

Form **990**

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)

OMB No 1545-0047

2004

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 2004 calendar year, or tax year beginning January 01, 2004, and ending December 31, 2004

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
UNCONDITIONAL LOVE INC
 Number and street (or P O box if mail is not delivered to street address) Room/suite
1495 NORTH HARBOR CITY BLVD ROOM/SUITE STE F
 City or town, state or country, and ZIP + 4
MELBOURNE FL 32935

D Employer identification number
59 : 3062093
E Telephone number
(321) 242-8928
F Accounting method Cash Accrual
 Other (specify) ▶

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

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ 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.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1286926**

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a		51777	
	b Indirect public support	1b			
	c Government contributions (grants)	1c		950484	
	d Total (add lines 1a through 1c) (cash \$ 1002261 noncash \$)		1d		1002261
	2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		277448
	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		
		8a			
	b Less cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d			
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	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		7217	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12		1286926	
Expenses	13 Program services (from line 44, column (B))		13		1176880
	14 Management and general (from line 44, column (C))		14		85098
	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		1261978
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)		18		24948
	19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		19093
	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		44041

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 \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule)	23	25627			
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	113638	109094	4544	
26	Other salaries and wages	26	791581	760522	31059	
27	Pension plan contributions	27				
28	Other employee benefits	28	44356	39267	5089	
29	Payroll taxes	29				
30	Professional fundraising fees	30	55187	40041	15146	
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	17383	13456	3927	
34	Telephone	34	18017	15821	2196	
35	Postage and shipping	35	4786	2886	1900	
36	Occupancy	36	33945	30116	3829	
37	Equipment rental and maintenance	37	16354	7434	8920	
38	Printing and publications	38	2979	2751	228	
39	Travel	39	11699	11662	37	
40	Conferences, conventions, and meetings	40	8927	8806	121	
41	Interest	41	5659	15	5644	
42	Depreciation, depletion, etc (attach schedule)	42	7392	6504	888	
43	Other expenses not covered above (itemize) a	43a				
	b Attachment #1: PART II OTHER EXPENSES	43b	104448	102878	1570	
	c	43c				
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	1261978	1176880	85098	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? PRIMARY CARE FOR HIV POSITIVES	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a Attachment #2: PROGRAM SERVICE ACCOMPLISHMENTS	
(Grants and allocations \$ _____)	
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1176880

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

		(A) Beginning of year		(B) End of year		
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
Assets	45 Cash—non-interest-bearing		5088	45	33300	
	46 Savings and temporary cash investments			46		
	47a Accounts receivable	47a	7125			
	b Less allowance for doubtful accounts	47b		5048	47c	7125
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable		82359	49	69719	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			52		
	53 Prepaid expenses and deferred charges		4394	53	10449	
	54 Investments—securities (attach schedule)			54		
	55a Investments—land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments—other (attach schedule)			56			
57a Land, buildings, and equipment basis	57a	73040				
b Less accumulated depreciation (attach schedule)	57b	57997	13075	57c	15043	
58 Other assets (describe ► Rental And Utility Deposits)		2245	58	2245		
59 Total assets (add lines 45 through 58) (must equal line 74)		112209	59	137881		
Liabilities	60 Accounts payable and accrued expenses		49064	60	42674	
	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)		44052	64b	51166	
	65 Other liabilities (describe ►)			65		
66 Total liabilities (add lines 60 through 65)		93116	66	93840		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		19093	67	44041	
	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)		19093	73	44041	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		112209	74	137881	

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 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization ► and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. See line 81 instructions . . . 81a		
b	Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III). . . 82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . .	83b	<input checked="" type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members. 85c		
d	Section 162(e) lobbying and political expenditures. 85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e). 85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12. 86a		
b	Gross receipts, included on line 12, for public use of club facilities 86b		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ► _____		
90a	List the states with which a copy of this return is filed ► Florida		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b		
91	The books are in care of ► BILL GOODE Telephone no ► (321) 242-8928 Located at ► 1495 N HARBOR CITY BLVD 1495 N HARBOR CITY BLVD N ZIP + 4 ► 32935		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 92		

