

Return of Organization Exempt From Income Tax

2005

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 2005 calendar year, or tax year beginning, 2005, and ending

B Check if applicable: X Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: FRANK ASSOCIATES CHILD ASSISTANCE INTERNATIONAL, INC. D Employer Identification Number: 52-1763512. E Telephone number: (240) 395-0360. F Accounting method: Accrual.

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

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

G Web site: N/A. J Organization type: 501(c) 3.

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 3,064,342.

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

Table with columns for line number, description, and amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 2,673,347 and total expenses is 3,124,574, resulting in a deficit of 451,227.

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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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	614,231.	346,621.	126,579.	141,031.
26 Other salaries and wages	26	334,758.	160,251.	174,437.	70.
27 Pension plan contributions	27				
28 Other employee benefits	28	101,537.	54,238.	32,210.	15,089.
29 Payroll taxes	29	70,946.	37,898.	22,505.	10,543.
30 Professional fundraising fees	30				
31 Accounting fees	31	33,925.	0.	33,925.	0.
32 Legal fees	32	27,598.	22,078.	5,520.	0.
33 Supplies	33	68,686.	56,792.	11,219.	675.
34 Telephone	34	54,488.	38,141.	10,898.	5,449.
35 Postage and shipping	35	76,096.	62,718.	13,378.	0.
36 Occupancy	36	112,054.	59,648.	48,989.	3,417.
37 Equipment rental and maintenance	37	30,989.	22,436.	6,845.	1,708.
38 Printing and publications	38	9,311.	2,723.	2,578.	4,010.
39 Travel	39	407,737.	381,366.	20,387.	5,984.
40 Conferences, conventions, and meetings	40				
41 Interest	41	3,970.	0.	3,970.	0.
42 Depreciation, depletion, etc (attach schedule)	42	87,606.	52,563.	26,282.	8,761.
43 Other expenses not covered above (itemize):					
a ADVERTISING & PUBLIC RELATIONS	43a	30,596.	29,067.	0.	1,529.
b APOSTOLICS, CERTIFICATIONS, ETC.	43b	30,817.	30,817.	0.	0.
c BANK & PAYROLL CHARGES	43c	10,378.	988.	9,115.	275.
d HUMANITARIAN ASSISTANCE	43d	162,733.	162,733.	0.	0.
e COMPUTER NETWORKING AND SUPPORT	43e	26,575.	18,602.	5,315.	2,658.
f FOREIGN DELEGATION EXPENSES	43f	135,907.	135,907.	0.	0.
g See Other Expenses Stmt	43g	693,636.	627,919.	61,940.	3,777.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	3,124,574.	2,303,506.	616,092.	204,976.

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

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.

What is the organization's primary exempt purpose? SEE EXEMPT PURPOSE STATEMENT 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) organizations and 4947(a)(1) trusts, but optional for others)
<p>a THE ORGANIZATION THROUGH LICENSED ADOPTION AGENCIES HELP PLACE IN EXCESS OF 400 RUSSIAN ORPHANS WITH ADOPTIVE FAMILIES. IN ADDITION, THE ORGANIZATION'S CHILD ASSISTANCE ENDEAVORS INCLUDE PROVIDING MEDICAL SUPPLIES AND TREATMENT, FOOD AND OTHER CHARITABLE AND HUMANITARIAN AID PRIMARILY IN THE FORMER SOVIET STATES</p> <p>(Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	2,303,506.
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	2,303,506.

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Part IV Balance Sheets (See Instructions)

Note: 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
ASSETS	45 Cash – non-interest-bearing	117,335.	45	138,763.
	46 Savings and temporary cash investments.. . . .	666,281.	46	43,388.
	47a Accounts receivable	47a 99,729.		
	b Less: allowance for doubtful accounts.	47b	47c	99,729.
	48a Pledges receivable	48a	48c	
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	124,566.	50	117,566.
	51a Other notes & loans receivable (attach sch)	51a 40,140.		
	b Less: allowance for doubtful accounts.	51b	51c	40,140.
	52 Inventories for sale or use.		52	
	53 Prepaid expenses and deferred charges	4,877.	53	6,713.
	54 Investments – securities (attach schedule) . L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,162,086.	54	4,241,359.
	55a Investments – land, buildings, & equipment: basis	55a	55c	
	b Less: accumulated depreciation (attach schedule)	55b		
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 1,979,148.		
	b Less: accumulated depreciation (attach schedule) L-57.. Stmt	57b 691,198.	57c	1,287,950.
	58 Other assets (describe ▶ See Line 58 Stmt)	64,851.	58	74,851.
59 Total assets (must equal line 74). Add lines 45 through 58	3,746,584.	59	6,050,459.	
LIABILITIES	60 Accounts payable and accrued expenses	105,486.	60	366,716.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	2,500,000.
	65 Other liabilities (describe ▶ See Line 65 Stmt)	5,863.	65	0.
	66 Total liabilities. Add lines 60 through 65	111,349.	66	2,866,716.
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	3,635,235.	67	3,183,743.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	3,635,235.	73	3,183,743.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,746,584.	74	6,050,459.

