Return of Organization Exempt from Income Tax

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2001 calend	dar year, o	or tax year beginning	, 2001,	and e	ending		20	
В	Check	Herr il applicable						ploy e r Identi	fication Number	_
	\square_{A}	ddress change	Please use IRS label	FRANK ADOPTION CENT	8-21539	959				
	ΠN	ame change	or print or type	2840 PLAZA PLACE #3	25			lephone numi	oer	
	H	nitial return	See specific	RALEIGH, NC 27609			(919) 5	10-9135	
	\mathbf{H}						counting	Cash X	Accrual	
	\vdash	mended return					l. <u>"</u>	Other (spec		المحددة
	\vdash	pplication pending	د د د د د د د		DA7/a\/1\ = a = a = a = a = a		H and I are not applicable to			
	LJ^	pplication periority		on 501(c)(3) organizations and 4 table trusts must attach a comp		ł				X No
			(Form	1 990 or 990-EZ)			H (a) is this a group return			<u> </u>
G	Web	site ► N/A				_	H (b) It 'yes,' enter numbe			П.,
J	Oras	nization type					H (c) Are all attituates inclu (If 'no ' attach a list		Yes	∐ No
•		ck only one)	•	X 501(c) 3 ◀ (insert no) 4947(a)(1) or	527	•		-	
K				nization's gross receipts are nor			H (d) is this a separate ret organization covered			X No
	\$25,0	000 The organ	nization ne	eed not file a return with the IRS	, but if the organization	7			Jiing/ Yes	V No
		e states requir		e in the mail, it should file a reti lete return	urn without financial da		Enter 4 digit gro			
_		<u> </u>	<u>.</u>		001 051		M Check ► X if to attach Schedule B			
Pa				8b, 9b, and 10b to line 12 1		2010		<u> </u>	750 EE, 01 350 1	'''
r d	1			nses, and Changes in Ne		امتمد	inces (see instructions	''		
		Direct public		ants, and similar amounts receiv	cu	1a	21,826			
		-	• •			1 b		-		
		Indirect public	• •	(1 c	 	-[,		
2003	d	Government (Total (add lines La through Lc) (ca		ons (grants) 21,826 noncash S	_		·I	- ;	2.1	, 826
₹				ue including government fees a		,	lma (12)	1d	1,839	
o	3				no contracts (from Part	VII, I	irie 93)	3	1,033	,437
_	<u>ا</u>	Membership						4		668
N X	4 Interest on savings and temporary cash investments 5 Dividends and interest from securities						5		000	
<u>ה</u>	6a Gross rents 6a									
			vnancae			66	 	\dashv		
	b Less rental expenses c Net rental income or (loss) (subtract line 6b from line 6a)									
5	i .	Other investm	•	• •	14)			7		
R					(A) Securities		(B) Other	' 		
REVERU	8a	Gross amoun than inventor		es of assets other	(10,000	8a	 	┨. ┃		
טַ כּ	Ь		•	is and sales expenses		8 b		7		
E		Gain or (loss) (al		·		80		7 .		
	•			bine line 8c, columns (A) and (E	3))	1		84		
	ŀ	- '	• •	ivities (attach schedule)	-77			-	-	
					of contributions					
		Grossing Pend				9a		12		
		Less direct e	expenses	other than fundraising expenses		9 b		7		
				n speopl events (subtract line				9c		
	10a	Gross sales of	of inventor	v. less telurns and allowances	•	10a				
	ı	Less Castal				10b		7		
		,	/ -	ites of inventory (attach schedule) (subtr	act line 10b from line 10a)		 	10c		
	11			art VII, line 103)	·			11		
	12		-	s 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	Oc, and 11)			12	1,861	, 951
_	13			n line 44, column (B))	·			13	1,616	
X	14	• /		ral (from line 44, column (C))				14		, 481
XPENSES	15			44, column (D))				15	•	,213
5 5	16			(attach schedule)				16		
Š	17	-		nes 16 and 44, column (A))				17	1,765	, 298
	18			he year (subtract line 17 from li	ne 12)	_	· · · · · · · · · · · · · · · · · · ·	18		,653
N S	19			inces at beginning of year (from				19		, 402
N S E	20			ssets or fund balances (attach e				20		
Ś	21	-		ances at end of year (combine li	•			21	25	, 251
BA	A Foi	_		Act Notice, see the separate ins			TEEA0107L 01/01/02		Form 99	

