 27d total) ▶ **27d** 15,000

**f** Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ **27e** 3,642,129

**g** Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27f** 3,678,577

**h** Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27g** 99.0092%

**i** ▶ **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?			
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?	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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

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

**4-Year Averaging Period Under Section 501(h)**

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

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See 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.

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

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

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?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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 (with checked box)

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

**Mortgages and Other Notes Payable**

Forms  
**990 / 990-PF**

**2003**

For calendar year 2003, 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) <u>Riverside National Bank</u>	<u>None</u>
(2) <u>Bank of America</u>	<u>None</u>
(3) <u>Dell Financial Services</u>	<u>None</u>
(4) <u>Lanier</u>	<u>None</u>
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

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

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

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) <u>None</u>	<u>6,030</u>	<u>4,090</u>
(2) <u>None</u>	<u>29,191</u>	<u>29,191</u>
(3) <u>None</u>	<u>7,461</u>	
(4) <u>None</u>	<u>13,473</u>	<u>10,771</u>
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>56,155</b>	<b>44,052</b>

**Federal Statements**

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

<u>Desc</u>		<u>How</u>	<u>Whom</u>	<u>Date</u>	<u>Date</u>	<u>Sale</u>	<u>Cost &amp;</u>	<u>Deprec</u>	<u>Gain/</u>
		<u>Rec'd</u>	<u>Sold</u>	<u>Acquired</u>	<u>Sold</u>	<u>Price</u>	<u>Expense</u>		<u>-Loss</u>
Coffee table (used)	Purchase			1/01/91	12/31/03	\$	\$ 37	\$ 37	\$
Desk, chair/mat (used)	Purchase			1/01/92	12/31/03		192	192	
Refrigerator	Purchase			1/01/93	12/31/03		130	130	
File cabinet	Purchase			1/01/94	12/31/03		49	49	
Waiting room chair	Purchase			1/01/96	12/31/03		234	234	
<b>Total</b>						<u>\$ 0</u>	<u>\$ 642</u>	<u>\$ 642</u>	<u>\$ 0</u>

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

Description	Amount
Specific assistance	\$ 30
Specific assistance	29,070
Total	<u>\$ 29,100</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
Contracted services	99,269	83,398	15,871	
Dues and licenses	3,530	1,840	1,690	
Dues and licenses	78	78		
Insurance	11,884	11,668	216	
Insurance	3,491	3,491		
Medical supplies	16,750	16,750		
Utilities	4,257	3,296	961	
Utilities	2,711	2,711		
Total	<u>\$ 141,970</u>	<u>\$ 123,232</u>	<u>\$ 18,738</u>	<u>\$ 0</u>

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

Provided primary care and support services for 621 HIV infected residents of Brevard County, including 3976 primary care office visits for 559 patients, 1140 mental health counseling sessions for 288 patients, 267 substance abuse treatment sessions for 39 patients, 131 nutritional counseling sessions for 102 patients, and 220 oral health care services for 129 patients.

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

Provided 22,208 case management encounters for 531 patients, 211 food baskets for 130 patients, 1158 housing case management encounters for 161 patients, and transportation services for 170 clients consisting of 1,310 round trips.

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

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Office furniture & equipment	\$ 56,412	\$ 33,351	\$ 57,770	\$ 45,639
Medical equipment	2,171	2,131	2,171	2,151
Vehicles	12,147	9,374	12,147	11,223
Total	<u>\$ 70,730</u>	<u>\$ 44,856</u>	<u>\$ 72,088</u>	<u>\$ 59,013</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
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 Hrs	Address	City, State, Zip
Comp	Benefits	Expenses				
Joyce Goode			President	40		
62,849	2,249	0	3865 Avalan St.			Titusville FL 32796
Bill Goode			Administrato	40		
53,257	2,249	0	3865 Avalan St.			Titusville FL 32796
Barry Inman			Vice Pres	var		
0	0	0	2575 N. Courtenay Pkway			Merritt Island FL 32953
Dolores Rayen			Sec/Treas	var		
0	0	0	P.O. Box 2174			Melbourne FL 32902
Norman Tomaka, RPH			Director	var		
0	0	0	1977 Player Circle, N			Melbourne FL 32935
Ronald Caprilla			Chair, Finan	var		
0	0	0	8474 Sylvan Drive			W. Melbourne FL 32904
Charles Bucalo, RPH			Director	var		
0	0	0	1270 Malabar Road			Palm Bay FL 32907
Colleen Cunningham			Director	var		
0	0	0	2309 S. Stone St.			Melbourne FL 32901
Harvey A. Hester, PhD			Director	var		
0	0	0	4050 Minton Rd.			Melbourne FL 32904
Stephanie Howard			Director	var		
0	0	0	6001 Midway Ave.			Cocoa FL 32927
Rev. Bill Mclellan			Director	var		
0	0	0	1350 S. Hickory St.			Melbourne FL 32901
Leonard Nobrega			Director	var		
0	0	0	121 Coral Way			Indialantic FL 32937
James Plaisted			Director	var		
0	0	0	221 Timpooshee Dr.			Indian Harbor Beach FL 32937
Janet Poirier			Director	var		
0	0	0	1924 Shoreview Dr.			Indialantic FL 32903
Maria Sanchez			Director	var		
0	0	0	1460 Sheafe Ave. NE			Palm Bay FL 32907
Edwin Vasquez			Director	var		
0	0	0	1101 Craftland Lane			Palm Bay FL 32905

