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 foundation)

OMB No. 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internat Revenue Service and ending

May the IRS discuss this return with the preparer shown above? (see For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

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	CONGRESSIONAL COALITION ON ADDPTION INSTITUTE	54-2035617	Page 2
,Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission		
	The purpose of the CCAI is to focus public attention on the advantages of adoption for the		
	child, the biological parents and the adoptive parents. The CCAI conducts educational		
	activities and provides information both to Congressional offices and outside sources		
_	concerning adoption and adoption-related initiatives in Congress		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		
	the prior Form 990 or 990-EZ? . If "Yes," describe these new services on Schedule O	Yes	X No
2			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	If "Yes," describe these changes on Schedule O	· Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service		
•	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to repgrants and allocations to others, the total expenses, and revenue, if any, for each program service reported	ort the amount o	i by if
4a	(Code) (Expenses \$ 1,026,539 including grants of \$ 0) (Revenue		0)
	Served as an informational and educational resource on adoption issues to policy makers at the		
	local, state and national levels, particularly the Congressional Caucus on Adoption Carried out		
	training/briefing programs for Congressional members and staffers on domestic and international		
	adoption issues. Developed relationships and increased communication with foreign adoption		
	officials involved in adoption policy. Raised public awareness on adoption issues, including		
	creating and maintaining an educational website.		
4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue	•	
	/Code		
			• • • • • • • • • • • • • • • • • • • •
4c	(Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue	:\$	0)
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ -1,026,539 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ► 1,026,539		-

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	v	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1	^	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		<u> </u>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	 		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		Х
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-	-	_X
. •	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	- 10 m	}. '.d	- ()
	VII, VIII, IX, or X as applicable	14.	1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	44.7000 4 0.
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	}	Χ
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	ا . ـ . ا		
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<u>X</u>
Ü	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	- 1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		$\neg \dagger$	<u> </u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV .	15	_	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	_ T	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\rightarrow	Χ
_ <u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) CONGRESSIONAL COALITION ON ADOPTION INSTITUTE 54-2035617 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV. 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV. 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Χ

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Part V

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Fart V.	· ·	<u> </u>		Ш
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b		î fi	
c	Did the organization comply with backup withholding rules for reportable payments to vendors a		 ' `{\\$\\$	**	
	gaming (gambling) winnings to prize winners? .	and reportable	1c	3.23	(L),
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		10	* (. *	, 6,
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	****		. 3
b	If at least one is reported on line 2a, did the organization file all required federal employment ta		2b	.X.£	L.ic
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see insti			, 8	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or				
	over, a financial account in a foreign country (such as a bank account, securities account, or ot	her financial			
	account)?		<u>4a</u>		X
b	If "Yes," enter the name of the foreign country		\	* } {	. 學.
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Final	ancial Account	s 🚉		,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax years.		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to	ransaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and organization solicit any contributions that were not tax deductible?	did the			.,
b	If "Yes," did the organization include with every solicitation an express statement that such conf		<u>6a</u>		X
	gifts were not tax deductible?	iributions or	66		V
7	Organizations that may receive deductible contributions under section 170(c).		6b	(* 4)	X
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	ly for goods	4. 3		
	and services provided to the payor?	.y 101 goodo	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		 -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	h it was	-1-1		
	required to file Form 8282?		. 7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year .	7d		* * 2 G	2
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ber		7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		3-C? 7h	<u>,</u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppor				हें 🧣
	organizations. Did the supporting organization, or a donor advised fund maintained by a spons organization, have excess business holdings at any time during the year?	soring		-Rea	žeidi.
9	Sponsoring organizations maintaining donor advised funds.		8	8x 2 2 2	1178888
a	Did the organization make any taxable distributions under section 4966?		9a		شد
b	Did the organization make a distribution to a donor, donor advisor, or related person?		. 9b		
0	Section 501(c)(7) organizations. Enter	•	· 35	N. I	* *
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			N.
1	Section 501(c)(12) organizations. Enter				``***** 1' ;
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1			17.
	against amounts due or received from them)	11b		- Ž	<u>.</u>
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	8 8 2 1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			f (*,
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			100	*
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report an Schodule C.		13a	St. Mark to	, xx , x * .
L	Note . See the instructions for additional information the organization must report on Schedule C Enter the amount of reserves the organization is required to maintain by the states in which	J.		." ."	, , '
b	the organization is licensed to issue qualified health plans.	135	1.5		'\(\frac{1}{2}\)
^	Enter the amount of reserves on hand	13b			,4,
c 4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	X
ч а b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch	 nedule O	14b	\dashv	<u>^</u>
~_	The second of th		Form	990 /	2011
			COUNT		≟UIIJ.

