

**Return of Organization Exempt From Income Tax**

**2004**

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 2004 calendar year, or tax year beginning 2004, and ending 2004

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

**C** Name of organization: Love without Boundaries Foundation  
 Number and street (or P.O. box if mail is not delivered to street address): Room/suite: 901 Caines Hill Road  
 City or town, state or country, and ZIP + 4: Edmond OK 73034-2303

**D** Employer identification number: 061710161

**E** Telephone number: (405) 401-7694

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Website: www.lovetwithoutboundaries.com

**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 12 375,080.68

**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** Group Exemption Number \_\_\_\_\_

**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.)

SCANNED JUN 27 2005

<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>	<u>271293.58</u>		
<b>b</b>	Indirect public support	<b>1b</b>	<u>0</u>		
<b>c</b>	Government contributions (grants)	<b>1c</b>	<u>0</u>		
<b>d</b>	Total (add lines 1a through 1c) (cash <u>\$271293.58</u> noncash \$ _____)	<b>1d</b>		<u>271293.58</u>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<u>0</u>	
<b>3</b>	Membership dues and assessments	<b>3</b>		<u>0</u>	
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<u>0</u>	
<b>5</b>	Dividends and interest from securities	<b>5</b>		<u>0</u>	
<b>6a</b>	Gross rents	<b>6a</b>	<u>0</u>		
<b>b</b>	Less: rental expenses	<b>6b</b>	<u>0</u>		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		<u>0</u>	
<b>7</b>	Other investment income (describe _____)	<b>7</b>		<u>0</u>	
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>	<u>0</u>	<u>0</u>	
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	<u>0</u>	<u>0</u>	
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	<u>0</u>	<u>0</u>	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>8d</b>		<u>0</u>	
<b>a</b>	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1a)	<b>9a</b>	<u>13727.85</u>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<u>415.76</u>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		<u>13312.09</u>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	<u>90059.25</u>		
<b>b</b>	Less: cost of goods sold	<b>10b</b>	<u>56486.15</u>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		<u>33573.10</u>	
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<u>0</u>	
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<u>318178.77</u>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<u>222926.51</u>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<u>5395.06</u>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<u>210.00</u>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		<u>0</u>	
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		<u>228531.57</u>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<u>89647.20</u>	
<b>19</b>	Net assets or fund balances at beginning of year (from 2003, column (A))	<b>19</b>		<u>8921.00</u>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<u>0</u>	
<b>21</b>	Net assets or fund balances at end of year (add lines 18, 19, and 20)	<b>21</b>		<u>98568.20</u>	

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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. (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 \$ <u>222926.51</u> noncash \$ _____)	222926.51	222926.51		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc.	0	0	0	0
26	Other salaries and wages	0	0	0	0
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	0	0	0	0
29	Payroll taxes	0	0	0	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	0	0	0	0
32	Legal fees	0	0	0	0
33	Supplies	0	0	0	0
34	Telephone	0	0	0	0
35	Postage and shipping	0	0	0	0
36	Occupancy	0	0	0	0
37	Equipment rental and maintenance	0	0	0	0
38	Printing and publications	0	0	0	0
39	Travel	0	0	0	0
40	Conferences, conventions, and meetings	0	0	0	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	0	0	0	0
43	Other expenses not covered above (itemize): a	0	0	0	0
b	Paypal Fees	4350.06	0	4350.06	0
c	International wire transfers	1045.00	0	1045.00	0
d	CFC Newspaper Ad	210.00	0	0	210.00
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	228531.57	222926.51	5395.06	210.00

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

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)

a	programs for medical care, education, foster care, more. Please see attached schedule of programs. (Grants and allocations \$ 0 )	222926.51
b		
c		
d		
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	222926.51