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

ı	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 \$	22				,	
23	non cash \$) Specific assistance to individuals (att sch)	22			^ 1		
24	•	24				•	
25		25	55,574	38,902	8,336	8,336	
26	Other salaries and wages	26	149,855	100,702	49,153		
27	Pension plan contributions	27					
28	Other employee benefits.	28	17,993	12,228	5,035_	730_	
29	Payroll taxes	29	32,202	21,884	9,011	1,307	
30	Professional fundraising fees	30			<u> </u>	. <u>-</u>	
31	Accounting fees	31	6,575		6,575	<u> </u>	
32	Legal fees	32	2,133	2,133			
33	Supplies	33					
34	Telephone	34	31,923	28,599_	2,977	347	
35	3 ., 2	35	20,698	18,543	1,930	225	
36	17	36	52,862	35,924	<u>16_9</u> 38		
37		37					
38	- ·	38	9,426	8,445	878	103	
39		39	5,638	5,051	526	61	
40	Conferences, conventions, and meetings	40	35,500	29,855	5,282	3 <u>63</u>	
41	Interest	41					
42		42	8,923		8,923		
	Other expenses not covered above (itemize)		4 225 226		20.017	7.41	
_	SEE STATEMENT 1	43a	1,335,996	1,314,338	20,917	741	
b							
		43 c	_				
•	! 	43 d					
44	Total functional expenses (add lines 22 43) Organizations completing columns (B) (D), carry these totals to lines 13 - 15	43e 44	1,765,298	1,616,604	136,481	12,213	
	t Costs Check If you are following	SOP 9	8 2				
f 'Ye \$_ to_fu	ndraising \$	joint d ocated	to management and ge	, (ii) the a	Program services? mount allocated to program, and (iv) th		
	t III Statement of Program Sen			CENCY			
	t is the organization's primary exempt purp organizations must describe their exempt pu ts served, publications issued, etc. Discuss ons & section 4947(a)(1) nonexempt chariti				ate the number of (3) & (4) organ ations to others)	Program Service Expenses (Required for 501 (c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)	
ā	a THE ORGANIZATION ARRANGES FOR THE PLACEMENT AND ADOPTION OF ORPHANED CHILDREN FROM FOREIGN COUNTRIES DURING THE YEAR 2001, THE AGENCY PLACED 139 CHILDREN WITH NEW FAMILIES (Grants and allocations \$) 1 616,604						
ı	·						
	(Grants and allocations \$						
(c						
(Grants and allocations \$)							
	(Grants and allocations \$						
	Other program services			d allocations \$	<u></u>	1 616 604	
1	LIDIAL OF PROGRAM SABVICA EXPANSAS (SHA	IIIM DOI	THE BOD OF COURSE (H)	orogram canacae)			

Part IV Balance Sheets (See instructions)

Note:	Where required, attached schedules and amounts within the desc column should be for end of year amounts only	(A) Beginning of year		(B) End of year
	15 Cash — non interest-bearing		45	
	46 Savings and temporary cash investments	148, 391	46	337,382
,	17 a Accounts receivable 47 a b Less allowance for doubtful accounts 47 b	10,972	47 c	10,972
A 5	48 a Piedges receivable b Less allowance for doubtful accounts 48 b 48 b 48 a 48 a 48 a 48 b 48 c 48 b 48 b 48 c 48 b 48 c 4		48 c 49	
<u>ו</u>	b Less allowance for doubtful accounts 51 b		51 c	
-	52 Inventories for sale or use		52	
į.	53 Prepaid expenses and deferred charges	6,189	53	1,988
l l	· · · · · · · · · · · · · · · · · · ·	Cost FMV	54	1,380
1	54 Investments – securities (attach schedule) 55a Investments – land, buildings, & equipment basis 55a	Cost FMV	34	
	b Less accumulated depreciation (attach schedule) 55b		55 c	
-	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment basis 57a	52, 165		
	b Less accumulated depreciation (attach schedule) STATEMENT 2 57b	41,037 20,051	57 c	11,128
	58 Other assets (describe ► <u>SEE_STATEMENT_3</u>	3,595	58	3,595
	74) Total assets (add lines 45 through 58) (must equal line 74)	185,555	59	365,065
	Accounts payable and accrued expenses	42,580	60	15,950
	61 Grants payable		61	
4	52 Deferred revenue	46,500	62	247,435
B	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	54a Tax-exempt bond liabilities (attach schedule)		64 a	<u> </u>
<u>i</u>	b Mortgages and other notes payable (attach schedule)	164,048	64 b	
E S	65 Other liabilities (describe ► SEE STATEMENT 4	3,829	65	76,429
	66 Total liabilities (add lines 60 through 65)	256,957	66	339,814
. Or	ganizations that follow SFAS 117, check here > X and compl	ete lines 67	1	
Ĕ	through 69 and lines 73 and 74			
	57 Unrestricted	<u>-71,402</u>	67	25,251
A COSTE	58 Temporarily restricted		68	
	69 Permanently restricted		69	
Org	ganizations that do not follow SFAS 117, check here 🕒 🔲 an	d complete lines		
1	70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fu	ind	71	
X .	72 Retained earnings, endowment, accumulated income, or other		72	
BALANCES	73 Total net assets or fund balances (add lines 67 through 69 or 72, column (A) must equal line 19 and column (B) must equal	r lines 70 through al line 21) -71, 402	73	25,251
٠ ١	74 Total liabilities and net assets/fund balances (add lines 66 ar		74	365,065

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.

Form	1 990 (2001) • FRANK ADOPTION C	ENTER, NORTH CAR	OLINA	58-21539	959 Page 4
Par	t IV-A Reconciliation of Revenu Financial Statements wit per Return (See instruction	h Revenue	Part IV-B Reconcilia Financial per Return	Statements with Ex	er Audited penses
a	Total revenue, gains, and other support per audited financial statements	a 1,861,951	a Total expenses and l financial statements	osses per audited a	1,765,298
b	Amounts included on line a but not on line 12, Form 990		b Amounts included or on line 17, Form 990		` " '
(1)	Net unrealized gains on investments \$		(1) Donated serv- ices and use of facilities \$		·
(2)	Donated serv ices and use of facilities \$		(2) Prior year adjust ments reported on line 20, Form 990 \$,
• •	Recoveries of prior spear grants \$		(3) Losses reported on line 20, Form 990 \$ (4) Other (specify)		
(4)	Other (specify)		(4) Other (specify)		,
c	Add amounts on lines (1) through (4) Line a minus line b	b 1,861,951	Add amounts on lines (1) c Line a minus line b	through (4) b	1,765,298
d	Amounts included on line 12, Form 990 but not on line a	1,0	d Amounts included or Form 990 but not on		*
(1)	Investment expenses not included on line 6b, Form 990		(1) Investment expenses not included on line 6b. Form 990		
(2)	Other (specify)	*	(2) Other (specify)		» ,
	Add amounts on lines (1) and (2)	d	Add amounts on line	es (1) and (2) d	,
e	Total revenue per line 12, Form 990 (line c plus line d)	e 1,861,951	e Total expenses per 1 990 (line c plus line	d)	1,765,298
Par	(A) Name and address	(B) Title and average he per week devoled to position		(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE	STATEMENT 5	-	55,574	0	0
					
