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Form 990-EZ

Short Form 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section

2008

OMB No 1545-1150 1

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. Open to Public Department of the Treasury Inspection Internal Revenue Service A For the 2008 calendar year, or tax year beginning SEPTEMBER 1 , 2008, and ending AUGUST 31, 2009 B Check if applicable Please C Name of organization D Employer identification number use IRS Address change label or ADOPTIVE PARENTS COMMITTEE, INC. 13-6193701 Name change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return type. See C/O STEVEN S. STERN, CPA, 1361 WEAVER STREET Termination 914-472-4549 Specific Amended City or town, state or country, and ZIP + 4 Instruc-F Group Exemption Application SCARSDALE, NY 10583 tions. Number · · · ▶ pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method: X Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► X if the organization is not Website: ▶ www.adoptiveparents.org required to attach Schedule B (Form 990. J Organization type (check only one) - X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 990-EZ, or 990-PF). 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. 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 80,621. **▶** \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 3,158. Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 18,705. 2 3 46,383. 2,167. 4 5 a Gross amount from sale of assets other than inventory 5a Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gamling, check here NONE of contributions a Gross revenue (not including \$ 10,208. 6a reported on line 1) **b** Less. direct expenses other than fundraising expenses 2,948. Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7,260. 6c 7 a Gross sales of inventory, less returns and allowances

b Less: cost of goods sold

7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c Other revenue (describe ▶ _______ 8 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.9. 2010. 77,673. 9 9 1,775. 10 10

Net Other changes in net assets or fund balances (attach explanation)...... 20 Net assets or fund balances at end of year. Combine lines 18 through 20 219,257. Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year Cash, savings, and investments 212,885. 219,257. 22 22 23 23 Land and buildings 24 24 Other assets (describe > 212,885. 219,257. 25 25 26 Total liabilities (describe 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 212,885. 219,257.

JSA 8E1008 1 000 For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Grants and similar amounts paid (attach schedule).

Other expenses (describe ► SEE STATEMENT 2

Total expenses. Add lines 10 through 16

Salaries, other compensation, and employee benefits

Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance

Printing, publications, postage, and shipping

Excess or (deficit) for the year (Subtract line 17 from line 9)

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Benefits paid to or for members

11

12

13

14

15

16

17

18 19

Form 990-EZ (2008)

3,000.

18,739.

47,787.

71,301.

212,885.

6,372.

11

12 13

15

16

17

18

19

What is the organization's primary exempt purpose? ADOPTIVE Is Describe what was achieved in carrying out the organization's exedescribe the services provided, the number of persons benefited, or organization.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)			
28SEE ATTACHED STATEMENT					
(Grants \$ 1,775.) If this amount include	es foreign grants, check he	re ▶	28a		66,316.
(Grants \$) If this amount include	es foreign grants, check he	re >	 29a		
30					
	es foreign grants, check he		30a		
31 Other program services (attach schedule)	s foreign grants, check he	re ▶	31a ▶ 32		66,316.
Part IV List of Officers, Directors, Trustees, and Key Emplo				structions	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Conti employee b	nbutions to enefit plans & ompensation	(e) Expense
SEE STATEMENT 4					
SEE STATEMENT T		0.		0.	0.
			_		