59-3062093

# Federal Statements

FYE: 12/31/2003

## 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
103b	Charges for copying records related to treatment of clients

### Federal Statements

#### Statement 9 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>
Program income from insurance	\$ 7,314	\$	\$	\$
Program income - other	25			
Income from drug trials	7,148			
Income from HIV testing & counseling	490			
Income from record copying	939			
Income - miscellaneous	5,532			
Total	<u>\$ 21,448</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

59-3062093

## Federal Asset Report

FYE: 12/31/2003

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
90	2000 Hyundai	10/01/99	12,147				12,147	5	HY 200DB	9,374	1,849
			<u>12,147</u>				<u>12,147</u>			<u>9,374</u>	<u>1,849</u>
<b>Other Depreciation:</b>											
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
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
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
17	Coffee table (used)	1/01/91	37				37	5	MO S/L	37	0
	Sold/Scrapped 12/31/03										
18	Decorations	1/01/91	715				715	5	MO S/L	715	0
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
	Sold/Scrapped 12/31/03										
23	Stacking chairs (used)	1/01/92	64				64	5	MO S/L	64	0
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
	Sold/Scrapped 12/31/03										
28	File cabinet	1/01/93	53				53	5	MO S/L	53	0
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
	Sold/Scrapped 12/31/03										
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
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
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
	Sold/Scrapped 12/31/03										
52	Desk, file, chair (used)	1/01/96	234				234	5	MO S/L	234	0
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
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	292	0
64	2 TVs	1/01/98	475				475	5	MO S/L	475	0
65	2 Desks (used)	1/01/98	368				368	5	MO S/L	368	0
66	Chair (used)	1/01/98	79				79	5	MO S/L	79	0
67	File cabinet (used)	1/01/98	98				98	5	MO S/L	98	0
68	File cabinet (used)	1/01/98	85				85	5	MO S/L	85	0
69	Table & chair (used)	1/01/98	169				169	5	MO S/L	169	0
70	File cabinet (used)	1/01/98	158				158	5	MO S/L	158	0
71	4 File cabinets (used)	1/01/98	713				713	5	MO S/L	713	0

59-3062093

**Federal Asset Report**

FYE: 12/31/2003

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
72	File cabinet (used)	1/01/98	178				178	5 MO S/L	178	0
73	Desk & credenza set (used)	1/01/98	487				487	5 MO S/L	487	0
74	2 Chairs (used)	1/01/98	578				578	5 MO S/L	578	0
75	2 Typewriters	1/01/98	158				158	5 MO S/L	158	0
76	Pedestal desk (used)	1/01/99	229				229	5 MO S/L	183	46
77	Chair (used)	1/01/99	89				89	5 MO S/L	71	18
78	Phone handset	1/01/99	293				293	5 MO S/L	234	59
79	Phone handset	1/01/99	293				293	5 MO S/L	234	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	1,443	480
89	Medical equipment	1/01/00	100				100	5 MO S/L	60	20
91	MS Office 2000 prem	2/02/01	700				700	3 MO S/L	447	234
92	Phone system	2/07/01	2,770				2,770	5 MO S/L	1,062	554
93	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
94	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
95	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
96	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
97	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
98	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
99	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
100	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
101	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
102	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
103	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
104	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
105	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
106	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
107	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
108	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
109	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
110	Dell 700 computer	3/16/01	1,110				1,110	3 MO S/L	648	370
111	Dell poweredge server	3/16/01	970				970	3 MO S/L	566	323
112	Freestanding panels	3/29/01	1,107				1,107	5 MO S/L	387	222
113	HPLJ 4050N printer	3/29/01	1,479				1,479	3 MO S/L	863	493
114	Lanier copier	3/21/02	10,792				10,792	5 MO S/L	1,619	2,158
115	Courtyard levelling	1/07/02	1,200				1,200	2 MO S/L	480	480
116	Handicap bathroom	2/01/03	2,000				2,000	1 MO S/L	0	1,146
<b>Total Other Depreciation</b>			<u>60,583</u>				<u>60,583</u>		<u>35,490</u>	<u>12,952</u>
<b>Total ACRS and Other Depreciation</b>			<u>60,583</u>				<u>60,583</u>		<u>35,490</u>	<u>12,952</u>
<b>Grand Totals</b>			72,730				72,730		44,864	14,801
<b>Less: Dispositions</b>			642				642		642	0
<b>Net Grand Totals</b>			<u>72,088</u>				<u>72,088</u>		<u>44,222</u>	<u>14,801</u>

Round off

1107  
44,222  
59,013