

**Short Form
Return of Organization Exempt From Income Tax**

2008

**Open to Public
Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning _____, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CONGRESSIONAL COALITION ON ADOPTION INSTITUTE		D Employer identification number 54-2035617
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 311 MASSACHUSETTS AVE.		E Telephone number
		City, town, or country State ZIP + 4 WASHINGTON DC 20002	F Group Exemption Number. ▶	

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

G Accounting method: Cash Accrual
Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.CCAINSTITUTE.ORG

J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 653,201

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received						652,469																				
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income							732																			
	5a	Gross amount from sale of assets other than inventory					0																					
	5b	Less: cost or other basis and sales expenses					0																					
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)							0																			
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)					0																					
	6b	Less: direct expenses other than fundraising expenses					0																					
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							0																				
7a	Gross sales of inventory, less returns and allowances																											
7b	Less: cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe ▶)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							653,201																				
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits							337,801																			
	13	Professional fees and other payments to independent contractors							50,967																			
	14	Occupancy, rent, utilities, and maintenance							51,600																			
	15	Printing, publications, postage, and shipping							22,319																			
	16	Other expenses (describe ▶ See attached statement)							514,897																			
	17	Total expenses. Add lines 10 through 16							977,584																			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						-324,383																				
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						271,888																				
	20	Other changes in net assets or fund balances (attach explanation)						356																				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20						-52,139																				

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	335,798	69,817
23	Land and buildings		
24	Other assets (describe ▶ See attached statement)	53,543	25,497
25	Total assets	389,341	95,314
26	Total liabilities (describe ▶ See attached statement)	117,453	147,453
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	271,888	-52,139

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? <u>Represent interest of children through adoption.</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	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 Congress members and staffers on domestic and international adoption issues. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 711,984
29	 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 0
30	 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0
32	Total program service expenses. (add lines 28a through 31a)	32 711,984

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>Mary Landrieu</u> Str <u>311 Mass Ave. NE</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20002</u>	Title <u>Chair</u> Hr/WK <u>3.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Norm Coleman</u> Str <u>311 Mass Ave. NE</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20002</u>	Title <u>Co-chair</u> Hr/WK <u>3.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jim Oberstar</u> Str <u>311 Mass Ave. NE</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20002</u>	Title <u>Director</u> Hr/WK <u>3.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Ginny Brown-Waite</u> Str <u>311 Mass Ave. NE</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20002</u>	Title <u>Director</u> Hr/WK <u>3.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Cheryl Clarke</u> Str <u>311 Mass Ave. NE</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20002</u>	Title <u>Director</u> Hr/WK <u>3.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jack Gerard</u> Str <u>311 Mass Ave. NE</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20002</u>	Title <u>Director</u> Hr/WK <u>3.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Wade Horn</u> Str <u>311 Mass Ave. NE</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20002</u>	Title <u>Director</u> Hr/WK <u>3.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Paul Singer</u> Str <u>311 Mass Ave. NE</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20002</u>	Title <u>Director</u> Hr/WK <u>3.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Rita Soronen</u> Str <u>311 Mass Ave. NE</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20002</u>	Title <u>Director</u> Hr/WK <u>3.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Stuart Williams</u> Str <u>311 Mass Ave. NE</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20002</u>	Title <u>Treasurer</u> Hr/WK <u>3.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.
- 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
- 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.
 - a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?
 - b If "Yes," has it filed a tax return on Form 990-T for this year?
- 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.
- 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
 - b Did the organization file Form 1120-POL for this year?
- 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?
 - b If "Yes," complete Schedule L, Part II and enter the total amount involved.
- 39 Section 501(c)(7) organizations. Enter:
 - a Initiation fees and capital contributions included on line 9.
 - b Gross receipts, included on line 9, for public use of club facilities.
- 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955.
 - b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.
 - c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
 - d Enter amount of tax on line 40c reimbursed by the organization.
 - e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.
- 41 List the states with which a copy of this return is filed.
- 42 a The books are in care of Name Congressional Coalition on Adoption Institute Telephone no. 202-544-8500 Located at 311 Massachusetts Avenue City Washington ST DC ZIP + 4 20002
 - b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
 - c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.
- 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.
- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37a		
37b		X
38a		X
38b		0
39a		
39b		
40b		X
40c		
40d		
40e		X

	Yes	No
42b		X
42c		X

43 and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

	Yes	No
44		X
45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

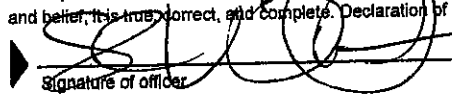
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK	.00	0	0
Name Str City ST ZIP	Title Hr/WK	.00	0	0
Name Str City ST ZIP	Title Hr/WK	.00	0	0
Name Str City ST ZIP	Title Hr/WK	.00	0	0
Name Str City ST ZIP	Title Hr/WK	.00	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 ▶		0

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, this return 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:  Date: 9/11/09
 Name: STUART WILLIAMS Title: TREASURER