Form	990-EZ (2008)			Page 3
Par	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
	1		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		хX
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	34	<u> </u>	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not	٠.	-	, i.,
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		-	<u> </u>
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, report-	25-		۱
.	ing, and proxy tax requirements?	35a 35b	 	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	350	 	-
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"	36		
	complete applicable parts of Schedule N	30	1.08	X
	The direction of pointed of the control in the control in the medication.	37b	المستشد	
	Did the organization file Form 1120-POL for this year?		1.5%	X
384	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 penod covered by this return?	38a		X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		3 - 1	<u> </u>
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3
b	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		1,31	
	section 4911 ► NONE; section 4912 ► NONE; section 4955 ► NONE			7) 3 . 4. 4
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transac-		44.	
	tion during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete			
	Schedule L, Part I	40b		Х
С	Enter amount of tax imposed on organization managers or disqualified persons during		£', ,	. V
	the year under sections 4912, 4955, and 4958NONE		, ,	
	Enter amount of tax on line 40c reimbursed by the organization NONE	17. Fr	3	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	Ø,	í gá t	W.
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NY			
42 a	The books are in care of ► STEVEN S. STERN, CPA Telephone no. ► 914-472	-454	19	
	Located at ▶ 1361 WEAVER STREET, SCARSDALE, NY ZIP+4 ▶ 10583		•••••	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	V 1	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42h	Yes	
	account)? If "Yes," enter the name of the foreign county: ▶	42b	,	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		- 1	,
	and Financial Accounts.			
c	· · · · · · · · · · · · · · · · · · ·	42c		X
	If "Yes." enter the name of the foreign country: ▶		1	
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.			
		ſ	Yes	No
44.	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
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	45		X
	<u>-</u>	000	E7 .	

Par	VI	Section 501(c)(3) organizations only. A and complete the tables for lines 50 and		ganizations mus	st answer questi	ons 4	6-49	
		e organization engage in direct or indirect politi					Yes	No
	candid	ates for public office? If "Yes," complete Sched	ule C, Part I			46		Х
		e organization engage in lobbying activities? If				47	Х	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization?								X
	b If "Yes," was the related organization(s) a section 527 organization?							_ <u> </u>
		lete this table for the five highest compensated				49b		who
		eceived more than \$100,000 of compensation	from the organization. If t	here is none, ente	er "None."	·		
	(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	acc	Expens ount ar allowar	nd
NON	E							
								
			·					
							<u></u>	
10ta		er of other employees paid over \$100,000 ► lete this table for the five highest compensated	independent contractors	who each receive	ed more than \$10	2 000 6		
•	-	ensation from the organization. If there is none,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	
77071		(a) Name and address of each independent contractor paid	more than \$100,000	(b) Type o	of service	(c) Com	pensati	on
NON	<u></u>			-				
				†				
			· <u></u>					
				1_				
	- -							
							_	
			·	4				
			\$400.000 b					
1018	i numb	per of other independent contractors receiving o Under penalties of perjust, I declare that I have examined		yong schedules and st	atements and to the h	est of m	- know	dodao
		and belief, it is true correct, and complete Declaration o	f preparer (other than officer) is	based on all informa	ition of which preparer	has an	y know	ledge
Sigr	,	In ful h to	21	1	7/14	// 7)	
Her		Signature of officer		Dat	e	<u> </u>		
		Caroll Mintale	er Tre	asure	~			
		Type or print name and title	$\Lambda \Lambda = 1$					
Paid	_	Preparer's signature	JAN 99/4/	Check if self- employed ► X	Preparer's Identifying No	ımber (Se	e instruc	tions)
•	arer's Only	Firm's name (or yours STEVE) SAUL STIR	'	EIN	.			
		address, and ZIP+4 1361 WEAVER STREE		10583 Pho	one no ▶ 914-47			
May	the IR	S discuss this return with the preparer shown at	oove? See instructions	<u> </u>		XYes		No_
					Fo	om 990	J-EZ (2	2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Publi

