Form 990

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 focusing the Internal Revenue Code (except black lung
benefit trust or private focus of the Internal Revenue Results and Internal Revenue Revenue Results and Internal Revenue Results and Internal Revenue Reven

2002 Open to Public

OMB No 1545-0047

Dep	artment o	of the Treasury enue Service	the organization may ha	enefit trust or private fou ive to use a copy of this return	ndation)			Open to Public Inspection
Ā	For the	e 2002 calendar y	ear, or tax year beginning	, and end	ding			
В		f applicable Please	C Name of organization	•			D Em	ployer ID number
Γ	1	ess change label o	.9					2-2145062
	Name	e change print o	I DOLLE LOCOURCE	CENTER, INC.		Ī		lephone number
Г	Initial	return type	Number and street (or P O box if r		ddress)	Room/suite	30	01-682-5025
┢	Finali	return See	9 EAST CHURCH			' ' '		counting method   Cas
	1	Specifi	City or lown, state or country, and					rual Other (specify)
	1	cation pending tions.	FREDERICK	MD 217	01	j,	<b>.</b>	G Garan (apasin)/
_	Applic	esuon pending <del>kenar</del>	Section 501(c)(3) organizations and 494			not applicable to se	ction 527	organizations
			rusts must attach a completed Schedu			a group return for		· n n
G	Web s					s, enter no of affili		<b>□</b>
J		ization type		<del></del>		Il affiliates included		
•	_	only one)	501(c) ( 3 ) ≤ (insert no )	4947(a)(1) or 527	_   ` ` `	att a list See in		
<u>к</u>	Check		ne organization's gross receipts are n		<b>─</b> '`` '``	a separate return	•	
••			n need not file a return with the IRS I	•	1 ' '	ization covered by	•	
		•	kage in the mail, it should file a return	•		r 4-digit GEN	a group it	anigr   1 tes   N
		states require a c	· ·	i without illiancial data			0500000	ation is not required
$\overline{}$			6b, 8b, 9b, and 10b to line 12	1,063,47			-	990-EZ or 990-PF)
	art I		Expenses, and Changes in I					
ىشىن	1		ts, grants, and similar amounts receiv		Dalances (O	ee page 17 t		iloti uctiono /
co	_	Direct public supp	- ·		1a	59,882		
Þ	ь	Indirect public sur			1b	39,002	4	
EDL E O NIII	c	_ ,	inbutions (grants)		1c		-	
2	ď			59,882 noncash \$			┥╻,┃	E0 001
=	2	•	revenue including government fees a				1d	59,882 1,003,392
	3	·='	s and assessments	nu contracts (from Part Vi	i, iirie 93)		2	1,003,392
	اما	•	gs and temporary cash investments				3	199
Ω	5		erest from secunties				4	199
Ž	6a	Gross rents	erest nom secundes		أجما		5	
*SCANNED	Ь	Less rental expe	nene		6a   6b		-{	
ධ	c	•	e or (loss) (subtract line 6b from line 6	:n)	00		١, ١	
Ø	7		ncome (describe	na) `			6c	<del></del> -
8	8a		om sales of assets other	(A) Converted	<del>                                     </del>	B) Office	<del>                                     </del>	
v	Va.	than inventory	on sales of assets office	(A) Securities	8a (	B) Other	- 1	
n	ь	•	er basis and sales expenses	· · · ·	8b		- 1	
ē	c	Gain or (loss) (att	•	<u> </u>	8c		1 1	
	D # /	OBIT Hart Topics	(combine line 8c, columns (A) and (E		<u> </u>		ا ہے ا	
_	KE	CA barrollioss	પુર્વ activities (attach schedule)	? <i>))</i>			8d	
$\prod_{i=1}^{n}$	_ `a	Gross revenue (n		of				
2/9	MĀY	contributions repo	orded on line 12)	01	9a		1 1	
۳۱			nses other than fundraising expenses	•	9b		-[	
L			ss) from special events (subtract line		90		ا ۵۰ ا	
	102		ventory, less returns and allowances	oo adin mic aaj	10a (		9c	<del></del> -
	b	Less cost of good			10b	·	1	
	c	=	ss) from sales of inventory (att. sch.)	(subtract line 10b from line			10c	
	11		om Part VII, line 103)	(3000 act interior non non inte	e ioa)		11	
	· · ·	•	uu iiiles 10, <u>2, 3,</u> 4, 5, 60, 7, 80 90, 1	uc and 11)			1 12	1,063,473
E	13		(from line 44, column (B))	50, 0110 11)	· · · · · · · · · · · · · · · · · · ·		13	983,517
Expen	14	-	general (from line 44, column (C))				14	107,679
9	15	_	line 44, column (D))				15	101,013
n S e	16		ates (attach schedule)				16	
8 5	17	•	add lines 16 and 44, column (A))				17	1,091,196
A	18		) for the year (subtract line 17 from lin	ne 12)	· · · · · · · · · · · · · · · · · · ·		18	-27,723
N S	19		d balances at beginning of year (from	•			19	77,278
e t t	20		net assets or fund balances (attach e				20	11,210
S	21		d balances at end of year (combine by	•			21	49 555

Form 990 (2002)

ERANK ADOPTION CENTER, INC.