CONGRESSIONAL COALITION ON ADOPTION INSTITUTE 54-2035617

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Sect	ion A. Governing Body and Management				
		1.	_ [Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u> (길 🌯 🤊		# · ·
	If there are material differences in voting rights among members of the governing body, or		12,7	13.	ж
	if the governing body delegated broad authority to an executive committee or similar		المراجعة المراجعة	A 73	9, & g 2,
	committee, explain in Schedule O				4.2
b	Enter the number of voting members included in line 1a, above, who are independent.	1b (2	3, " ; 5,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with	- T.	£	
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or und				
	supervision of officers, directors, or trustees, or key employees to a management company or o	ther person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint			
	one or more members of the governing body?		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers			
_	stockholders, or persons other than the governing body?	,	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertain	ken durina	1/2	, ,	E 64.
·	the year by the following	iken dunng	3,3	- Brit	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	•	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	o reached	100	_^_	
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (9		V
2004	ion B. Policies (This Section B requests information about policies not required by the li				X
3 e Ci	ion B. Policies (This Section B requests information about policies not required by the li	iterrial Revenue C	oue)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates? .		10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of suc		104		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt	-	406		
44-			10b	-	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the second state of the second seco	ore ming the form?.	11a	X	* ~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		1 T	277, -No.	شديف
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		<u> X</u>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	•	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	IT "Yes,"			
	describe in Schedule O how this was done	•	12c		
13	Did the organization have a written whistleblower policy?	•	13		Χ
14	Did the organization have a written document retention and destruction policy?		14	_X	4 3.70y
15	Did the process for determining compensation of the following persons include a review and app		1	". ·*	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?	153		
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	, ,	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			. **	e Na ra e
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	angement	* *	٠	-
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev		. '	10 8"	34%
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	afeguard	186 /24~	<u> </u>	آديما - ئاس
	the organization's exempt status with respect to such arrangements?	<u> </u>	16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶		. 		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501(c)(3)s	only)	
	available for public inspection. Indicate how you made these available. Check all that apply				
	X Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documen	ts, conflict of interes	t		
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and records of the	Э		
	organization Congressional Coalition on Adoption Institute	202-544-850			
	311 Massachusetts Avenue, Washington, DC 20002				

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Page 7

INSTITUTE Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated Officer Individual trustee or director		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) Jack Gerard	0.00	,								
Chairman	2 00	X	-	X	H	-		0	0	0
(2) Rita Soronen	0.00	,								•
Vice Chairman	2 00	X		Х				0	0	0
(3) Stuart Williams	2.00			х				,	0	0
Treasurer	2 00	^		-			-	0		0
(4) Ralph Boyd, Jr	2 00	v						o	o	0
Director (5) Elmor Detu	2 00	 ^-						<u>_</u>		_
(5) Elmer Doty Director	2 00	x						o	o	0
(6) Wade Horn	2 00	<u> </u>		-	-					
Director	2 00	х						٥ ا	o	0
(7) Kathleen A Strottman										
Executive Director	40 00					Х		o	o	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)	· · · · · · · · · · · · · · · · · · ·									
(14)			-							
		Ь					Щ.			

P	art VI Section A. Officers, Directors, Tr	<u>ustees, Key Er</u>	nplo	yee:	s, a	<u>nd</u>	High	<u>est</u>	Compensated	Employees	(coi	ntinued)	
, -	(A) Name and title	(C) Position (B) (do not check more than or box, unless person is both a officer and a director/truster week						an ee)	(D) Reportable compensation from	(E) Reportable compensatio	on amount of		nted nt of
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	s	compens from t organiza and rela organiza	sation the ation ated
(15)													
(16)													
(17)												· ·	
<u>(18)</u>						:							
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)										-			
(24)													
(25)								-					
1b c	Sub-total Total from continuation sheets to Part VII,	Section A	1	Ļ		I		▶	0		0		0
d	Total (add lines 1b and 1c)	beetien A					•	•	0		-		0
2	Total number of individuals (including but not reportable compensation from the organization) wl	по ге	ceiv	ved more than \$	100,000 of			
												Yes	s No
3	Did the organization list any former officer, did employee on line 1a? <i>If</i> "Yes," <i>complete Sche</i>					yee	, or h	iigh	est compensate	d	[,	3	
4	For any individual listed on line 1a, is the sum					ı an	d oth	er c	compensation fr	nm			1 5. S.
7	the organization and related organizations gre												\$ 0 Aur
	ındıvıdual .						•				ا ا	4	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "									ndıvıdual	[5	X
Sec	tion B. Independent Contractors	ics, complete	00110	duic		0, 0	<u>uon p</u>			··			1~
1	Complete this table for your five highest comp compensation from the organization. Report c year											's tax	
	(A) Name and business add	ress							(B) Description of ser	vices	C	(C) ompensatio	n
													0
													0
													0
								_					<u>0</u> 0
2	Total number of independent contractors (incl	uding but not lir	nited	to t	hos	e lis	ted a	bov	(e) who received	, 		J. W. W.	3,5
_	more than \$100,000 of compensation from the	-	>				0	-		&.	·**, *	No Wy - in	

