Short Form

2009

OMB No 1545 1150

Inspection

Department of the Treasury Internal Revenue Service

SCANNED DEC 9 0 2010

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 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Be Coest, supposed partner charge and advanced process of the Work N. INC. The POSTPARTUM RESOURCE CENTER OF NEW YORK, INC. The Post New York of the P	Α	For the 2009 calendar year, or tax year beginning	, 2009, and er	nding		,			
Website: - WW. POSTPARTOMY. ORG. Not. 190 Website: - WW. POSTPARTOMY. ORG. 190 Website: - WW. POSTPARTOMY. ORG. Not. N	В	Check if applicable C		D	D Employer identification number				
Termination Termination Angeleration perminal Application perminal Appli		Address change Please THE POSTPARTIM RESOURCE CENTER OF	11-3449880						
Section 501(x)\$ organizations and 4947(x)1) nonexempt charitable trusts MWH. POSTPARTUMNY. ORG Charitano 1990 or 900-E2. H. Check X of the organization is not a section 502(x) supporting organization and at gross receipts are normally not more than \$25,000.0 A Form 990-E2 or Form 990 return is not required, but if the organization and as gross receipts are normally not more than \$25,000.0 A Form 990-E2 or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 4 add lines 5, 6b, and 7b. to line 9 to determine gross receipts, if \$50,000 or more, tile Form 990. \$38,535. Add lines 5, 6b, and 7b. to line 9 to determine gross receipts, if \$50,000 or more, tile Form 990 \$38,535. Add lines 5, 6b, and 7b. to line 9 to determine gross receipts, if \$50,000 or more, tile Form 990 \$38,535. Add lines 5, 6b, and 7b. to line 9 to determine gross receipts, if \$50,000 or more, tile Form 990 \$38,535. Add lines 5, 6b, and 7b. to line 9 to determine gross receipts, if \$50,000 or more, tile Form 990 \$38,535. Add lines 5, 6b, and 7b. to line 9 to determine gross receipts, if \$50,000 or more, tile Form 990 \$38,535. Add lines 5, 6b, and 7b. to line 9 to determine gross receipts, if \$50,000 or more, tile Form 990 \$38,535. Add lines 5, 6b, and 7b. to line 9 to determine gross receipts, if \$50,000 or more, tile Form 990 \$38,535. Add lines 5, 6b, and 7b. to line 9 to determine gross receipts, if \$50,000 or more, tile Form 990 \$38,535. Add lines 5, 6b, and 7b. to line 9 to determine gross receipts, if \$50,000 or more, tile Form 990 \$38,535. Add lines 5, 6b, and 7b. to line 9 to determine gross receipts, if \$50,000 or more gross receipts, if \$50,000 or more gross receipts, if \$50,00	Г	Name change label or NEW YORK TNC							
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### Section 501(cX) organizations and 4947(xY) in onexempt charitable trusts ### Section 501(cX) organizations and 4947(xY) in onexempt charitable trusts Website:					631-4	22-2255			
Section 501c(x) organizations and 4947(x)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **Website: ** WWW. PCSTPARTUMNY. ORG. If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than 529,000. A form 990-EZ. or 990-EZ.		Amended return Instruc-		F	Group E	xemption			
Website: Note: N						<u> </u>			
Website: Winking POSTPARTUMNY ORG		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable (trusts	G Accounting m	ethod. X	. Cash Accrual			
Website: NWW.POSTPARTOMY.ORG Tan-semel robust Data (Stock) or No. X X X X X X X X X		must attach a completed Schedule A (Form 990 or 990-EZ).		Other (specify					
Website:				H Check ► X	if the ord	ganization is not			
Check	ı	Website: ► WWW.POSTPARTUMNY.ORG			tach Sche				
K Check	J	Tax-exempt status (check only one) $- X = 501(c) (3_) \le (insert no) 4947(a)($	1) or 527	990-EZ, or 99	0-PF)				
Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 \$ 38,535. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	K		ation and its g	ross receipts are n	ormally no	ot more than			
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	_2	7 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,	780. 27	-616.			

