

Return of Organization Exempt from Income Tax

2002

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

C Name of organization
 Special Olympics Florida, Inc
 Number street (or P O box if mail is not delivered to street addr) Room/suite
 1105 Citrus Tower Blvd
 City town or country State ZIP code + 4
 Clermont FL 34711

D Employer Identification Number
 23-7181560

E Telephone number
 (352) 243-9536

F Accounting method
 Cash Accrual
 Other (specify) _____

G Web site _____

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 5,221,760

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
I Enter 4-digit GEN _____
M Check if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF)

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

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

1	Contributions, gifts, and similar amounts received					
	a Direct public support	1 a	1,970,845			
	b Indirect public support	1 b	1,531,981			
	c Government contributions (grants)	1 c	100,592			
	d Total (add lines 1a through 1c) (cash \$ 3,603,418 noncash \$ 0)	1 d			3,603,418	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				
	3 Membership dues and assessments	3				
	4 Interest on savings and temporary cash investments	4			27,099	
	5 Dividends and interest from securities	5			76,781	
	6a Gross rents	6 a				
	b Less rental expenses	6 b				
	c Net rental income or (loss) (subtract line 6b from line 6a)	6 c				
7	Other investment income (describe _____)			7		
		(A) Securities	(B) Other			
8a	Gross amount from sales of assets other than inventory	244,030	8 a			
	b Less cost or other basis and sales expenses	274,102	8 b			
	c Gain or (loss) (attach schedule) See L-8 Stmt	-30,072	8 c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))		8 d		-30,072	
9	Special events and activities (attach schedule)					
		a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9 a	1,270,432		
		b Less direct expenses other than fundraising expenses	9 b	364,047		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9 c			906,385		
10a	Gross sales of inventory, less returns and allowances					
		10 a				
b Less cost of goods sold	10 b					
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10 c					
11	Other revenue (from Part VII, line 103)					
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				4,583,611	
13	Program services (from line 44, column (B))				2,938,810	
14	Management and general (from line 44, column (C))				334,406	
15	Fundraising (from line 44, column (D))				462,238	
16	Payments to affiliates (attach schedule)					
17	Total expenses (add lines 16 and 44, column (A))				3,735,454	
18	Excess or (deficit) for the year (subtract line 17 from line 12)				848,157	
19	Net assets or fund balances at beginning of year (from line 73, column (A))				6,768,715	
20	Other changes in net assets or fund balances (attach explanation)				-7,809	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				7,609,063	



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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

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 (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25	318,102	162,347	73,579
26 Other salaries and wages	26	573,419	384,838	98,206
27 Pension plan contributions	27	51,737	33,382	8,411
28 Other employee benefits	28	174,446	106,858	33,719
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	174,094	147,595	15,015
34 Telephone	34	56,765	23,011	29,712
35 Postage and shipping	35	43,201	16,492	20,201
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38	117,863	80,643	13,593
39 Travel	39	831,461	810,319	6,062
40 Conferences, conventions, and meetings	40	70,764	49,069	1,748
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	116,076	85,118	8,845
43 Other expenses not covered above (itemize)				
a Recognition	43a	106,205	79,366	1,563
b Professional	43b	73,418	39,045	724
c Insurance	43c	82,323	74,768	3,624
d Repairs & Maintenance	43d	7,721	5,559	618
e See Other Expenses Stmt	43e	937,859	840,400	18,786
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	44	3,735,454	2,938,810	334,406

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 \$ 176,770 , (ii) the amount allocated to program services \$ 124,332 , (iii) the amount allocated to management and general \$ 0 , and (iv) the amount allocated to fundraising \$ 52,438

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? Provide training & competition mentally handicapped individuals	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a Games including competitions & tournaments in 23 different sports conducted throughout the year which allowed over 20,000 athletes with similar abilities to achieve physical, mental & spiritual growth (Grants and allocations \$ 0)	1,822,547
b Training of 20,000 athletes in functional sports skills and rules which empower & enable them to interact with the community while providing the athletes with opportunities to build muscles & sharpen motor skills, training builds self confidence (Grants and allocations \$ 0)	287,893
c Other programs include through certification programs in which 92 coaches and 131 officials were certified as well as community outreach involving over 8,000 registered volunteers and the promotion of training, competition and Special Olympics mission (Grants and allocations \$ 0)	828,370
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	2,938,810

Part IV Balance Sheets (See Instructions)

