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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short 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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008**Open to Public Inspection**

A For the 2008 calendar year, or tax year beginning Mar 1 , 2008, and ending Feb 28 , 2009			
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Name of organization GEORGIA ORGANIZATION OF SCHOOL-BASED SPEECH-LANGUAGE PATHOLOGISTS Number and street (or P.O. box, if mail is not delivered to street address) Room/suite c/o K. JONES 5335 TERRYTOWN LANE City or town, state or country, and ZIP + 4 LITHONIA GA 30038		D Employer identification number 58-2527323
	E Telephone number (404) 723-9234		F Group Exemption Number
	G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
	I Website: ▶ www.goss1p.com		
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 129,733.			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
REVENUE	1	Contributions, gifts, grants, and similar amounts received	1
	2	Program service revenue including government fees and contracts	117,850.
	3	Membership dues and assessments	11,809.
	4	Investment income	74.
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	
	6b	Less: direct expenses other than fundraising expenses	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
7a	Gross sales of inventory, less returns and allowances		
7b	Less: cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe ▶ _____)		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	129,733.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	
	14	Occupancy, rent, utilities, and maintenance	21,075.
	15	Printing, publications, postage, and shipping	16,664.
	16	Other expenses (describe ▶ See Other Expenses Statement)	66,022.
	17	Total expenses (add lines 10 through 16)	103,761.
	18	Excess or deficit for the year (Subtract line 17 from line 9)	25,972.
	ASSETS	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)
20		Other changes in net assets or fund balances (attach explanation)	
21		Net assets or fund balances at end of year. Combine lines 18 through 20	142,129.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.			
(See the instructions for Part II.)			
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ▶ _____) 25 Total assets 26 Total liabilities (describe ▶ _____) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(A) Beginning of year	(B) End of year	
	116,157.	142,129.	
	0.	0.	
	0.	0.	
	116,157.	142,129.	
	0.	0.	
	116,157.	142,129.	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

15P

Part III	Statement of Program Service Accomplishments (See the instructions.)
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Expenses

What is the organization's primary exempt purpose? **IMPROVING THE SERVICES FOR SPEECH-LANGUAGE PATHOLOGISTS**
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.

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

28	<u>TWO DAY CONFERENCE TO DISSEMINATE INFORMATION TO SPEECH-LANGUAGE PATHOLOGISTS REGARDING BEST PRACTICES/UPDATES IN THIS FIELD. SPEAKERS INCLUDED NATIONAL AND LOCAL EXPERTS.OVER 1300 PARTICIPANTS ATTENDED</u> (Grants \$) If this amount includes foreign grants, check here	28a	102,681.
29	<u>NEWSLETTER IS PUBLISHED 4 TIMES A YEAR AND CONTAINS INFORMATION OF IDEAS/BEST PRACTICES OF SPEECH-LANGUAGE PATHOLOGISTS AND NEEDS OF THE ORGANIZATION. DISTRIBUTED TO 750 MEMBERS.</u> (Grants \$) If this amount includes foreign grants, check here	29a	580.
30	<u>RESPONSE TO INTERVENTIONS PROJECT WAS SPONSORED TO GATHER INFORMATION AND DEVELOP A MANUAL FOR USE BY MEMBERS AND NON-MEMBERS. MANUAL DOCUMENTS STUDENTS' RESPONSES TO INTERVENTION STRATEGIES PRIOR TO REFERRALS FOR SPECIAL EDUCATION SERVICES</u> (Grants \$) If this amount includes foreign grants, check here	30a	500.
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	103,761.

Part IV	List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)
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[illegible]

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

	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		X
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		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 your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a 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?		X
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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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,' complete Schedule L, Part I 40b		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed ▶ Georgia		

42a The books are in care of ▶ **KIMBERLY Y. JONES** Telephone no ▶ **(770) 323-2599**
 Located at ▶ **5335 TERRYTOWN LANE, LITHONIA, GEOR** **IA** ZIP + 4 ▶ **30038-3939**

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 ▶ _____

	Yes	No
42b		X
42c		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 ▶ _____

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**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
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

	Yes	No
45		X

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

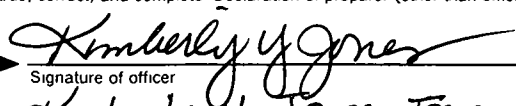
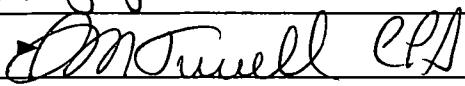
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	☒
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	☒
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	☒
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	☒
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Sign Here	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.			
	 Signature of officer		Date 12/1/09	
Paid Preparer's Use Only	 Preparer's signature		Date 11/24/09	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 Carmichael Brasher Tuvell & Company 1647 Mount Vernon Rd Atlanta GA 30338		Preparer's Identifying Number (See instructions) 700437644	EIN 58-1696247
			Phone no (678) 443-9200	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

OFFICE EXPENSE	2,721.
BANK FEES	226.
CPA FEES	995.
THIRD PARTY SERVICES	35,500.
LICENSES & PERMITS	30.
GIFTS	3,358.
SPEAKER FEES	450.
TEMPORARY LABOR	500.
TRAVEL	21,973.
FOOD FOR PROGRAMS	238.
FINANCE CHARGES	31.
Total	66,022.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I** **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	GEORGIA ORGANIZATION OF SCHOOL-BASED SPEECH-LANGUAGE PATHOLOGISTS	58-2527323
	Number, street, and room or suite number. If a P.O. box, see instructions	
	c/o K. JONES 5335 TERRYTOWN LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	LITHONIA	GA 30038

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ► **KIMBERLY Y. JONES**

Telephone No. ► **(770) 323-2599** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Oct 15**, 20 **09**, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20__ or
► ☒ tax year beginning **Mar 1**, 20 **08**, and ending **Feb 28**, 20 **09**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	GEORGIA ORGANIZATION OF SCHOOL-BASED SPEECH-LANGUAGE PATHOLOGISTS	58-2527323
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	c/o K. JONES 5335 TERRYTOWN LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	LITHONIA GA 30038	

Check type of return to be filed (File a separate application for each return).

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| ☒ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **KIMBERLY Y. JONES**
Telephone No. **(770) 323-2599** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **Jan 15**, 20 **10**.
- 5 For calendar year _____, or other tax year beginning **Mar 1**, 20 **08**, and ending **Feb 28**, 20 **09**.
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **TAXPAYER NEEDS ADDITIONAL TIME TO GATHER THE DOCUMENTS NEEDED TO PREPARE AN ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **CPA** Date **10/14/09**