_ _ _		1			
		 			
		 			
				 	
		1			
7 5	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related of 'Yes,' attach schedule — see instruc	and all related organizations?	egate compensation of more ons, of which more than		Yes X No
_					Farm 000 (200)

Part VF Other Information (See specific instructions) Ves No	Form	990 (2001) FRANK ADOPTION CENTER, NORTH CAROLINA 58-215395	9	Р	age 5	
attach a defalled description of each activity 7 Were any changes made in the organization or governing documents but not reported to the IRS? 11 "Yes", "attach a conformed copy of the changes 78 Do the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 Do the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 Do the organization have unrelated business gross income of \$1,000 or more during the year? 79 Was there is industriant dischaultion. Institution of the year? 79 Was there is industriant of the progress of the progress of the year? 79 Was there is industriant of the organization in the state of the organization or the state of the organization or the state of the organization in the progress of the progress of the year? 80 as the organization release of the organization in the organization in the progress of the use of materials, equipment, or facilities at no charge or at substantially isses than far or first organization organization in the organization organization organization organization organization organization organization organization in the progress of the use of materials, equipment, or facilities at no charge or at substantially isses than far or first organization	Par	VI' Other Information (See specific instructions)		Yes	No	
77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 b If Yes, I was if filed a fax return on Form 990-T for this year? 78 b If Yes, I was if filed a fax return on Form 990-T for this year? 78 b If Yes, I was a flued a fax return on Form 990-T for this year? 78 b If Yes, I was a studentian of the year of y	76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'	76) X	
## Yes: affach a conformed copy of the changes ## Sab Out the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ## Bab Out the organization desolution, termination, or substantial contraction during the year? If Yes, affach a statement of the organization of the part of the year? ## Was there a liquidation dissolution, termination, or substantial contraction during the year? If Yes, affach a statement of the organization with a statewise or risionwise organization) through common membershy, operanting books, busitess, offices, etc, to any other oxempl or nonexempt organization? ## Ba Is the organization or Form 1120-POI, for the year? ## Ba Is the organization organization = FRANK FOUNDATION CHILD ASSISTAKCE INTL ## Interference or indiced political expenditures. See line 81 instructions ## Bit Enter direct or indiced political expenditures. See line 81 instructions ## Bit Enter direct or indiced political expenditures. See line 81 instructions ## Bit Enter direct or indiced political expenditures. See line 81 instructions ## Bit Enter direct or indiced political expenditures. See line 81 instructions ## Bit Enter direct or indiced political expenditures. See line 81 instructions ## Bit Enter direct or indiced political expenditures. See line 81 instructions ## Bit Enter direct or indiced political expenditures. See line 81 instructions ## Bit Enter direct or indiced by the year of the promonent indiced by the programment indiced by the year of the promonent indiced by the year of the promonent indiced by the year of the promonent indiced by the year of the year	77	· · · · · · · · · · · · · · · · · · ·				
78a Dit the organization have uireflated bissness gross income of \$1,000 or more during the year covered by this return? 78a	• •		-		- ```	
bill Yes', has it field a tax return on Form 990-T for this year? 79 Was there a liquidation dissolution, termination, or substantial contraction during the year? if Yes', attach a disterient? 80a is the organization related (other than by association with a statewide or nationwide organization) through common members, governing boties, incises, officers, etc, to any other exempl or nonexempl organization? 81a Enter direct or indirect political expenditures. See line 38 instructions bill the organization receive directed septenditures. See line 38 instructions bill the organization receive directed sequenditures. See line 38 instructions bill the organization receive directed sequence or the use of materials, equipment, or facilities at no charge or at substantially less than fair entitial value? 82a Did the organization comply with the spotial image-botic requirements for returns and exemption applications? 83b Did the organization comply with the spotial image-botic requirements for returns and exemption applications? 83b If Yes', you may indicate the value of these items here. Do not include this amount as executed in Rario as an expense in Fair II (See institutions in Fair II) (See institutions in See institutions in See institutions or gifts were not tax eductible? 85 SO(C)(A)(G), Or (G) organization include with weary solicitation an express statement that such contributions or gifts were not tax as a see in See in See in See in See in	78 a	.,,				
79 Was there a liquidation dissolution, termination, or substantial contraction during the year? If "Yes, attach a stelement " 80 is the organization called (blief than by association with a statewide or nationwide organization) through common membership, governing bodies, firustees, officers, etc., to any other exempt or nonexempt organization? 81 if "Yes," and reth rehamed of the organization — FRAIN_E COUNDATION_CHILD_ASSISTANCE_INTI_ and check whether it is \$\begin{array}{ c c c c c c c c c c c c c c c c c c c				N.	′A	
See	70	Was there a liquidation, dissolution, termination, or substantial contraction during the		,		
bit Yes,' enter the name of the organization = FRANK_FOUNDATION_CHILD_ASSISTANCE_INTI_ bit Yes,' enter the name of the organization > FRANK_FOUNDATION_CHILD_ASSISTANCE_INTI_ bit Yes,' enter the name of the organization > FRANK_FOUNDATION_CHILD_ASSISTANCE_INTI_ bit the comparison of the organization of the comparison of the comparis	73	year? If 'Yes, attach a statement	79			