Note		(A) Beginning of year		(B) End of year		
ASSETS	45	Cash – non-interest-bearing		4,202,147	45	5,524,861
	46	Savings and temporary cash investments		289,213	46	394,507
	47a	Accounts receivable	218,701			
	47b	Less allowance for doubtful accounts	0	461,980	47c	218,701
	48a	Pledges receivable				
	48b	Less allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes & loans receivable (attach sch)				
	51b	Less allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		44,531	53	42,343
	54	Investments – securities (attach schedule)			54	
	55a	Investments – land, buildings, & equipment basis				
	55b	Less accumulated depreciation (attach schedule)			55c	
	56	Investments – other (attach schedule)	L-56 Stmt	297,746	56	0
	57a	Land, buildings, and equipment basis	1,871,811			
	57b	Less accumulated depreciation (attach schedule) L-57 Stmt	225,528	1,669,181	57c	1,646,283
	58	Other assets (describe ▶ Barter & Deposits)		12,149	58	11,886
59	Total assets (add lines 45 through 58) (must equal line 74)		6,976,947	59	7,838,581	
LIABILITIES	60	Accounts payable and accrued expenses		208,232	60	229,518
	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	
	64b	b Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ▶)			65	
66	Total liabilities (add lines 60 through 65)		208,232	66	229,518	
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		6,436,847	67	7,237,626
	68	Temporarily restricted		331,868	68	371,437
	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)		6,768,715	73	7,609,063	
74	Total liabilities and net assets/fund balances (add lines 66 and 73)		6,976,947	74	7,838,581	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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

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

a	Total revenue, gains, and other support per audited financial statements	a	4,910,695
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ -7,809		
(2)	Donated services and use of facilities \$ 334,893		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	327,084
c	Line a minus line b	c	4,583,611
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	4,583,611

a	Total expenses and losses per audited financial statements	a	4,070,347
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 334,893		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	334,893
c	Line a minus line b	c	3,735,454
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,735,454

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Charles Castevens Kissimmee, FL	Executive Director 40	114,725	9,178	0
Nancy Sawyer Kissimmee, FL	VP- Programs 40	70,057	5,605	0
Jayne Frye Kissimmee, FL	VP - Finance & Admin 40	51,020	4,082	0
Carl Ferguson Kissimmee, FL	Sr V P Dev 40	82,300	6,584	0
Board of Directors SEE ATTACHED STATEMENT	Various 5	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?
If 'Yes,' attach schedule -- see instructions

Yes No

Part VI Other Information (See instructions)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	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		X
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
80b 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 or indirect political expenditures See line 81 instructions	81a		0
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?	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? 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	85b		
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		X
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		X
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> section 4955 <u>0</u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>			0
d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0</u>			0
90a List the states with which a copy of this return is filed <u>Florida</u>			
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b		39
91 The books are in care of <u>Jayne Frye, CPA</u> Telephone number <u>(352) 243-9536</u> Located at <u>1105 Citrus Tower Blvd FL</u> ZIP + 4 <u>34711</u>			
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 <u>92</u>	92		

Part VII Analysis of Income-Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	27,099	
96 Dividends & interest from securities			14	76,781	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-30,072	
101 Net income or (loss) from special events					906,385
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				73,808	906,385
105 Total (add line 104, columns (B), (D), and (E))					980,193

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
101	Special Olympics Florida related special functions are held to promote involvement in the programs Revenues collected are from the public for their participation in the events

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) N/A

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments, and it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Signature of officer: *Jayne F. Frye*

Type or print name and title: JAYNE F. FRYE, VICE PRES - E

Paid Preparer's Use Only

Preparer's signature: *Reeder & Associates, CPA*

Firm's name (or yours if self-employed) address and ZIP + 4: Reeder & Associates, PA
3339 W Bearss Avenue
Tampa

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions)

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

Name of the organization: **Special Olympics Florida, Inc** Employer identification number: **23-7181560**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Steven Klotz ----- Miami, FL	County Coordinator 40	60,000	4,800	0
-----	-----	-----	-----	-----
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-----	-----	-----	-----	-----
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-----	-----	-----	-----	-----
Total number of other employees paid over \$50,000 ▶	None			

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

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

Part III Statements About Activities (See instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p style="text-align: right;">See Part V, Form 990</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>		X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

Part IV Reason for Non-Private Foundation Status (See instructions)

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 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)
- 11 a 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)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

