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Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service(77)

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

EPWORTH

State ZIP code + 4

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

b Direct public support (not included on line 1a)

c Indirect public support (not included on line 1a)

d Government contributions (grants) (not included on line 1a)

e Total (add lines 1a through 1d) (cash \$ 162,412, noncash \$ 0.)

2 Program service revenue including government fees and contracts (from Part VII, line 93)

3 Membership dues and assessments

4 Interest on savings and temporary cash investments

5 Dividends and interest from securities

6a Gross rents

b Less: rental expenses

c Net rental income (or loss) Subtract line 6b from line 6a

7 Other investment income (describe)

8a Gross amount from sales of assets other
than inventory

b Less: cost or other basis and sales expenses

c Gain or loss (attach schedule)

d Net gain or (loss) Combine line 8c, columns (A) and (B)

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐a Gross revenue (not including \$ of contributions
reported on line 1b)

b Less: direct expenses other than fundraising expenses

c Net income or (loss) from special events. Subtract line 9b from line 9a

10a Gross sales of inventory, less returns and allowances

b Less: cost of goods sold

c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a

11 Other revenue (from Part VII, line 103)

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule)

17 Total expenses. Add lines 16 and 44, column (A)

18 Excess or (deficit) for the year. Subtract line 17 from line 12

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

1a		1e	162,412.
1b		2	302,726.
1c		3	62,479.
1d	162,412.	4	4,090.
		5	
6a		6c	
6b		7	
		8d	
		9c	
10a	6,069.	10c	1,116.
10b	4,953.	11	
	See L-10 Stmt	12	532,823.
		13	67,957.
		14	
		15	
		16	
		17	532,006.
		18	817.
		19	122,911.
		20	-4,554.
		21	119,174.

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COMMUNITY

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 instructions.*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part 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)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 0.			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
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)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c.	26			
27 Pension plan contributions not included on lines 25a, b, and c.	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 1,600.			
32 Legal fees	32			
33 Supplies	33 2,627.			
34 Telephone	34 3,980.			
35 Postage and shipping	35 11,559.			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 35,067.			
39 Travel	39 11,889.			
40 Conferences, conventions, and meetings	40 137,100.			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize)	43			
a BANK CHARGES	43a 3,779.			
b MANAGEMENT FEES	43b 134,103.			
c INSURANCE	43c 1,262.			
d LOBBYIST	43d 22,343.			
e DUES & SUBSCRIPTIONS	43e 6,047.			
f EXECUTIVE BOARD EXPENSES	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? ▶

PROMOTE THE HORTICULTURE INDUSTRY

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 ACCUMULATE AND DISSEMINATE EDUCATION INFORMATION, CARRYOUT

LAWFUL TRADE ASSOC ACTIVITIES AND INCREASE PUBLIC AWARENESS

BY HOSTING AN ANNUAL TRADE SHOW AND MEETING FOR MEMBERS

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

b ESTABLISH AN EDUCATION NETWORK THAT WILL DEVELOP AND

ADMINISTER A STANDARD TESTING PROCEDURE FOR THE PURPOSE

OF STATEWIDE CERTIFICATION WITH THE GREEN INDUSTRY

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

c SERVE AS A RESOURCE FOR THE DEVELOPMENT OF DISTRICT

AFFILIATES

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

d

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

e Other program services

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

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

BAA

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	23,885.	45	14,305.
	46 Savings and temporary cash investments	70,836.	46	87,707.
	47a Accounts receivable	25,634.		
	b Less: allowance for doubtful accounts	29,185.	47c	25,634.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		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)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments — other (attach schedule)		56	
57a Land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		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.

BAA

Form 990 (2007)

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		a
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify) _____	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify) _____	d2	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12). Add lines c and d		e

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

a	Total expenses and losses per audited financial statements		a
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify) _____	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify) _____	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17). Add lines c and d		e

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.

Yes	No
-----	----

► 5

75b		X
-----	--	---

75c		X
-----	--	---

75 d		X
------	--	---

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

Part VI	Other Information <i>(See the instructions.)</i>	Yes	No
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Yes	No
-----	----

76		X
----	--	---

77		X
----	--	---

78a		X
-----	--	---

78b		
-----	--	--

79		X
----	--	---

80 a	X
------	---

and check whether it is ☐ exempt or ☐ nonexempt.

81 a

81 b	X
------	---

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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?		X
82 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.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	X	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		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			
85 c	Dues, assessments, and similar amounts from members		62,479.
85 d	Section 162(e) lobbying and political expenditures		82,538.
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		62,479.
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		0.
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 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?	N/A	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		N/A
86 b	Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) organizations Enter: a Gross income from members or shareholders		N/A
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		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		X
88 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		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		
89 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	N/A	
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 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?		X
90 a	List the states with which a copy of this return is filed ▶ See States Filed In		
90 b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		0
91 a	The books are in care of ▶ SHERRY LOUDERMILK Telephone number ▶ (706) 632-0100 Located at ▶ PO BOX EPWORTH GA ZIP + 4 ▶ 30541		
91 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 ▶		X
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 No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c

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.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a TEST ADMINISTRATION					1,586.
b NEWSLETTER & CONSUMER GUIDE					33,580.
c TRADE SHOWS & MEETINGS			7	180,974.	
d SEMINARS/AWARDS					25,926.
e MEMBER BENEFITS					60,660.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					62,479.
95 Interest on savings & temporary cash invmnts					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) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) 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				

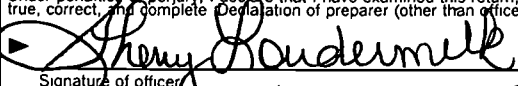


Yes No

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				

Yes No

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.				
	 Signature of officer		Date <u>6/4/09</u>		
	 Type or print name and title				
Paid Preparer's Use Only	Preparer's signature			Date	06/01/09
	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		Check if self-employed	<input type="checkbox"/>
				Preparer's SSN or PTIN (See General Instruction X)	
				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	87,797.			

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

States Filed In

Georgia

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	FORUM FOR EDUCATIONAL AND TECHNICAL INFORMATION FOR MEMBERS
93E	ACCUMULATE AND DISSEMINATE EDUCATIONAL INFORMATION FOR MEMBERS

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	6,069.	4,953.	1,116.

Form 990, Part II, Line 22b

Other Grants and Allocations Approved and PaidPurpose 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	Employer identification number
	GEORGIA GREEN INDUSTRY ASSOCIATION INC	58-1524250
	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-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) 632-0100FAX 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, 2009, 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, 2007, and ending Jun 30, 2008

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

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

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