and check whether it is		membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a	X		
B1a Enter direct or indirect political expenditures. She line 81 instructions b Did the organization (le Form 1120-PDL for this year? 82a Did the organization receive dinated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If 'Yes', you may indicate the value of these items here. Do not include this amount as reversities in Part II (See instructions in Part III). B2b N/A B2a Did the organization comply with the public inspection requirements for returns and exemption applications? B3a Did the organization comply with the disclosure requirements relating to quid pro quo contributions? B3b X B4a Did the organization solicit any contributions or grifts that were not tax deductible? B4b If 'Yes', did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible. (6), or (6) organizations a Were substantially all dues nondeductible by members? B5 501/c/(N,6), or (6) organizations a Were substantially all dues nondeductible by members? B5 501/c/(N,6), or (6) organizations a Were substantially all dues nondeductible by members? B5 501/c/(N,6), or (6) organizations a Were substantially all dues nondeductible by members? B5 60 N/A B5 501/c/(N,6), or (6) organizations and political expenditures of \$2,000 or less? B5 60 N/A B5 501/c/(N,6) organization make only in house lobbying expenditures of \$2,000 or less? B5 60 N/A B5 501/c/(N,6) organization and political expenditures (ine 85d less 85e) B5 60 N/A B5 60 N/A				,		
82a Dth the organization receive donated services or the use of malerials, equipment, or facilities at no charge or at substantially less than fair refial value? 82a I X 82b II Yes, You may indicate the value of these items here. Do not include this amount as revenue in Part II or 3 an expense in Part III (See instructions in Part III) 83a Dot the organization comply with the public inspection requirements for returns and exemption applications? 83b X 83b X 83b Dd the organization comply with the disclosure requirements for returns and exemption applications? 83b X 83b Dd the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X 84b Dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b Dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85 at N/A 85 bD II Yes's was answered to either \$55 or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. 85c N/A 85d	81 a					
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 rential value? 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 III (See instructions in Part III). 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements freating to guid pro quo contributions? 84 a Did the organization comply with the disclosure requirements freating to guid pro quo contributions or grits were not tax deducible? 85 If Yes, 'd dit the organization include with every solicitation an express statement that such contributions or grits were not tax deducible? 85 S01(c)(6), 0, or (6) organizations as Were substantially all dues nondeducible by members? 85 Did the organization make only in house lobbying expenditures of \$2,000 or less? 85 Did the organization make only in house lobbying expenditures of \$2,000 or less? 85 Did the organization received a waiver for proxy tax owed for the prior year. 85 Did the organization received a waiver for proxy tax owed for the prior year. 85 Did the organization electron folds (c)(1)(4) dues notices 85 Did the organization electron pay the Section 6033(e)(1)(4) dues notices 85 Did the organization electron pay the Section 6033(e) tax on the amount on line 85! or its reasonable estimate of dues allocable in modelaticies betwing and political expenditures (intelligent pay to the section of the			81Ь		Х	
substantially less than fair rental value? bit "Ses", you may indicate the value of those 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) II do the organization comply with the disclosure requirements for returns and exemption applications? 83a IX 83b IX 84a Did the organization solicit any contributions or gifts that were not lax deducible? b) If "Yes," did the organization solicit any contributions or gifts that were not lax deducible? b) If "Yes," did the organization solicit any contributions or gifts that were not lax deducible? b) If "Yes," did the organizations as Were substantially all does nondeductible by members? b) Did the organization make only in house lobbying expenditures of \$2,000 or tess? If "Yes," was answered to either \$5a or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prory year c) Dues, assessments, and similar amounts from members d) Section 162(e) lobbying and political expenditures (inte 85d less 85e) g) Does the organization elect to pay the Section 6033(e)(1)(A) dues notices g) Does the organization elect to pay the Section 6033(e) tax on the amount on line 851? h) If Section 803(e)(1)(A) dues notices were sent, dees the organization agree to add the amount on line 851? h) If Section 803(e)(1)(A) dues notices were sent, dees the organization agree to add the amount on line 851 or its reasonable estimate of dues allocable to modesticible lobbying and political expenditures (inte following lay year) b) Gross receipts, included on line 12, for public use of club facilities 50 (lo(2) organizations Enter a Instation lees and capital contributions included on line 12 for public use of club facilities 50 (lo(2) organizations Enter a Gross income from members or shareholders b) Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them of the organization under Regulations		•	-			
