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2007

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service(77)

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)

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

A For the 2007 calendar year, or tax year beginning Jul 1, 2007, and ending Jun 30, 2008

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

GEORGIA GREEN INDUSTRY ASSOCIATION INC

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

PO BOX 369

City, town or country

State ZIP code + 4

EPWORTH

GA 30541

D Employer identification number

58-1524250

E Telephone number

F Accounting method

Cash Accrual
 Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? Yes No
(If 'No,' attach a list See instructions)H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ►

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

G Web site: ► N/A

J Organization type (check only one) ► 501(c) 6 (insert no) 4947(a)(1) or 527K Check here ► if the organization is not a 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 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 537,776.

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

1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b		
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d	162,412.	
e Total (add lines 1a through 1d) (cash \$ 162,412. noncash \$ 0.)	1e	162,412.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	302,726.	
3 Membership dues and assessments	3	62,479.	
4 Interest on savings and temporary cash investments	4	4,090.	
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less rental expenses	6b		
c Net rental income or (loss) Subtract line 6b from line 6a	6c		
7 Other investment income (describe) ►	7		
7a Gross amount from sales of assets other than inventory 2010	(A) Securities	(B) Other	
b Less cost or other basis and sales expenses	8a		
c Gain or loss (attach schedule)	8b		
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8c		
8d			
9 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>			
a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b Less direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a Gross sales of inventory, less returns and allowances	10a	6,069.	
b Less cost of goods sold	10b	4,953.	
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c	1,116.	
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	532,823.	
13 Program services (from line 44, column (B))	13	67,957.	
14 Management and general (from line 44, column (C))	14		
15 Fundraising (from line 44, column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)	17	532,006.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	817.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	122,911.	
20 Other changes in net assets or fund balances (attach explanation)	20	-4,554.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	119,174.	

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. See *instruct.*

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch)				
(cash \$ _____) non-cash \$ _____)				
If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch)				
(cash \$ 67,957. non-cash \$ _____)				
If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b	67,957.	67,957.	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A				
b Compensation of former officers, directors, key employees, etc. listed in Part V-B				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c.				
27 Pension plan contributions not included on lines 25a, b, and c.				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)				
43 Other expenses not covered above (itemize)				
a <u>BANK CHARGES</u>	43a	3,779.		
b <u>MANAGEMENT FEES</u>	43b	134,103.		
c <u>INSURANCE</u>	43c	1,262.		
d <u>LOBBYIST</u>	43d	22,343.		
e <u>DUES & SUBSCRIPTIONS</u>	43e	6,047.		
f <u>EXECUTIVE BOARD EXPENSES</u>	43f	4,896.		
g See Other Expenses Stmt	43g	87,797.		
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	532,006.	67,957.	

Joint Costs. Check ► if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services

\$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>PROMOTE THE HORTICULTURE INDUSTRY</u>		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	<u>ACCUMULATE AND DISSEMINATE EDUCATION INFORMATION, CARRYOUT LAWFUL TRADE ASSOC ACTIVITIES AND INCREASE PUBLIC AWARENESS BY HOSTING AN ANNUAL TRADE SHOW AND MEETING FOR MEMBERS</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
b	<u>ESTABLISH AN EDUCATION NETWORK THAT WILL DEVELOP AND ADMINISTER A STANDARD TESTING PROCEDURE FOR THE PURPOSE OF STATEWIDE CERTIFICATION WITH THE GREEN INDUSTRY</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
c	<u>SERVE AS A RESOURCE FOR THE DEVELOPMENT OF DISTRICT AFFILIATES</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
e Other program services	<u>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></u>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		► <input type="checkbox"/>

BAA

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
ASSETS	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			
45	Cash – non-interest-bearing	23,885.	45	14,305.
46	Savings and temporary cash investments	70,836.	46	87,707.
47a	Accounts receivable	47a 25,634.		
b	Less: allowance for doubtful accounts	47b	29,185.	47c 25,634.
48a	Pledges receivable	48a		
b	Less: allowance for doubtful accounts	48b		48c
49	Grants receivable			49
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less: allowance for doubtful accounts	51b		51c
52	Inventories for sale or use			52
53	Prepaid expenses and deferred charges			53
54a	Investments – publicly-traded securities	► Cost □ FMV		54a
b	Investments – other securities (attach sch)	► Cost □ FMV		54b
55a	Investments – land, buildings, & equipment basis	55a		
b	Less: accumulated depreciation (attach schedule)	55b		55c
56	Investments – other (attach schedule)			56
57a	Land, buildings, and equipment basis	57a		
b	Less: accumulated depreciation (attach schedule)	57b		57c
58	Other assets, including program-related investments (describe ►)			58
59 Total assets (must equal line 74) Add lines 45 through 58		123,906.	59	127,646.
LIABILITIES				
60	Accounts payable and accrued expenses	995.	60	8,472.
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65		995.	66	8,472.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted	122,911.	67	119,174.
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		122,911.	73	119,174.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		123,906.	74	127,646.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements
 b Amounts included on line a but not on Part I, line 12:

1 Net unrealized gains on investments

2 Donated services and use of facilities

3 Recoveries of prior year grants

4 Other (specify) _____

b1
b2
b3
b4

Add lines b1 through b4

c Subtract line b from line a

d Amounts included on Part I, line 12, but not on line a:

1 Investment expenses not included on Part I, line 6b

2 Other (specify) _____

d1
d2

Add lines d1 and d2

e Total revenue (Part I, line 12). Add lines c and d

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements
 b Amounts included on line a but not on Part I, line 17.

1 Donated services and use of facilities

2 Prior year adjustments reported on Part I, line 20

3 Losses reported on Part I, line 20

4 Other (specify) _____

b1
b2
b3
b4

Add lines b1 through b4

c Subtract line b from line a

d Amounts included on Part I, line 17, but not on line a:

1 Investment expenses not included on Part I, line 6b

2 Other (specify) _____

d1
d2

Add lines d1 and d2

e Total expenses (Part I, line 17). Add lines c and d

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(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 and deferred compensation plans	(E) Expense account and other allowances
WALLY PRESSEY 405 BELMONT RD ATHENS, GA 30605	VICE-CHAIRMAN 5.00	0.	0.	0.
PAUL CHAPPELL PO BOX 1171 PINE MOUNTAIN, GA 31822	CHAIRMAN 5.00	0.	0.	0.
JENNY LAW PO BOX 390 CAIRO GA 39828	VICE-CHARIMAN 5.00	0.	0.	0.
STUART COFER 1145 MITCHELL BRIDGE RD ATHENS GA 30606	TREASURER 5.00	0.	0.	0.

Part VI Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	62,479
d Section 162(e) lobbying and political expenditures	85d	82,538
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	62,479
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b	X
89 a 501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	89a	
b 501(c)(3) and 501(c)(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,' attach a statement explaining each transaction	89b	N/A
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	89d	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a List the states with which a copy of this return is filed ► See States Filed In	90b	0
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	0
91 a The books are in care of ► SHERRY LOUDERMILK Located at ► PO BOX	Telephone number ► (706) 632-0100	
	EPWORTH GA ZIP + 4 ► 30541	
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 ►	91b	Yes No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued) Yes Noc At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If 'Yes,' enter the name of the foreign country ►

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here ►

and enter the amount of tax-exempt interest received or accrued during the tax year ► 92

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a TEST ADMINISTRATION

1,586.

b NEWSLETTER & CONSUMER GUIDE

33,580.

c TRADE SHOWS & MEETINGS

25,926.

d SEMINARS/AWARDS

60,660.

e MEMBER BENEFITS

f Medicare/Medicard payments

g Fees & contracts from government agencies

94 Membership dues and assessments

62,479.

95 Interest on savings & temporary cash invmts

4,090.

96 Dividends & interest from securities

97 Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from pers prop

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

180,974. 188,321.

105 Total (add line 104, columns (B), (D), and (E))

► 369,295.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	ESTABLISH EDUCATIONAL NETWORKS THAT DEVELOP & ADMINISTER A STANDARD TESTING PROCEDURE FOR THE PURPOSE OF A STATEWIDE CERTIFICATION
93B	ACCUMULATE AND DISSEMINATE EDUCATIONAL INFORMATION FOR MEMBERS
93C	FORUM FOR EDUCATIONAL AND TECHNICAL INFORMATION FOR MEMBERS