BAA

Form 990 (2005)

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

a	Total revenue, gains, and other support per audited financial statements		a	2,717,810.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		-245.
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify): STATEMENT	b4		44,708.
	Add lines b1 through b4		b	44,463.
c	Subtract line b from line a		c	2,673,347.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b.	d1		
	2 Other (specify): STATEMENT	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	2,673,347.

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

a	Total expenses and losses per audited financial statements		a	3,169,302.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify): STATEMENT	b4		44,728.
	Add lines b1 through b4		b	44,728.
c	Subtract line b from line a		c	3,124,574.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b.	d1		
	2 Other (specify): STATEMENT	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	3,124,574.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated. See 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 and deferred compensation plans	(E) Expense account and other allowances
NINA KOSTINA, PHD 5550 FRIENDSHIP BLVD. #220 CHEVY CHASE, MD 20815-7201	PRESIDENT 60	357,787.	0.	0.
GARY SILVERSMITH, ESQ. 5550 FRIENDSHIP BLVD. #220 CHEVY CHASE, MD 20815-7201	DIRECTOR 1-2	0.	0.	0.
NATASHA MISHINA 5550 FRIENDSHIP BLVD. #220 CHEVY CHASE, MD 20815-7201	V-PRESIDENT 50	126,691.	0.	0.
MICHAEL MAZO 5550 FRIENDSHIP BLVD. #220 CHEVY CHASE, MD 20815-7201	V-PRESIDENT 40	33,538.	0.	0.
JULIE HORGAN 5550 FRIENDSHIP BLVD. #220 CHEVY CHASE, MD 20815-7201	V-PRESIDENT 40	96,215.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings . . . <u>5</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c	X
Note. Related organizations include section 509(a)(3) supporting organizations. If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)

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
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		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	
b If 'Yes,' enter the name of the organization <u>STATEMENT</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions) <u>81a</u> 0 .	81a		
b Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)		Yes	No
82 a	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?		X
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.)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83 b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b			
85 a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85 b			
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members		
85 c			
d	Section 162(e) lobbying and political expenditures		
85 d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 g			
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?		
85 h			
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86 a			
b	Gross receipts, included on line 12, for public use of club facilities		
86 b			
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87 a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		
87 b			
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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0		
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		X
89 b			
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.
90 a	List the states with which a copy of this return is filed ▶ MARYLAND		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b	18
91 a	The books are in care of ▶ ORGANIZATION Telephone number ▶ (240) 395-0360 Located at ▶ 5550 FRIENDSHIP BLVD. CHEVY CHASE, MD ZIP + 4 ▶ 20815-0360		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	91 b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ RUSSIA	91 c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

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

Note: Enter gross amounts unless otherwise indicated.

- 93 Program service revenue:
 - a FOREIGN ASSISTANCE FEES
 - b VISA & TRANSLATION FEES
 - c DOSSIER VERIFICATION & IDENT FEES
 - d
 - e
 - f Medicare/Medicaid payments
 - g Fees & contracts from government agencies
- 94 Membership dues and assessments
- 95 Interest on savings & temporary cash invmnts
- 96 Dividends & interest from securities
- 97 Net rental income or (loss) from real estate:
 - a debt-financed property
 - b not debt-financed property
- 98 Net rental income or (loss) from pers prop
- 99 Other investment income
- 100 Gain or (loss) from sales of assets other than inventory
- 101 Net income or (loss) from special events
- 102 Gross profit or (loss) from sales of inventory
- 103 Other revenue:
 - a
 - b OTHER EXEMPT RELATED INCOME
 - c
 - d
 - e
- 104 Subtotal (add columns (B), (D), and (E))
- 105 Total (add line 104, columns (B), (D), and (E))

	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	
					1,963,241.
					315,753.
					56,735.
			14	13,136.	
			14	65,506.	
			01	-8,106.	
			01	-44,708.	
			01	165.	
				25,993.	2,335,729.
					2,361,722.