Ra Did the organization comply with the public inspection requirements for returns and exemption applications? B Did the organization comply with the disclosure requirements for returns and exemption applications? B Did the organization solicid any contributions or gifts that were not tax deductible? B If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? B 5 01(c)(0), 6), or (6) organizations as Were substantially all dues nondeductible by members? B 501(c)(0), 6), or (6) organizations as Were substantially all dues nondeductible by members? B 501(c)(0), 6), or (6) organizations as Were substantially all dues nondeductible by members? B 501(c)(0), 6), or (6) organizations as Were substantially all dues nondeductible by members? B 501(c)(0), 6), or (6) organizations as Were substantially all dues nondeductible by members? B 501(c)(0), 6), or (6) organizations as Were substantially all dues nondeductible by members? B 501(c)(0), 6), or (6) organizations and similar amounts from members B 501(c)(0), 6), or (6) organization and similar amounts from members B 501(c)(0), 6), or (6) organization and similar amounts from members B 501(c)(0), 6), or (6) organization and political expenditures (time 85d less 85e) B 501(c)(0), organization and political expenditures (time 85d less 85e) B 501(c)(0), organizations forter a initiation fees and capital contributions included on line 12 B 601(c)(0), organizations Enter a major and political expenditures for the following tax year? B 601(c)(0), organizations Enter and Gross income from members or shareholders B 601(c)(0), organizations Enter and Gross income from members or shareholders B 601(c)(0), organizations Enter and Gross income from members or shareholders B 601(c)(0), organizations Enter and Gross income from members or shareholders B 601(c)(0), organizations Enter and Gross income from members or shareholders B 601(c)(0), organizations Enter Amount of tax impos	82 a	substantially less than fair rental value?	82a		Χ	
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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? 88	t	Gross income from other sources (Do not net amounts due or paid to other sources				
or an entity disregarded as separate from the organization under Regulations Sections 301 7701-2 and 301 7701-3? 1	RR	•				
Section 4911 O , Section 4912 O , Section 4955 O , Section 4956 O , Section 4956 O , Section 4956 O , Section 4956 O , Section 4958 O , Section 495	•	or an entity disregarded as separate from the organization under Regulations Sections 301 7701-2 and 301 7701-3?	88		X	
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. c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 d Enter Amount of tax on line 89c, above, reimbursed by the organization. 90 a List the states with which a copy of this return is filed. NORTH CAROLINA b Number of employees employed in the pay period that includes March 12, 2001 (see instructions). 91 The books are in care of. THE ORGANIZATION. Telephone number. (919) 510-9135 Located at. RALEIGH, NC. ZIP + 4 ≥ 27609 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 N/A	89 a					
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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 N/A N/A	91					
and enter the amount of tax-exempt interest received or accrued during the tax year ► 92 N/A	~~				<u> </u>	
	92	· · · · · · · · · · · · · · · · · · ·	N/	^	,	
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Part VII	Analysis of Income-Produc	ing Activi	ties (See instructions)		
			d buşiness income		ection 512, 513, or 514	(F)
Note: Enter otherwise in	r gross amounts unless ndicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Pro	gram service revenue					
	ENCY FEES					611,635
	REIGN FEES			 		848, 125
	SA, APPLICATION FEE					379,697
	SA, AFFEICATION TEE			 		
d				· ·-		
e				<u> </u>		
	dicare/Medicaid payments					
g Fees	& contracts from government agencies					
94 Mer	mbership dues and assessments					
95 Inter	est on savings & temporary cash invinits			14	668	
96 Divi	idends & interest from securities				<u> </u>	<u>-</u>
97 Net r	rental income or (loss) from real estate					
	it-financed property		<u> </u>			
	debt-financed property					
	rental income or (loss) from pers prop			 		
	· · · · · · · ·			- }		
	er investment income			 		
100 Gan	n or (loss) from sales of assets er than inventory			1		
	· · · · · · · · · · · · · · · · · · ·			 		
	income or (loss) from special events			 		
	s profit or (loss) from sales of inventory	······				
103 Oth	er revenue a			!	ν'	
Ь						
c						
ď						
e						
104 Subt	otal (add columns (B), (D), and (E))				668	1,839, <u>45</u> 7
105 Tota	al (add line 104, columns (B), (D), ar	nd (E))			•	1,840,125
	105 plus line 1d, Part I, should equa		on line 12, Part I			
Part VIII	Relationship of Activities to	the Acco	mplichment of E	vomet Durno	:00 (Can make al and)	
		, ille accu	MINDIPONIUM OF E	venibi Laibo:	Ses (See instructions)	
<u> </u>						accomplishment
Line No	Explain how each activity for which	income is re	ported in column (E) o	of Part VII contrib	uted importantly to the	accomplishment
Line No ▼	Explain how each activity for which of the organization's exempt purpos	income is re	ported in column (E) o	of Part VII contrib	uted importantly to the	accomplishment
<u> </u>	Explain how each activity for which	income is re	ported in column (E) o	of Part VII contrib	uted importantly to the	accomplishment
Line No ▼	Explain how each activity for which of the organization's exempt purpos	income is re	ported in column (E) o	of Part VII contrib	uted importantly to the	accomplishment
Line No ▼	Explain how each activity for which of the organization's exempt purpos	income is re	ported in column (E) o	of Part VII contrib	uted importantly to the	accomplishment
Line No ▼	Explain how each activity for which of the organization's exempt purpos	income is re	ported in column (E) o	of Part VII contrib	uted importantly to the	accomplishment
Line No	Explain how each activity for which of the organization's exempt purpos SEE PART III, LINE A	income is re ses (other th	ported in column (E) c an by providing funds (of Part VII contrib for such purposes	uted importantly to the	accomplishment
Line No ▼	Explain how each activity for which of the organization's exempt purpos SEE PART III, LINE A Information Regarding Tax:	income is researched the	ported in column (E) of an by providing funds to the providing funds	of Part VII contrib for such purposes	uted importantly to the s) es (See instructions)	
93' Part IX	Explain how each activity for which of the organization's exempt purposed in the property of the property of the organization's exempt purposed in the property of the propert	able Subs	ported in column (E) con by providing funds fund	of Part VII contrib for such purposes	es (See instructions)	(E)
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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 Supplementary Information — (See separate instructions)

