



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



2007

Open to Public  
Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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

A For the 2007 calendar year, or tax year beginning January 1, 2007, and ending December 31, 2007

B Check if applicable	C Name of organization <i>North American Society for Psychosocial Objct</i>		D Employer identification number <i>38 2653043</i>
<input type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions.		E Telephone number <i>(202) 863-1648</i>
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)		F Group Exemption Number ►
<input type="checkbox"/> Initial return	409 12th St. SW		
<input type="checkbox"/> Termination	City or town, state or country, and ZIP + 4		
<input type="checkbox"/> Amended return	Washington DC 20024-2188		
<input type="checkbox"/> Application pending			

- 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) ►

I Website: ►

J Organization type (check only one) —  501(c) (3) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 45,977.64

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received	RV	1 20,000
2 Program service revenue including government fees and contracts		2 17,100
3 Membership dues and assessments		3 8,300
4 Investment income		4
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
6 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
8 Other revenue (describe ► )		8 577.64
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.		9 45,977.64
10 Grants and similar amounts paid (attach schedule)		10
11 Benefits paid to or for members		11
12 Salaries, other compensation, and employee benefits		12
13 Professional fees and other payments to independent contractors		13 52,681.93
14 Occupancy, rent, utilities, and maintenance		14
15 Printing, publications, postage, and shipping		15 500.00
16 Other expenses (describe ► )		16 657.23
17 Total expenses. Add lines 10 through 16		17 53,839.16
18 Excess or (deficit) for the year. Subtract line 17 from line 9		18 (-7,861.52)
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)		19 59,314.35
20 Other changes in net assets or fund balances (attach explanation)		20
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21 51,452.84

## Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	OCT 15 2010	22 59,314.35	22 51,452.84
23 Land and buildings		23	
24 Other assets (describe ► )		24	
25 Total assets	25		
26 Total liabilities (describe ► )	26		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27		

SCANNED NOV 29 2010

Revenue

Expenses

Net Assets

**Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)**

## Expenses

(Required for 501(c)(3)  
and (4) organizations  
and 4947(a)(1) trusts;  
optional for others.)

What is the organization's primary exempt purpose? \_\_\_\_\_

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 Meeting Registration

(Grants \$  ) If this amount includes foreign grants, check here

28a 17,100<sup>0</sup>

29 -----

(Grants \$  ) If this amount includes foreign grants, check here

29a

30

(Grants \$  ) If this amount includes foreign grants, check here

30a

**31 Other program services (attach schedule)**

(Grants \$  ) If this amount includes foreign grants, check here

31a

**32 Total program service expenses.** Add lines 28a through 31a

32 17 10812

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 61 of the instructions.)

(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

**Part V Other Information (Note the statement requirement in General Instruction V.)**

Yes No

- |     |  |     |   |
|-----|--|-----|---|
| 33  | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change   | 33  |   |
| 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  | ✓ |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | 35a |   |
|     | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?   | 35b |   |
|     | b If "Yes," has it filed a tax return on Form 990-T for this year?   | 36  | ✓ |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.   | 37a |   |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a  | 37b | ✓ |
|     | b Did the organization file Form 1120-POL for this year?   | 38a | ✓ |
| 38a | 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?                    | 38b |   |
|     | b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved  | 39a |   |
| 39  | 501(c)(7) organizations. Enter:  | 39b |   |
|     | a Initiation fees and capital contributions included on line 9   |     |   |
|     | b Gross receipts, included on line 9, for public use of club facilities  |     |   |

**Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)****40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_

	Yes	No
40b		✓
40e		✓

**b** 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," attach an explanation . . .**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? . . . . .**41** List the states with which a copy of this return is filed. ► \_\_\_\_\_**42a** The books are in care of ► Cassandra Larkins Telephone no. ► (202) 863-1648  
Located at ► 409 12th St. SW Washington DC ZIP + 4 ► 20124-2188

	Yes	No
42b		✓
42c		✓

**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.

**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 . . . . . ► 43 | 43 | □

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	<u>Cassandra Larkins</u> Signature of officer	10-14-2010 Date	
	<u>Cassandra Larkins, Adm Director</u> Type or print name and title.		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ► _____	Preparer's SSN or PTIN (See Gen. Inst. X)
		Phone no. ► ( )	



<b>Part III Statements About Activities (See page 2 of the instructions.)</b>			<b>Yes</b>	<b>No</b>
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
2a	a Sale, exchange, or leasing of property?			✓
2b	b Lending of money or other extension of credit?			✓
2c	c Furnishing of goods, services, or facilities?			✓
2d	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?			✓
2e	e Transfer of any part of its income or assets?			✓
3a	3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)			✓
3b	b Did the organization have a section 403(b) annuity plan for its employees?			✓
3c	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement			✓
3d	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?			✓
4a	4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g			✓
4b	b Did the organization make any taxable distributions under section 4966?			✓
4c	c Did the organization make a distribution to a donor, donor advisor, or related person?			✓
d	d Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____			
g	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____			

**Part IV** **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).

6  A school Section 170(b)(1)(A)(ii). (Also complete Part V)

7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)

8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A )

11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)

12  An organization that normally receives. (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33½% 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) (Also complete the **Support Schedule** in Part IV-A )

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)



# North American Society for Psychosocial Obstetrics and Gynecology

## Executive Board 2007

### President

Kimberly A. Yonkers, MD  
Yale University  
New Haven, CT  
Email: [kimberly.yonkers@yale.edu](mailto:kimberly.yonkers@yale.edu)

### President-Elect

Susan G. Kornstein, MD  
Virginia Commonwealth University  
Department of Psychiatry  
Richmond, VA  
Email: [skornste@vcu.edu](mailto:skornste@vcu.edu)

### Secretary-Treasurer

Teri Pearlstein, MD  
Women and Infants Hospital  
Providence, RI  
Email: [teri\\_pearlstein@brown.edu](mailto:teri_pearlstein@brown.edu)

### Past President

Jillian Romm, RN, LCSW  
Oregon Health Sciences University  
Department of Ob-Gyn  
Portland, OR  
Email: [rommj@ohsu.edu](mailto:rommj@ohsu.edu)

### Members-at-Large

Linda H. Chaudron, MD  
University of Rochester  
Department of Psychiatry  
Rochester, NY  
Email: [linda\\_chaudron@urmc.rochester.edu](mailto:linda_chaudron@urmc.rochester.edu)

Meg O'Reilly, MD, MPH  
Oregon Health & Sciences University  
Department of Ob-Gyn  
Portland, OR  
Email: [oreillym@ohsu.edu](mailto:oreillym@ohsu.edu)

Jonathan A. Schaffir, MD  
Ohio State University Medical Center  
Department of Ob-Gyn  
Columbus, OH  
Email: [jonathan.schaffir@osumc.edu](mailto:jonathan.schaffir@osumc.edu)

Margaret Spinelli, MD  
Columbia University  
NY State Psychiatric Institute  
New York, NY  
Email: [mgs8@columbia.edu](mailto:mgs8@columbia.edu)

### Member-in-Training

Alison Shea, MSc  
Women's Health Concerns Clinic  
St. Joseph's Healthcare  
Hamilton, Ontario  
Canada  
Email: [alison.shea@utoronto.ca](mailto:alison.shea@utoronto.ca)

### National Office Staff

NASPOG  
409 12<sup>th</sup> Street, SW  
Washington, DC 20024-2188  
Phone: 202/863-2570; Fax: 202/554-0453

### Marion Johnson, Manager

Phone: 202/863-2570; Fax: 202/554-0453  
Email: [mjohnson@acog.org](mailto:mjohnson@acog.org)