54-2035617

Par	t VIII	Statement of Revenue						
* * X5000	*	An off s			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	<u>1a</u>	0		ļ	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
ira our	b	Membership dues	1b	0				
S, C	С	Fundraising events	. 1c	4,085				
sift.	d	Related organizations	. 1d	0				
S, C	е	Government grants (contribution	ns) 1e	O				
ioi	f	All other contributions, gifts, gra			12 - 727,	Ti vi		le la tradition de la companya de l La companya de la co
but The		similar amounts not included ab		1,639,530				
ğğ	a	Noncash contributions included in I		0				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		. •	1,643,615			
				Business Code		Can to	- 14 (10)	5 (17 %)
Service Revenue	2a				0			
Şe Se	b				0			
<u> </u>	С				0			
ē	d				0			<u></u>
E	е				0	,		
Program	f	All other program service reven	ue		0	 		-
P	a	Total. Add lines 2a–2f		•	0		1 1 1 1 1 1 1 1 1 1 1	#
	3	Investment income (including di	vidends interes	et and	<u> </u>		****	
	"	other similar amounts).	widends, interes	st, and	0	J		
	4	Income from investment of tax-e	exempt bond or	nceeds >	0	 		
	5	Royalties	skompt bond pr	•	0			-
		· · · · · · · · · · · · · · · · · · ·	(ı) Real	(ii) Personal	, , , , , , , , , , , , , , , , , , , ,	75 4 CA.	. 34 2 2 7 7	5 · 18 12 \$ \$ \$ 12 1
	6a	Gross rents .			* * * ****			
	b	Less rental expenses			3+ m, s			
	C	Rental income or (loss)	(
	d	Net rental income or (loss)		•	0	lander have about an inches in the American	100 200 1 100 100	
	7a	Gross amount from sales of	(i) Securities	(II) Other	,	1 4 4 6 6 5	74.680.59.00	
		assets other than inventory	(0				
	Ь	Less cost or other basis					1 2 3 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		and sales expenses .		ol o				
	С	Gain or (loss)		0				
	d	Net gain or (loss)		•] 0			and the same of th
•	ł	-			·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Other Revenue	8a	Gross income from fundraising				3.43	\$ \$ \$ \$ \$.50	
ē		events (not including \$	0	•				
Re		of contributions reported on line	: 1c)					
e	İ	See Part IV, line 18.	а	0				
뙆	b	Less direct expenses	b	0	2 20 % S			
J	С	Net income or (loss) from fundra	aising events.	•	0	W A		_
	9a	Gross income from gaming activ	vities		× _	, , , ,		ALL WILL
		See Part IV, line 19	а	0				
	b	Less direct expenses	b	0	military man and a same and a same			
	С	Net income or (loss) from gamir	ng activities .	<u>. </u>	0			
	10a	Gross sales of inventory, less			6-2 ~ *	1111	1 7 1 7 2 3	
		returns and allowances	а	0				
	b	Less cost of goods sold	. b	0	<u> </u>			Lilian ex
		Net income or (loss) from sales	of inventory	▶	0	W		
		Miscellaneous Revenue		Business Code	· · · · · · · · · · · · · · · · · · ·		<u> </u>	· I · · · · · · · · · · · · · · · · · ·
	11a				0			
	b				0			
	C				0			
	d	All other revenue	•	L	0		3 . S.	** * ** ** *
	e	Total. Add lines 11a–11d	_		1 642 615	****	· . * \$	
	12_	Total revenue. See instructions	<u> </u>	<u> </u>	1,643,615	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A) but are
not required to complete columns (B), (C), and (D)	

	Check if Schedule O contains a response to any	question in this Pa	art IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	0		7	
2	Grants and other assistance to individuals in the			Average to the first	
_	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members	0			
Ð	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified	0			
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B).	l o			
7	Other salaries and wages .	352,889		35,289	17,644
8	Pension plan accruals and contributions (include	002,000	200,000	00,200	17,044
	section 401(k) and 403(b) employer contributions)	l o			
9	Other employee benefits	0			
10	Payroll taxes	0	 	*	
11	Fees for services (non-employees)				
а	Management	ĺ o			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17.	0	A de Alabora	· 新春·· 李	
f	Investment management fees	0			
g	Other	0			·
12	Advertising and promotion	0			
13	Office expenses .	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel .	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	۸ ا			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,879	0	2,879	0
23	Insurance	0			<u>_</u>
24	Other expenses Itemize expenses not covered	Landa Ana			(被数据) "推广电讯
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	2			
а	General and Administrative	175,190		175,190	
b	Programs	726,583			
С	Fundraising and Marketing	6,630			6,630
d					
е	All other expenses Miscellaneous	4,758		4,758	
25	Total functional expenses. Add lines 1 through 24e	1,268,929	1,026,539	218,116	24,274
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720) if		i		
	ionowing oor so-z (Aoo ooo-rzo)	L	L		