Part Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations Functional Expenses and section 4847(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general STMT 1 22 Grants and allocations (attach schedule) 59,882 cash s 22 59,882 <u>59,882</u> (cash\$ ) 23 Specific assistance to individuals 23 24 24 Benefits paid to or for members 85,789 17,158 68,631 25 Compensation of officers, directors, etc. 25 131,790 105,432 26,358 26 Other salaries and wages 26 27 Pension plan contributions 27 28 29,778 22,334 .444 28 Other employee benefits 13,310 3,328 16,638 29 Payroll taxes 29 30 Professional fundraising fees 3,370 3,370 Accounting fees 31 31 32 Legal fees 32 33 33 Supplies 7,670 1,918 5,752 34 Telephone 1,876 7,504 5,628 35 35 Postage and shipping 17,118 5,706 22,824 36 Occupancy 36 37 Equipment rental and maintenance 38 Printing and publications 38 15,799 15,799 39 39 40 Conferences, conventions, and meetings Interest 41 3,935 2,951 984 42 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize) 43**a** 706,217 39,537 SEE STATEMENT 2 43b 666,680 ь 43c c 43d d 430 44 Total functional expenses (add lines 22 - 43) Organizations 107,679 1,091,196 983,517 completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check ▶ | If you are following SOP 98-2 ► Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 Fundralsing Statement of Program Service Accomplishments (See page 24 of the instructions.) Program Service Expenses What is the organization's primary exempt purpose? SEE STATEMENT 3 (Required for 501(c)(3) & All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (4) orgs , & 4947(a)(1) trusts, but optional for 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.) others) TO FACILITATE THE INTERNATIONAL ADOPTION OF ORPHANED CHILDREN BY FAMILIES IN THE UNITED STATES (Grants and allocations \$\_\_\$ 909,861 SEE STATEMENT 4 59,882 65,656 (Grants and allocations \_\$ SEE STATEMENT 5 8,000 (Grants and allocations \$ (Grants and allocations Other program services (attach schedule) (Grants and allocations 983,517 Form 990 (2002) Total of Program Service Expenses (should equal line 44, column (B), Program services)

rm 990 (2002)

art IV	Palanea Shoota	(See page 24 of the instructions)	ı
ant iv	Dalatice Sheets	See page 24 of the monuchons )	,

Note	Where required, attached schedules and amounts wi	thin the description	(A)		(B)
	column should be for end-of-year amounts only	<del></del>	Beginning of year		End of year
45	Cash - non-interest-bearing		6,753	45	10,389
46	Savings and temporary cash investments		53,515	46	27,274
47-	A sequeste researcable	<sub>47a</sub>		i	
47a	Accounts receivable	<del></del>	+	47c	
b	Less allowance for doubtful accounts	47b	<del> </del>	4/6	<del></del>
48a	Pledges receivable	48a	ļ		
+oa b	Less allowance for doubtful accounts	48b	1	48c	
49	Grants receivable		<del>                                     </del>	49	<del></del>
50	Receivables from officers, directors, trustees, and ke	v emolovees		1	<del></del> _
**	(attach schedule)	y cp.oyood		50	
51a	Other notes and loans receivable (attach			- 1	
	schedule)	51a			
b	Less allowance for doubtful accounts	51b	1	51c	
52	Inventories for sale or use		<del></del> -	52	
53	Prepaid expenses and deferred charges			53	5,614
54	Investments-securities	Cost FMV		54	<u></u>
55a	Investments-land, buildings, and				<u>-</u>
	equipment basis	55a			
b	Less accumulated depreciation (attach		]		
	schedule)	55b		55c	
56	Investments-other (attach schedule)	,		<b>5</b> 6	
57a	Land, buildings, and equipment basis	57a 21,665			
ь	Less accumulated depreciation (attach		}		
	schedule) SEE STMT 6	57b 9,391	13,785	57c	12,274
58	Other assets (describe    SEE STMT 7	_ )	13,806	58	8,172
59	Total assets (add lines 45 through 58) (must equal li	ne 74)	87,859	59	63,723
60	Accounts payable and accrued expenses		10,581	60	14,168
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors, trustees, and key emp	loyees (attach	Ì	]	
	schedule)			63	ļ <del></del>
64a	Tax-exempt bond liabilities (attach schedule)		ļ <u>.                                    </u>	64a	ļ <del></del>
Ь	Mortgages and other notes payable (attach schedule	)		64b	<u> </u>
65	Other liabilities (describe	)		<u>6</u> 5	ļ <del> </del>
				[	
66	Total liabilities (add lines 60 through 65)	<del> </del>	10,581	66	14,168
Orga	inizations that follow SFAS 117, check here	and complete lines			
	67 through 69 and lines 73 and 74		77 070		40 EEE
67	Unrestricted Temporanily restricted		77,278		49,555
68 69	•		<del></del>	68	
l	Permanently restricted inizations that do not follow SFAS 117, check here	▶ ∏ and	<del></del>	69	<del></del>
	complete lines 70 through 74				
7.	Capital Stock, Bust principal of current fullus		<del></del>	70	
71	Paid-in or capital surplus, or land, building, and equip		ļ	71	<del></del>
72	Retained earnings, endowment, accumulated income		<u> </u>	72	<del></del>
73	Total net assets or fund balances (add lines 67 thro	ough 69 or lines			
	70 through 72,			- I	40 ===
	column (A) must equal line 19, column (B) must equ		77,278		49,555
74	Total liabilities and net assets / fund balances (ad	d lines 66 and 73)	87,859	74	63,723