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

<u>Form</u>	990-EZ (2009) THE POSTPARTUM I	RESOURCE CENTER OF		11	-344	19880 Page 2						
Par	III Statement of Program Ser	vice Accomplishments	(See the instruction	ons.)	_	Expenses						
What is	hat is the organization's primary exempt purpose? SEE STATEMENT 5 (Required for section 501 (c)(3) and (4)											
Desc	ribe what was achieved in carrying out the libe the services provided, the number of	organization's exempt purpo	oses In a clear and con	cise manner,	organ	(a)(1) trusts, optional						
progr	am title.	persons benefited, or other re	elevant information for e	acii	for of	thers)						
	PROVIDED SUPPORT TO HUNDR	EDS OF WOMEN SUFFE	RING FROM POST	PARTUM								
	DEPRESSION THROUGH SUPPOR											
	SUPPORT AND PROFESSIONAL											
	(Grants \$ 12,000.) If the		28 a	27,106.								
29				· · · · · · · · · · · · · · · · · · ·								
	(Grants \$) If the	s amount includes foreign gr	ants check here		29a							
30				<u> </u>		<u> </u>						
30												
	(Grants \$) If th	s amount includes foreign gr	ants, check here		30 a							
31	Other program services (attach schedule			 								
•		, is amount includes foreign gr	ants, check here	▶ □	31 a							
32	Total program service expenses (add line	es 28a through 31a)		-	32	27,106.						
	List of Officers, Directors		iployees. List each oi	ne even if not con	npens	ated. (See the instrs.)						
		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account						
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	ns and	and other allowances						
CMT	LY SAMPINO	PRESIDENT	0.	dererred compense	0.	0.						
	UDALL ROAD	1.00			٠.							
	T ISLIP, NY 11795	1.00										
	IIA MURDOCK	VICE PRESIDENT	18,846.		0.	0.						
	UDALL ROAD	40.00	1		٥.	٠.						
		40.00										
	T ISLIP, NY 11795	SECRETARY	0.		0.	0.						
	LLIS FISHER	1.00			υ.	0.						
	UDALL ROAD											
	ST ISLIP, NY 11795	MDEA CUDED										
	NIFER RICE	TREASURER			0.	0.						
	UDALL_ROAD	1.00										
WES	T ISLIP, NY 11795											
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BAA	.	TEEA0812L	01/30/10			Form 990-EZ (2009)						

Par	tV Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEME	NT	6
	<u> </u>		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		<u>x</u>
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
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 why the organization did not report the income on Form 990-T.			
а	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
b	o If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	-	Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. b Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	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 outstanding at the end of the period covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	•		
	Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 N/A	.		İ
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b N/A	ļ		İ
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			ĺ
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			İ
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40ъ		х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
C	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	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	40 e		Х
41	List the states with which a copy of this return is filed NY			
42 a	a The organization's books are in care of ► EMILY SAMPINO Located at ► 109 UDALL STREET WEST ISLIP NY ZIP + 4 ► 11795	-		
ł	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.	42b	Yes	No X
(See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a 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	42c		<u>x</u> _
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	• 	<u> </u>	N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Yes	No X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			
DAA	Form 990 must be completed instead of Form 990-EZ	45		<u>X</u>

orm 990-EZ (2009)	THE	POSTPARTIM	RESOURCE	CENTER	OF

Form 990-l	EZ (2009) THE POSTPARTUM RES	OURCE CENTER OF		11-34498	380 i	Page 4
Part VI	Section 501(c)(3) organization	s and section 494	7(a)(1) nonexemp	ot charitable trusts onl	v All section	on
	501(c)(3) organizations and se 46-49b and complete the table	ection 4947(a)(1) no	nexempt charita	ble trusts must answer	questions	
	46-49b and complete the table	es for lines 50 and :	DI. 			
46 Did ti	he organization engage in direct or indire	ct political campaign act	vities on behalf of or	in opposition to candidates	Yes	No
for p	ublic office? If 'Yes,' complete Schedule (C, Part I			46	X
47 Did t	he organization engage in lobbying activi	ies? If 'Yes,' complete S	Schedule C, Part II		47	X
	e organization a school as described in se	,,,,,,,	•	edule E	48	<u>X</u>
	he organization make any transfers to an	•	elated organization?		49a	X
b If 'Ye	es,' was the related organization a section	527 organization?			49 b	<u> </u>
50 Comj	plete this table for the organization's five	highest compensated er	nployees (other than	officers, directors, trustees a	nd key	
empl	oyees) who each received more than \$10	(b) Title and average	(c) Compensation	(d) Contributions to employee		
(a)) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation	benefit plans and deferred compensation	(e) Expense account and	
NONE	more than \$100,000	devoted to position	 .	deletted competisation	other allowance	es
10MT -		1				
						
		1				
					.,	
		1				
			·			
			· -			-
]				
f Total	I number of other employees paid over \$	00,000			_	
51 Comp	plete this table for the organization's five pensation from the organization. If there i	highest compensated in	dependent contractor	s who each received more th	an \$100,000 (of
MONTO	(a) Name and address of each independent con	tractor paid more than \$100,000		(b) Type of service	(c) Compensati	on
NONE _						
						