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue					
a INSURANCE					10255
b					
c					
d					
e					
f Medicare/Medicaid payments					267193
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 Attachment #4: PART VII OTHER REVENUE					7217
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					284665
105 Total (add line 104, columns (B), (D), and (E))					284665

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)
▼	Attachment #5: RELATIONSHIP ACTIVITIES

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
	%			
	%			
	%			
	%			

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, from a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, from 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, and belief, 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.
	Signature of officer BILL GOODE, ADMINISTRATOR Type or print name and title
Paid Preparer's Use Only	Preparer's signature
	Firm's name (or yours if self-employed), address, and ZIP + 4 JANES KEY AND DINHO PA 2717 North Wickham Road Su

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

OMB No 1545-0047

2004

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

UNCONDITIONAL LOVE INC

Employer identification number

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 benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶				

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶		

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

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

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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28).	1073111	980689	928575	927689	3910064
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	285926				285926
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18.					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	2162	21448			23610
23 Total of lines 15 through 22.	1361199	1002137	928575	927689	4219600
24 Line 23 minus line 17.	1075273	1002137	928575	927689	3933674
25 Enter 1% of line 23.	13612	10021	9286	9277	

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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	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

(2003) _____ (2002) _____ (2001) _____ (2000) 15000

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

(2003) 272314 (2002) _____ (2001) _____ (2000) _____

c Add Amounts from column (e) for lines 15 <u>3910064</u> 16 <u>0</u> 17 <u>285926</u> 20 <u>0</u> 21 <u>0</u> ▶	27c	4195990
d Add Line 27a total, <u>15000</u> and line 27b total, <u>272314</u> ▶	27d	287314
e Public support (line 27c total minus line 27d total) ▶	27e	3908676
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e). . . . ▶	27f	4219600
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	0.9263 %
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 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15

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

		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)

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— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000. \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000. \$1,000,000	41	
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) 2004	(b) 2003	(c) 2002	(d) 2001	(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 instructions.)

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 **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2004

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UNCONDITIONAL LOVE INC

INDIRECT DEPRECIATION

59-3062093

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	\$102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$410,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see page 3 of the instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12 ▶	13	102000

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	6468

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	924
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see page 8 of the instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	7392
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See page 9 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29 for depreciation calculations.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover miles driven and availability for personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions)

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for qualified automobile demonstration use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

Organization Name: UNCONDITIONAL LOVE INC

EIN: 59-3062093

Return: 990

OTHER EXPENSES

Statement: 1

Page 1 of 1

DESCRIPTION	OTHER EXPENSES	OTHER EXPENSES (PROGRAM)	OTHER EXPENSES (MANAGEMENT)	OTHER EXPENSES (FUNDRAISING)
EXPENSES				
CONTRACTED SERVICES	64573	64573		
DUES AND LICENSES	2355	1684	671	
INSURANCE	12662	12498	164	
MEDICAL SUPPLIES	17815	17815		
UTILITIES	7043	6308	735	

Organization Name: UNCONDITIONAL LOVE INC

EIN: 59-3062093

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Program Service Accomplishments

Statement: 2

Page 1 of 2

Grants:

Expenses: 604675

Description:

PROVIDED PRIMARY CARE AND SUPPORT SERVICES FOR 653 HIV INFECTED RESIDENTS OF BREVARD COUNTY, INCLUDING 3,322 PRIMARY CARE OFFICE VISITS FOR 568 PATIENTS, 1,665 MENTAL HEALTH COUNSELING SESSIONS FOR 332 PATIENTS, 46 SUBSTANCE ABUSE TREATMENT SESSIONS FOR 14 PATIENTS, 256 NUTRITIONAL COUNSELING SESSIONS FOR 198 PATIENTS, AND 167 ORAL HEALTH CARE SERVICES FOR 99 PATIENTS.