Balance Sheet

(A) (B) Beginning of year End of year Cash-non-interest-bearing. 1 2 Savings and temporary cash investments 240.839 2 577.326 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 0 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 6 Notes and loans receivable, net 0 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 57,129 b Less accumulated depreciation 10b 53.637 6.371 10c 3.492 11 Investments—publicly traded securities . 0 11 Investments—other securities See Part IV, line 11 ol 12 12 0 Investments-program-related See Part IV, line 11 0 13 13 0 0 14 14 Intangible assets 15 Other assets See Part IV, line 11 4,275 15 6,241 16 Total assets. Add lines 1 through 15 (must equal line 34) 251,559 16 587,059 17 Accounts payable and accrued expenses 120.660 17 92,657 18 Grants payable Deferred revenue. 19 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 0 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 120,660 26 92.657 Organizations that follow SFAS 117, check here ► X and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. -178,131 27 27 357,165 28 309.030 Temporarily restricted net assets 28 137,237 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ Net Assets or and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 130,899 33 494,402 33 251,559 34 587,059 Total liabilities and net assets/fund balances

orm 9	990 (2011) CONGRESSIONAL COALITION ON ADOPTION INSTITUTE	54-20	035617	Pag	e 12
Part	XI Reconciliation of Net Assets				—
•	Check if Schedule O contains a response to any question in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	اما			045
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,643	
3	Revenue less expenses Subtract line 2 from line 1	3		1,268	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>,686</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,899 193
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	-		-11	<u>,183</u>
Ü	column (B))	6		404	,402
Part		_ 0		_+34	,402
are	Check if Schedule O contains a response to any question in this Part XII			ſ	\neg
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		2.4.5	27,17	3 . "
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				المنظ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a	Х	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain it	1		1.8	ξ. :
	Schedule O				
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		3.00 (A)		
	issued on a separate basis, consolidated basis, or both		1 6		
	Separate basis X Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			Ī	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2011

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

s. Inspection
Employer identification number

JON	JKE	SSIONAL CO	<u>JALITION ON AI</u>	DOPTION INSTITUTE			_			54-20	<u> 13561</u> 7						
Par	_			arity Status (All org						struction	าร						
	rgar		-	ation because it is. (Fo		_		-									
1	닏			rches, or association of			ed in sec	tion 170	(b)(1)(A)(i).							
2	Щ	A school de	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sche	dule E)											
3	Ш	A hospital or	r a cooperative h	nospital service organi	zation des	cribed in	section	170(b)(1)	(A)(iii).								
4			esearch organiza ame, city, and sta	ation operated in conju ate	inction wit	h a hospi	tal descri	bed ın se	ection 170	(b)(1)(A)	(iii). En	ter the					
5		•	•	r the benefit of a collect (Complete Part II)	ge or unive	ersity owr	ned or op	erated by	a governi	mental ur	nit desc	rıbed					
6		A federal, st	ate, or local gov	ernment or governme	ntal unit de	escribed i	n sectio i	n 170(b)(1)(A)(v).								
7		_		n that normally receives a substantial part of its support from a governmental unit or from the general public ection 170(b)(1)(A)(vi). (Complete Part II.) rust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
8		A communit	y trust described														
9	X	An organiza receipts from support from	tion that normall n activities relate n gross investme	n that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its cross investment income and unrelated business taxable income (less section 511 tax) from businesses a organization after June 30, 1975 See section 509(a)(2). (Complete Part III)													
10		An organiza	tion organized a	nd operated exclusive	ly to test f	or public	safety S	ee sect io	n 509(a)(4).							
11 e		purposes of 509(a)(3). C a Type By checking persons other	one or more pul heck the box tha e I b this box, I certif	nd operated exclusive blicly supported organ at describes the type of Type II crysthat the organization managers and other crysthat the organization or managers and other crysthat the crysthat the organization managers and other crysthat the crysthat the crysthat the crysthat crysthat the crysthat c	izations de of supporting Type on is not cor	escribed ing organi III–Funct ntrolled di	in section zation an tionally in frectly or	509(a)(1 d comple tegrated indirectly) or section te lines 1° by one or	on 509(a) 1e throug d	(2) See h 11h. ype III- qualifie	e secti -Other d					
f				a written determinatior	n from the	IRS that	ıtıs a Tvr	ne I Tyne	II or Tyn	e III sunn	ortina						
•		_	, check this box		i iioiii uie	ii (O tiiat		oe i, i ype	ii, oi iyp	e iii supp	·						
g		-		the organization acce	pted any g	uft or con	tribution t	from any	of the		·	•					
		following pe		-													
				or indirectly controls,				persons	described	ın (ıı)		Yes	No				
			•	verning body of the su		_	n?	•	•	•	11g(i)						
			•	person described in (i) by of a person describe	•		.2				11g(ii)						
h		• •		ation about the suppor				•	•	•	11g(iii)	L					
		of supported	(ii) EiN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the or in col (i) is governing o	rganization ted in your	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat	zed in the	1 ') Amoun support	t of				
				(coc mea comon,	Yes	No	Yes	No	Yes	No	1						
(A)																	
					 				ļ		ļ		0				
(B)													0				
(C)													0				
(D)						<u> </u>	-						0				
(E) 													0				
Total]				. 4	, , ,							0				

instructions.