		-10				
						
			•			
d Total	I number of other independent contractors	each receiving over \$1	00,000	>		
	·	•	,			
	Under penalties of perjury, I declare that I have exa true, correct, and complete Declaration of preparer	mined this return, including acco	ompanying schedules and st	atements, and to the best of my know	ledge and belief,	ıt ış
	inde, correct, and complete Declaration of preparer	(other than officer) is based off	an imonnation of which prep	parer has any knowledge		
Sign	- In he Amoun			11/15/10		
Here	Signature of difficer	1 • 4		Date	*	
	Emily Samoino	President				
	Type or print name and title					
Paid	Preparer's		Date	Check if Prepa	rer's Identifying N	umber
raid	signature 1/1/1/0 Sell 1/37/3					
	MAINING	luj	11/9/10		1	
Pre- parer's	Firm's name (or CEORGIA BARANSK		VI/9/10	Sen 37 / 3	1	
Pre- parer's Use	Firm's name (or GEORGIA BARANSK employed), 150 MOTOR PARKW	AY SUITE 401	<u> </u>	Sen 37 / 3		
Pre- parer's	Firm's name (or CEORGIA BARANSK	AY SUITE 401	\1/9/10	employed N/A	/A 979-880	
Pre- parer's Use Only	Firm's name (or GEORGIA BARANSK employed), 150 MOTOR PARKW	AY SUITE 401 1788	VI/9/10	employed N/A	/A	

SCHEDULE A (Form 990 or 990-EZ)

Total

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.

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

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization THE POSTPARTUM RESOURCE CENTER OF Employer identification number NEW YORK, INC. 11-3449880 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. (For lines 1 through 11, check only one box) 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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.) X 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated **d** | Type I Type II Type III - Other 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1.9 above or IRC section (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (ii) EIN (iv) Is the (vi) Is the (vii) Amount of Support organization in col (i) listed in your organization in col (i) organized in the US? (see instructions)) governing document? your support? Yes No Yes No Yes No

Schedule A (Form 990 or 990-EZ) 2009

Pa	1 II Support Schedule for		Described in			nd 170(b)(1)(A))(vi)
	(Complete only if you checke	d the box on line	5, 7, or 8 of Part I)			
Sec	tion A. Public Support					-	
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	10,000.	19,130.	11,403.	19,974.		60,507.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	10,000.	19,130.	11,403.	19,974.	0.	60,507.
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)						0.
6	Public support. Subtract line 5 from line 4						60,507.
Sec	tion B. Total Support		Ţ				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	Y' Y'		(e) 2009	(f) Total
7	Amounts from line 4	10,000.	19,130.	11,403.	19,974.	0.	60,507.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		I.		1		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						60,507.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here.		, third, fourth, or	fifth tax year as a	a section 501(c)(3)	► X
	tion C. Computation of Pu					[" I	
	Public support percentage for 20 Public support percentage from 2	• '	• /	11, column (f)		14 15	%
16	a 33-1/3 support test — 2009. If the and stop here. The organization	organization did i qualifies as a pub	not check the box licly supported org	on line 13, and than and the anization.	he line 14 is 33-1/	3 % or more, ched	ck this box
Į	b 33-1/3 support test — 2008. If the and stop here. The organization	organization did i qualifies as a publ	not check a box or licly supported org	n line 13, or 16a, a anization	and line 15 is 33-1	1/3% or more, che	ck this box
17	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-ai	nd-circumstances	test, check this b	ox and stop here.	Explain in Part IV	/ how
1	b 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ai	nd-circumstances	test, check this b	ox and stop here.	Explain in Part IV	5 is 10% / how the ► □
_18	Private foundation. If the organiz	zation did not chec	ck a box on line, 13	3, 16a, 16b, 17a,	or 17b, check this	box and see instr	ructions >

BAA

Schedule A (Form 990 or 990-EZ) 2009 THE POSTPARTUM RESOURCE CENTER OF 11-3449880 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part !) Section A. Public Support (d) 2008 Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest dividends, payments received on securities loans, rents, royalties and income form sımılar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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. \blacktriangleright Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or 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

Schedule A	(Form 990 or	990-EZ) 2009	THE	POSTP.	ARTUM	RESOU	JRCE	CENTE	R OF	11-3449880) Page 4
Part IV	Suppleme	ntal Inform	ation.	Complet	e this	part to p	provid	de the e	explan	ations required by Par onal information. See	t II, line 10;
	Part II, line	2 17a or 17	b; and l	Part III,	line 12	2. Provid	de an	y other	addıtı	onal information. See	instructions.
											-
_											
				-							
											
	- 										

	11-3449880
TOTAL \$	331. 331.
	87. 3,270. 329. 1,362. 75. 8,443. 2,720. 1,567. 100. 320. 554. 1,276. 519. 312. 4,726. 38. 25,698.
BEGINNING	ENDING
TOTAL $\frac{\$}{\$}$ 0. $\frac{\$}{\$}$	364. 364.
	ENDING 2,178. 2,178.
	TOTAL

.