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

. P.	990 (2002) FRANK ADOPT Reconciliation of					Reconciliation o		
	Financial Stateme					Financial Staten	ents with Exp	enses per
	Return (See page	26 of	the instructions.)			Return		
a	Total revenue, gains, & other support	878 10		******	Total expense	s and losses per		
	per audited financial statements	▶ [_3	1,063,4	73	audited financ	al statements	<b>▶ a</b>	1,091,19
ь	Amounts included on line a but not or	) []°		់ ឿ b	Amounts inclu	ded on line a but not		
	line 12, Form 990				оп line 17, Foi	m 9 <b>9</b> 0		
(1)	Net unrealized gains on			<u> [99]</u> (	(1) Donated servi-	es and use		
	investments \$	[6			of facilities	<b>\$</b>		
(2)	Donated services and use	32.5		,000 <b>(</b>	(2) Pnor year adju			368) () () 2 8 8 8 5 7 .
	of facilities \$			% 3333	reported on lin	e 20,	Na Carlo	
(3)	Recoveries of prior	. E		(28 NO) (20 O)	Form 990	·	Kalenije	
	year grants \$			(S)	(3) Losses reporte	od on line 20,		
(4)	Other (specify)	- P.		33 .	Form 990			``` ```
	_			` .  (	(4) Other (specify			
	<u>\$</u>	<del>.  </del>		`*1		•		
	Add amounts on lines (1) through (4)	┍			Aulal annaugus	na linaa (4) thaasaab (4	<del>  </del> ^_ ^	o o'c
		<b>ا</b> ا	1 063 4	72		on lines (1) through (4	' 【 <del>  3 </del>	1,091,19
	Line a minus line b	P   5	1,063,4		Line a minus i		375 22 33 3	<u> </u>
4	Amounts included on line 12,			्रः व	Form 990 but	ded on line 17,		
/41	Form 990 but not on line a	866 877		×. ] ,	1) investment ex			
(1)	Investment expenses not included on line 6b.			ું મુ	not included o			
	Form 990 \$	, ,			Form 990	t iiile 00,		
(2)		- 0.0			(2) Other (specify			
(2)	Outer (specify)	~		~ ] <b>`</b>	zy Other (opcory,			
	•			,;, 4	!			- 3% 
	Add amounts on lines (1) and (2)	<b>▶</b> d	1) 1)	1	Add amounts	on lines (1) and (2)	The d	Ť
	Total revenue per line 12, Form 990	·  -		╗,		per line 17, Form 99	o <del>                                    </del>	
	(line c plus line d)	▶   •	1,063,4	73	(line c plus line			1,091,196
	List of Officers, Direct	ctors,			loyees (List ea	th one even if not con	pensated, see pa	ge 26 of
	the instructions)							
	(A) Name and ad	draee		(B)	Title and average per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib to employee benefit	(E) Expense account and other
		U1000		ļ	position	4-)	employee benefit plans & deferred compensation	aliowances
	ISA A OLNEY	_		EX.	. DIRECTO	I .		
	YERSVILLE, MD 2177	3	<del>-</del>	40		85,789	834	
	INA KOSTINA			DI	RECTOR			_ ا
	PRUPCINA MIN			_		I		
	ETHESDA, MD			5		<u> </u> 0	0	
N	ATASHA MISHINA	<u> </u>		DI	RECTOR	<u> </u>		
NZ F1	ATASHA MISHINA REDEERICK, MD 2170	1		DI:		0	0	
NZ FI	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY			DII 5	RECTOR	0	0	(
FI DI M	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY YERSVILLE, MD 2177			DII 5 DII 5	RECTOR	<u> </u>		(
NZ FI DZ MC	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY YERSVILLE, MD 2177 AMUEL ENG			DIII 5 DIII 5		0	0	(
NI FI DI M: SI FI	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY YERSVILLE, MD 2177 AMUEL ENG RDERICK, MD 21703			DII 5 DII 5 DII 5	RECTOR	0	0	
NI FI DI M: SI FI	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY YERSVILLE, MD 2177 AMUEL ENG RDERICK, MD 21703 BRALD GOLDMAN	3	A 178	DIII 5 DIII 5 DIII	RECTOR	0	0 0	
NI FI DI M: SI FI GI 81	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY YERSVILLE, MD 2177 AMUEL ENG RDERICK, MD 21703 ERALD GOLDMAN L33 LEESBURG PIKE V	3	A, VA	DIII 5 DIII 5 DIII 5	RECTOR RECTOR	0	0	
NZ FI DZ M: SZ FI GI 8:	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY VERSVILLE, MD 2177 AMUEL ENG RDERICK, MD 21703 SRALD GOLDMAN L33 LEESBURG PIKE V SORGE T HORMAN	3	A, VA	DII 5 DII 5 DII 5 DII	RECTOR	0 0	0 0 0	(
NZ FI DZ M: SZ FI GI 8:	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY YERSVILLE, MD 2177 AMUEL ENG RDERICK, MD 21703 ERALD GOLDMAN L33 LEESBURG PIKE V	3	A, VA	DIII 5 DIII 5 DIII 5	RECTOR RECTOR	0	0 0	(
NZ FI DZ M: SZ FI GI 8:	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY VERSVILLE, MD 2177 AMUEL ENG RDERICK, MD 21703 SRALD GOLDMAN L33 LEESBURG PIKE V SORGE T HORMAN	3	A, VA	DII 5 DII 5 DII 5 DII	RECTOR RECTOR	0 0	0 0 0	(
NZ FI DZ MS SZ FI GI 83	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY VERSVILLE, MD 2177 AMUEL ENG RDERICK, MD 21703 SRALD GOLDMAN L33 LEESBURG PIKE V SORGE T HORMAN	3	A, VA	DII 5 DII 5 DII 5 DII	RECTOR RECTOR	0 0	0 0 0	(
NZ FI DZ MS SZ FI GI 83	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY VERSVILLE, MD 2177 AMUEL ENG RDERICK, MD 21703 SRALD GOLDMAN L33 LEESBURG PIKE V SORGE T HORMAN	3	A, VA	DII 5 DII 5 DII 5 DII	RECTOR RECTOR	0 0	0 0 0	(
NZ FI DZ MS SZ FI GI 83	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY VERSVILLE, MD 2177 AMUEL ENG RDERICK, MD 21703 SRALD GOLDMAN L33 LEESBURG PIKE V SORGE T HORMAN	3	A, VA	DII 5 DII 5 DII 5 DII	RECTOR RECTOR	0 0	0 0 0	(
NZ FI DZ MS SZ FI GI 83	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY VERSVILLE, MD 2177 AMUEL ENG RDERICK, MD 21703 SRALD GOLDMAN L33 LEESBURG PIKE V SORGE T HORMAN	3	A, VA	DII 5 DII 5 DII 5 DII	RECTOR RECTOR	0 0	0 0 0	(
MI DI MI SI FI GI FI	ATASHA MISHINA REDEERICK, MD 2170 AVID S OLNEY VERSVILLE, MD 2177 AMUEL ENG RDERICK, MD 21703 SRALD GOLDMAN L33 LEESBURG PIKE V SORGE T HORMAN	I ENN		DII 5 DII 5 DII 5 DII 5	RECTOR RECTOR RECTOR	0 0 0	0 0	(