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

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .	8921	<b>46</b>	98,568.20
	<b>47a</b> Accounts receivable . . . . .		<b>47a</b>	
	<b>b</b> Less: allowance for doubtful accounts . . . . .	0	<b>47b</b>	<b>47c</b>
				0
	<b>48a</b> Pledges receivable . . . . .		<b>48a</b>	
	<b>b</b> Less: allowance for doubtful accounts . . . . .	0	<b>48b</b>	<b>48c</b>
				0
	<b>49</b> Grants receivable . . . . .	0	<b>49</b>	0
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>50</b>	0
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .		<b>51a</b>	
	<b>b</b> Less: allowance for doubtful accounts . . . . .	0	<b>51b</b>	<b>51c</b>
				0
	<b>52</b> Inventories for sale or use . . . . .	0	<b>52</b>	0
	<b>53</b> Prepaid expenses and deferred charges . . . . .	0	<b>53</b>	0
	<b>54</b> Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54</b>	0
	<b>55a</b> Investments—land, buildings, and equipment: basis . . . . .		<b>55a</b>	
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	0	<b>55b</b>	<b>55c</b>
			0	
<b>56</b> Investments—other (attach schedule) . . . . .	0	<b>56</b>	0	
<b>57a</b> Land, buildings, and equipment: basis . . . . .		<b>57a</b>		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	0	<b>57b</b>	<b>57c</b>	
			0	
<b>58</b> Other assets (describe ► _____ )	0	<b>58</b>	0	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	8921	<b>59</b>	98568.20	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	0	<b>60</b>	0
	<b>61</b> Grants payable . . . . .	0	<b>61</b>	0
	<b>62</b> Deferred revenue . . . . .	0	<b>62</b>	0
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b>	0
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe ► _____ )	0	<b>65</b>	0
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	0	<b>66</b>	0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	8921	<b>67</b>	26919.78
	<b>68</b> Temporarily restricted . . . . .	0	<b>68</b>	71648.42
	<b>69</b> Permanently restricted . . . . .	0	<b>69</b>	0
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .	0	<b>70</b>	0
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .	0	<b>71</b>	0
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>72</b>	0
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	8921	<b>73</b>	98568.20
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	8921	<b>74</b>	98568.20

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

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:	<b>b</b>	
(1)	Net unrealized gains on investments \$ <u>N/A</u>		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify): _____ \$ _____		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> ▶	<b>c</b>	
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): _____ \$ _____		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e</b>	

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

<b>a</b>	Total expenses and losses per audited financial statements ▶	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:	<b>b</b>	
(1)	Donated services and use of facilities \$ <u>N/A</u>		
(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>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> ▶	<b>c</b>	
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): _____ \$ _____		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e</b>	

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Amy Eldridge 901 Cairnes Hill Rd Edmond OK 73034	Co-Director 50	-0-	-0-	-0-
Nancy Delpha 306 S Bryant Suite C Edmond OK 73034	Treasurer 20	-0-	-0-	-0-
Angela Carswell 3517 Henderson Rd Greensboro, NC 27410	Co-Director 50	-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?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions.

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

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		<input checked="" type="checkbox"/>
<b>77</b>	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.		<input checked="" type="checkbox"/>
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
<b>78b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<input checked="" type="checkbox"/>
<b>80a</b>	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? . . .		<input checked="" type="checkbox"/>
<b>81a</b>	If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81b</b>	Enter direct and indirect political expenditures. See line 81 instructions . . . . . <b>81a</b>   0		<input checked="" type="checkbox"/>
<b>82a</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>82b</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>83a</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.) . . . . . <b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<input checked="" type="checkbox"/>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		<input checked="" type="checkbox"/>
<b>84b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>85a</b>	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? . . . . .		
<b>85b</b>	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .		
<b>85c</b>	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>85d</b>	c Dues, assessments, and similar amounts from members. . . . . <b>85c</b>		
<b>85e</b>	d Section 162(e) lobbying and political expenditures. . . . . <b>85d</b>		
<b>85f</b>	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. . . . . <b>85e</b>		
<b>85g</b>	f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b>		
<b>85h</b>	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		
<b>86a</b>	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? . . . . .		
<b>86a</b>	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12. . . . . <b>86a</b>		
<b>86b</b>	b Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>		
<b>87a</b>	<b>501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders . . . . . <b>87a</b>		
<b>87b</b>	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b>		
<b>88</b>	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 . . . . .		<input checked="" type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>89b</b>	b <b>501(c)(3) and 501(c)(4) orgs.</b> 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 . . . . .		<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 . . . . . ▶ 0		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ 0		
<b>90a</b>	List the states with which a copy of this return is filed ▶ <u>Oklahoma</u>		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <b>90b</b>   0		
<b>91</b>	The books are in care of ▶ <u>Nancy Delpha</u> Telephone no. ▶ <u>(405) 401-7694</u> Located at ▶ <u>206 S. Bryant Suite C Edmond OK</u> ZIP + 4 ▶ <u>73034</u>		
<b>92</b>	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 . . . ▶ <b>92</b>		

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .			01	13312.09	
<b>102</b> Gross profit or (loss) from sales of inventory			05	33573.10	
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				46885.19	
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .				46885.19	

**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).
	N/A

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

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

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

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign: Smuitednole Date: 5/4/05

CTOR

Date	Check if self	Preparer's SSN or PTIN (See Gen Inst W)



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

Yes No

**1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)

1

✓

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.)	28985-	0	0	0	28985.00
16 Membership fees received	0	0	0	0	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	0	0	0	0	0
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	0	0	0	0
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	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	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	28985	0	0	0	28985
24 Line 23 minus line 17	28985	0	0	0	28985
25 Enter 1% of line 23	289.85	0	0	0	

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) 0 (2002) 0 (2001) 0 (2000) 0

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) 0 (2002) 0 (2001) 0 (2000) 0

c Add: Amounts from column (e) for lines: 15 28985 16 0 17 0 20 0 21 0	27c	28985
d Add: Line 27a total, 0 and line 27b total, 0	27d	0
e Public support (line 27c total minus line 27d total)	27e	28985
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	28985
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	100 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0 %

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)**

- 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.)