Supplementary Information — (see separate instructions)

Department of the Treasury Internal Revenue Service

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545 0047

2001

Name of the Organization			Employer Identification	Number
FRANK ADOPTION CENTER, NORTH CAROL Part I Compensation of the Five Highe	INA ct Baid Employees Oth	or Than Officers	58-2153959	Tructoos
(See instructions List each one If there a	ire none, enter 'None ')	iei iliali Olliceis	, Directors, and	illustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000		0		
Part II Compensation of the Five Highe (See instructions List each one (whether	st Paid Independent C individuals or firms) If there	ontractors for Practice are none, enter 'None	ofessional Ser :')	vices
(a) Name and address of each independent contract	for paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
	<u> </u>			
Total number of others receiving over				, ,

Sche	dule	A (Form 990 or 990-EZ) 2001 FRANK ADOPTION CENTER NORTH CAROLINA 58-215395	9	F	age 2
Par	t III	Statements About Activities (See instructions)		Yes	No
1	to ir	ing the year, has the organization attempted to influence national state, or local legislation, including any attempt offuence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid		-	
		ncurred in connection with the lobbying activities N/A	ا ا		V
	(Mu	st equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X.
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI.A. Other anizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the bying activities.		,	
2	sub taxa	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal eficiary? (If the answer to any question is Yes, attach a detailed statement explaining the transactions)	*	r	`
а	Sale	e, exchange, or leasing of property?	2a	-	X
Ь	Len	ding of money or other extension of credit?	2b		X
c	Furi	nishing of goods, services, or facilities?	2c		X
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
6	Trai	nster of any part of its income or assets?	2e	ļ <u>-</u>	X.
3		es the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) you have a section 403(b) annuity plan for your employees?	3 4	i	X
lote	Att	ach a statement to explain how the organization determines that individuals or organizations receiving loans from it in furtherance of its charitable programs, qualify to receive payments		···········	
	t IV		_ [
he	orga	nization 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	П	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 and state	пате, 	city,	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV A.)	170(b)	(1)(A)	(ıv)
11 a		An organization that normally receives a substantial part of its support from a governmental unit or from the general process of $170(b)(1)(A)(v)$ (Also complete the Support Schedule in Part IV-A)	oublic		
11 b		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12	X	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and from activities related to its charitable, etc. functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	fits su	pport	pts
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization (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) section 509(a)(3))	anızatıd !) (Sed	ons e	
		Provide the following information about the supported organizations (See instructions.)			
		(a) Name(s) of supported organization(s)		ne nu m abo	
	_				
14		An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)			

Sche	dule A (Form 990 or 990 EZ) 2001	FRANK ADOPI	ION CENTER. N	ORTH CAROLINA	58-21	53959	Page 3
	IV-A Support Schedule						
	You may use the worksheet in th			•			
	ndar year (or fiscal year nning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	25,140	14,427	16,488			56,055
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	1,967,568	2,955,662	2,733,861	1,800,9	103	<u>9,</u> 457,994
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 organ ization after June 30, 1975	13,063	10,658	10,355	2,0)34	36,110
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.				1		
22	Other income Altach a schedule Do not include gain or (loss) from sale of capital assets						
	Total of lines 15 through 22	2,005,771	2,980,747	2,760,704	1,802,9		<u>9.550,159</u>
	Line 23 minus line 17	38,203	25,085	26,843	2,0		92,165
	Enter 1% of line 23	20,058	29,807	27,607	18,0		
	Organizations described on lines		er 2% of amount in co	, ,	N/A ►	26a	
	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess a	or 1997 through 2000 excee imounts	ded the amount shown in lu	r than a governmental unit one 26a. Do not file this list	with your	26 Ь	
	Total support for Section 509(a)(1				•	26 c	
d	Add Amounts from column (e) fo	r lines 18 22	<u> </u>	19 26b		26 d	
	Public support (line 26c minus lin					26 e	
	Public support percentage (line 2	•	ed by line 26c (denom	inator))	▶	261	%
	Organizations described on line		y mile 200 (denom				
а	For amounts included in lines 15, name of, and total amounts receisuch amounts for each year (2000)	ved in each year from	n, each 'disqualified p	erson ' Do not file th is	s list with your i	eturn E	Enter the sum of
ŧ	For any amount included in line 1 show the name of, and amount re \$5,000 (include in the list organic computing the difference between (the excess amounts) for each ye	7 that was received for each year zations described in lin the amount received ar	rom each person (oth, , that was more than nes 5 through 11, as I and the larger amou	er than 'disqualified pi the larger of (1) the ai well as individuals) D nt described in (1) or	ersons'), prepar mount on line 2 o not file this li (2), enter the si	re a list 5 for the st with y im of th	for your records to e year or (2) your return After ese differences
	(2000)0_	(1999)	<u>U</u> _(1998) _	0	- ⁽¹⁹⁹⁷⁾		
C	Add Amounts from column (e) for 17 9, Add Line 27a total	or lines 15 _	56,055	16		الموا	0 514 040
	17 <u>9,</u>	457,334 20 _	nd line 025 4-4-4	21		2/C	3,314,049
d	Add Line 2/a total	U al	nu iine 2/D total		_	270	9 514 049

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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.

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 271 (denominator))

27 g

27 h

9,550,159

► 27f

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 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 other governing instrument, or in a resolution of its governing body? 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. 30 and scholarships? 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 31 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) Does the organization maintain the following 32 a 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? 32 b c Copies of all catalogues, brochures announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 d 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 33 a a Students' rights or privileges? 33b b Admissions policies? 33 c c Employment of faculty or administrative staff? 33 d d Scholarships or other financial assistance? 33 e e Educational policies? 33 f f Use of facilities? 33 q g Athletic programs? 33h h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) 34 a 34a Does the organization receive any financial aid or assistance from a governmental agency? 34 b 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 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