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

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

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,183,547	2,870,938	2,553,659	2,369,573	11,977,717
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	736,369	821,061	725,906	519,754	2,803,090
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	146,615	158,631	84,959	84,494	474,699
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	5,066,531	3,850,630	3,364,524	2,973,821	15,255,506
24 Line 23 minus line 17	4,330,162	3,029,569	2,638,618	2,454,067	12,452,416
25 Enter 1% of line 23	50,665	38,506	33,645	29,738	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶ 26a	249,048
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		▶ 26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e).		▶ 26c	12,452,416
d Add: Amounts from column (e) for lines 18 _____ 474,699 19 _____		▶ 26d	474,699
22 _____ 26b _____		▶ 26e	11,977,717
e Public support (line 26c minus line 26d total)		▶ 26f	96.19 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____	
b For any amount included in line 17 that was received from each person (other than disqualified persons), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____		
c Add: Amounts from column (e) for lines 15 _____ 16 _____		▶ 27c
17 _____ 20 _____ 21 _____		▶ 27d
d Add: Line 27a total _____ and line 27b total _____		▶ 27e
e Public support (line 27c total minus line 27d total)		
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	▶ 27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶ 27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶ 27h

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See 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? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----	32d	
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? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----	33h	
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 instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

n/a

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

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

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

4 -Year Averaging Period Under Section 501(h)

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

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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

Florida Special Olympics Depreciation Schedule by Category For the 12 Months Ended 12/31/02

08/20/03
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Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/02	Current Depreciation	Accum Depr 12/31/02
Vehicles									
187	Grand Caravan	11/10/98	ST LINE	05/00	N	20 582 00	14 407 40	4,116 40	18 523 80
188	Truck	11/10/98	ST LINE	05/00	N	19 494 50	13,646 15	3,898 90	17 545 05
315	Rolling Hills Ford 2001 Windstar	04/04/01	ST LINE	05/00	N	19 285 60	1,928 56	3 857 12	5,785 68
327	Rolling Hills Ford	10/04/02	ST LINE	05/00	N	18 164 67	0 00	1 816 47	1 816 47
	Total for (Vehicles)					77 526 77	29,982 11	13,688 89	43,671 00
Central Office									