Paid Preparer's Use Only

Preparer's signature: WALTER FERGUSON Date: 8/20/2009 Check if self-employed: Preparer's Identifying Number (See instructions): P00080830
 Firm's name (or yours if self-employed), address, and ZIP +4: FERGUSON'S ACCOUNTING SERVICES, INC. EIN: 54-1930216
 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

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return CONGRESSIONAL COALITION ON ADOPTIO	Business or activity to which this form relates 990EZ	Identifying number 54-2035617
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions).	2	14,826
3 Threshold cost of section 179 property before reduction in limitation (see instructions).	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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		8 0
9 Tentative deduction. Enter the smaller of line 5 or line 8		9 0
10 Carryover of disallowed deduction from line 13 of your 2007 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 0
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶ 13		13 0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	3,285
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	3,514
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		3,284	7	MQ	200DB	117
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	7,652
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	14,568
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23		

For Paperwork Reduction Act Notice, see separate instructions.
(HTA)

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles). 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2008 tax year (see instructions): 43 Amortization of costs that began before your 2008 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number

CONGRESSIONAL COALITION ON ADOPTION INSTITUTE

54-2035617

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and 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	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total Add lines 1-3	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, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0			0
9 Net income from unrelated business 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	0	0			0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,200,937	818,009	960,776	1,179,750	653,201	4,812,673
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
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	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	1,200,937	818,009	960,776	1,179,750	653,201	4,812,673
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0	0	0	0	0	0
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						4,812,673

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	1,200,937	818,009	960,776	1,179,750	653,201	4,812,673
10a Gross income from interest, dividends, 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
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business 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	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						4,812,673
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

- 19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

CONGRESSIONAL COALITION ON ADOPTION INSTITUTE

54-2035617

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

(HTA)

Name of organization **CONGRESSIONAL COALITION ON ADOPTION INSTITUTE** Employer identification number **54-2035617**

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Annie E. Casey Foreign State or Province: Foreign Country:	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Casey Family Programs Foreign State or Province: Foreign Country:	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Chevron Texaco Foreign State or Province: Foreign Country:	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Cruise Industry Charitable Foundation Foreign State or Province: Foreign Country:	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Dave Thomas Foundation for Adoption Foreign State or Province: Foreign Country:	\$ 117,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Fluor Corporation Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CONGRESSIONAL COALITION ON ADOPTION INSTITUTE

54-2035617

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Freddie Mac Foundation Foreign State or Province: Foreign Country:	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Occidental International Corporation Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Singer, Paul & Teri Foreign State or Province: Foreign Country:	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	Supervalu Foundation Foreign State or Province: Foreign Country:	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Textron Foreign State or Province: Foreign Country:	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	 Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CONGRESSIONAL COALITION ON ADOPTION INSTITUTE** Employer identification number **54-2035617**

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>1</u>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>2</u>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>3</u>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>4</u>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

Name of organization **CONGRESSIONAL COALITION ON ADOPTION INSTITUTE** Employer identification number **54-2035617**

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>5</u>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
..... For. Prov. Country		
<u>6</u>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
..... For. Prov. Country		
<u>7</u>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
..... For. Prov. Country		
<u>8</u>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
..... For. Prov. Country		

Name of organization CONGRESSIONAL COALITION ON ADOPTION INSTITUTE	Employer identification number 54-2035617
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
9

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
10

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
11

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
For. Prov. Country	

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	647,510
2	NonCash contributions	2	4,959
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	652,469

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	732
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	732

Part I, Line 16 (990-EZ) - Other Expenses

514,897

1	Travel, Meals and Entertainment	1a	13,854
	a Travel	1b	
	b Total meals and entertainment	2	
2	Fundraising	3	
3	From Form 4562 - Amortization	4	
4	Conferences, conventions, and meetings	5	7,153
5	Depreciation, depletion, etc.	6	3,821
6	Equipment rental and maintenance	7	1,337
7	Interest	8	5,073
8	Supplies	9	10,380
9	Telephone	10	0
10	Unrelated business income taxes	11	525
11	Advisory council	12	27,797
12	Audio Visual	13	725
13	Awards	14	1,934
14	Bank service charges	15	353
15	Building supplies	16	6,776
16	Catering	17	4,032
17	Clothing	18	971
18	Computer supplies	19	6,114
19	Computer support	20	8,315
20	Consultants	21	2,472
21	Dues and suscriptions	22	164,693
22	Events	23	7,550
23	Flowers	24	103,062
24	Foster Youth Interns	25	8,596
25	Gifts	26	26,415
26	Insurance	27	6,501
27	Intern Stipends-CCAI	28	1,859
28	Internet	29	865
29	Legal	30	33
30	Licenses and Permits	31	210
31	Marketing	32	266
32	Materials	33	290
33	Memberships	34	14,864
34	Miscellaneous	35	2,679
35	Office cleaning	36	4,145
36	Parking-office	37	2,117
37	Payroll service	38	825
38	Photography	39	7,266
39	Pin Ceremony	40	11,650
40	Pipe and drape	41	4,959
41	Programs in-kind	42	390
42	Radio rental	43	88
43	Rentals	44	505
44	Repairs	45	2,454
45	Other personnel expense	46	24,781
46	Payroll tax	47	3,548
47	Simple 401 (k) match	48	2,903
48	Vacation	49	528
49	Stationery	50	662
50	Storage	51	4,055
51	Utilities	52	2,825
52	Video	53	1,681
53	Website	54	
54		55	
55		56	
56		57	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