Department of the Treasury Internal Revenue Service

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

2008
Open to Public Inspection

OMB No 1545-0047

Name of	the organization	on						Employ	er identific	ation number
		NTS COMMITT	EE, INC.					13	-619370)1
Part I	Reason fo	or Public Chari	ty Status (All organ	izations m	nust comp	lete this	part.) (se	ee instru	ctions)	
The org	-		dation because it is: (P			•	•			
1	7		rches, or association			in section	on 170(b)	(1)(A)(i).		
2	- ∤		on 170(b)(1)(A)(ii). (At		•					
3			hospital service organ							
4			zation operated in co	njunction	with a hos	spital des	cribed 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									
	•)(b)(1)(A)(iv). (C	· ·							
6			vernment or governme							
<i>'</i> _			lly receives a substan		its suppor	t from a	governm	ental unit	or from	the general public
• [3		(1)(A)(vi). (Complete F	-						
8 X			d in section 170(b)(1)							
9 🔽			lly receives: (1) more							
			ted to its exempt fun							
			ment income and un after June 30, 1975.						511 tax)	from businesses
10			and operated exclusive						lana inst	
11			and operated exclusive							
•••			ublicly supported orga							
			at describes the type of							
	a Typ				e III - Fund					pe III - Other
е	,	L	ertify that the organiz							
<u> </u>			ion managers and oth							
		r section 509(a)(J		
f	If the organ	nization received	a written determina	tion from	the IRS tha	atitıs a	Type I,	Type II o	r Type III	supporting
		n, check this box						••	,	· · · · · · · · · · · · · · · · · · ·
g	Since Augu	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	om any of	the		
	following pe	ersons?					-			
	(i) A pers	on who directly	or indirectly controls	, either al	one or tog	ether wit	h persor	s descril	oed in (ii)	Yes No
			erning body of the sup	_	anization?					11g(i)
			erson described in (i) a							11g(ii)
			of a person described							11g(iii)
<u>h</u>			ation about the organi						· - · · ·	
	ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the d	organization sted in vour	(v) Did y	ou notify	(vi) l	s the	(vii) Amount of
0.	gamzation		above or IRC section	governing	document?	col. (i)	of your	(i) organı	zed in the	support
			(see instructions))				port?		S.?	
-	_			Yes	No	Yes	No	Yes	No	
]				[
	-							-	 	
						i				
									-	
							<u> </u>		<u> </u>	
	-						 -		 	
	 ·	1							 	
							l			
Total										

