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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 08-01-2010, and ending 07-31-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: SPARKS PPD INC. Number and street (or P O box, if mail is not delivered to street address): 1450 42ND STREET. City or town, state or country, and ZIP + 4: BROOKLYN, NY 11219

D Employer identification number: 26-0794276. E Telephone number: (718) 277-2757. F Group Exemption Number

G Accounting method: Accrual. I Website: WWW.SPARKSCENTER.ORG. J Tax-Exempt status: 501(c)(3)

H 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 \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$152,472

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

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total 152,472). Rows 10-17: Expenses (Total 159,915). Rows 18-21: Net Assets (Total 1,555).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	9,669	22	7,191
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	9,669	25	7,191
26 Total liabilities (describe in Schedule O)		26	5,636
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9,669	27	1,555

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
SPARKS (SERVING PRE AND POST NATAL WOMEN AND FAMILIES WITH AWARENESS, RELIEF, KNOWLEDGE AND SUPPORT) IS DEDICATED TO MEETING THE EDUCATIONAL, PSYCHOSOCIAL, AND PSYCHIATRIC NEEDS OF WOMEN SUFFERING FROM POST-PARTUM DEPRESSION (PPD), PRE-MENSTRUAL SYNDROME (PMS), AS WELL AS OTHER WOMEN'S HEALTH ISSUES OUR MISSION IS TO PROVIDE MOTHERS AND FAMILIES, WHO ARE STRUGGLING AND SUFFERING UNNECESSARY PAIN, WITH THE PROPER CARE THEY DESERVE, MAKING THIS DREAM A REALITY HELP WOMEN WHO SUFFER FROM POSTPARTUM DEPRESSION (PPD) WITH MONEY, FOOD,AND CLOTHING ALSO ASSIST WOMEN WITH KNOWLEDGE AND AWARENESS ABOUT PPD

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, and other relevant information for each program title

28 SPARKS (SERVING PRE AND POST NATAL WOMEN AND FAMILIES WITH AWARENESS, RELIEF, KNOWLEDGE AND SUPPORT) IS DEDICATED TO MEETING THE EDUCATIONAL, PSYCHOSOCIAL, AND PSYCHIATRIC NEEDS OF WOMEN SUFFERING FROM POST-PARTUM DEPRESSION (PPD), PRE-MENSTRUAL SYNDROME (PMS), AS WELL AS OTHER WOMEN'S HEALTH ISSUES OUR MISSION IS TO PROVIDE MOTHERS AND FAMILIES, WHO ARE STRUGGLING AND SUFFERING UNNECESSARY PAIN, WITH THE PROPER CARE THEY DESERVE, MAKING THIS DREAM A REALITY HELP WOMEN WHO SUFFER FROM POSTPARTUM DEPRESSION (PPD) WITH MONEY, FOOD, AND CLOTHING ALSO ASSIST WOMEN WITH KNOWLEDGE AND AWARENESS ABOUT PPD

(Grants \$) If this amount includes foreign grants, check here **28a** 116,260

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 (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 116,260

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

Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions about controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions about lobbying, school status, and related organizations.

50 Complete this table for the organization's 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"

Table with 5 columns: (a) Name and address, (b) Title and average hours, (c) Compensation, (d) Contributions to benefit plans, (e) Expense account. Row 1 contains 'NONE'.

50(f) Total number of other employees paid over \$100,000

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

Table with 3 columns: (a) Name and address, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. [X] Yes [] No

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

Sign Here section with fields for Signature of officer (*****), Date (2011-11-29), and Type or print name and title (ESTHER KENIGSBERG PRESIDENT/CEO).

Paid Preparer's Use Only section with fields for Preparer's signature (JACOB GLICK), Date (2012-01-25), Check if self-employed, Preparer's taxpayer identification number, Firm's name (JACOB GLICK CPA PC), address (3611 14TH AVE STE 613, BROOKLYN, NY 112183750), EIN, and Phone no ((718) 972-0187).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
SPARKS PPD INC

Employer identification number

26-0794276

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)

- 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)**.
- 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)**.
- 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 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)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(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	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		79,818	44,193	83,738	153,590	361,339
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 through 3		79,818	44,193	83,738	153,590	361,339
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)						115,471
6 Public Support. Subtract line 5 from line 4						245,868

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4		79,818	44,193	83,738	153,590	361,339
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11 Total support (Add lines 7 through 10)						361,339

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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	68.040 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	100.000 %

- 16a 33 1/3% support test—2010.** 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
- b 33 1/3% support test—2009.** If the organization did not check the 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
- 17a 10%-facts-and-circumstances test—2010.** 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
- b 10%-facts-and-circumstances test—2009.** 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
- 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

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 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 in line 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 lines 9, 10c, 11 and 12)						
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 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
SPARKS PPD INC