	1930 (2002) FRANK ADOPTION CENTER, INC. 52-2143062		_	ige 5
•	art VI Other Information (See page 27 of the instructions )	<del></del> -	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of	İ	ł	
	each activity	76		<u> </u>
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes " attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a	<u> </u>	<u> </u>
	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 N/A	A 79	<u> </u>	
30a	Is the organization related (other than by association with a statewide or nationwide organization) through common		1	
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	A 80a	ļ	
þ	If "Yes," enter the name of the organization			
	and check whether it is exempt or in nonexempt			
31a	Enter direct or indirect political expenditures. See line 81 instr.	_	ľ	٠.
	Did the organization file Form 1120-POL for this year? N/2	A 81b	L	
32a	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? N/A	A 82a	<u> </u>	
þ	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	in Part I or as an expense in Part II (See instructions in Part III )  82b	_		
33a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X_	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? $N/I$		<u> </u>	
34a	Did the organization solicit any contributions or gifts that were not tax deductible?  N/2	A 84a	ļ	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?			
35	501(c)(4) (5), or (6) organizations a Were substantially all dues nondeductible by members?  N/2		<u> </u>	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	A 85b	ļ	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	4		, ,
	received a waiver for proxy tax owed for the prior year		}	
¢	Dues, assessments, and similar amounts from members	_	1	
d	Section 162(e) lobbying and political expenditures	_	,	
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e	_		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f	_	1	, ,
9	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?  N/2	A 85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable			
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	4 85h		
36	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	_		
b	Gross receipts, included on line 12, for public use of club facilities	_		
37	501(c)(12) orgs Enter a Gross income from members or shareholders  87a	_		
þ	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )	_		
18	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-3? If "Yes " complete Part IX	88	$\sqcup$	X
19a	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	1		;
Þ	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		)	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b	L	<u> </u>
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			_
				<u> </u>
	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
	List the states with which a copy of this return is filed MD		_	
	Number of employees employed in the pay period that includes March 12, 2002 (See instructions )  The best area of the pay period that includes March 12, 2002 (See instructions )		6	<del></del>
1	The books are in care of LISA A OLNEY  Telephone no 301	682	-50	25
	Located at ▶ 9 EAST CHURCH STREET, FREDERICK, MD ZIP+4 ▶ 21701			
2	Section 4947(a)(1) nonexempt chantable 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		000	
		Form	990	(2002)

