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UNDER EXTENSION

Short Form

OMB No 1545-1150

2008

Open to Public Inspection

Form **990-EZ**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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.

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning <u>7/01</u> , 2008, and ending <u>6/30</u> , 2009				
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top;"> Please use IRS label or print or type. See Specific Instructions. </td> <td style="width: 65%;"> C Name of organization <u>SOUTHERN GERONTOLOGICAL SOCIETY</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>1616-102 WEST CAPE CORAL PARKWAY</u> City or town, state or country, and ZIP + 4 <u>CAPE CORAL, FL 33914</u> </td> <td style="width: 20%;"> D Employer identification number <u>63-0777970</u> E Telephone number <u>(239) 541-2011</u> F Group Exemption Number </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>SOUTHERN GERONTOLOGICAL SOCIETY</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>1616-102 WEST CAPE CORAL PARKWAY</u> City or town, state or country, and ZIP + 4 <u>CAPE CORAL, FL 33914</u>	D Employer identification number <u>63-0777970</u> E Telephone number <u>(239) 541-2011</u> F Group Exemption Number
Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>SOUTHERN GERONTOLOGICAL SOCIETY</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>1616-102 WEST CAPE CORAL PARKWAY</u> City or town, state or country, and ZIP + 4 <u>CAPE CORAL, FL 33914</u>	D Employer identification number <u>63-0777970</u> E Telephone number <u>(239) 541-2011</u> 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: ▶ LAGEHSGS@AOL.COM

J Organization type (check only one) — ☒ 501(c) (3) (Insert no.) ☐ 4947(a)(1) or ☐ 527

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 ▶ \$ 101,405

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	225
	2	Program service revenue including government fees and contracts	89,082
	3	Membership dues and assessments	13,066
	4	Investment income	32
	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) (attach schedule)	
	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)	
Expenses	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	101,405
	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
Net Assets	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	41,000
	14	Occupancy, rent, utilities, and maintenance	636
	15	Printing, publications, postage, and shipping	10,082
	16	Other expenses (describe ▶)	22,623
	17	Total expenses. Add lines 10 through 16	74,341
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	27,064
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)	72,768	
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	99,832	

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	72,768	22 <u>99,832</u>
23	Land and buildings		23
24	Other assets (describe ▶)		24
25	Total assets	72,768	25 <u>99,832</u>
26	Total liabilities (describe ▶)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	72,768	27 <u>99,832</u>

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

Cat. No. 106421

Form 990-EZ (2008) 14

SCANNED JAN 03 2010

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

Expenses

What is the organization's primary exempt purpose? PROMOTE STUDY OF AGING

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

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 PROVIDES FOR THE ANNUAL CONFERENCE ON AGING. THESE CONFERENCES PERFORM IN DEPTH STUDY & RESEARCH ON THE AGING PROBLEM, MEDICINE TRANSPORTATION & RETIREMENT

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

28a 3706

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	3706
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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?		X
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		
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: <i>N/A</i> section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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 ▶		
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.		X
41 List the states with which a copy of this return is filed. ▶ <i>N/A</i>		
42a The books are in care of ▶ <i>LAURA GAGE</i> Telephone no. ▶ <i>(239) 541-2011</i> Located at ▶ <i>1616-02 WEST CAPE CORAL PARKWAY, CAPE CORAL, FL</i> ZIP + 4 ▶ <i>33914</i>		
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, 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: ▶		X
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		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		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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** ☐ **47** ☐ **48** ☐ **49a** ☐ **49b** ☐
- 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."

(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
N/A				
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
N/A		
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 Dana Burr Bradley Date 25 November 2009
 Type or print name and title Treasurer, Southern Gerontological Society

Paid Preparer's Use Only

Preparer's signature William A Maher CPA Date 11/12/09 Check if self-employed ☐ Preparer's Identifying Number (See instructions) 483-58-0717
 Firm's name (or yours if self-employed), address, and ZIP + 4 WILLIAM A MAHER PA EIN 65-0739980
2038 HENLEY PL FT MYERS FL 33901 Phone no. ()

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% support test—2008. If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33% 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.")	13766	24160	21,268	20,567	13291	93,052
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	50,642	57,862	75,398	71,596	88,082	343,580
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	64,408	82,022	96,666	92,163	101,373	436,632
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.)	64,408	82,022	96,666	92,163	101,373	436,632

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	64,408	82,022	96,666	92,163	101,373	436,632
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52	116	132	71	32	403
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.)	75	144				219
13 Total support. (Add lines 9, 10c, 11, and 12.)	64,535	82,282	96,798	92,234	101,405	437,254
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	99.86	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.84	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.14	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.16	%

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)

Area with horizontal dashed lines for supplemental information.

SOUTHERN GERONTOLOGICAL SOCIETY
2008 FORM 990-EZ FYE 6/30/09
63-0777970

	Initials	Date
Prepared By		
Approved By		

PAGE 1, LINE 16, OTHER EXPENSES

HOTEL	13871
AUDIO VIDEO	565
INSURANCE	820
PROGRAM EXPENSES	3706
OFFICE	385
PROFESSIONAL FEES	400
PHONE	1502
BANK CHARGES	1374
	22623
TOTAL	22623

SOUTHERN GERONTOLOGICAL SOCIETY
OFFICERS AND DIRECTORS
2009-2010

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Year One of Two Year Term**

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Fax:
e-mail: lmurray@uncc.edu
louisemmurray@msn.com

Second Student Representative to be appointed by Jan Wassel.

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 SOUTHERN GERONTOLOGICAL SOCIETY	Employer identification number 63 0777970
	Number, street, and room or suite no. If a P.O. box, see instructions. 1616-102 WEST CAPE CORAL PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CAPE CORAL, FL 33914	

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 ► **LAURA GAGE**

Telephone No. ► **(239) 541-2011** FAX No. ► **(239) 540-8654**

- 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 **FEB 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 or **7/1**, 20**08**, and ending **6/30**, 20**09**.
► ☒ tax year beginning , 20**08**, and ending , 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	\$
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.