	1016 A (1 01111 330 01 330-LE) 2000						
Par	Support Schedule for Ord (Complete only if you che	ganizations D cked the box o	escribed in S n line 5, 7, or	ections 170(b 8 of Part I.))(1)(A)(iv) and	170(b)(1)(A)(vi)
Sect	tion A. Public Support						
Cale	ndar 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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				·		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	· · · · · · · · · · · · · · · · · · ·	- 54 /	2.7 325.40	Programme Comment		
5	The portion of total contributions by each	Property a					
	person (other than a governmental unit or					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	publicly supported organization) included		生生,不够够为			展发科学 由	
	on line 1 that exceeds 2% of the amount		10 接着				
	shown on line 11, column (f)		港。港湾	Trib the		49 JOHN 187	
6	Public support. Subtract line 5 from line 4.	\$10-1480 % 。	William Control	July 1 1284	是一般的技术态	William III	
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3 · 5 · / 4 · 4 · / 3 · /	, , , , , , , , , , , , , , , , , , , ,	S 28 (8 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
11	Total support. Add lines 7 through 10	201 - 52 32 32 3	<u> </u>	. 14/14/2014.	<u></u>	超越 1961	
12	Gross receipts from related activities, etc. (•				12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here					· · · · · · · · · · · · · · · · · · ·	▶
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2008 (I						%
15	Public support percentage from 2007						%
16a	33 1/3% support test - 2008. If the						
	and stop here. The organization quali						
þ	33 1/3% support test - 2007. If the o	_					
	box and stop here. The organization			-			
17a	10%-facts-and-circumstances test -	_					
	is 10% or more, and if the organization						
	in Part IV how the organization meets			-	•		orted
	organization						▶∟
b	10%-facts-and-circumstances test -	-					ine
	15 is 10% or more, and if the organiz	ation meets the	"facts and circu	metances" test	check this hov a	nd stan hara	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Sect	ion A. Public Support				•		
Ca	lendar 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.")	97,399.	67,560.	56,420.	54,465.	49,541.	325,385.
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	22,910.	30,825.	26,902.	20,720.	28,913.	130,270.
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's		-				
•	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5	120,309.	98,385.	83,322.	75,185.	78,454.	455,655.
	Amounts included on lines 1, 2, and 3		30,000	00,0221	,	7071311	1337033.
ra	received from disqualified persons						
ь	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 l						
	year or \$5,000 • • • • • • • • • • • •						<u>-</u>
	Add lines 7a and 7b Public support (Subtract line 7c from	120,309.	98,385.	83,322.	75,185.	78,454.	455,655.
0		120,303.	30,303.	03/322.	73,103.	70,434.	455,655.
500	tion B. Total Support				· · · ·		433,033.
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		120,309.	98,385.	83,322.	75,185.	78,454.	455,655.
9 10a	Gross income from interest, dividends,	120,303.	30,303.	03/322.	73,103.	70,434.	433,033.
	payments received on securities loans,						
	rents, royalties and income from similar	1,383.	1,883.	2,780.	4,112.	2,167.	12,325.
	Sources				-/	2,10,1	12,323.
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	1,383.	1,883.	2,780.	4,112.	2,167.	12,325.
		1,000.	2,000.	27,001	1/112.	2,107.	12,323.
11	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or			<u> </u>		<u> </u>	
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	121,692.	100,268.	86,102.	79,297.	80,621.	467,980.
13	and 12.)	121,0021	100,200.	00,102.			467,980.
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	fifth tay year a	a section 501/	
14	organization, check this box and stop here				-	,	```
Sec	tion C. Computation of Public Sur						••••
15	Public support percentage for 2008 (line 8			nn (f))		15	97.3663 %
16	Public support percentage from 2007 Scho						98.2778 %
	tion D. Computation of Investmen					,0,	70
17	Investment income percentage for 2008 (li			3. column (f))		17	2.6337 %
18	Investment income percentage from 2007					18	1.7222 %
	33 1/3% support tests - 2008. If the org		• •				
. Ja	17 is not more than 33 1/3 %, check this bo						▶ X
) -	33 1/3% support tests - 2007. If the orga				-		
· ·	line 18 is not more than 33 1/3 %, check thi						
20							

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

	ne organization answered "Yes Section 501(c)(4), (5), or (6) or	s," to Form 990, Part IV, line 5 (Proxy T organizations: Complete Part III.	ax), then		
N	ame of organization			Employer iden	tification number
	DOPTIVE PARENTS CO		4 4 6	13-6193	
Pa		ed by all organizations exemptions for Schedule C for details.	t under section 51	01(c) and section 527 c	organizations.
1 2 3	Political expenditures	ne organization's direct and indirec		▶ \$	
Pa		d by all organizations exempt ons for Schedule C for details.	under section 50	1(c)(3).	
1	Enter the amount of any e	excise tax incurred by the organizat	ion under section 4	955	
2		excise tax incurred by organization			
3 4a b	Was a correction made?	d a section 4955 tax, did it file Form	n 4720 for this year	?	Yes No
Pa	rt I-C To be complete	ed by all organizations exempons for Schedule C for details.	t under section 5	01(c), except section 5	01(c)(3).
1		expended by the filing organizatio			
2					
2		ling organization's funds contributed titles			
3		t exempt function expenditures. Ad			
		7b			
4		file Form 1120-POL for this year? .			
5	were made. Enter the an contributions received and	es and employer identification number nount paid and indicate if the amount d promptly and directly delivered to ittee (PAC). If additional space is ne	ount was paid from a separate political	n the filing organization's organization, such as a se	funds or were political
	(a) Name	(b) Address	(c) ⊟N	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