DAA

address and ZIP + 4

Form 990 (200				<u>52-214</u>			Page 6
Part VII	Analysis of Income-Pro	ducing Activitie			1		<del></del>
	gross amounts unless otherwise	,		ed business income		d by sec 512 513 or 51	4 (E) Related or
indicated			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt function
_	n service revenue				code		income
	GRAM SERVICE REVI	NUE NUE			<del> </del>	<del></del>	1,003,392
		<del></del>					
	<del></del>		<del> </del>		<u> </u>	<u></u>	<del> </del>
d	<del></del> -						<del> </del>
f Medicar	re/Medicaid payments				1		
	nd contracts from government agen	ciae			-	<del></del>	<del> </del>
_	rship dues and assessments	,	· -		İ	_	<del> </del>
	on savings and temporary cash in	estments :			1	- <u></u>	199
	ds and interest from securities				İ		<del> </del>
97 Net rent	tal income or (loss) from real estate	,				,	
	anced property						
<b>b</b> not debi	t-financed property						
98 Net rent	tal income or (loss) from personal p	roperty					
99 Other in	vestment income						
100 Gain or	(loss) from sales of assets other th	an inventory					
101 Net inco	ome or (loss) from special events						<u> </u>
	rofit or (loss) from sales of inventor	r		<u>.</u>			
103 Other re	evenue a			<b></b>	ļ		
ь					<u> </u>		ļ
c	·			·	ļ		
d							ļ
e					1 3 6	_	
	I (add columns (B), (D), and (E))			0	37	c	
	add line 104, columns (B), (D), and					▶ _	1,003,591
Part VIII	5 plus line 1d Part I, should equal			t of Everent Dure		Con page 22 of t	ha matruations \
Line No	Relationship of Activiti Explain how each activity for whi			•			
Line NO	of the organization's exempt pur		-		ea impor	tantily to the accompit	sameat
N/A	or the organizations exempt pur	boses (outer than by	providing fund	as for sour purposes)			
				<del></del>			
					·	<del></del>	_
Part IX	Information Regarding T	axable Subsidia	aries and C	isregarded Entit	ies (Se	e page 32 of the	instructions)
Name ad	(A) dress, and EIN of corporation,	(B) Percentage of		(C) lature of activities		(D)	(E)
partner	rship, or disregarded entity	ownership interes	t	valure or activities		Total income	End-of-year assets
N	I/A		%				
			%				
			%				
			%	<u> </u>			
Part X	Information Regarding T	<u>ransfers Associ</u>	ated with	<u>Personal Benefit</u>	Contr	<b>acts</b> (See page 33 o	f the instructions)
	the organization during the year, receive	-					
	the organization, during the year, p		•				
Note_if_Y	Yes" to (b), file Form 8870 and For						
	Under penalties of perjury I declare to	at I have Admined this	return, including				
Please	MALLO T	PI TILL	ر مر کو س				
Sign	Signature of officer	Tura	1 (219)				
Here	Thansa C.	Calmiars	F50 :05				
	Type or print name and title	decondes.	- June	<i>*</i>			
	Preparer's	<del></del> .	_ Da	ite			
Paid	signature	、て		5			
Preparer's		LE & CECIL	LLC	4			
Use Only	if self-employed) 182		HNSON	Qi .			

FREDERICK, MD 21702

FRANK ADOPTION CENTER, INC.

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.)

OMB No 1545-0047

2002

Department of the Treasury Internal Revenue Service Name of the organization

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

990 or 990-EZ
Employer identification number
52 - 2145062

	ompensation of the Five Highest Paid See page 1 of the instructions. List each				tees
	me 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 ben plans & deferred compensation	(e) Expense account and other allowances
NONE					
-					
<del></del>					
50,000	ther employees paid over				
	ompensation of the Five Highest Paid See page 2 of the instr. List each one (				lone ")
(a	Name and address of each independent contractor pai	id more than \$ 50 000	(b) Тур	e of service	(c) Compensation
NONE					
<del></del> .					
	<del></del>				
Total number of o	thers receiving over \$50,000 for bes				
OI LANGIMOIR C	GUNCHOIL ACTIVALES. SEE THE INSTRUCTIONS FOR F	orm 990 and Form 990-F7		Schedule A (Form 99)	or 990-EZ) 2002

\_\_\_

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2002 FRANK ADOPTION CENTER, INC. 52-2145062 Page 3 Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting Note. You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2001 (b) 2000 (c) 1999 (d) 1998 (e) Total Gifts, grants and contributions received (Do not include unusual 59,882 78,273 5,525 143,680 grants See line 28) Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to 1,597,608 1,003,392 511,355 82,861 the organization's chantable etc. purpose Gross inc from int , dividends amounts received from pymt on securities loans (section 512(a)(5)) rents royalties & unrelated bush taxable inc (less sec 511 taxes) from businesses acquired 709 199 32 940 by the organization after June 30 1975 Net income from unrelated business activities not included in line 18 20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf The value of serv or fact furnished to the org by a governmental unit without charge Do not incluthe value of servior facigenerally furnished to the public without charge Other income Attach a schedule. Do not Include gain or (loss) from sale of cap assets 1,063,473 590,337 23 Total of lines 15 through 22 88,418 1,742,228 60,081 78,982 5,557 144,620 Line 23 minus line 17 5,903 25 Enter 1% of line 23 10,635 884 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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b c Total support for section 509(a)(1) test. Enter line 24, column (e) 26c d Add Amounts from column (e) for lines 18 19 26d e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 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 (1998) (2001)(2000)(1999)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2001)(2000)(1998)saa izanoanio nomi columni (e) (c) illiles 1,741,288 27d d Add Line 27a total and line 27b total Public support (line 27c total minus line 27d total) 1,741,288 27⊕ ▶ 27f 1,742,228 f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 99.9460% h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 0.0540% Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

_	art V Private School Questionnaire (See page 7 of the instructions)		Pa	age 4
-6	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
	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,		-	3
	programs and scholarships?	30		
	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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
			,	-
_	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
D	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	226		
_	basis? Copies of all catalogues, brochures announcements, and other written communications to the public dealing	32b		<del>-</del>
٠	with student admissions, programs, and scholarships?	32c		
а	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
ŭ	Copies of all material used by the diganization of on its behalf to solid, continuations.	320		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
	, , , , , , , , , , , , , , , , , , ,			•
				,
	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
þ	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
_	Och de chief and the control of the	l		
a	Scholarships or other financial assistance?	33d		
_	Educational policies?	22-		
ā	Ludcational policies	33e		_
f	Use of facilities?	33f		
•		351		_
9	Athletic programs?	33g		
•				
h	Other extracumcular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
	Does the organization receive any infancial aid of assistance from a governmental agency?	34a	<b></b>	<u> </u>
þ	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or bi please explain using an attached statement			
		1. 3	t	1