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 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).
93A	FEES FOR LOCATING AND IDENTIFYING ORPHANED CHILDREN AVAILABLE FOR ADOPTION
93B	INCIDENTAL FEES AND CHARGES RELATED TO LINE 93A
93C	INCIDENTAL FEES AND CHARGES RELATED TO LINE 93A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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 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 Here:
 Signature of officer: *Julie L. Hogan* Date: 11/06/06
 Type or print name and title: Julie L. Hogan, Vice President

Paid Preparer's Use Only:
 Preparer's signature: *James R. Turner* Date: 11/03/06 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W):
 Firm's name (or yours if self-employed), address, and ZIP + 4: James R. Turner & Company, PC
 1950 Old Gallows Rd Suite 440
 Vienna VA 22182 EIN: Phone no.: (703) 506-0198

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

Supplementary Information— (See separate instructions.)

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

OMB No 1545-0047

2005

Name of the organization

FRANK ASSOCIATES CHILD ASSISTANCE INTERNATIONAL, INC.

Employer identification number

52-1763512

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
NONE				
Total number of other employees paid over \$50,000		NONE		

Part II-A 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		
Total number of others receiving over \$50,000 for professional services		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services		NONE

Part III Statements About Activities (See 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.)		X
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?		X
b Lending of money or other extension of credit?	X	
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
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?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	308,611.	123,325.	211,628.	172,016.	815,580.
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	3,117,949.	3,949,221.	3,611,212.	3,302,283.	13,980,665.
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	65,645.	60,170.	39,492.	47,285.	212,592.
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	3,492,205.	4,132,716.	3,862,332.	3,521,584.	15,008,837.
24 Line 23 minus line 17	374,256.	183,495.	251,120.	219,301.	1,028,172.
25 Enter 1% of line 23	34,922.	41,327.	38,623.	35,216.	
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 2001 through 2004 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____ 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 11b, 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 (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 13,980,665. 20 _____ 21 _____		815,580.			27c 14,796,245.
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e 14,796,245.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 15,008,837.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.58 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.42 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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?		
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 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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term 'expenditures' means amounts paid or incurred.)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table— <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">If the amount on line 40 is—</td> <td style="width: 50%;">The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is—	The lobbying nontaxable amount is—	Not over \$500,000	20% of the amount on line 40.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is—	The lobbying nontaxable amount is—														
Not over \$500,000	20% of the amount on line 40.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 (See instructions.)
 (For reporting only by organizations that did not complete Part VI-A)

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

▶ Attach to return

Name FRANK ASSOCIATES CHILD ASSISTANCE INTERNATIONAL, INC.	Employer Identification Number 52-1763512
---	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
		Cost	
Publicly Traded Securities	264,366.		272,472.
		Selling Expenses	
		Basis	272,472.

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			264,366.	272,472.

Gain or (Loss) from Sale of Securities -8,106.

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	-----

Total Other Assets

Gain or (Loss) from Sale of Other Assets

Additional Information

EXEMPT PURPOSE STATEMENT

PROVIDE HUMANITARIAN AID TO ORPHANED AND DISADVANTAGED CHILDREN IN FOREIGN COUNTRIES. HUMANITARIAN AID INCLUDES MEDICAL AND PSYCHOLOGICAL ASSISTANCE, EDUCATIONAL AND CULTURAL PROGRAMS AND THE PROVISION OF NEEDED MATERIAL GOODS. THE ORGANIZATION IDENTIFIES CHILDREN IN FOREIGN ORPHANGES INTERNATIONAL ADOPTION BY PARENTS IN THE UNITED STATES OF AMERICA AND OTHER COUNTRIES. DURING 2005, THE ORGANIZATION ASSISTED WITH THE PLACEMENT OF OVER 300 CHILDREN WITH ADOPTIVE PARENTS.