921	nedule C (Form 990 or 990-EZ) 2008						' Page 2
		by organ	izations e	xempt under sec	tion 501(c)(3) t	that filed Form 5768	rage a
Ā				an affiliated grou			
				box A and "limited		ons apply.	
	Limit (The term "expend		ying Expen		L.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b)				ing)			
	columns.			 			
	If the amount on line 1e, column	(a) or (b) is:			is:		,
	Not over \$500,000			amount on line 1e.			
	Over \$500,000 but not over \$1,00	00,000	\$100,000 p	lus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,			lus 10% of the excess			
	Over \$1,500,000 but not over \$17	7,000,000	\$225,000 p	lus 5% of the excess	over \$1,500,000.		
_	Over \$17,000,000		\$1,000,000				
ç	g Grassroots nontaxable amour						
ł	Subtract line 1g from line 1a.						
i	Subtract line 1f from line 1c. E	Enter -0- if	line f is mo	re than line c			
j	If there is an amount other that	an zero on	either line	1h or line 1i, did the	organization file	Form 4720 reporting	
_	section 4911 tax for this year?	·	<u> </u>	<u> </u>	<u> </u>		Yes No
	(Some organiza	ations that	l-Year Avei made a se	aging Period Unde	r Section 501(h) on do not have to	o complete all of the fi	/e
		Lobb	ying Expe	nditures During 4-Y	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2	005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2:	a Lobbying non-taxable amount						
	b Lobbying ceiling amount (150% line 2a, column(e))						
_	c Total lobbying expenditures						
(d Grassroots non-taxable amount						
	e Grassroots ceiling amount						-

Schedule C (Form 990 or 990-EZ) 2008

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (F	orm 990 or 990-EZ) 2008					
Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.					
			(a)	(t		

	3700 (election under section 301(h)). See the metadological for Schedule C for	detail	.				
		(a)		(b)		
		Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?	X					
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1ı)?		X	<u> </u>		·	
С	Media advertisements?	ļ	X				
d	Mailings to members, legislators, or the public?	<u> </u>	X	<u> </u>			
e	Publications, or published or broadcast statements?	<u> </u>	X				
f	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	<u>x</u>				NI.	ONE
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	<u> </u>	х		-		ONE
i		 	X	 			
j	Other activities? If "Yes," describe in Part IV Total lines 1c through 1i	-				N	ONE
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				<u> </u>
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						-
Pai	t III-A To be completed by all organizations exempt under section 501(c)(4), se	ction	501	(c)(5)	, or		
	section 501(c)(6). See the instructions for Schedule C for details.						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?					1	
Pa	To be completed by all organizations exempt under section 501(c)(4), so						
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N question 3 is answered "Yes." See Schedule C instructions for details.	10" U	KIT	Part I	III-A,		
1	Description of emiles amounts from members			1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amor						
-	political expenses for which the section 527(f) tax was paid).	4111.5					
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c		_	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne i				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng				
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	• • •		5			
Pa	t IV Supplemental Information				<u> </u>		
	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C	, line	5 and	i Part	II-B, lin	e 1i.	
Also	, complete this part for any additional information.						
SEE	STATEMENT ATTACHED						
===	J OTATIONER MITAGORD						
			- -				
							. <u>-</u>

Schedule C (F	Form 990 or 990-EZ) 2008	Page 4
Part IV	Form 990 or 990-EZ) 2008 Supplemental Information <i>(continued)</i>	
- 		
- 		
 -		
		
		
		-

YEAR 8/31/09

FORM 990-EZ, SCHEDULE C

ATTACHMENT TO PART IV - DESCRIPTION OF ACTIVITIES

DURING THE FISCAL YEAR 9/1/08 - 8/31/09, THE ADOPTIVE PARENTS COMMITTEE, INC. PARTICIPATED IN EDUCATING NEW YORK STATE LEGISLATORS WITH RESPECT TO VARIOUS BILLS PENDING ON ADOPTION AND FOSTER CARE MATTERS. THESE BILLS WERE GENERALLY DESIGNED TO IMPROVE ADOPTION AND FOSTER CARE PROCEDURES AND TO MAKE MORE CHILDREN ELIGIBLE FOR ADOPTION

ADOPTIVE PARENTS COMMITTEE, INC.