						<u> </u>	· rage 🖚
Par		tions Describ	ed in Sectio	ns 170(b)(1)(A)(iv) and 17	70(b)(1)(A)(vi	
•	(Complete only if you checked the						under
	Part III If the organization fails to	<u>qualify under t</u>	he tests liste	d below, plea	se complete l	Part III)	
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and					i	
	membership fees received (Do not						
	include any "unusual grants ")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf .			· · · · · ·			0
3	The value of services or facilities						
	furnished by a governmental unit to the	1					
	organization without charge					L	0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2%	`					
	of the amount shown on line 11,		(. t : () ()				
•	column (f)	*					
6	Public support. Subtract line 5 from line 4 ion B. Total Support	3. 384			**************************************		0
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Tatal
							(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends,	0	0	0	0	0	0
0	payments received on securities loans,		,				
	rents, royalties and income from similar				•		
	sources						0
9	Net income from unrelated business						0
•	activities, whether or not the business is						
	regularly carried on .						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						0
11	Total support. Add lines 7 through 10	\	₹ \$ 4 4.3	T LIGHT			0
12	Gross receipts from related activities, etc. (s	see instructions				12	
13	First five years. If the Form 990 is for the o			rd, fourth, or fif	th tax year as)(3)
	organization, check this box and stop here						ÎÌ
Sect	ion C. Computation of Public Support	Percentage		 .			
14	Public support percentage for 2011 (line 6,		ed by line 11,	column (f)) .		14	0 00%
15	Public support percentage from 2010 Sched	, ,	•	.,,		15	0.00%
16a	33 1/3% support test-2011. If the organiz	ation did not ch	eck the box or	n line 13, and li	ne 14 is 33 1/3	% or more, che	
	and stop here. The organization qualifies a	s a publicly sup	ported organiz	ation .	•		▶□
b	33 1/3% support test-2010. If the organiz	ation did not ch	eck a box on li	ine 13 or 16a, a	and line 15 is 3	33 1/3% or more	e, check this
	box and stop here. The organization qualifi	es as a publicly	supported org	janization			▶□
17a	10%-facts-and-circumstances test—2011	. If the organiza	ation did not ch	eck a box on l	ine 13, 16a, or	16b, and line 1	4
	is 10% or more, and if the organization mee	ts the "facts-an	d-circumstanc	es" test, check	this box and s	top here. Expl	ain ın
	Part IV how the organization meets the "fac	ts-and-circumst	ances" test Ti	ne organizatior	n qualifies as a	publicly suppo	rted
	organization					· · ·	. ▶□
b	10%-facts-and-circumstances test-2010	. If the organiza	ation did not ch	ieck a box on li	ine 13, 16a, 16	b, or 17a, and	ine
	15 is 10% or more, and if the organization in	neets the "facts	-and-circumsta	ances" test, che	eck this box an	d stop here . E	xplain in
	Part IV how the organization meets the "fac	ts-and-circumst	ances" test. Ti	ne organizatior	n qualifies as a	publicly	-
	supported organization .					•	. ▶[_]
18	Private foundation. If the organization did	not check a box	on line 13, 16	a, 16b, 17a, or	17b, check th	is box and see	

20

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

	if the organization fails to quality ur	ider the tests	listed below,	please comp	ete Part II)		
	tion A. Public Support	(, , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,179,750	653,201	1,039,081	1,012,598	1,643,616	5,528,246
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	1,179,750	653,201	1,039,081	1,012,598	1,643,616	5,528,246
7a	Amounts included on lines 1, 2, and 3	1,170,700	000,201	1,000,001	1,012,000	1,010,010	0,020,240
-	received from disqualified persons						. 0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	ŀ				İ	
	amount on line 13 for the year				0		0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						5,528,246
Sec	tion B. Total Support					_	<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	1,179,750	653,201	1,039,081	1,012,598	1,643,616	5,528,246
10a	Gross income from interest, dividends,	1,170,700	000,201	1,000,001	1,012,000	1,040,010	0,020,240
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975						0
	Add lines 10a and 10b Net income from unrelated business	0	0	0	0	0	0
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	1,179,750	653,201	1,039,081	1,012,598	1,643,616	5,528,2 <u>46</u>
14	First five years. If the Form 990 is for the organization						5,526,240
	organization, check this box and stop here		ina, ama, rourar,	or mar tax your a			▶ _
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2011 (line 8, column	• •	e 13, column (f))			15	100.00%
16	Public support percentage from 2010 Schedule A,					_16	100 00%
	tion D. Computation of Investment Inco					47	0.00%
17	investment income percentage for 2011 (line 10c,			ımn (t))	}	17	0 00%
18	Investment income percentage from 2010 Schedul 33 1/3% support tests—2011. If the organization			and line 15 is	ro than 33 1/30/		0 00%
19a	not more than 33 1/3%, check this box and stop h						► X
b	33 1/3% support tests—2010. If the organization	_					- [∆]
~	line 18 is not more than 33 1/3%, check this box as						▶□

