

Short Form

OMB No. 1545-1150

Form **990-EZ**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2004**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.  
▶ *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 **01/01/04** and ending **12/31/04**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>LOOKING FOR MY SISTER</b>		<b>D</b> Employer identification number <b>20-0926399</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>19161 Schaefer Hwy Suite 104</b>		<b>E</b> Telephone number (313 ) <b>861-3221</b>
		City or town, state or country, and ZIP + 4 <b>Detroit, MI 48235</b>		<b>F</b> Enter 4-digit (GEN) ▶

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

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Web site: ▶ <http://www.lookingformysister.org>

**J** Organization type (check only one)-  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

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

**K** Check  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** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **15,218**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 36 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received															15,218													
	2	Program service revenue including government fees and contracts															0													
	3	Membership dues and assessments															0													
	4	Investment income															0													
	5a	Gross amount from sale of assets other than inventory					\$0																							
	b	Less: cost or other basis and sales expenses					0																							
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)							0																					
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																												
	a	Gross revenue (not including \$ 0 of contributions reported on line 1)								0																				
b	Less: direct expenses other than fundraising expenses								0																					
c	Net income or (loss) from special events and activities (line 6a less line 6b)																													
7a	Gross sales of inventory, less returns and allowances																													
b	Less: cost of goods sold																													
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																													
8	Other revenue (describe ▶ )																													
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																													
Expenses	10	Grants and similar amounts paid (attach schedule)																												
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits																												
	13	Professional fees and other payments to independent contractors																												
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												
	16	Other expenses (describe ▶ <b>See Statement 1</b> )																												
17	<b>Total expenses</b> (add lines 10 through 16)																													
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																												
	20	Other changes in net assets or fund balances (attach explanation)																												
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																												

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	0	22	856	
23	Land and buildings	0	23	0	
24	Other assets (describe ▶ <b>See Statement 3</b> )	0	24	4,690	
25	<b>Total assets</b>	0	25	5,546	
26	<b>Total liabilities</b> (describe ▶ )	0	26	0	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0	27	5,546	



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

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

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**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

**LOOKING FOR MY SISTER**

Employer identification number

**20 0926399**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
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Total number of other employees paid over \$50,000 . . . . . ▶	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
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.....		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	0	

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		✓
<b>b</b> Lending of money or other extension of credit? . . . . .		✓
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		✓
<b>e</b> Transfer of any part of its income or assets? . . . . .		✓
<b>3a</b> 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.) . . . . .		✓
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .		✓
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	✓	
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		✓

**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 33⅓%** 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 33⅓%** 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.) . . . . .	0	0	0	0	0
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. . . . .	0	0	0	0	0
24 Line 23 minus line 17. . . . .	0	0	0	0	0
25 Enter 1% of line 23 . . . . .	0	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. <b>Do not file this list with your return.</b> 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 _____					26d
22 _____ 26b _____ . . . . . ▶					
e Public support (line 26c minus line 26d total) . . . . . ▶					26e
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ▶					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 pers on." <b>Do not file this list with your return.</b> 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 <b>larger</b> 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.) <b>Do not file this list with your return.</b> 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 _____ 16 _____					27c
17 _____ 20 _____ 21 _____ . . . . . ▶					
d Add: Line 27a total . _____ and line 27b total . _____ . . . . . ▶					27d
e Public support (line 27c total minus line 27d total). . . . . ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . . . . ▶				0	27f
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ▶					27g 0 %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . ▶					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. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount. . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)).					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)).					
<b>50</b> Grassroots lobbying expenditures . . . . .					

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Media advertisements . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Mailings to members, legislators, or the public . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Publications, or published or broadcast statements . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			<b>0</b>

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



**Statement 1**

Form: 990 EZ

Page: 1

Part: I

Question: 16

**LOOKING FOR MY SISTER**

**20-0926399**

**Attachment listing other expenses for Part II**

<b>Description</b>	<b>Total:</b>	<b>Pgm Services</b>	<b>Mgt and General</b>	<b>Fundraising</b>
Misc expenses	\$157.00			
Fundraising expense	\$4,719.00			
Training expenses	\$584.00			
Bank charges	\$58.00			
License & fee expense	\$519.00			
<b>Total:</b>	<b>\$6,037.00</b>			

**Statement 2**

Form: 990 EZ

Page: 2

Part: III

Question:

**LOOKING FOR MY SISTER**

**20-0926399**

**Program Services**

<b>Achievement</b>	<b>Pgm. Svc. Exp.</b>
Human Services Programs, General/Other: Educating public in a faith-based manner; Overall goal is to open a transitional home in Wayne County, MI so survivors can have the tools to become self-sufficient in society (20 domestic violence survivors)	\$0.00
<b>Grants and Allocations:</b>	\$0.00
<b>Total:</b>	<b>\$0.00</b>

**Statement 3**

Form: 990 EZ

Page: 1

Part: II

Question: 24

**LOOKING FOR MY SISTER**

**20-0926399**

**Other Assets**

<b>Asset Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Equipment & Furniture	\$0.00	\$4,290.00
Small donated items - books, food, toiletries, etc.	\$0.00	\$250.00
Security Deposit	\$0.00	\$150.00
<b>Total:</b>	<b>\$0.00</b>	<b>\$4,690.00</b>

**Statement 4**

Form: 990 EZ

Page: 2

Part: IV

Question:

**LOOKING FOR MY SISTER****20-0926399****Officers, Directors, Trustees, and Key Employees**

<b>Name and Address</b>	<b>Title</b>	<b>Hrs</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Denise Barnes 19161 Schaefer Hwy Detroit, MI 48235 United States	Prog Dir/Social Work	20	\$0.00	\$0.00	\$0.00
Antonio Moore 19161 Schaefer Hwy Detroit, MI 48235 United States	Board Member	10	\$0.00	\$0.00	\$0.00
Laurie A Moore 19161 Schaefer Hwy Detroit, MI 48235 United States	Exec Director/CEO	40	\$0.00	\$0.00	\$0.00
Orlando McDonald 19161 Schaefer Hwy Detroit, MI 48235 United States	Board Member	10	\$0.00	\$0.00	\$0.00

**Statement 5**  
Form: 990 EZ  
Page: None  
Part: None  
Question: None

**LOOKING FOR MY SISTER**  
**20-0926399**

**Reasonable Cause Explanation**

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**Reasonable Cause Explanation**

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Filed form 8868 on 5/7/05 at 7:30pm, return actually due Aug 15, 2005