2009

FEDERAL STATEMENTS

PAGE 2

THE POSTPARTUM RESOURCE CENTER OF NEW YORK, INC.

11-3449880

STATEMENT 5 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE SUPPORT TO HUNDREDS OF WOMEN SUFFERING FROM POSTPARTUM DEPRESSION THROUGH SUPPORT GROUPS, EDUCATIONAL CLASSES, TELEPHONE SUPPORT AND PROFESSIONAL REFERRALS.

STATEMENT 6 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

Form **8868**. (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the internal Revenue	Treasury Service		File a separ	ate application for eac	ch return.			
If you are	filing for an	Automatic 3-Month E	xtension, comp	ete only Part I and ch	eck this box			. 🕨 🗶
• If you are	filing for an	Additional (Not Auto	matic) 3-Month E	Extension, complete o	nly Part II (on page	e 2 of this	form).	·
Do not comp	lete Part II ui	nless you have alread	ly been granted a	an automatic 3-month	extension on a pre	viously fil	ed Form 8868.	
Parel 1	Automatic	3-Month Extension	on of Time. O	nly submit origina	I (no copies ne	eded).		
				omatic 6-month extens				▶
All other corp income tax re	oorations (inc eturns.	luding 1120-C filers),	partnerships, RE	EMICS, and trusts mus	st use Form 7004 to	request	an extension of time	to file
returns noted the additiona	below (6 mo	withoutor a corporatio	n required to file on or (2) you file completed and:	orm 8868 if you want a Form 990-T). Howeve Forms 990-BL, 6069, signed page 2 (Part II) & Nonprofits.	r vou cannot the F	orm XXAX	l Alectronically if (1) i	var i wast
	Name of Exemp	t Organization					Employer Identification nu	mber
Type or print				E CENTER OF	LY, INC	MTE	11-3449880)
File by the due date for	Number, street,	and room or suite number.	If a P.O box, see instr	ructions		17	ANT DEL	
filing your return See	109 0	IMAII ROA	0			P. A	The Post Visite	,ts
instructions.	1 .	st office, state, and ZIP code	e. For a foreign addres				Company of the second	: SEPIJI
		TUP	N	11795			MAY	SAILE I
		e filed (file a separat			\neg		But Uh Mari	69
Form 999			Form 990-T (co	•		Form 472	44.74.27 m	
Form 990			-	ection 401(a) or 408(a)	· -	Form 522	را - ا	~1
Form 99			-	ust other than above)	—	Form 606	·	Į.
Form 99	0-PF		Form 1041-A			Form 887	0	
Telephone If the org	e No. ► ganization do for a Group F	Return, enter the orga	or place of busing	FAX No. Fax No	Number (GEN)	If	this is for the whole	►∏ group,
	nsion will cov		3				Lii 45 Or all Mellib	C12
1 I reque until _ The ex	est an automa <u>08</u> / 15 tension is for	atic 3-month (6 month $_{-}$, 20 $_{/}$ $_{/}$, to file $_{-}$ the organization's rear 20 $_{/}$ $_{/}$ or	the exempt orga	on required to file Formization return for the and ending				
2 If this	tax year is fo	r less than 12 months	s, check reason:	Initial return	Final return	□ c	change in accounting	period
3a If this nonref	application is undable cred	for Form 990-BL, 99 its. See instructions	0-PF, 990-T, 472	0, or 6069, enter the t	entative tax, less a	iny	3a \$ 0	
b If this made.	application is Include any	for Form 990-PF or prior year overpayme	990-T, enter any ent allowed as a	refundable credits and credit	d estimated tax pay	ments	3b \$ O	
c Baland deposi See in	ce Due. Subtr t with FTD co structions	ract line 3b from line bupon or, if required,	3a. Include your by using EFTPS	payment with this form (Electronic Federal Ta	n, or, if required, ax Payment System	n).	3c \$ 0	
Caution. If y payment ins	ou are going tructions.	to make an electron	ic fund withdrawa	al with this Form 8868	, see Form 8453-E	O and For		
BAA For Pr	ivacy Act an	d Paperwork Reduct	ion Act Notice, s	ee instructions.			Form 8868 (Re	ev. 4-2009)

INTERNAL REVENUE SEPVICE W&I-FIELD ASSISTANCE PORT ST. LUCIE, FL 33401

AUG 1 2 2010

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