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 Expend		a Public Chariti		00 O		ctions /	062 Page 5
	itures by Electin I ONLY by an elig	•		_		cuons) /A	
Check ▶ a if the organization belo							ntrol* provisions apply
Limits on	Lobbying Expentures* means amounts	nditures	<u> </u>		(a) Affiliated group	-	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence			· [	36			
37 Total lobbying expenditures to influence	-		ļ-	37			
38 Total lobbying expenditures (add lines		,,		38			
39 Other exempt purpose expenditures				39	-		
40 Total exempt purpose expenditures (ac	dd lines 38 and 39)		Γ	40			
41 Lobbying nontaxable amount. Enter the		owing table-	Γ		٠,		
If the amount on line 40 is-		ontaxable amount is	i-				
Not over \$500,000	20% of the amou	unt on line 40	71	, 1			
Over \$500,000 but not over \$1 000 000	5 \$100,000 plus 1	5% of the excess ove	r \$500,000				
Over \$1,000,000 but not over \$1,500,0	00 \$175,000 plus 1	0% of the excess ove	r \$1,000,00	41			
Over \$1,500 000 but not over \$17,000	,000 \$225,000 plus 5	% of the excess over	\$1,500,000	,	,		
Over \$17,000,000	\$1,000,000		اك	F			
42 Grassroots nontaxable amount (enter 2	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	er line 43 or line 44, yo	u must file Form 4720	)				
	4-Year Avera	ging Period Und	er Section	501(	h)		
(Some organizations	that made a section 5	501(h) election do not	have to comp	lete all	of the five colu	mns belo	W
See the in	structions for lines 45	through 50 on page 1	1 of the instru-	ctions	)		
		Lobbying Ex	penditures D	uring	4-Year Averag	ing Perio	d
Calendar year (or	(a)	(b)	(c)		(d	)	( <del>0</del> )
fiscal year beginning in)	2002	2001	200	0	199	9	Total
45 Lobbying nontaxable amount							
46 Lobbying ceiling amount (150% of		i de			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Ine 45(e))			<del> </del>	<del></del>			
47 Total lobbying expenditures							
48 Grassroots nontaxable amount		,					
49 Grassroots ceiling amount (150% of	, A		1				
line 48(e))			<del> </del>				
50 Grassroots lobbying expenditures							
	y by Nonelecting	Public Charities	<u>.l</u> .				
	y by organization:			· VI-A	) (See page	11 of th	ne instr) N/A
During the year, did the organization attem					. <u>/ (000 pago</u>	1 0	14/11
attempt to influence public opinion on a leg		_	_	uny	Y	es No	Amount
a Volunteers	islative motion or reser	endeni, unodgii ale e	30 01			1	
b Paid staff or management (include c	ompensation in expens	ses reported on lines.	c through h )				
c Media advertisements	отроноваот и одрон	ses reported on miles	o unought ii )				
a annigo o miemocia, iegiaiatota, Ol	uie Dublic				<u> </u>	_ ;	· [
Publications, or published or broadca	•						
f Grants to other organizations for lobi							-
g Direct contact with legislators their s		aals, or a legislative h	odv			1	
h Rallies, demonstrations, seminars, o	<del>-</del>	*	•				-
ii itames, acmonstratoris, scrimais, c	onventions, speeches.	lectures, or any othe	r means		ľ	ı	
Total lobbying expenditures (add line		lectures, or any othe	r means		-		
	s c through h )	•		ng activ	vities		

	n 990 or 990-EZ) 2002			DOPTION				52-214506		P	age 6
Part VII	Information Reg Exempt Organiza						d Relatio	nships With Noncharit	able		
51 Did the repr							v other orga	nization described in section			
•	e Code (other than sec	-			_	_	-				
	rom the reporting organ			=		-	,	- 9		Yes	No
(ı) Cash									51a(ı)	1.00	X
``	r assets								a(11)		X
<b>b</b> Other trans									4(1.7	$\vdash$	12
	or exchanges of asset	ts with a nor	nchanta	hie exempt ord	anization				b(ı)		X
	nases of assets from a			· · · · · · · · · · · · · · · · · · ·					b(ii)		X
	al of facilities, equipme			ipt organization	•				b(m)		X
	bursement arrangemer								b(iv)		X
	s or loan guarantees								b(v)	<del>                                     </del>	X
	rmance of services or i	membership	or fund	fraising solicita	ations				b(vi)	<del>                                     </del>	X
	acilities, equipment, m			-					C C		X
				-	- •	n (b) s	should alway	ys show the fair market value			
								than fair market value in any			
	or sharing arrangemen							•			
(a)	(b)			(c)	<u> </u>			(d)	-		
Line no	Amount involved	Name o	f noncha	ntable exempt or	roanization		Description of	of transfers transactions and shan	na arranger	menis	
N/A									- g arronger		
							_	<del></del>			
								<del></del>			
	_										
										_	
								-			
	]						•	· - · · · · · · · · · · · · · · · · · ·			
								<del></del>			
							_				
				-							
				· -			-				
2a Is the organ	ization directly or indire	ctly affiliate	d with,	or related to, or	ne or more tax	-exem	pt organizat	tions			
	section 501(c) of the (						-	<b>&gt;</b>	_	es 🛭	No
	nplete the following sch								_	_	
	(a)			(b)				(c)			
	Name of organization			Type of organiz	ation			Description of relationship			
<u> N/A</u>						· ·					
		_									
	<u></u> .			·							
	_ <u></u>	_									
	<del></del>										
	<u>_</u>		_								
	<del></del> -						<u></u>				
		ŀ			I						

