

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)

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

OMB No. 1545-0047

2011**Open to Public
Inspection****A For the 2011 calendar year, or tax year beginning****, and ending****B Check if applicable:**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

CONGRESSIONAL COALITION ON ADOPTION INST

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

311 MASSACHUSETTS AVE.

City or town, state or country, and ZIP + 4

WASHINGTON

DC

20002

F Name and address of principal officer:

STUART WILLIAMS 311 MASSACHUSETTS AVENUE, WASHINGTON

D Employer identification number

54-2035617

E Telephone number

(201) 544-8500

G Gross receipts \$

1,643,616

H(a) Is this a group return for affiliates?☐ Yes ☒ No**H(b) Are all affiliates included?**☒ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status:☒ 501(c)(3)☐ 501(c)

()

(insert no.)

☐ 4947(a)(1) or☐ 527**J Website: ▶ WWW.CCAINSTITUTE.ORG****H(c) Group exemption number ▶****K Form of organization:**☒ Corporation☐ Trust☐ Association☐ Other ▶**L Year of formation:** 2001**M State of legal domicile:** VA**Part I Summary**

| | | | | |
|-----------------------------|--|---|---|--------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: | 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 for Congressional offices on adoption and adoption-related initiatives in Congress to help bring about good policy. | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 6 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 6 |
| | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 0 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,012,598 | 1,643,616 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,012,598 | 1,643,616 |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 348,254 | 352,889 |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b | | Total fundraising expenses (Part IX, column (D), line 25) ▶ | 0 | |
| 17 | | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 635,780 | 913,161 |
| Net Assets or Fund Balances | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 984,034 | 1,266,050 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 28,564 | 377,566 |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 251,559 | 588,951 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 120,660 | 92,657 |
| | | | 130,899 | 496,294 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

KATHLEEN STROTTMAN

Type or print name and title

EXECUTIVE DIRECTOR

11/14/12

Date

Paid Preparer Use Only

Print/Type preparer's name

WALTER FERGUSON

Preparer's signature

WALTER FERGUSON

Date

11/14/2012

Check ☐ if self-employed

PTIN

P00080830

Firm's name ▶ FERGUSON'S ACCOUNTING SERVICES, INC.

Firm's EIN ▶ 54-1930216

Firm's address ▶ 4200 MAYPORT LANE, FAIRFAX, VA 22033

Phone no. (703) 378-0397

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990** (2011)