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

	990 or 990-EZ) 2011	CONGRESSIO	NAL COALITION	ON ADOPTION	INSTITUTE	54-2035617	Page 4
Part IV	Part II, line 17a	Information. Co	omplete this par	t to provide the	e explanations re	quired by Part II, line	≥ 10,
	instructions)						
	• • • • • • • • • • • • • • • • • • • •						
	• • • • • • • • • • • • • • • • • • • •						
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a,

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Employer identification number CONGRESSIONAL COALITION ON ADOPTION INSTITUTE 54-2035617 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements b 2b Number of conservation easements on a certified historic structure included in (a). 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2011			Page J
Part VII Investments—Other Securitie	es. See Form 990, Part X,	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v. Cost or end-of-year	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other	0		
(A)	0		
(B)	0		
(C)	0		<u>.</u>
(D)	0		
(E)	0		
(F)	0		
(G)	0		
(H)	0		
(1)	0		Two at 2 Art 182 - March 2 and 1
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	0 0 0 5 5 5 5 7 7 9 9 9 9 9 9 9	000 AMM AM (MA . 100 A	* \$ 1 % You !!!
Part VIII Investments—Program Relat (a) Description of investment type	(b) Book value	, line 13 (c) Method of vi	aluation
		Cost or end-of-year	market value
(1)	.0	· · · · · · · · · · · · · · · · · · ·	
(2)	0		··· ·
(3)	0		
(4)	0		
(5) (6)	0		
(7)	0		
(8)	0		
(9)	0		
(10)	0	· · · · · · · · · · · · · · · · · · ·	
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	0	THE RESIDENCE OF B	
Part IX Other Assets. See Form 990,	Part X, line 15		
	a) Description		(b) Book value
(1)			0
(2)			0
(3)			0
(4)			0
(5)			0
(6)			0
			0
			0
(9)			0
(10)	ant (D) two 45)		0
Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 99			0
	(b) Book value		i (2 to large and the first color
(a) Description of liability (1) Federal income taxes	(b) Book value		
(2)	0		
(3)	<u> </u>		
(4)	0		
(5)	0		
(6)	0		
(7)	0		
(8)	0		
(9)	0		
(10)	0		
(11)	0		
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	0		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

	ule D (Form 990) 2011				Page 4
Par		Audit	ed Financial	Statement	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,643,615
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,268,929
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	374,686
4	Net unrealized gains (losses) on investments .			4	
5	Donated services and use of facilities		•	5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net). Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines	s 3 an	d 9	10	374,686
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements			1	1,643,615
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments .	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants .	2c			
d	Other (Describe in Part XIV.)	2d		134	
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	1,643,615
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
_ C	Add lines 4a and 4b			. <u>4c</u>	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		· · ·	5	1,643,615
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expense	s per Retui	
1	Total expenses and losses per audited financial statements			1	1,268,929
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 .	1		
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV)	_2d	I	1,2,7,2,5	_
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	1		3	1,268,929
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			12.00	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV) Add lines 4a and 4b	_4b_	<u> </u>		•
C E		2 1		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	· · ·	<u></u> :	5	1,268,929
Com and 2	Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Pa part to provide any additional information				
		• • • • • • •			

CONGRESSIONAL COALITION ON ADOPTION INSTITUTE 54-2035617 Schedule D (Form 990) 2011 Page 5 Supplemental Information (continued)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Name of the organization

Attach to Form 990 or 990-EZ.

Open to Public Inspection

CONGRESSIONAL COALITION ON ADOPTION INSTITUTE	54-2035617
SONORESOIONE SOREMON ON ADOF HON INSTITUTE	UT-2U30011
Form 990 Line 5 Net assets overstated in prior year	
Form 990 Part VI Line 11 Board provided a draft copy of tax return for review prior to filing	
the amended return	
Form 990 Part III Line 4d Expenses applied toward organization mission	
Form 990 Part VI Section C Line 19 The organization makes available upon request its governi	ng
documents, conflict of interest statements. Further, the organization has its required public	·····
disclosures on the following website www Guidestar org	

Scriedule O (Form 990 of 990-EZ) (2011)		Page Z
Name of the organization	Employer identification number	
CONGRESSIONAL COALITION ON ADOPTION INSTITUTE	54-2035617	
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Schedule O (Form 990 or 990-EZ) (2011)