See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

 Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes	No

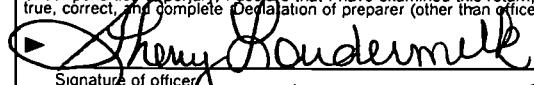
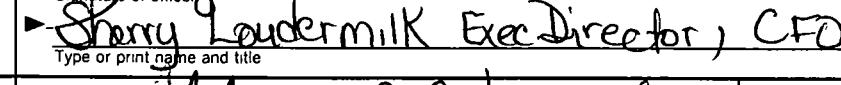
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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		Date
	► 	Sherry Loudermilk	6/1/09
	Signature of officer		
	► 	Sherry Loudermilk, Exec Director, CFO	
	Type or print name and title		
Paid Pre-parer's Use Only	Preparer's signature ► 	Date 06/01/09	Check if self-employed ► <input type="checkbox"/> Preparer's SSN or PTIN (See General Instruction X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► MICHAEL A. MARKS, CPA PC 2440 SANDY PLAINS RD., BLDG 14-A MARIETTA GA 30066		EIN ►
			Phone no ► (770) 973-7755

BAA

Form 990 (2007)

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
AWARDS / SEMINARS	7,154.			
WASTE REMOVAL	420.			
INTERNET ACCESS	1,823.			
MEMBER SERVICES	23,285.			
WEBSITE/ADVERTISING	39,567.			
CONSULTING	15,548.			
Total	<u>87,797.</u>			

Form 990, Part VI, Page 7, Line 90a

States Filed InGeorgia

Form 990, Page 8, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93D	<u>FORUM FOR EDUCATIONAL AND TECHNICAL INFORMATION FOR MEMBERS</u>
93E	<u>ACCUMULATE AND DISSEMINATE EDUCATIONAL INFORMATION FOR MEMBERS</u>

Form 990, Page 1, Part I, Line 10

Gross Sales of Inventory Statement

Description	Gross Sales Less: Returns and Allowances	Less: Cost of Goods Sold	Gross Profit (Loss)
MISC	6,069.	4,953.	1,116.
Total	<u>6,069.</u>	<u>4,953.</u>	<u>1,116.</u>

Form 990, Part II, Line 22b

Other Grants and Allocations Approved and Paid**Purpose of Payment****CERTIFICATION TRAINING COURSE**

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
SEMINAR	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> ALABAMA NURSERY & LANDSCAPE ASSOC PO BOX 9 AUBURN AL 36831	NONE	Cash Pmt? <input checked="" type="checkbox"/> 10,372.

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment**EDUCATIONAL SESSIONS**

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
SEMINARS	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> SOUTHERN NURSERY ASSOCIATION 1827 POWERS FERRY RD ATLANTA GA 30339	NONE	Cash Pmt? <input checked="" type="checkbox"/> 48,585.

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment**EDUCATIONAL & TRAINING MANUAL**

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
SEMINAR	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> SCLNA 332 SUNWARD PATH INMAN SC 29349	NONE	Cash Pmt? <input checked="" type="checkbox"/> 9,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

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 ►
- 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 GEORGIA GREEN INDUSTRY ASSOCIATION INC Number, street, and room or suite number. If a P O box, see instructions PO BOX 369 City, town or post office, state, and ZIP code. For a foreign address, see instructions EPWORTH	Employer identification number 58-1524250 GA 30541
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Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► SHERRY LOUDERMILK

Telephone No ► (706) 632-0100 FAX No ► (706) 632-0300

- 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 17, 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 Jul 1, 20 07, and ending Jun 30, 20 08

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 \$ <u>0.</u>
3b 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 \$ <u>0.</u>
3c 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 \$ <u>0.</u>

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.**

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

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 GEORGIA GREEN INDUSTRY ASSOCIATION INC	Employer identification number 58-1524250 For IRS use only
	Number, street, and room or suite number. If a P O box, see instructions PO BOX 369	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions EPWORTH GA 30541	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> 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.

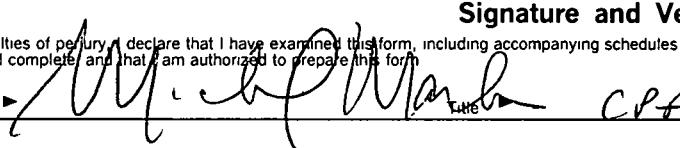
- The books are in care of ► SHERRY LOUDERMILK
Telephone No ► (706) 632-0100 FAX No. ► (706) 632-0300
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ 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 May 15, 20 09.
- 5 For calendar year _____, or other tax year beginning Jul 1, 20 07, and ending Jun 30, 20 08
- 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 IS STILL ACCUMULATING INFORMATION REQUIRED TO FILE 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 \$ <u>0.</u>
8b 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 \$ <u>0.</u>
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 \$ <u>0.</u>

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 ► 

Date ► 1/30/09

BAA

FIFZ0502 04/16/08

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