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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)

OMB No 1545-1150

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- ▶ 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.

A For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SOCIETY FOR PEDIATRIC PATHOLOGY		D Employer identification number 22-2812917
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 3643 WALTON WAY EXTENSION		E Telephone number 706-733-7550
		City or town, state or country, and ZIP + 4 AUGUSTA GA 30909-4507		F Group Exemption Number ☐

- 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: ▶ **SPPONLINE.ORG****J** Organization type (check only one) — ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

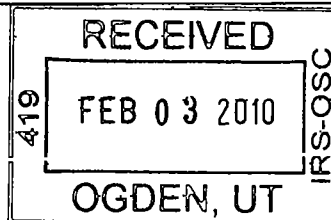
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$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 ▶ \$ **322,808**

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	4,493
	2 Program service revenue including government fees and contracts	2	150,340
	3 Membership dues and assessments	3	113,699
	4 Investment income	4	23,277
	5a Gross amount from sale of assets other than inventory	5a	29,407
	b Less cost or other basis and sales expenses	5b	49,967
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	-20,560
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	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 ▶ SEE STATEMENT 3)	8	1,592	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	272,841	
Expenses	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	56,255
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	40,750
	16 Other expenses (describe ▶ SEE STATEMENT 4)	16	180,032
	17 Total expenses. Add lines 10 through 16	17	277,037
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,196
	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	794,014
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	-103,200
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	686,618

**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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	816,693	724,483
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 6)	29,895	14,436
25 Total assets	846,588	738,919
26 Total liabilities (describe ▶ SEE STATEMENT 7)	52,574	52,301
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	794,014	686,618

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

Form **990-EZ** (2008)

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

What is the organization's primary exempt purpose?

PEDIATRIC PATHOLOGY EDUCATION AND RESEARCH

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.

Expenses

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

28 PUBLICATION OF SCIENTIFIC JOURNALS CONCERNING RESEARCH &
PRACTICE OF PEDIATRIC PATHOLOGY

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

28a	31,281
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29 EDUCATIONAL MEETINGS & COURSES RELATING TO SCIENTIFIC
INFORMATION INTENDED TO IMPROVE THE STANDARD OF RESEARCH
AND PRACTICE OF PEDIATRIC PATHOLOGY

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

29a	136,578
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30 NEWSLETTER, DIRECTORY & WEB PAGE PROVIDE THE
COMMUNICATION TOOLS FOR KEEPING MEMBERS INFORMED

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

30a	38,928
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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	206,787
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

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

	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 section 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 instr 37a		
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 Section 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 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 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		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Enter amount of tax on line 40c reimbursed by the organization 40d		
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 GA		
42a The books are in care of US CANADIAN ACAD. OF PATH Telephone no 706-733-7550 3643 WALTON WAY EXT Located at AUGUSTA, GA ZIP + 4 30909		
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 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
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

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.

- 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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 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?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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	(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 each receiving over \$100,000		

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 Signature of officer: JEFF GOLDSTEIN Date: 1/26/2010
Type or print name and title: PRESIDENT

Paid Preparer's Use Only Preparer's signature: R. THOMAS FULLER Date: 1/12/10 Check if self-employed: ☐ Preparer's Identifying Number (See instr.): P00370293
Firm's name (or yours if self-employed): FULLER, FROST & ASSOCIATES, CPA, PC EIN: 58-1631179
address, and ZIP + 4: SUITE 950, 801 BROAD STREET Phone: 706-724-2063
AUGUSTA, GA 30901 no: 706-724-2063

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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.)

Section A. Public Support

Calendar 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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
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						
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 section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. 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—2007. If the organization did not check a 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—2008. 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—2007. 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.)

Section A. Public Support

Calendar 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.")	91,145	86,720	83,536	90,629	118,192	470,222
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	142,215	119,785	112,779	147,596	150,340	672,715
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	233,360	206,505	196,315	238,225	268,532	1,142,937
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)	233,360	206,505	196,315	238,225	268,532	1,142,937

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	233,360	206,505	196,315	238,225	268,532	1,142,937
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,105	19,638	34,168	41,235	23,277	136,423
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	18,105	19,638	34,168	41,235	23,277	136,423
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.)	615	1,721	7,043	200	1,592	11,171
13 Total support. (Add lines 9, 10c, 11, and 12.)	252,080	227,864	237,526	279,660	293,401	1,290,531