10	IBM CORRECTING SELECTRIC	08/23/74	ST LINE	07/00	N	1 292 40	1 292 40	0 00	1 292 40
57	2 DOOR GREY SUPPLY CABINET	06/20/83	ST LINE	07/00	N	35 00	35 00	0 00	35 00
58	2 DOOR TENNSCO BEIGE SUPPI	08/23/74	ST LINE	07/00	N	85 00	85 00	0 00	85 00
59	HALF SIZE BLUE GREY STEEL	07/01/94	ST LINE	07/00	N	10 00	10 00	0 00	10 00
125	28 8 FAX MODEM SERVER	10/18/95	ST LINE	03/00	N	180 00	180 00	0 00	180 00
159	PEACHTREE WINDOWS	09/26/95	ST LINE	03/00	N	163 55	163 55	0 00	163 55
163	IBM VOICE DATA MODEM	11/19/96	ST LINE	05/00	N	79 99	79 99	0 00	79 99
165	PEACHTREE UPGRADE	11/27/96	ST LINE	05/00	N	134 99	134 99	0 00	134 99
176	HP Laserjet w/ mem upgrade	04/07/97	ST LINE	05/00	N	1,768 95	1 592 06	176 89	1,768 95
181	Packard Scanjet 5100 cx1	04/30/98	ST LINE	05/00	N	279 99	196 00	56 00	252 00
184	Copier for Clearwater office	10/27/98	ST LINE	05/00	N	250 00	175 00	50 00	225 00
190	Docuprint laser	02/12/99	ST LINE	05/00	N	299 99	150 00	60 00	210 00
192	Comp USA	03/15/99	ST LINE	05/00	N	549 97	274 98	110 00	384 98
193	Docuprint	08/20/99	ST LINE	05/00	N	310 23	155 12	62 04	217 16
194	Gateway Computers	11/08/99	ST LINE	05/00	N	2 794 00	1,397 00	558 80	1 955 80
195	Computer	12/28/99	ST LINE	05/00	N	3,491 00	1,745 50	698 20	2,443 70
196	Lap top	12/28/99	ST LINE	05/00	N	2,198 00	1,099 00	439 60	1,538 60
197	Credit Card software	04/30/00	200% DB	05/00	N	400 00	208 00	76 80	284 80
198	Docuprint	02/18/00	200% DB	05/00	N	286 00	148 72	54 91	203 63
199	Gateway Computer	08/11/00	200% DB	05/00	N	1 088 00	565 76	208 90	774 66
200	Lap top computer	12/01/00	200% DB	05/00	N	2 909 00	1,512 68	558 53	2 071 21
201	Lap top computer	12/01/00	200% DB	05/00	N	2,909 00	1,512 68	558 53	2,071 21
203	Center Area Workstation Desk/hut	10/02/01	ST LINE	07/00	N	1,211 92	43 28	173 13	216 41
204	Center Area Workstation Desk/hut	10/02/01	ST LINE	07/00	N	1,211 92	86 57	173 13	259 70
205	Center Workstation Desk/hutch w/	10/02/01	ST LINE	07/00	N	1,211 92	86 57	173 13	259 70
206	Center Area Workstation Desk/hut	10/02/01	ST LINE	07/00	N	1 211 92	86 57	173 13	259 70
207	Center area Workstation Desk/hut	10/02/01	ST LINE	07/00	N	1 211 92	86 57	173 13	259 70
208	Center Area Workstation Desk/hut	10/02/01	ST LINE	07/00	N	1 211 92	86 57	173 13	259 70
209	Center Area Workstation Desk/hut	10/02/01	ST LINE	07/00	N	1 211 92	86 57	173 13	259 70
210	Center Area Workstation Desk/hut	10/02/01	ST LINE	07/00	N	1 211 92	86 57	173 13	259 70
211	Center Area Workstation Desk/hut	10/02/01	ST LINE	07/00	N	1 058 92	75 64	151 27	226 91
212	Center Area Workstation Desk/hut	10/02/01	ST LINE	07/00	N	1 058 92	75 64	151 27	226 91
213	Center Area Workstation Desk/hut	10/02/01	ST LINE	07/00	N	1,058 92	75 64	151 27	226 91
214	Center Area Workstation Desk/hut	10/02/01	ST LINE	07/00	N	1 058 92	75 64	151 27	226 91
215	12 chairs at Center Area desks 2	10/02/01	ST LINE	07/00	N	3 543 84	253 13	506 26	759 39
216	Pres/CEO office desk/hutch w/tra	10/02/01	ST LINE	07/00	N	1 580 38	112 88	225 77	338 65
217	Pres/CEO office blue chair	10/02/01	ST LINE	07/00	N	644 49	46 03	92 07	138 10
218	Pres/CEO office table	10/02/01	ST LINE	07/00	N	244 72	17 48	34 96	52 44