Page 5

Lobbying Expenditures by Electing Public Charities (See instructions) (To be completed Only by an eligible organization that filed Form 5768) N/A if the organization belongs to an affiliated group Check ► b If you checked 'a' and 'limited control' provisions apply Check -Limits on Lobbying Expenditures Affiliated group To be completed totals for all electing (The term 'expenditures' means amounts paid or incurred) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 39 Other exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table — If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 Over \$500,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000 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 Caution II 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) Lobbying Expenditures During 4 -Year Averaging Period (d) (e) Calendar year (a) (h) (c) 1999 (or fiscal year 1998 Total 2001 2000 beginning in) > Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% at line 48(e)) 50 Grassroots lobbying expenditures Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI A) (See instructions) N/A During the year, did the organization attempt to influence national, state or local legislation, including any Yes No **Amount** attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers b Paid staff or management (include compensation in expenses reported on lines c through h) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes g Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means I Total lobbying expenditures (add lines c through h)

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization of Code (other than section	directly or in	directly engage in any of the following rganizations) or in section 527, relation	g with any other organization described	ın sectior	501(:)
	•		o a noncharitable exempt organizatio	• •		Yes	No
(1) C					51 a (i)		X
(ii) O	ther assets				a (ii)		Χ
b Other	transactions				j :		
(i) Sa	ales or exchanges of ass	ets with a no	oncharitable exempt organization		b (i)_		X
٠.	urchases of assets from a		· -		b (ii)		X
	ental of facilities, equipm		assets		b (iii)		X
• •	eimbursement arrangeme	ents			b (IV)		X
• •	oans or loan guarantees		p or fundraising solicitations		b (v)		X
• •			ls, other assets, or paid employees		b (vi)		X
				umn (b) should always show the fair ma organization received less than fair mar ods, other assets, or services received		of n	
(a) Line no	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			is
N/A							
		<u> </u>					
		 					
					_		
-		 					
		-			-		
		 			_		
					-		
		L					
	organization directly or in ibed in section 501(c) of t s,' complete the following		hated with, or related to, one or more her than section 501(c)(3)) or in secti	e tax exempt organizations on 527?	► ∏ Ye	s X	No
Dil 163		Scriedule_	(b)	(c)			
	(a) Name of organization		Type of organization	Description of relation	nship		
N/A			_				
				- -			
	 					-	
	-						
		 	<u> </u>			-	
							
							
	<u> </u>				-		
					·		
					<u>_</u> _	_	
RAA			TEFAMOSI 00/25/01	Schedule A (Form	n gan ar a	an E7	1 2001

2001	FEDE	RAL STATEM	ENTS		PAGE 1
CLIENT FAC	FRANK ADOPT	TION CENTER, NOR	TH CAROLINA	1	58-2153959
12/22/02 STATEMENT 1 FORM 990, PART II, LINE OTHER EXPENSES	43				03 23PM
ADVERTISING CERTIFICATIONS, VISAS CLINICAL INTERVENTION CONTRACT PERSONNEL DONATIONS FOREIGN SOURCE FEES NOT HOMESTUDY COSTS INSURANCE MEMBERSHIPS AND DUES MISCELLANEOUS OFFICE EXPENSES PAYROLL SERVICE POST PLACEMENT COSTS	N	(A) TOTAL 51,346 154,133 103 21,310 35,016 1,033,050 1,754 3,650 3,833 2,824 17,759 1,787 3,022	(B) PROGRAM SERVICES 45.736 154.133 103 21.310 35.016 1.033.050 1.754 1.269 2.528 12.732 1.214 3.022	(C) MANAGEMENT & GENERAL 5,055 2,381 3,833 265 4,872 573	(D) FUNDRAISING 555 31 155
PROMOTION & ENTERTAIN TEMPORARY STAFFING TRANSLATION COSTS WORKSHOPS STATEMENT 2 FORM 990, PART IV, LINE LAND, BUILDINGS, AND R	T (3, 481 457 25 2,446 OTAL \$ 1335996	25 2,446 \$_1314338 BASIS	3,481 457 \$20,917 ACCUM DEPREC.	\$ 741 BOOK VALUE
FURNITURE AND FIXTUR		TOTAL \$	52,165 52,165 \$	41,037	
STATEMENT 3 FORM 990, PART IV, LINE OTHER ASSETS SECURITY DEPOSITS	58			TOTAL <u>\$</u>	3,595 3,595
STATEMENT 4 FORM 990, PART IV, LINE OTHER LIABILITIES DUE TO FRANK FOUNDAT				TOTAL <u>\$</u>	76,429 76,429

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Zυ	v	

FEDERAL STATEMENTS

PAGE 2

CLIENT FAC

FRANK ADOPTION CENTER, NORTH CAROLINA

58-2153959

12/22/02

03 25PM

STATEMENT 5 FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JODY SCIORTINO	EXECUTIVE DIREC 50+ PER WEEK	\$ 55,574	\$ 0	\$ 0
RALEIGH, NC	JOY FER MEEK			
LORRAINE J LANGDON	DIRECTOR AS NECESSARY	0	0	0
GARNER, NC				
NINA KOSTINA	DIRECTOR AS NECESSARY	0	0	0
MIDDLEBURG, VA				
GERALD A GOLDMAN	DIRECTOR AS NECESSARY	0	0	0
GAITHERSBURG, MD				
NICOLE LAMOTTE	DIRECTOR AS NECESSARY	0	0	0
RALEIGH, NC				
GARY SILVERSMITH	DIRECTOR	0	0	0
WASHINGTON, DC	AS NECESSARY			
ELEONORA KRASNOVSKAIA	DIRECTOR	0	0	0
MOSCOW, RUSSIA,	AS NECESSARY			
	TOTAL	\$ 55,574	\$ 0	\$ 0

(December 2000)