Form

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 179

		ess or activity to which	this form relates			DCI	
			470		54-2035617		
		e Part V before you co	omplete Part I			т.	
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					•		
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	tract line 4 from li	ne 1 If zero or less,	, enter -0- If marrie	ed filing		1 _	
	coal depreciation allowance for qualified property (other than listed property) placed in service ing the tax year (see instructions) in the tax year (see i						
6 (a) Description of	r property		(b) Cost (business use	only)	(c) Elected co	<u>st</u>	
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					roperty.) (See	Instruc	tions)
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	•		•	•	•		
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		do listed proportiv	\ /See instruction			16	
Part III MACRS Depreciation	חל וויכועי		(See instruction	15.)			
47 MACDO deductions for secrets al			1 6 0044		· - · · · · · · · · · · · · · · · · · ·	T 4= T	
	aced in service in	tay veare beginning	n hotoro 2011			1771	1 220
				more	•	17	1,339
18 If you are electing to group any a	issets placed in s			more		17	1,339
18 If you are electing to group any a general asset accounts, check he	ere	ervice during the tax	x year into one or r		▶ □		1,339
18 If you are electing to group any a general asset accounts, check he	essets placed in serves Placed in Serv	ervice during the tax ice During 2011 Ta	x year into one or r		► reciation Syste		1,339
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Form	4562 (2011)				CONG	RESSIC	NAL C	OALIT	ION ON	I ADOP	TION I	NSTITU	JTE	5617	Page 2
Part		Property (In	nclude automol	biles, c										for	
•			eation, or amus					•		•		•	•		
			e for which you a		,	tandard	mileage	e rate d	or dedu	cting lea	ase exi	pense,	comple	te	
	only 24	a, 24b, colun	nns (a) through (c) of Se	ection A	, all of S	Section	B, and	l Section	n C ıf a _l	oplicab	le			
	Section A—	Depreciation	and Other Info	rmatio	n (Cau	tion: Se	e the in	structi	ons for	lımıts fo	r pass	enger a	utomot	oles)	
24a	Do you have evidenc	e to support the	business/investmen	t use cla	ımed?	Yes	No	2	4b If "\	∕es." ıs t	he evidi	ence wri	tten?	Yes	No
				T .			<u> </u>	- -	(6)						
	(a)	(b)	(c) Business/	l '	d)	Basis for	(e) depreciation	on _	(f)	1	g) 5 a d /	1	h)	(i	-
	Type of property (list vehicles first)	Date placed in service	investment use percentage	Cost or o	ther basis		s/ investme e only)	'''	ecovery period		hod/ ention	, ,	eciation action	Elected se	
25	Special depreciat		<u> </u>	ted pro	nerty ni:					1 00.11		deal	201011		- 15 Km
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27		% or less in a	 		<u> </u>	_				<u> </u>			1,0 .0	L	
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28	Add amounts in c	olumn (h), lın	es 25 through 2	7 Ente	r here a	and on li	ne 21, p	page 1			28		1,540		
29	Add amounts in o	olumn (ı), lıne	26 Enter here	and on	line 7,	page 1		Ū				•	29		0
			Sect	ion B–	-inform	ation o	n Use c	of Veh	icles						
Comp	olete this section for v	ehicles used b	y a sole proprietor	, partne	r, or othe	r "more :	than 5%	owner,	or relat	ed perso	n If yo	u provide	ed vehic	les to	
your e	employees, first answ	er the question	is in Section C to s	see if yo	u meet a	an excep	tion to co	mpletir	ng this se	ection fo	r those	vehicles			
				(a)	(I	b)		(c)	(d)	(e)	(f)
30	Total business/inve	stment miles d	riven during	Veh	icle 1	Vehi	Vehicle 2		Vehicle 3 Ve		ehicle 4 Vehi		icle 5	cle 5 Vehicle	
	the year (do not include commuting miles)												····		
31	Total commuting m	iles driven duri	ng the year							<u> </u>					
32	Total other persona	l (noncommutii	ng)					1							
	miles driven														
33	Total miles driven d	luring the year								1					
	Add lines 30 throug	h 32					,			ļ		ļ			
34	Was the vehicle av	ailable for perso	onal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hour						ļ			ļ					
35	Was the vehicle us		a more than												
	5% owner or related	-							-	 		ļ			
36	Is another vehicle a			<u></u>			<u>. </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>			
			Questions for E							-		-			
	ver these questions		•				ng Secti	on B to	or vehic	les use	d by en	nployee	es who		
	not more than 5% o			_			a boolean o							V	
31	Do you maintain a		atement that pron	ibits all	personai	use of v	enicies, i	nciuain	g comm	uting,				Yes	No
20	by your employees					a af uahi	alaa aya	ont oor	nmutina	bu vara	omnles				
38	Do you maintain a		•						mmuting,	by your	employ	ees '			
20	See the instructions Do you treat all use					, OI 176 C	or more c	wiieis							
39 40	Do you provide mor	-				ormation	from vo	ur amn	lovees a	hout					
40	the use of the vehic			•	blain iii	omation	nom yo	ui cirip	loyees a	bout					
41					ule demo	netratio	n use? (9	See inst	ructions	`					
41	Note: If your answe													, 35 e	
Part			, ,0,0,,0 .00,											7 James 40	· · · · · · · · · · · · · · · · · · ·
- ait	Amort	(a)		F	(b)		(c)		T -	d)		(e)		(n
	Doser	iption of costs		Date	mortizatio	.n Am	ortizable a	amount	1 .	section		Amortization		Amortization	
	Descr	ipiion oi costs			imonizatio Degins	/'' AM	IUI LIZADIC (amoulit	Code	3CCIIUII		period or percentag		, and uzaudi	uno yeal
42	Amortization of c	nsts that hear	ns during your 2	L		see insti	ructions	.)	۰ـــــــــــــــــــــــــــــــــــــ		<u> </u>				
	ATTORIZED OF O	ooto alat begi	daring your z		. Jour (300000		Τ'		l				
						+			 						
	Amortization of c	osts that hea	an before your 2	011 tax	vear						·		43		
44	Total Add amou	_	•		-	Noro to -	onort	•	•	•		-	44		