**Florida Special Olympics
Depreciation Schedule by Category
For the 12 Months Ended 12/31/02**

08/20/03
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Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/02	Current Depreciation	Accum Depr 12/31/02
Central Office									
219	File cabinet 2 drawer 2 @ 234 60	10/02/01	ST LINE	07/00	N	469 20	33 51	67 03	100 54
220	Bookcase 66"high w/4 shelves	10/02/01	ST LINE	07/00	N	251 62	17 97	35 95	53 92
221	(4) Stacker chairs w/casters purp	10/02/01	ST LINE	07/00	N	688 16	49 15	98 31	147 46
222	Sr VP Dev't office desk/hutch w/tr	10/02/01	ST LINE	07/00	N	1 580 38	112 88	225 77	338 65
223	Sr VP Dev't office chair blue	10/02/01	ST LINE	07/00	N	644 49	46 03	92 07	138 10
224	Sr VP Dev't office table	10/02/01	ST LINE	07/00	N	244 72	17 48	34 96	52 44
225	(2) File cabinet 2 drawer lateral	10/02/01	ST LINE	07/00	N	469 20	33 51	67 03	100 54
226	Bookcase 66" high w/4 shelves	10/02/01	ST LINE	07/00	N	251 62	17 97	35 95	53 92
227	(4) Stacker chairs w/casters - yel	10/02/01	ST LINE	07/00	N	688 16	49 15	98 31	147 46
228	VP Finance office desk/hutch w/t	10/02/01	ST LINE	07/00	N	1,458 02	104 14	208 29	312 43
229	VP Finance office chair - green	10/02/01	ST LINE	07/00	N	644 49	46 03	92 07	138 10
230	(5) File Cabinet 5 drawer lateral 3	10/02/01	ST LINE	07/00	N	2,504 70	178 91	357 81	536 72
231	(2) Stacker chairs w/casters - pu	10/02/01	ST LINE	07/00	N	344 08	24 58	49 15	73 73
232	Office Manager office desk/hutch	10/02/01	ST LINE	07/00	N	1,458 02	104 14	208 29	312 43
233	Office Manager office chair- blu	10/02/01	ST LINE	07/00	N	295 32	21 09	42 19	63 28
234	(2) Stacker chairs w/casters - blu	10/02/01	ST LINE	07/00	N	344 08	24 58	49 15	73 73
235	VP Programs office desk/hutch w	10/02/01	ST LINE	07/00	N	1,458 02	104 14	208 29	312 43
236	VP Programs office chair - blue	10/02/01	ST LINE	07/00	N	644 49	46 03	92 07	138 10
237	VP Programs office table	10/02/01	ST LINE	07/00	N	244 72	17 48	34 96	52 44
238	(5) File Cabinet 2 drawer lateral 3	10/02/01	ST LINE	07/00	N	1,173 00	83 79	167 57	251 36
239	(4) Stacker chairs w/casters - yel	10/02/01	ST LINE	07/00	N	688 16	49 15	98 31	147 46
240	(13) Bookcase 66"high w/4 shelv	10/02/01	ST LINE	07/00	N	3 271 06	233 65	467 29	700 94
241	10 by 14 office desk/hutch w/tray	10/02/01	ST LINE	07/00	N	1 124 98	80 36	160 71	241 07
242	10 by 14 office desk/hutch w tray	10/02/01	ST LINE	07/00	N	1,124 98	80 36	160 71	241 07
243	10 by 14 office desk/hutch (shap	10/02/01	ST LINE	07/00	N	971 98	69 43	138 85	208 28
244	10 by 14 office desk/hutch (shap	10/02/01	ST LINE	07/00	N	971 98	69 43	138 85	208 28
245	10 by 14 office (shapes) desk ch	10/02/01	ST LINE	07/00	N	295 32	21 09	42 19	63 28
246	10 by 14 Office (shapes) desk ch	10/02/01	ST LINE	07/00	N	295 32	21 09	42 19	63 28
247	10 by 14 Office (shapes) desk ch	10/02/01	ST LINE	07/00	N	295 32	21 09	42 19	63 28
248	10 by 14 Office (shapes) desk ch	10/02/01	ST LINE	07/00	N	295 32	21 09	42 19	63 28
249	(4) Stacker chairs w/casters for	10/02/01	ST LINE	07/00	N	688 16	49 15	98 31	147 46
250	(5) 14 by 11 Office desk/hutch w	10/02/01	ST LINE	07/00	N	7,901 90	564 42	1,128 84	1,693 26
251	14 by 11 Office desk chair - red	10/02/01	ST LINE	07/00	N	295 32	21 09	42 19	63 28
252	14 by 11 office desk chair - red	10/02/01	ST LINE	07/00	N	295 32	21 09	42 19	63 28
253	14 by 11 Office desk chair - yello	10/02/01	ST LINE	07/00	N	295 32	21 09	42 19	63 28
254	14 by 11 Office desk chair - yello	10/02/01	ST LINE	07/00	N	295 32	21 09	42 19	63 28
255	14 by 11 Office desk chair - gree	10/02/01	ST LINE	07/00	N	295 32	21 09	42 19	63 28
256	(5) Stacker chairs w/casters 10 b	10/02/01	ST LINE	07/00	N	860 20	61 44	122 89	184 33
257	(12) File Cabinet 4 drawer lateral	10/02/01	ST LINE	07/00	N	4 454 64	318 19	636 38	954 57
258	(9) 36"Wx18"Dx74"H AMCO open	10/02/01	ST LINE	07/00	N	961 16	68 65	137 31	205 96
259	Common area rectangular table	10/02/01	ST LINE	07/00	N	212 52	15 18	30 36	45 54
260	Common area rectangular table	10/02/01	ST LINE	07/00	N	212 52	15 18	30 36	45 54
261	(8) 36 Wx12"Dx68 H Bookcase w	10/02/01	ST LINE	07/00	N	883 20	63 09	126 17	189 26
262	(19) Folding leg tables - training ro	10/02/01	ST LINE	07/00	N	3 844 45	274 60	549 21	823 81

Florida Special Olympics Depreciation Schedule by Category For the 12 Months Ended 12/31/02