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 2008 (line 8, column (f) divided by line 13, column (f))	15	88.5633 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	90.0885 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	10.5711 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	8.8980 %

19a 33 1/3 % support tests—2008. 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—2007. 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.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART III, LINE 12 - OTHER INCOME DETAIL

MISCELLANEOUS	\$	2,757
PERSPECTIVES	\$	8,414

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

SOCIETY FOR PEDIATRIC PATHOLOGY

Identifying number

22-2812917

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

(a) Description of property		(b) Cost (business use only)		(c) Elected cost	
6					
7	Listed property Enter the amount from line 29	7			
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8			
9	Tentative deduction Enter the smaller of line 5 or line 8	9			
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10			
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11			
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12			
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13			

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,707

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr	22	3,707
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

3068 Society for Pediatric Pathology

22-2812917

FYE: 6/30/2009

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
DUES	\$ 113,699
TOTAL	\$ 113,699

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
RUL JAN 0140 5 SH PURCHASE						\$ 9,600	\$ 3,775	\$	5,825
ABRDN SEL SMALL CAP A PURCHASE				VARIOUS	1/27/09	19,807	46,192		-26,385
TOTAL						<u>\$ 29,407</u>	<u>\$ 49,967</u>	<u>\$ 0</u>	<u>\$ -20,560</u>

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MISC	\$ 1,592
TOTAL	\$ 1,592

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
WEBSITE COSTS	12,929
SAMS WEBSITE MAINTENANCE	5,966
MEMBERMAX COSTS	7,725
MEETING EXP	87,550
DUES	1,047
ACCME	10,664
INVESTMENT FEES	3,637
AWARDS	37,317
BANK CHARGES	9,490
INVESTMENT DEPRECIATION	3,707
TOTAL	\$ 180,032

Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
DIFF B/W RLZD LOSS PER FIN STMTS & TAX RETURN	\$ 12,967
UNREALIZED LOSS ON INVESTMENTS PER FINANCIAL STMTS	-109,085
CHANGE IN ACCTS PAYABLE FROM '08 TO '09	-7,082
TOTAL	\$ -103,200

Statement 6 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 6,250	\$ 6,250
PREPAID EXPENSES AND DEFERRED CHARGES	5,111	
WIP	18,534	8,186
	29,895	14,436

Federal Statements**Statement 7 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 24,260	\$ 31,341
PERSPECTIVES PROJECT	11,390	20,960
DUE TO ALLEN PRESS	16,924	
	<u>52,574</u>	<u>52,301</u>

3068 Society for Pediatric Pathology
22-2812917
FYE: 6/30/2009

Federal Statements

Statement 8 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JEFF GOLDSTEIN 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	PRESIDENT	0	0	0	0
DAVID PARHAM 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	PAST PRES	0	0	0	0
CYNTHIA KAPLAN 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	PRES ELECT	0	0	0	0
SARA VARGAS 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	SEC-TREAS	0	0	0	0
LUC OLIGNY 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0
CARLOS GALLIANI 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0
GLENN TAYLOR 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0
SUE HAMMOND 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0
JOHN HICKS 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0

3068 Society for Pediatric Pathology
22-2812917
FYE: 6/30/2009

Federal Statements

Statement 8 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
VAN SAVELL 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0
BAHIG SHEHATA 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0
CYRIL D'CRUZ 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0
MARIA TSOKOS 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0
ONA FAYE-PETERSEN 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0
CHARLES TIMMONS 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0
LINDA ERNST 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0
PORTIA KREIGER 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEM	0	0	0	0
DEBRA HELLER 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0

3068 Society for Pediatric Pathology
22-2812917
FYE: 6/30/2009

Federal Statements

Statement 8 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
CHERYL COFFIN 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0
AMY MCKENNEY 3643 WALTON WAY EXTENSION AUGUSTA, GA 30909	COUNCIL MEMB	0	0	0	0

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **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 ☒
- 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 SOCIETY FOR PEDIATRIC PATHOLOGY	Employer identification number 22-2812917
	Number, street, and room or suite no. If a P.O. box, see instructions 3643 WALTON WAY EXTENSION	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUGUSTA GA 30909-4507	

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 (sec. 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 ► **US CANADIAN ACAD. OF PATHOLOGY**

Telephone No. ► **706-733-7550**

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 **2/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year or
- ☒ tax year beginning **7/01/08**, and ending **6/30/09**.

- 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	\$
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	\$
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	\$

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**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2009)