Additional Information

SCHEDULE A QUESTION 2B

AMOUNTS REPRESENT UNRECONCILED INTERNATIONAL AND DOMESTIC TRAVEL ADVANCES TO BE BE PAID AND OR CHARGED TO FUTURE ACTIVITIES AFTER RECONCILIATION.

Additional Information

PAGE G QUESTION 80 B

ORGANIZATION	EXEMPT	NONEXEMPT
FRANK ADOPTION CENTER, NORTH CAROLINA	X	
FOR THE LOVE OF A CHILD	X	
ADOPTION OPTIONS	X	
CLEO, INC. T/A ENROUTE TRAVEL		X

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
FILM, VIDEOS, & REPRODUCTION	1,130.	1,130.	0.	0.
MISCELLANEOUS	25,706.	21,108.	2,483.	2,115.
INSURANCE	16,502.	0.	16,502.	0.
INVESTMENT FEES	11,480.	0.	11,480.	0.
FOREIGN OFFICE EXPENSE	356,968.	339,120.	17,848.	0.
TEMPORARY HELP	16,620.	6,648.	8,310.	1,662.
TRAVEL VISAS EXPENSE	231,413.	231,413.	0.	0.
LICENSES & TAXES	233.	0.	233.	0.
INTERNET & WEB SITE	5,084.	0.	5,084.	0.
PROGRAM DEVELOPMENT	26,000.	26,000.	0.	0.
TRANSLATIONS	2,500.	2,500.	0.	0.
Total	693,636.	627,919.	61,940.	3,777.

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)
EVENT HONORING M GORBACHEV	73,815.	0.	73,815.	106,079.	-32,264.
RUSSIAN CHRISTMAS EVENT &	0.	0.	0.	12,444.	-12,444.
Total	73,815.	0.	73,815.	118,523.	-44,708.

Form 990, Page 4, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
INVESTMENT PUBLICLY TRADED EQUITY SECURITIES	330,912.	329,659.
INVESTMENTS PUBLICLY TRADED MUTUAL FUNDS	625,560.	672,048.
INVESTMENTS US GOVERNMENT OBLIGATIONS	188,409.	174,090.
ALLOWANCE TO MARKET VALUE	17,205.	16,958.
CERTIFICATE OF DEPOSIT MARSHAL BANK	0.	187,500.
DEVELOPMENT LAND-ALDIE, VA	0.	2,861,104.
Total	1,162,086.	4,241,359.

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	220,000.	0.	220,000.

Form 990, Page 4, Part IV, Lines 57a & 57b

Continued

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
BUILDING & IMPROVEMENTS	1,340,767.	277,941.	1,062,826.
OFFICE FURNITURE & EQUIPMENT	194,133.	194,130.	3.
TRANSPORTATION EQUIPMENT	144,425.	139,304.	5,121.
LEASEHOLD IMPROVEMENTS	79,823.	79,823.	0.
Total	<u>1,979,148.</u>	<u>691,198.</u>	<u>1,287,950.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
RENTAL DEPOSIT	3,982.	3,982.
CASH SURRENDER VALUE OF LIFE INSURANCE	60,869.	70,869.
Total	<u>64,851.</u>	<u>74,851.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
ESCROW LIABILITY	5,863.	0.
Total	<u>5,863.</u>	<u>0.</u>

Explanation Statement

Form/Line: Form 990, Part V-A line 75b
 Explanation of: Relationship of Officers, Trustees, & Highly Compensated Employees

THE PRESIDENT OF THE ORGANIZATION, NINA KOSTINA PHD, AND MICHAEL MAZO ARE RELATED IN THAT MICHAEL MAZO IS THE ADULT SON OF THE PRESIDENT.

Explanation Statement

Form/Line: Form 990, Part V-A line 75c
 Explanation of: Receipt of Compensation from Other Companies

THE PRESIDENT OF THE ORGANIZATION (SEE PART V-A) RECEIVED A SALARY FROM THE ORGANIZATION OF \$357,787 AND WAS ALSO PAID A SALARY FROM CLEO, INC. (EIN 52-1832528) A REGULAR CORPORATION OWNED 100% BY THE PRESIDENT OF THE ORGANIZATION AS FOLLOWS:
COLUMN (C) COMPENSATION \$45,000
COLUMN (D) NONE

Explanation Statement

Continued

Form/Line: Form 990, Part V-A line 75c

Explanation of: Receipt of Compensation from Other Companies

COLUMN (E) NONE

Explanation Statement

Form/Line: Schedule A, Page 2, Part III Line 2

Explanation of: Directly or Indirectly Engage in Certain Activities

AMOUNTS REPRESENT INTERNATIONAL AND DOMESTIC TRAVEL ADVANCES TO BE
PAID AND OR CHARGED TO FUTURE ACTIVITIES AFTER RECONCILIATION.