Organization Name: UNCONDITIONAL LOVE INC

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Statement: 2

Program Service Accomplishments

Page 2 of 2

Grants:

Expenses: 546578

Description:

PROVIDED 22,272 CASE MANAGEMENT ENCOUNTERS FOR 548 PATIENTS, 178 FOOD BASKETS FOR 119 PATIENTS, 1,363 HOUSING CASE MANAGEMENT ENCOUNTERS FOR 173 PATIENTS, AND TRANSPORTATION SERVICES FOR 196 PATIENTS CONSISTING OF 1,680 ROUND TRIPS.

Organization Name: UNCONDITIONAL LOVE INC**EIN: 59-3062093**

Return: 990

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 3

Page 1 of 3

Name	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Joyce Goode Title: PRESIDENT Address: 3865 Avalan St Titusville FL 32796	40.00	64225	2616	0
Bill Goode Title: ADMINISTRATO Address: 3865 Avalan St Titusville FL 32796	40.00	49413	2616	0
Barry Inman Title: VICE PRES Address: 2575 N Courtenay Pkway Merritt Island FL 32953	000.0	0	0	0
Dolores Rayen Title: SEC/TREAS Address: Po Box 2174 Melbourne FL 32902	000.0	0	0	0
Norman Tomaka Rph Title: DIRECTOR Address: 1977 Player Circlen Melbourne FL 32935-4416	000.0	0	0	0
Ronald Caprilla Title: CHAIR,FINANC Address: 8474 Sylvan Drive W Melbourne FL 32904	000.0	0	0	0

Organization Name: UNCONDITIONAL LOVE INC**EIN: 59-3062093**

Return: 990

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 3

Page 2 of 3

Name	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Charles Bucalo Rph Title: DIRECTOR Address: 1270 Malabar Road Palm Bay FL 32907	000.0	0	0	0
Colleen Cunningham Title: DIRECTOR Address: 2309 S Stone St Melbourne FL 32901	000.0	0	0	0
Harvey A Hester Phd Title: DIRECTOR Address: 4050 Minton Rd Melbourne FL 32904	000.0	0	0	0
Stephanie Howard Title: DIRECTOR Address: 6001 Midway Ave Cocoa FL 32927	000.0	0	0	0
Rev Bill Mclellan Title: DIRECTOR Address: 1350 S Hickory St Melbourne FL 32901	000.0	0	0	0
Leonard Nobrega Title: DIRECTOR Address: 121 Coral Way Indialantic FL 32937	000.0	0	0	0

Organization Name: UNCONDITIONAL LOVE INC

EIN: 59-3062093

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OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 3

Page 3 of 3

Name	James Plaisted	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:		000.0	0	0	0
Address:					
221 Timpoochee Dr Indian Harbor Beach FL 32937					

Name	Janet Poirier	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:		000.0	0	0	0
Address:					
501 Royston Lane Melbourne FL 32940					

Name	Maria Sanchez	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:		000.0	0	0	0
Address:					
1460 Sheafe Ave Ne Palm Bay FL 32907					

Name	Edwin Vasquez	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:		000.0	0	0	0
Address:					
1101 Craftland Lane Palm Bay FL 32905					

Name		Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Address:					

Name		Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Address:					

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: UNCONDITIONAL LOVE INC

EIN: 59-3062093

Return: 990

Analysis of Income-Producing Activities

Statement: 4

Page 1 of 1

OTHER REVENUE

Description	Business Code	Amount	Exclusion Code	Amount	Exempt Income
TESTING AND COUNSELING					425
PATIENT FEES					84
RECORD COPYING					829
REFUND					2481
MISCELLANEOUS					3398

Organization Name: UNCONDITIONAL LOVE INC

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Relationship Activities

Statement: 5

Page 1 of 1

Line Number

Relationship Statement

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 TESTING, COPYING RECORDS, ETC. RELATED TO TREATMENT OF CLIENTS

Organization Name: UNCONDITIONAL LOVE INC

EIN: 59-3062093

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COMPENSATION EXPLANATION

Statement: 6

Page 1 of 1

COMPENSATION NAME	EXPLANATION
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JOYCE GOODE	8
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BILL GOODE	8
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Organization Name: UNCONDITIONAL LOVE INC