ID# 13-6193701

YEAR 8/31/09

STATEMENT 1

FORM 990-EZ, PART I LINE 10 -GRANTS PAID

<u>DONEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
BACK TO SCHOOL CLOTHES FOR KIDS BLYTHDALE HOSPITAL NYS CITIZENS COALITION FOR CHILDREN WESTPORT UNITED METHODIST CHURCH	UNRESTRICTEDCHARITABLEPURPOSE	{ 1,000 { 500 { 25 { 250
		1,775
		============

ADOPTIVE PARENTS COMMITTEE, INC.

ID# 13-6193701

YEAR 8/31/09

STATEMENT 2

FORM 990-EZ, PART I LINE 16 - OTHER EXPENSES

PROGRAM EXPENSES	29,197
OUTSIDE CONFERENCE EXPENSE	1,497
CHILDREN'S RELIEF EXPENSE	8,663
INSURANCE	2,980
TELEPHONE	3,542
DUES	480
NYS FILING FEE	50
MISCELLANEOUS	1,378
	47,787
	==========

ID# 13-6193701

YEAR 8/31/09

STATEMENT 3

FORM 990-EZ

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHIN	EXPENSES	(GRANTS & <u>ALLOCATIONS)</u>
(a) PUBLICATION OF MONTHLY MEMBERSHIP NEWS "ADOPTALK" (3,100 COPIES-MONTHLY CIRCULA	··	NONE
(b) MEMBERSHIP AND COMMUNITY PROGRAMS (INCLUDING SPONSORSHIP OF ANNUAL ADOP' CONFERENCE AND MAINTENANCE OF SPEAKE BUREAU TO EDUCATE PUBLIC ABOUT ADOPTIC FOSTER CARE ISSUES)	RS	NONE
(c) ADOPTION RESOURCE PROGRAMS (RESEARCHES AND MONITORS ADOPTION SOUTHROUGHOUT THE WORLD)	JRCES 4,096	NONE
(d) CHILDREN'S RELIEF ACTIVITIES AND OTHER RELIEF ACTIVITIES (INCLUDES DONATION MEDICAL SUPPLIES, FOOD AND CLOTHING TO AND ORGANIZATIONS AIDING CHILDREN IN NE	N OF AGENCIES	1,775
	66,316	1,775

ID# 13-6193701

YEAR 8/31/09

STATEMENT 4

FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, ETC.

(A) NAME	(B) TITLE & TIME	(C)	(D) EMPLOYEE BENEFIT	(E) EXPENSE ACCOUNT
AND ADDRESS	DEVOTED	COMPENSATION	<u>PLANS</u>	<u>ALLOWANCES</u>
MONICA & MARK HOLLY BAY SHORE, NY	CO-PRESIDENTS 2 0	NONE	NONE	NONE
KAREN WASSERMAN HOLBROOK, NY	EXEC. VICE PRES. 1 0	NONE	NONE	NONE
RICHARD RIESKIN NORTH WOODMERE, NY	VICE-PRESIDENT 1 0	NONE	NONE	NONE
BARBARA KALISH RIDGEWOOD, NJ	VICE-PRESIDENT 1.0	NONE	NONE	NONE
MICHAEL GOLDSTEIN RYE BROOK, NY	VICE-PRESIDENT 1 0	NONE	NONE	NONE
CAROL MINTZER MT KISCO, NY	TREASURER 1.0	NONE	NONE	NONE
KIM FINNERTY MERRICK, NY	REC SECY 10	NONE	NONE	NONE
HERMAN PETSCHE BROOKLYN, NY	CORR SECY. 10	NONE	NONE	NONE
		NONE	NONE	NONE