356

Description		Amount
1	PRIOR PERIOD ADJUSTMENT TO DEPRECIATION	356
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part II, Line 24 (990-EZ) - Other Assets

53,543

25,497

Description		Beginning	End
1	PREPAID EXPENSES	13,355	5,804
2	SECURITY DEPOSIT		4,275
3	FIXED ASSETS	15,160	15,418
4	ACCOUNTS RECEIVABLE	25,028	
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

117,453

147,453

Description		Beginning	End
1	ACCOUNTS PAYABLE	104,956	131,458
2	VACATION PAYABLE	5,956	5,264
3	SALARIES PAYABLE	6,151	10,416
4	SIMPLE 401(K)	390	315
5			
6			
7			
8			
9			
10			

12/31/2008

Form 4562 Statement - 990EZ

Item No.	Description of Property	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum. Deprec., 179, Bonus	2008 Deprec.	2008 Accum. Deprec.
3	FURNITURE	1/7/2004	F-11	100.00%	1,157	0	579	0	578	7	200DB	HY	977	52	1,029
4	FURNITURE	2/23/2004	F-11	100.00%	749	0	375	0	374	7	200DB	HY	632	33	665
5	COMPUTER/PERIPHI	5/6/2004	F-5	100.00%	4,087	0	2,044	0	2,043	5	200DB	HY	3,734	235	3,969
6	COMPUTER/PERIPHE	7/15/2004	F-5	100.00%	2,000	0	1,000	0	1,000	5	200DB	HY	1,827	115	1,942
7	COMPUTER/PERIPHI	9/15/2004	F-5	100.00%	6,000	0	3,000	0	3,000	5	200DB	HY	5,482	346	5,828
8	COMPUTER/PERIPHI	9/15/2004	F-5	100.00%	2,267	0	0	0	2,267	5	200DB	HY	1,178	435	1,613
9	COMPUTER/PERIPHI	4/20/2006	F-6	100.00%	1,263	0	0	0	1,263	5	200DB	HY	657	242	899
10	COMPUTER/PERIPHI	5/10/2006	F-6	100.00%	1,081	0	0	0	1,081	5	200DB	HY	562	208	770
11	COMPUTER/PERIPHI	5/23/2006	F-5	100.00%	1,473	0	0	0	1,473	5	200DB	HY	766	283	1,049
12	COMPUTER/PERIPHI	10/13/2006	F-5	100.00%	3,328	0	0	0	3,328	5	200DB	HY	1,731	639	2,370
13	COMPUTER/PERIPHI	11/17/2006	F-6	100.00%	2,311	0	0	0	2,311	7	200DB	HY	330	566	896
19	FURNITURE	3/7/2007	F-11	100.00%	1,000	0	0	0	1,000	7	200DB	HY	143	245	388
20	FURNITURE	3/7/2007	F-11	100.00%	1,000	0	0	0	1,000	7	200DB	HY	143	245	388
24	Furniture	12/31/2008	F-11	100.00%	6,569	0	3,285	0	3,284	7	200DB	MQ4	0	117	3,402
Listed Property															
Listed property with more than 50% business use (Line 25 and 26)															
14	COMPUTER/PERIPHI	4/1/2007	F-4	100.00%	783	0	0	0	783	5	200DB	HY	157	251	408
15	COMPUTER/PERIPHI	7/12/2007	F-4	100.00%	1,447	0	0	0	1,447	5	200DB	HY	289	463	752
16	COMPUTER/PERIPHI	7/1/2007	F-4	100.00%	1,450	0	0	0	1,450	5	200DB	HY	290	464	754
17	COMPUTER/PERIPHI	7/23/2007	F-4	100.00%	2,676	0	0	0	2,676	5	200DB	HY	535	856	1,391
18	COMPUTER/PERIPHI	10/23/2007	F-4	100.00%	1,426	0	0	0	1,426	5	200DB	HY	285	456	741
21	Computer/Peripherals	4/8/2008	F-4	100.00%	1,623	0	812	0	811	5	200DB	MQ2	0	203	1,015
22	Computer/Peripherals	4/17/2008	F-4	100.00%	1,501	0	801	0	800	5	200DB	MQ2	0	200	1,001
23	Computer/Peripherals	5/21/2008	F-4	100.00%	5,033	0	2,517	0	2,516	5	200DB	MQ2	0	629	3,146
Total listed prop with > 50% business use													1,556	3,522	9,208
Subtotal Listed Property													1,556	3,522	9,208