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
UNREALIZED LOSS ON MARKETABLE SECURITIES	-265.
Total	<u>-265.</u>

Supporting Statement of:

Form 990 p 4/Line 50, column (A)

Description	Amount
UNRECONCILED DOMESTIC AND INTERNATIONAL TRAVEL ADVANCES	124,566.
Total	<u>124,566.</u>

Supporting Statement of:

Form 990 p 4/Line 51c, column (A)

Description	Amount
START-UP AND OPERATING LOANS AND ADVANCES TO NOT FOR PROFIT ADOPTION AGENCIES IN THE UNITED STATES	132,082.
Total	<u>132,082.</u>

Supporting Statement of:

Form 990 p 4/Line 50, column (B)

Description	Amount
TRAVEL ADVANCES TO BE APPLIED TO FUTURE TRAVEL AND EXPENSES	117,566.
Total	<u>117,566.</u>

Supporting Statement of:

Form 990 p 4/Line 51a

Description	Amount
START-UP AND OPERATING LOANS AND ADVANCES TO NOT FOR PROFIT ADOPTION AGENCIES IN THE UNITED STATES	40,140.
Total	<u>40,140.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (B)

Description	Amount
LOAN PAYABLE TO BANK INTEREST ONLY THROUGH DECEMBER 2010 INTEREST RATE 7.25% COLLATERALIZED BY PROPERTY UNDER DEVELOPMENT AND LAND AND BUILDING	2,500,000.
Total	<u>2,500,000.</u>

Supporting Statement of:

Form 990 p 5/Part IV-A, Line b(4)

Description	Amount
LOSSES ON FUNDRAISING EVENTS INCLUDED IN FUNDRAISING EXPENSES	44,708.
Total	<u>44,708.</u>

Supporting Statement of:

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
LOSSES ON FUNDRAISING EVENTS INCLUDED IN FUNDRAISING EXPENSES	44,708.
OTHER AMOUNTS	20.
Total	<u>44,728.</u>

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part I and check this box **X**
- 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 I 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	Employer identification number
	FRANK ASSOCIATES CHILD ASSISTANCE INTERNATIONAL, INC.	52-1763512
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	1030 15TH STREET N.W. , #1020	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	WASHINGTON DC 20005	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

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

- The books are in care of ORGANIZATION
Telephone No. (202) 452-8279 FAX No. _____
- 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 organizations 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 15, 2006.

5 For calendar year 2005, 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. THIRD PARTY INFORMATION STILL HAS NOT BEEN RECEIVED AND WILL NOT BE RECEIVED IN TIME TO FILE TIMELY. ACCORDINGLY, ADDITIONAL TIME IS STILL NEEDED.

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. \$ _____ 0.

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. \$ _____ 0.

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. \$ _____ 0.

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 James R. Turner Title CPA Date 07/31/06

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 extended 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
	JAMES R TURNER
	Number and street (include suite, room, or apartment number) or a P.O. box number
	1950 Old Gallows Rd Suite 440
	City or town, province or state, and country (including postal or ZIP code)
	Vienna, VA 22182

EXTENSION APPROVED
 Date AUG 16 2006
 FIELD DIRECTOR,
 SUBMISSION PROCESSING, CGSEN

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box...
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension— check this box and complete Part I only ...

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	FRANK ASSOCIATES CHILD ASSISTANCE INTERNATIONAL, INC.		52-1763512	
	Number, street, and room or suite number. If a P.O. box, see instructions			
	1030 15TH STREET N.W. , #1020		state	ZIP code
City, town or post office For a foreign address, see instructions.		DC	20005	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

The books are in the care of ▶ ORGANIZATION -----

Telephone No. ▶ (202) 452-8279 ----- FAX No. ▶ -----

- 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 for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Aug 15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 05 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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. \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0.

c **Balance Due.** Subtract line 3b from line 3a. 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. \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.