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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

American Association of Pathologists Assistants

Number and street (or P O box, if mail is not delivered to street address)Room/suite

2345 Rice Street

City or town, state or country, and ZIP + 4

St Paul, MN 55113

D Employer identification number

31-0921680

E Telephone number

(800) 532-2272

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.pathologistsassistants.org

J Tax-Exempt status (check only one) 501(c)(6) 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 more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ \$485,806

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	244,907
	3	Membership dues and assessments	157,456
	4	Investment income	653
	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)	
	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)	0
Expenses	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)	82,790
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	485,806
	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
Net Assets	12	Salaries, other compensation, and employee benefits	31,350
	13	Professional fees and other payments to independent contractors	54,458
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	36,020
	16	Other expenses (describe)	310,432
	17	Total expenses. Add lines 10 through 16	432,260
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	53,546
	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)	492,286
	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	545,832

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 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

607,060

13,226

620,286

128,000

492,286

(B) End of year

588,839

14,966

603,805

57,973

545,832

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for 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? Advancement of the pathologists' assistant profession, education			
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 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	

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

Part V Other Information (Note the statement requirements in the instructions for Part 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	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
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?	37b	No
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 outstanding at the end of the period covered by this return? . . .	38a	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations 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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ Susan Morgan Telephone no ▶ (206) 571-4836 17648 Old Highway 99 SW Located at ▶ Tenino, WA ZIP + 4 ▶ 98589		
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.	42b	No
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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> 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.	44	No
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	No

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 46-49b 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		
48	Is the organization a school 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?		
49b	If "Yes," was the related organization a section 527 organization?		

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 "

(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				

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 "

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

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

Please 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		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
May the IRS discuss this return with the preparer shown above? See instructions					

Additional Data

Software ID:

Software Version:

EIN: 31-0921680

Name: American Association of Pathologists Assistants

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 Liaison with 8 Pathologist Assistant training program directors and with organizations that certify training programs (NAACLS and ASCP) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29 Provide additional educational opportunities through CME materials, quarterly newsletter and certification of educational credits for members provided through PACE (1300 quarterly newsletters distributed, approx 11000 CE credits issued) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 Educate public and the medical community concerning the role & responsibilities of the pathologists' assistants through traveling exhibits & PR activities (5 exhibits) Maintenance of website and job hotline ads (120 ads) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
Promote mutual association of pathologists' assistants & ethical conduct within the association with the annual conference (approx 400 attendees) PA list serve site on yahoo with approx 2400 posts per year (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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
Karen Riviello 299 Carew Street Springfield,MA 01104	Trustee 2 00	0		
Jayne Tessitore 111 Colchester Avenue Burlington,VT 05401	Adjunct member 2 00	0		
W Rae Rader 10401 W Thunderbird Blvd Sun City,AZ 85351	Trustee 2 00	0		
Tina Rader 245 N 15th Street Philadelphia,PA 19102	Trustee 2 00	0		
Susan Morgan 17648 Old Highway 99 SW Tenino,WA 98589	CFO 3 00	0		
Gerald Phipps Box 100275 Gainesville,FL 32610	Adjunct member 2 00	0		
Anne Walsh-Feeks 259 First Street Mineola,NY 11501	Secretary 3 00	0		
Tom Reilly 275 Sandwich St Plymouth,MA 02360	Trustee 2 00	0		
Colleen Galvis 300 Halket Street Pittsburgh,PA 15123	Trustee 2 00	0		
John Mitchell 906 Corbett Street Winterville,NC 285908681	Executive Direc 10 00	31,350		
Leo Limuaco 4230 Burnham Avenue Suite 250 Las Vegas,NV 89119	Trustee 2 00	0		
Michael Sovocool 736 Irving Avenue Syracuse,NY 132101690	Board Chairman 3 00	0		
Larry Marquis 45 Reade Place Poughkeepsie,NY 12601	Trustee 2 00	0		

TY 2009 Other Assets Schedule

Name: American Association of Pathologists
Assistants

EIN: 31-0921680

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges	5,000	5,000
Machinery and Equipment	8,226	9,966

TY 2009 Other Expenses Schedule**Name:** American Association of Pathologists

Assistants

EIN: 31-0921680**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
Website Costs	3,106
Travel	17,681
Training (CME)	550
Telephone	1,038
Other Operating Costs	592
Officer Expenses	784
Office Expenses	7,148
Miscellaneous	50
Meals	329
Gifts	249
Faxes	207
Dues - NAACLS	8,350
Depreciation	4,722
Credit Card Processing Fees	13,214
Conferences, Conventions, and Meetings	215,764
Booth Expenses	17,193
Books	122
Awards	1,072
AV Tech Committee	15,295

TY 2009 Other Liabilities Schedule

Name: American Association of Pathologists
Assistants

EIN: 31-0921680

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Deferred Revenue	57,201	50,900
Accounts Payable and Accrued Expenses	70,799	7,073

TY 2009 Other Revenues Schedule

Name: American Association of Pathologists
Assistants

EIN: 31-0921680

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
Newletter Ads	1,360
Mailing Labels	1,775
Exam Fees/OJT Packets	11,225
CME Video	20,830
Job Hotline	23,250
Conf Sponsor Fees	24,350