4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

2002

Department of the Treasury Internal Revenue Service

► See separate instructions FRANK ADOPTION CENTER,

Attach to your tax return

Attachment Sequence No 67

Identifying number Name(s) shown on return 52-2145062 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I 1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses 24,000 2 Total cost of section 179 property placed in service (see page 2 of the instructions) 2 Threshold cost of section 179 property before reduction in limitation 200,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less enter -0- If married filing separately see pg. 2 of the instr (a) Description of property (b) Cost (business use only 6 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12 13 Note Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property Special depreciation allowance for qualified prop. (other than listed prop.) placed in service during the tax year (see pg. 3 of the instr.) 14 15 Property subject to section 168(f)(1) election (see page 4 of the instructions) 15 16 Other depreciation (including ACRS) (see page 4 of the instructions) 16 3,935 Part III MACRS Depreciation (Do not include listed property ) (See page 4 of the instructions ) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2002 17 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2002 Tax Year Using the General Depreciation System (b) Month and year placed in (d) Recovery (c) Basis for depreciation (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property 5-year property 7-year property С 10-year property 15-year property 20-year property g 25-year property S/L 25 yrs h Residential rental S/L 27 5 yrs ММ property 27 5 yrs MM S/L Nonresidential real MM 39 yrs S/L property MM S/L Section C-Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System عاد دنوع الد S/L b 12-year 12 yrs S/L c 40-year ММ 40 yrs S/L Part IV Summary (see page 6 of the instructions) 21 Listed property. Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. 3,935 22

For assets shown above and placed in service during the current year. enter the portion of the basis attributable to section 263A costs

23

Form 4562 (2002)

### 52-2145062

FRANK ADOPTION CENTER, INC.

	art V 	property use Note For any vehi 24a, 24b, columns	d for enterta	inment, re	ecreati tandard m	on, or illeage ra	amuse te or ded	ement ucting lead	) se expen	JIAT (EI se, compl	epnoi	nes, ce	errain co	omput	ers, ar	nd
Sec	tion A-Dej	preciation and Of	ther Information	1 (Caution	See pag	e 8 of th	ne instru	ctions fo	r limits i	for passe	enger a	utomobi	les)			
<u>24a</u>	Do you ha	ve evidence to supp	ort the business/inv	estment use	claimed?	_,	Yes	No.	24b	If "Yes,	" is the	evidenc	e watten?	<b>&gt;</b>	Yes	No
	(a) pe of prop t vehicles first)	(b) Date placed in service	(c) Business/ Investment use percentage	(d Cost or bas	other		(e) is for depi siness/Inv use or	estment	(f) Recove period	· 1	(g) lethod/ onventio	n	(h) Depreciat deduction		Ele sect	(I) ected on 179 ost
25		depreciation allow		d listed prop	erty plac	ed in se			tax		1				<del>                                     </del>	
	-	used more than t	-					_				25				
26	Property	used more than 5	50% in a qualifie	d business t	ıse (see	page 7	of the in	struction	15)							
	-															
		_	%												<u> </u>	
									ĺ	1						
			%			ــــــــــــــــــــــــــــــــــــــ		<u> </u>	L							
27	Property	used 50% or less	in a qualified bu	isiness use	(see pag	e 7 of t	he instri	ictions)	r			<del></del>			т	
										١.,						
			<del>%</del>			+				S/	<u>L-</u>				∤	
			_							S/I	ı					
28	Add ame	ounts in column (h	\ lines 25 through	ah 27 Enter	horo an	d on line	21 88	ao 1		3/		28			┫	
29		ounts in column (i)		-			e 21, pa	ge i			_	<u> </u>		29	<b></b>	
	rida airik	one in column (i)	, into 20 Enter i				tion on	Use of	Vehicle	e			-	1 23		
Соп	nolete this	section for vehicle	s used by a sole							_	ed oers	on				
	-	ehicles to your emplo	-						•		•		those vehic	cles		
30		siness/investment				1)		b)		(c)		(d)		e)		(f)
	the year	(do not include d	ommuting miles-	-	Veh	cle 1	Veh	icle 2	Veh	icle 3	Ve	hicle 4	Veh	ıcle 5	Vet	ucle 6
	see page	e 2 of the instruction	ons)				ļ									
31	Total co	nmuting miles dri	ven during the ye	ear												
32	Total other	r personal (noncomn	nuting) miles dover	1									1			
33		es daven during ti	he year													
		s 30 through 32					<u> </u>	T		1			-	_	ļ	<del>,</del>
34		vehicle available	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
25		ng off-duty hours?			<u> </u>		<del>                                     </del>	<del>                                     </del>	-	<u> </u>		ł	+	<u> </u>		+
35		vehicle used prim in 5% owner or rel														
36		vehicle available for	•		<del></del>		<u> </u>	<u> </u>		<del>                                     </del>	1		+	<del>                                     </del>		1
<u> </u>	is alloured	VEINCIB AVAIIADIS IOI	Section C-Que	stions for F	molove	re Who	Provid	a Vabuel	oc for l	lee by T	boir E	n pleyes		1	<u> </u>	1
Ans	wer these	questions to deter								•			-			
		han 5% owners o				-					ری.م					
-			<del></del>												Yes	No
37	Do you m	aintain a written polic	y statement that pr	ohibits all per	sonal use	of vehicle	es includ	ing comm	uling by	your emp	loyees?					
38	Do you r	naintain a written i	policy statement	that prohibi	ts perso	nai use	of vehic	les, exce	pt comr	nuting, t	y your	employe	es?			
	See pag	e 8 of the instructi	ons for vehicles	used by cor	porate o	fficers, o	directors	, or 1%	or more	owners						
39	-	reat all use of veh		•												
40		rovide more than				ain infor	mation f	rom you	r emplo	yees abo	out					
		of the vehicles, an														<u> </u>
41		neet the requirem						•				tions)				1
		A		iis res, " 0	o not co	mpiete	Section	B for the	covere	d vehicle	es				<u> </u>	<u> </u>
	art VI	Amortization	<u> </u>			j										
		(-)	i	(b)				(c)		(d	1)	(e Amortiz			(f)	
		(a) Description of costs		Date amo begi				ortizable mount		Co sect		peno percer	d or		ortization this year	for
 42	Amortiza	tion of costs that l	begins dunna vo			e page :			ons)	1 ,,,,		pulcel	<u></u>		, 5001	
					, 24. 100		,									
										<u>L</u> _						
43	Amortiza	tion of costs that I	began before yo	ur 2002 tax	year								43			