	Yes	No
<b>29</b>		
<b>30</b>		
<b>31</b>		

- 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? . . . . .

<b>32a</b>		
<b>32b</b>		
<b>32c</b>		
<b>32d</b>		

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?. . . . .

<b>33a</b>		
<b>33b</b>		
<b>33c</b>		
<b>33d</b>		
<b>33e</b>		
<b>33f</b>		
<b>33g</b>		
<b>33h</b>		

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.

<b>34a</b>		
<b>34b</b>		

- 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 . . . . .

<b>35</b>		
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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

(The term "expenditures" means amounts paid or incurred.)

Table with columns for (a) Affiliated group totals and (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures to influence public opinion, Total lobbying expenditures to influence a legislative body, Total lobbying expenditures (add lines 36 and 37), Other exempt purpose expenditures, Total exempt purpose expenditures (add lines 38 and 39), Lobbying nontaxable amount, and various nontaxable amount calculations.

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.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for (a) 2004, (b) 2003, (c) 2002, (d) 2001, and (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount (150% of line 45(e)), Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount (150% of line 48(e)), and 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.)

Table with columns for Yes, No, and Amount. Rows list various lobbying activities: a Volunteers, b Paid staff or management, 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.



# Love Without Boundaries Foundation

EIN: 06-1710161  
Schedule of Special Event Revenue

**Love Without Boundaries held its first "Born in My Heart" charity fundraiser in June of 2004 to raise funds for orphan heart surgeries in China.**

**Gross revenue collected:                    \$13,727.85**

**Postage charges:                                415.76**

**PROFIT FOR SURGERIES:                    \$13,312.09**

# Love Without Boundaries Foundation

EIN: 06-1710161

## Schedule of Revenue from Sales

**Love Without Boundaries sold two items to support our programs in China. The first was a pearl mother/daughter bracelet set, and the second was a coffee table styled book on Chinese adoption, compiled from adoptive families.**

**Gross sales of inventory: \$90059.25**

**Cost of goods sold, including  
book plate creation, printing costs,  
book binding, boxing: 56485.15**

**PROFIT FROM SALES : \$33573.10**

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# Love Without Boundaries Foundation

EIN: 06-1710161

## Schedule of Program Services for 2004

**Love Without Boundaries mission is to provide humanitarian aid to orphaned children in China, and to do so by using a dedicated team of volunteers who take no salaries. In this way, we can utilize every dollar possible for medical care, education, nutrition, foster care, and supplies.**

### **Direct Project Costs:**

#### **Medical Costs**

We provided life changing surgery to 74 orphans. These surgeries included heart surgery, cleft surgery, colon surgery, eye surgery and more. We sent our first surgical mission team from the US to China in May of 2004 to perform orphan cleft surgeries. Total cost: \$109596.95

#### **Education Program Costs**

We renovated an orphan school in order to allow children with special needs who do not attend public school to receive an education. We supported orphaned girls who were accepted to college in Guangdong Province. Total costs: \$ 13213.80

#### **Playroom/playground Building Costs**

We built three new orphanage playrooms and installed a playground set. Total cost: \$ 5223.18

#### **Project Tigger Costs**

We purchased cribs, water collection units, baby bouncers, new clothing, walkers, and helped with much needed renovations for orphanages who requested our help in China. Total cost: \$28848.00

#### **Physical Therapy Costs**

We supplied orphanages with physical therapy equipment for children with special needs and sent aunts for training on how to best work with children with CP. Total cost. \$ 11987.60

#### **Foster Care Costs**

We began placing orphaned children with special needs into loving foster homes. We began foster care in four provinces in China. Total cost: \$23064.20

#### **Nutrition Costs**

We supported over 300 children with the best brand of baby formula and also rice cereal in order to increase weight gain and health in orphaned babies. Total cost: \$18076.18

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#### **PAL Program Costs**

We began a new program for orphans getting ready to age out of the system, in order to help them learn money management and life skills. Total cost: \$474.60

**Vocational Program Costs**

We provided funding for special needs orphans to learn a life skill: Total cost: \$2200.00

**Aunty salary costs**

We provided funding for two orphanages to hire additional aunts for children with special needs.  
Total cost: \$2742.00

**Tuan Yuan Adoption Assistance**

We began a program to help children with special needs have lower adoption fees in an attempt to help find them families. Total cost: \$5000.00

**China Orphan Relief Fund**

We helped finalize the endowment of China's Orphan Relief Fund. Total cost: \$2500

**TOTAL Program Costs for 2004: \$222,926.51**

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