08/20/03
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Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/02	Current Depreciation	Accum Depr 12/31/02
Central Office									
263	Lecturn - Training room	10/02/01	ST LINE	07/00	N	231 84	16 56	33 12	49 68
264	(57) chairs training room	10/02/01	ST LINE	07/00	N	8,783 70	627 41	1 254 81	1 882 22
265	(10) Conference room chairs	10/02/01	ST LINE	07/00	N	3,619 50	258 54	517 07	775 61
266	Reception Desk	10/02/01	ST LINE	07/00	N	2,576 20	184 01	368 03	552 04
267	Reception Credenza	10/02/01	ST LINE	07/00	N	913 55	65 25	130 51	195 76
268	(2) Lobby chair	10/02/01	ST LINE	07/00	N	1,824 74	130 34	260 68	391 02
269	Lobby Table	10/02/01	ST LINE	07/00	N	247 50	17 68	35 36	53 04
270	Reception desk chair	10/02/01	ST LINE	07/00	N	295 32	21 09	42 19	63 28
271	(15) Brek room chairs	10/02/01	ST LINE	07/00	N	1,087 50	77 68	155 36	233 04
272	(2) Stacker chairs w/casters Com	10/02/01	ST LINE	07/00	N	344 08	24 58	49 15	73 73
273	Mail Sorter	10/02/01	ST LINE	07/00	N	1,271 62	90 83	181 66	272 49
274	Copy room desk w/ cabinets	10/02/01	ST LINE	07/00	N	1,169 32	83 52	167 05	250 57
275	(2) Storage cabinet - copy room	10/02/01	ST LINE	07/00	N	817 88	58 42	116 84	175 26
276	(2) 72" Wall Hutch - copy room	10/02/01	ST LINE	07/00	N	612 72	43 77	87 53	131 30
277	(2) 48" Wall hutch - copy room	10/02/01	ST LINE	07/00	N	458 16	32 73	65 45	98 18
278	(3) keyboard trays	10/02/01	ST LINE	07/00	N	459 00	32 79	65 57	98 36
279	Server room shelving accessone	10/02/01	ST LINE	07/00	N	319 96	22 85	45 71	68 56
280	(2) Stacking carts for storage roo	10/02/01	ST LINE	07/00	N	218 96	15 64	31 28	46 92
281	72" storage trunk	10/02/01	ST LINE	07/00	N	202 20	14 44	28 89	43 33
282	Gateway GP6 -333C computer ar	10/29/98	ST LINE	05/00	N	1,559 00	1 091 30	311 80	1,403 10
283	Old Compaq server	02/04/99	ST LINE	05/00	N	2,989 00	1,494 50	597 80	2,092 30
284	Compaq JRS Clearwater	02/04/99	ST LINE	05/00	N	1 511 00	755 50	302 20	1 057 70
285	Donor Wall Metal decor	09/17/01	ST LINE	07/00	N	14 105 03	1,007 50	2 015 00	3 022 50
286	Office blinds	10/16/01	ST LINE	07/00	N	4,200 00	300 00	600 00	900 00
287	T-Manc Jersey framed art	09/07/01	ST LINE	07/00	N	350 27	25 02	50 04	75 06
288	Blue Horse	09/07/01	ST LINE	07/00	N	403 19	28 80	57 60	86 40
289	Map	09/07/01	ST LINE	07/00	N	275 18	19 66	39 31	58 97
290	other framed art	08/29/01	ST LINE	07/00	N	2,866 44	204 75	409 49	614 24
291	Toshiba XJA Projector	07/06/01	ST LINE	05/00	N	6,265 00	626 50	1 253 00	1 879 50
292	ACT 2000 Software	07/11/01	ST LINE	05/00	N	4,080 00	408 00	816 00	1,224 00
293	Network set-up Services	08/09/01	ST LINE	05/00	N	11,460 00	1,146 00	2 292 00	3,438 00
294	Software licenses & related(24) u	09/01/01	ST LINE	05/00	N	1 888 00	188 80	377 60	566 40
295	(6) Gateway E-1600SE (w/CD-R	10/01/01	ST LINE	05/00	N	5,385 00	538 50	1 077 00	1 615 50
296	Gateway E-1600SE (w/flatscreen	10/01/01	ST LINE	05/00	N	1,269 00	126 90	253 80	380 70
297	Gateway E-1600SE (w/19'monto	10/01/01	ST LINE	05/00	N	1,162 00	116 20	232 40	348 60
298	(6) APC Smart UPS back ups	10/01/01	ST LINE	05/00	N	495 00	49 50	99 00	148 50
299	APC Smart UPS Back-up	10/01/01	ST LINE	05/00	N	389 00	38 90	77 80	116 70
301	(6) IBM Laptop computers donate	10/01/01	ST LINE	05/00	N	12 000 00	1 200 00	2 400 00	3 600 00
302	IBM server	10/01/01	ST LINE	05/00	N	2 817 00	281 70	563 40	845 10
303	Artisoft TeleVantage System	09/20/01	ST LINE	05/00	N	25,016 00	2 501 60	5 003 20	7 504 80
304	Tape Backup and cartridges	09/24/01	ST LINE	05/00	N	762 00	76 20	152 40	228 60
305	Server backup	09/26/01	ST LINE	05/00	N	489 95	49 00	97 99	146 99
306	Norton anti-virus software	10/24/01	ST LINE	05/00	N	735 00	73 50	147 00	220 50
307	Conference telephone	11/13/01	ST LINE	05/00	N	427 00	42 70	85 40	128 10