Page 2

**Federal Statements** 

5/13/2003 9 40 PM Page 1

FYE 12/31/2002

52-2145062

#### Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations, and Contributions

Description	Cash Contribution	Noncash Contribution		
	\$ 59,882	\$		
TOTAL	\$ 59,882	\$0		

#### Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES			-	
APOSTILE FEES	19,410	19,410		
AUTHENTICATION FEES	13,978	13,978		
COUNTRY SPECIFIC FEES	564,044	564,044		
HOME STUDY	2,090	2,090		
INSURANCE EXPENSE	14,119		14,119	
MARKETING EXPENSE	17,533		17,533	
CHERRY ORCHARD EXPENSE	8,000	8,000		
CONTRIBUTIONS	5,774	5,774		
OFFICE EXPENSE	7,150	5,362	1,788	
OTHER EXPENSE	2,846	2,134	712	
PROFESSIONAL DEVELOPMENT	1,004	753	251	
VISA FEES	45,135	45,135		
AMORTIZATION	5,134		5,134	
TOTAL	\$ 706,217	\$ 666,680	\$ 39,537	\$ 0

#### Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

THE PURPOSE OF THE ORGANIZATION IS TO FACILITATE THE INTERNATIONAL ADOPTION OF ORPHANED CHILDREN BY FAMILIES IN THE UNITED STATES.

### Statement 4 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

AS AN ADOPTION AGENCY WE ARE OFTEN ASKED TO PLACE CHILDREN WITH SPECIAL NEEDS WE ARE ALSO APPROACHED BY FAMILIES WANTING TO ADOPT, HOWEVER, THEY STRUGGLE FINANCIALLY WITH THE COSTS OF THE PROCESS SEVERAL TIMES A YEAR, DEPENDING ON OUR FINANCIAL STATUS AND DEPENDING ON THE CONTRIUTIONS THAT WE HAVE RECEIVED, WE ARE ABLE TO AWARD GRANTS TO DESERVING FAMILIES BASED ON THEIR FINANCIAL NEEDS AND/OR ON THE SPECIAL NEEDS OF THE CHILD THAT THEY

FRANK FRANK ADOPTION CENTER, INC 52-2145062 Fede

**Federal Statements** 

5/13/2003 9 40 PM Page 2

FYE 12/31/2002

## Statement 5 - Form 990, Part III, Line c - Statement of Program Service Accomplishments

ON AN ANNUAL BASIS THIS AGENCY SPONSORS A GROUP OF SCHOOL-AGED ORPHANS FOR A ONE-WEEK VISIT TO OUR AREA THIS VISIT IS CALLED OUR "CHERRY ORCHARD" PROJECT DURING THIS TIME WE ARE ABLE TO MEET THE ORPHANAGE DIRECTOR OF THE CHILDREN WE ARE SPONSORING IF FUNDS ARE AVAILABLE, WE ASK THE DIRECTOR WHAT ARE THE NEEDS FOR HIS/HER PARTICULAR ORPHANAGE AND WILL SPONSOR A DONATION TO THE ORPHANAGE WHICH WE USE FOR THE "CHERRY ORCHARD" EACH YEAR

FRANK FRANK ADOPTION CENTER, INC.
52-2145062 Federal Statements

FYE: 12/31/2002

5/13/2003 9:40 PM

Page 3

# Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description		_						
		Beginning of Year	_	Accum Deprec		End of Year		Accum Deprec
FURNITURE & FIXTURES	<u>ب</u>	1 069		147	٠.	2 470	_	F20
OFFICE EQUIPMENT	ş	1,968	Ģ	141	ş	3,470	Þ	529
_	_	17,273	_	5,315		18,195	_	8,862
TOTAL	\$_	19,241	\$	5,456	\$	21,665	\$_	9,391

# Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year		End of Year
DEPOSITS	\$ 1,400	\$	900
ORGANIZATIONAL COSTS	25,669		25,669
ACCUMULATED AMOTIZATION	 -13,263		-18,397
TOTAL	\$ 13,806	\$	8,172