Form 4562 Statement - 990

12/31/2011

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con- vention Code	Pnor Accum Deprec , 179. Bonus	2011 Deprec	2011 Áccum Deprec
	FURNITURE	1/7/2004	F-11	100 00%	1,157	0	0	579	0	578	7	200DB	HY	1,133	24	1,157
	FURNITURE	2/23/2004	F-11	100 00%	749	ō	ō	375	Ö	374		200DB	HY	731	17	748
)	COMPUTER/PERIPHERA	4/20/2006	F-6	100 00%	2,267	0	0	0	O	2,267	5	200DB	HY	2,135	131	2,26
0	COMPUTER/PERIPHER/	5/10/2006	F-6	100 00%	1,263	0	0	0	0	1,263	5	200DB	HY	1,189	73	1,26
1	COMPUTER/PERIPHERA	5/23/2006	F-5	100 00%	1,081	0	0	0	O	1,081	5	200DB	HY	1,020	61	1,08
2	COMPUTER/PERIPHERA	10/13/2006	F-5	100 00%	1,473	0	0	0	O	1,473	5	200DB	HY	1,389	84	1,47
3	COMPUTER/PERIPHERA	11/17/2006	F-6	100 00%	3,328	0	0	0	C	3,328	5	200DB	HY	3,136	192	3,32
9	FURNITURE	3/7/2007	F-11	100 00%	2,311	0	0	0	0	2,311	7	200DB	HY	1,589	206	1,79
0:	FURNITURE	3/7/2007	F-11	100 00%	1,000	0	0	0	0	1,000	7	200DB	HY	688	89	77
4	Furniture	12/31/2008	F-11	100 00%	6,569	0	0	3,285	0	3,284	7	200DB	MQ4	4,953	462	5,41
.iste	ed Property															
.ısted	property with more than	50% busines	s use (Line 25 and	26)											
4	COMPUTER/PERIPHER/		F-4	100 00%	783	0	0	0	0	783	5	200DB	HY	648	90	73
15	COMPUTER/PERIPHER/	7/12/2007	F-4	100 00%	1,447	0	0	0	0	1,447	5	200DB	HY	1,197	167	1,36
6	COMPUTER/PERIPHER/	7/1/2007	F-4	100 00%	1,450	0	0	0	0	1,450	5	200DB	HY	1,199	167	1,36
7	COMPUTER/PERIPHER/	7/23/2007	F-4	100 00%	2,676	0	0	0	0	2,676	5	200DB	HY	2,213	308	2,52
8	COMPUTER/PERIPHER/	10/23/2007	F-4	100 00%	1,426	0	0	0	0	1,426	5	200DB	HY	1,179	164	1,34
21	Computer/Periphials	4/8/2008	F-4	100 00%	1,623	0	0	812	0	811	5	200DB	MQ2	1,404	92	1,49
22	Computer/Periphials	4/17/2008	F-4	100 00%	1,601	0	0	801	0	800	5	200DB	MQ2	1,385	91	1,47
23	Computer/Periphials	5/21/2008	F-4	100 00%	5,033	0	0	2,517	0	2,516	5	200DB	MQ2	4,354	286	4,64
25	Computer/Periphials	7/23/2009	F-8	100 00%	2,000	0	0	1,000	O	1,000	7	200DB	HY	1,388	175	1,56
	Total listed prop with > 509	% business us	se		18,039	0	0	5,130		12,909				14,967	1,540	16,50
	Subtotal Listed Pro	pertv			18,039	0	0	5,130		12,909	-			14,967	1,540	16,50