Florida Special Olympics Depreciation Schedule by Category For the 12 Months Ended 12/31/02

08/20/03
10 01AM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/02	Current Depreciation	Accum Depr 12/31/02
Central Office									
308	Speaker telephones	11/13/01	ST LINE	05/00	N	450 00	45 00	90 00	135 00
309	IBM laptop memory upgrade	11/21/01	ST LINE	05/00	N	309 00	30 90	61 80	92 70
310	File cabinet 5 drawer lateral 36"	10/02/01	ST LINE	07/00	N	525 78	37 56	75 11	112 67
311	(12) file cabinet 4 drawer lateral 3	10/02/01	200% DB	05/00	N	4 272 48	854 50	1,367 19	2,221 69
312	Gateway E-1600SE (w/CD ROM)	10/01/01	ST LINE	05/00	N	1 025 00	102 50	205 00	307 50
313	IBM PC donated	10/01/01	ST LINE	05/00	N	6,000 00	600 00	1 200 00	1,800 00
314	Clermont Building	10/01/01	ST LINE	30/00	N	1,442,642 46	24 044 05	48 088 09	72 132 14
316	Gold plate for donor wall	02/19/02	ST LINE	10/00	N	330 67	0 00	16 53	16 53
317	Blackbaud Software, installation	07/31/02	ST LINE	05/00	N	37,415 96	0 00	3 741 60	3,741 60
318	Accounting Server	05/03/02	ST LINE	05/00	N	3,855 00	0 00	385 50	385 50
319	Acoustical wall panels in training r	04/01/02	ST LINE	05/00	N	9,000 00	0 00	900 00	900 00
320	2 sound attenuators for training	03/22/02	ST LINE	05/00	N	3 200 00	0 00	320 00	320 00
321	Canon Sheet fed scan FI Busines	09/23/02	ST LINE	05/00	N	3 200 52	0 00	320 05	320 05
322	Elite workstation w/installation an	09/23/02	ST LINE	05/00	N	10,150 00	0 00	1,015 00	1 015 00
323	E 400 special computer	10/02/02	ST LINE	05/00	N	1,471 00	0 00	147 10	147 10
324	3 computer sets	12/27/02	ST LINE	05/00	N	3,237 00	0 00	323 70	323 70
325	Network attached storage, tape d	10/03/02	ST LINE	05/00	N	2,048 00	0 00	204 80	204 80
326	Jammers music	10/01/02	ST LINE	03/00	N	784 00	0 00	130 67	130 67
328	Doorbell	12/16/02	ST LINE	03/00	N	322 00	0 00	53 67	53 67
Total for (Central Office)						1,746,737 47	57,353 10	94,781 16	152 134 26
State Games									
166	GAMES EQUIPMENT	06/15/81	ST LINE	07/00	N	3 008 00	3,008 00	0 00	3 008 00
167	CAULDRON TORCH	06/15/82	ST LINE	07/00	N	853 18	853 18	0 00	853 18
168	EQUIPMENT	06/30/88	ST LINE	07/00	N	559 00	559 00	0 00	559 00
169	12 *6 SOCCER GOALS (2)	04/21/92	200% DB	05/00	N	773 00	770 16	0 00	770 16
170	CHANGEABLE BANNERS	02/04/93	200% DB	05/00	N	204 80	204 80	0 00	204 80
171	PA SYSTEM	06/25/93	ST LINE	05/00	N	146 42	146 42	0 00	146 42
173	Callaway Golf Clubs	06/30/97	ST LINE	07/00	N	13,800 00	8,871 43	1,971 43	10,842 86
202	2 Gold torches	03/17/00	200% DB	05/00	N	651 80	338 94	125 14	464 08
Total for (State Games)						19,996 20	14,751 93	2 096 57	16 848 50
Client Subtotal Before Sales						1,844,260 44	102 087 14	110,566 62	212,653 76
Less Assets Sold						0 00			0 00
Total						1,844 260 44	102,087 14	110,566 62	212 653 76
Vehicle									
1	Palm Beach vehicle	01/01/00	ST LINE	05/00	N	23,064 00	6 919 20	4,612 80	11 532 00
2	Seminole vehicle	06/30/01	ST LINE	05/00	N	4 486 50	448 65	897 30	1 345 95
3	Collier County donated 93 vehicle	09/01/02	200% DB	05/00	N	0 00	0 00	0 00	0 00
Total for (Vehicle)						27 550 50	7 367 85	5 510 10	12 877 95
Client Subtotal Before Sales						27,550 50	7 367 85	5,510 10	12 877 95
Less Assets Sold						0 00			0 00
Total						27,550 50	7 367 85	5 510 10	12 877 95
GRAND TOTAL						1 871 810 94	109 454 99	116 076 72	225 531 71