EIN: 59-3062093

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LAND SCHEDULE

Statement: 7

Page 1 of 1

Category or Item	Cost or Other Basis	Accumulated Depreciation	Book Value	EOY Fair Market Value
OFFICE FURNITURE AND EQUIPMENT	58722	43679	43679	
MEDICAL EQUIPMENT	2171	2171	2171	
VEHICLES	12147	12147	12147	

Organization Name: UNCONDITIONAL LOVE INC

EIN: 59-3062093

Return: 990

Statement: 8

Mortgages and Other Notes Payable

Page 1 of 4

Date of Note: Jun 2000

Lender Name: RIVERSIDE NATIONAL BANK

Lender Title:

Purpose of Loan: PURCHASE VEHICLE

Original Amount of Loan: 11197

Balance Due: 1366

Maturity Date: Dec 2005

Interest Rate: 0.1102

Lender Consideration: NONE

Consideration FMV:

Repayment Terms: MONTHLY P AND I

Security Provided by Borrower: 2000 HYUNDAI

Relationship to Insider: NONE

Total Mortgage Amount: 0

Organization Name: UNCONDITIONAL LOVE INC

EIN: 59-3062093

Return: 990

Statement: 8

Mortgages and Other Notes Payable

Page 2 of 4

Date of Note: Dec 2000

Lender Name: BANK OF AMERICA

Lender Title:

Purpose of Loan: OPERATING FUNDS

Original Amount of Loan: 30000

Balance Due: 29191

Maturity Date:

Interest Rate: 0.0725

Lender Consideration: NONE

Consideration FMV:

Repayment Terms: ON DEMAND

Security Provided by Borrower: ACCTS RECEIVABLE,INVENTORY,EQUIPMEN

Relationship to Insider: NONE

Total Mortgage Amount:

Organization Name: UNCONDITIONAL LOVE INC

EIN: 59-3062093

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Statement: 8

Mortgages and Other Notes Payable

Page 3 of 4

Date of Note: Mar 2002

Lender Name: LANIER

Lender Title:

Purpose of Loan: LEASE COPIER

Original Amount of Loan: 15417

Balance Due:

Maturity Date: Mar 2007

Interest Rate: 0.0947

Lender Consideration: NONE

Consideration FMV:

Repayment Terms: MONTHLY P AND I

Security Provided by Borrower: COPIER

Relationship to Insider: NONE

Total Mortgage Amount:

Organization Name: UNCONDITIONAL LOVE INC

EIN: 59-3062093

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Statement: 8

Mortgages and Other Notes Payable

Page 4 of 4

Date of Note: Dec 2004

Lender Name: LANIER

Lender Title:

Purpose of Loan: LEASE COPIER

Original Amount of Loan: 21023

Balance Due: 20609

Maturity Date: Mar 2007

Interest Rate: 0.0709

Lender Consideration: NONE

Consideration FMV:

Repayment Terms: MONTHLY P AND I

Security Provided by Borrower: COPY MACHINE

Relationship to Insider: NONE

Total Mortgage Amount:

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Organization Name: UNCONDITIONAL LOVE INC

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Statement: 9

Support Schedule – Other Income Schedule

Page 1 of 1

Other Income Description	2003	2002	2001	2000	Total
PROGRAM INCOME FROM INSURANCE		7314			7314
PROGRAM INCOME - OTHER		25			25
INCOME FROM DRUG TRIALS		7148			7148
INCOME FROM HIV TESTING AND COUNSELING	315	490			805
INCOME FROM RECORD COPYING	1716	939			2655
INCOME - MISCELLANEOUS	131	5532			5663

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: UNCONDITIONAL LOVE INC

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SCHEDULE A SELF-DEALING COMPENSATION

Statement: 10

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SEE 990/990EZ