Application for Extension of Time to File an **Exempt Organization Return**

OMB No. 1545 1709

Department of the Treasury

ternal 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) Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. **Bartina Automatic 3-Month Extension of Time —** Only submit original (no copies needed) Note. 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 Name of Exempt Organization **Employer Identification Number** Type or print File by the FRANK ADOPTION CENTER, NORTH CAROLINA 58-2153959 Number Street and Room or Suite Number. If a P.O. Box, see instructions due date for 2840 PLAZA PLACE #325 filing your return See City Town or Post Office. For a foreign address, see instructions ZIP Code instructions RALEIGH, NC 27609 Check type of return to be filed (file a separate application for each return) Form 4720 Form 990 Form 990 T (corporation) Form 990 BL Form 990-T (Section 401(a) or 408(a) trust) Form 5227 Form 990 EZ Form 990 T (trust other than above) Form 6069 Form 990 PF Form 1041 A Form 8870 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 ElNs of all members I request an automatic 3-month (6 month, for 990-T corporation) extension of time until 20 to file the exempt organization return for the organization named above. The extension is for the organization's return for X calendar year 20 01 or tax year beginning , 20 , and ending 20 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 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 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 Signature and Venfication Under penalties of perjury 1 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, and that I am authorized to prepare this form

FIFZ0501L 11/27/01

Form 8868	(12 2000).		Page 2
• If you a	are filing for an Additional (not automatic) 3-Month Extension, complete only P	art II and check this	s box ► X
Fort	y complete Part II if you have already been granted an automatic 3-month exter n 8868	•	sly filed
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		
Part II	Additional (not automatic) 3-Month Extension of Time — Mu Name of Exempt Organization	St File Original	Employer Identification Number
Type or FRANK ADOPT		, ,,	
	FRANK ADOPTION CENTER, NORTH CAROLINA Number Street and Room or Suite Number. If a P.O. Box, See Instructions		58 - 2153959 For IRS Use Only
File by the	Trainer outer and result of state trainer in a 1 of box, one manufactions		To his ose only
extended due date for	13040 DIA7A DIACE #335	,,,,	L
filing the return. See	2840 PLAZA PLACE #325 City, Town or Post Office, State, and ZIP Code. For a Foreign Address. See Instructions	·	**
instructions		` `	· · · · · · · · · · · · · · · · · · ·
<u></u>	RALEIGH, NC 27609	<u> </u>	<u></u>
_ ''	e of return to be filed (file a separate application for each return)	□c	□r room □r oom
Form 9		Form 1041-A	Form 5227 Form 8870
Form 9		Form 4720	Form 6069
	ot complete Part II if you were not already granted an automatic 3-month exter		ly filed Form 8868
	rganization does not have an office or place of business in the United States,		
	s for a group return , enter the organizations four digit Group Exemption Numb		1f this is for the
	up check this box. If it is part of the group, check this box.	and attach a list wi	th the names and EINs of all
	he extension is for	<u></u>	
	uest an additional 3-month extension of time until 11/15 20 0		20
	alendar year 2001, or other tax year beginning	and ending _	
	stax year is for less than 12 months, check reason	Final return	Change in accounting period
		M 12 3 11 1 F L	ORTHCOMING FROM THIRD
	TTIES IN ORDER TO FILE AN ACCURATE RETURN		•
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentat	ive tax, less any	\$
nonre	efundable credits. See instructions.		-
b If this	s application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable cre	edits and estimated	lax
paym	nents made. Include any prior year overpayment allowed as a credit and any ar		
FOIII	8868		₽
c Balar	nce due Subtract line 8b from line 8a. Include your payment with this form or, coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	of required, deposit	lwith ss \$
	Signature and Verificatio		τ <u>ς</u> ει
	_		
Correct, and co	os of peruny, I declare that I have examined this form, including accompanying schedules and statemen ompleter and that am adhorized to be pare this form	nts and to the best of my	knowledge and belief it is true
	$\omega(mnv)$		
Signature -	/ LUD (XXXI b) 511 - 12A		Date - 8/9/01
/)	Notice to Applicant – To be Complete	ed by the IRS	Date C-
K// war	nave approved this application. Please attach this form to the organization's ref	•	
we r	tave not approved this application. However, we have granted a 10-day grace paid and the organization's return (including any prior extensions). This grace paid	period from the late eriod is considered	er of the date shown below or the to be a valid extension of time for
elect	tions otherwise required to be made on a timely filed return. Please attach this	form to the organiz	ration's return
☐ war	nave not approved this application. After considering the reasons stated in item	7 we cannot aran	t your request for an extension of
	to file. We are not granting a 10-day grace period	17, we carmot grain	your request for all extension or
- Was	cannot consider this application because it was filed after the due date of the r	rature for which as	avioneian was requested
Othe	•••	etutti tui Willett atti	extension was requested
L Ouie	"		
	D.		
Director	By	_	Date
	Mailing Address — Enter the address if you want the copy of this application fol fferent than the one entered above	r an additional 3-mi	
addiess Uii	Name		EXTENSION APPROVED
)			 -
· ·	REITBERGER, POLLEKOFF & KOZAK Number and Street (include suite, room, or spartment number) or a PO Box Number		050 0 0 2002
Type or Print			SEP 0 9 2002
	8133 LEESBURG PIKE, SUITE 550 City or Town, Province or State, and Country (including postal or ZIP code)		ביים ביים מוחדמנמני
	VIENNA, VA 22182		LINDA WEISKOPF, FIELD DIRECTOR SUBMISSION PROCESSING, OGDE
	IVIENNA. VA ZZIOZ		SUBMISSION EUROPERATION CO.

FIFZ0502L 11/30/01

Form 8868 (Rev 12-2000)

BAA