Employer identification number
26-0794276

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 13,564 MARKETING 4,985 OFFICE 16,407 BANK CHARGES 1,204 DUES & SUBSCRIPTIONS 1,440 TELEPHONE 7,920 TRAVEL 8,133 INSURANCE 870 CONSULTING 13,728 TRAINING 1,084 EDUCATIONAL EVENTS 54,488 FILING FEES 35 TOTAL 123,858

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	OTHER DECREASES -671

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 4,170 PAYROLL TAX PAYABLE 0 1,466

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	SPARKS (SERVING PRE AND POST NATAL WOMEN AND FAMILIES WITH AWARENESS, RELIEF, KNOWLEDGE AND SUPPORT) IS DEDICATED TO MEETING THE EDUCATIONAL, PSYCHOSOCIAL, AND PSYCHIATRIC NEEDS OF WOMEN SUFFERING FROM POST-PARTUM DEPRESSION (PPD), PRE-MENSTRUAL SYNDROME (PMS), AS WELL AS OTHER WOMEN'S HEALTH ISSUES OUR MISSION IS TO PROVIDE MOTHERS AND FAMILIES, WHO ARE STRUGGLING AND SUFFERING UNNECESSARY PAIN, WITH THE PROPER CARE THEY DESERVE, MAKING THIS DREAM A REALITY HELP WOMEN WHO SUFFER FROM POSTPARTUM DEPRESSION (PPD) WITH MONEY, FOOD, AND CLOTHING ALSO ASSIST WOMEN WITH KNOWLEDGE AND AWARENESS ABOUT PPD

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	SPARKS (SERVING PRE AND POST NATAL WOMEN AND FAMILIES WITH AWARENESS, RELIEF, KNOWLEDGE AND SUPPORT) IS DEDICATED TO MEETING THE EDUCATIONAL, PSYCHOSOCIAL, AND PSYCHIATRIC NEEDS OF WOMEN SUFFERING FROM POST-PARTUM DEPRESSION (PPD), PRE-MENSTRUAL SYNDROME (PMS), AS WELL AS OTHER WOMEN'S HEALTH ISSUES. OUR MISSION IS TO PROVIDE MOTHERS AND FAMILIES, WHO ARE STRUGGLING AND SUFFERING UNNECESSARY PAIN, WITH THE PROPER CARE THEY DESERVE, MAKING THIS DREAM A REALITY. HELP WOMEN WHO SUFFER FROM POSTPARTUM DEPRESSION (PPD) WITH MONEY, FOOD, AND CLOTHING. ALSO ASSIST WOMEN WITH KNOWLEDGE AND AWARENESS ABOUT PPD.













TY 2010 Compensation Explanation

Name: SPARKS PPD INC

EIN: 26-0794276

Person Name	Explanation
ESTHER KENIGSBERG	
SURI FRENKEL	
MIRIAM AMSEL	
HENNA WHITE	
RABBI DR ELIE ABADIE	
REB REVKA EICHENSTEIN PH D	
CHESKY FUCHS	
NAFTULI HOROWITZ	
DR SUSAN K SCHULMAN	
SUSAN STONE LCSW MSW	
ORANIT ZUCKERMAN LCSW MSW	
MOTTY KENIGSBERG	

Additional Data**Software ID:****Software Version:****EIN:** 26-0794276**Name:** SPARKS PPD INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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
ESTHER KENIGSBERG  1450-42ND STREET BROOKLYN, NY 11219	PRESIDENT 50 00	0		
SURI FRENKEL  82 PARKSVILLE AVE BROOKLYN, NY 11230	DIRECTOR 5 00	0		
MIRIAM AMSEL  1129-49TH STREET BROOKLYN, NY 11219	DIRECTOR 5 00	0		
HENNA WHITE  1450-42ND STREET BROOKLYN, NY 11219	DIRECTOR 5 00	0		
RABBI DR ELIE ABADIE  1450-42ND STREET BROOKLYN, NY 11219	DIRECTOR 5 00	0		
REB REVKA EICHENSTEIN PH D  1450-42ND STREET BROOKLYN, NY 11219	DIRECTOR 5 00	0		
CHESKY FUCHS  1450-42ND STREET BROOKLYN, NY 11219	DIRECTOR 5 00	0		
NAFTULI HOROWITZ  1450-42ND STREET BROOKLYN, NY 11219	DIRECTOR 5 00	0		
DR SUSAN K SCHULMAN  1450-42ND STREET BROOKLYN, NY 11219	DIRECTOR 5 00	0		
SUSAN STONE LCSW MSW  1450-42ND STREET BROOKLYN, NY 11219	DIRECTOR 5 00	0		
ORANIT ZUCKERMAN LCSW MSW  1450-42ND STREET BROOKLYN, NY 11219	DIRECTOR 5 00	0		
MOTTY KENIGSBERG  1450-42ND STREET BROOKLYN, NY 11219	DIRECTOR 5 00	0		