Name Special Olympics Florida, Inc.	Employer Identification Number 23-7181560
--	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	244,030	Cost	274,102
		Selling Expenses	0
		Basis	274,102

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
Total Securities			244,030	274,102
Gain or (Loss) from Sale of Securities				-30,072

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----	-----	Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----	-----	Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----	-----	Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----	-----	Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
Total Other Assets					
Gain or (Loss) from Sale of Other Assets					

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Golf Classic	77,476	0	77,476	6,360	71,116
Torch Run	245,920	0	245,920	62,498	183,422
Cops & Lobsters	85,053	0	85,053	0	85,053
Others	861,983	0	861,983	295,189	566,794
(Other includes 50 area & county fundraising and 4 other state events)					
Total	1,270,432	0	1,270,432	364,047	906,385

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Meals	143,753	141,035	1,827	891
Marketing	176,770	124,332	0	52,438
Office Expense	97,300	65,338	16,514	15,448
Receptions	11,272	10,522	0	750
Volunteer	30,116	30,116	0	0
Miscellaneous	3,587	3,525	62	0
Training	45,218	45,218	0	0
Special Olympics International	89,361	89,361	0	0
Uniforms	129,546	129,546	0	0
Facilities and equipment rental	210,936	201,407	383	9,146
Total	937,859	840,400	18,786	78,673

Form 990, Page 3, Part IV, Line 56

Investments - Other Statement

Line 56 – Investments - Other:	Beginning of Year	End of Year
Merrill Lynch Bond	0	0
Greenwood Trust	0	0
Insured Package CD	198,540	0
FHLB Notes	0	0
Pacific Century CD	99,206	0
Total	297,746	0

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Building	1,455,164	72,132	1,383,032
Furniture and equipment	308,569	96,848	211,721
Vehicles	108,078	56,548	51,530
Total	<u>1,871,811</u>	<u>225,528</u>	<u>1,646,283</u>

Supporting Statement of.

Form 990 p 1/Line 20

Description	Amount
unrealized investment loss	-7,809
Total	<u>-7,809</u>

Supporting Statement of.

Gain or Loss Statement/Public sales price

Description	Amount
TR SHT DUR GV A	30,715
S & P 500 Fund	96,620
Various securities	116,695
Total	<u>244,030</u>

Special Olympics Florida

Form 990, PAGE 4, PART V

Board of Directors

Executive Committee

Karl Holz, SVP, Walt Disney World Co , Board Chairman
Carl Petruzzelli, Bank One, Vice Chairman
Kyle Smith, Wachovia, Secretary
Roger Jennings, Hilton International, Treasurer
Bob Connors, Past Board Chairman

Members:

Jim Atchison, SeaWorld of Orlando
Rick Bateman, Bateman Harden
Vic Caserta, Target Stores, Inc
Jon Colclasure, Siebel Systems, Inc
Dennis Diecidue, Attorney
Kathleen Doring, Parent
Sharon Douglas, SouthWest Realty Corp
Sam Finley, Athlete, Special Olympics Martin County
Roger B Kennedy, Jr , Roger B Kennedy, Inc
Sandra Morrison, ANC Rental Corporation
Jim Payne, WESH Ch 2 NBC
George Resch, Resource, Inc
Phil Ruggieri, Bretton Woods Group
Chris Schiavone, RDC Golf Group
Bob Starks, Delta Airlines
Mark Waltrip, CFI - Westgate Resorts

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <u>Special Olympics Florida Inc</u>	Employer identification number <u>23-7181560</u>
	Number, street and room or suite number. If a P.O. box, see instructions	For IRS Use Only
	<u>1105 Citrus Tower Blvd</u> City, town or post office, state, and ZIP code. For a foreign address, see instructions <u>Clermont FL 34711</u>	

Check type of return to be filed (file a separate application for each return)

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3 month extension of time until Nov 17, 2003
- 5 For calendar year 2002 or other tax year beginning _____, 20____ and ending _____, 20____
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension Client needs more time to file a complete and accurate return

- 8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Handwritten Signature] Title CPA Date 7/20/03

Notice to Applicant – To be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10 day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print	Name <u>Reeder and Associates, PA</u>
	Number and street (include suite, room, or apartment number) or a P.O. box number <u>3339 West Bearss Ave</u>
	City or town, province or state, and country (including postal or ZIP code) <u>Tampa FL</u>