



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Short Form
Return of Organization Exempt From Income Tax**

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C AMERICAN PAPER MACHINERY ASSOCIATION 15 TECHNOLOGY PARKWAY #500 NORCROSS, GA 30092	D Employer identification number 52-1160736
			E Telephone number (770) 209-7349
			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: ▶ WWW.ASPINET.ORG

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

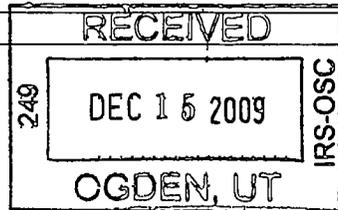
J Organization type (check only one) — 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

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 ▶ \$ 161,526.

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	2	74,940.
	3 Membership dues and assessments	3	86,586.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	161,526.
	EXPENSES	10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members		11	
12 Salaries, other compensation, and employee benefits		12	
13 Professional fees and other payments to independent contractors		13	750.
14 Occupancy, rent, utilities, and maintenance		14	
15 Printing, publications, postage, and shipping		15	
16 Other expenses (describe ▶ SEE STATEMENT 1)		16	143,493.
17 Total expenses (add lines 10 through 16)		17	144,243.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	17,283.
NET ASSETS		19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	159,432.



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	143,915.	157,147.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	994.	3,120.
25 Total assets	144,909.	160,267.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	2,760.	835.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	142,149.	159,432.

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

Form 990-EZ (2008)

24

SCANNED JAN 05 2010

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

What is the organization's primary exempt purpose? **SEE STATEMENT 4**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28	SEE STATEMENT 5		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28 a 144,244.
29			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29 a
30			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30 a
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)		32 144,244.

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

(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	(e) Expense account and other allowances
DAVID WITHERS 1396 CHATTAHOOCHEE AVE ATLANTA, GA 30318	PRESIDENT 0	0.	0.	0.
CARL HOWE 805 WOOD ST THREE RIVERS, MI 49093	TREASURER 0	0.	0.	0.
BOB GALLO PO BOX 1411 WILSON, NC 27984-1411	VICE PRESIDENT 0	0.	0.	0.
TOMAS E. VAUGHN 436 QUAKER RD QUEENSBURY, NY 12804	PAST PRES/DIREC 0	0.	0.	0.
PETER COLLINS 1115 NORTHMEADOW PARKWAY ROSWELL, GA 30076	DIRECTOR 0	0.	0.	0.
RODNEY FISHER 50 WATER ST, 2ND FLOOR S. NORWALK, CT 06854	DIRECTOR 0	0.	0.	0.
MARCUS PILLION 105 GOVERNORS LANE SUFFOLK, VA 23436	DIRECTOR 0	0.	0.	0.
GREG BENGTON 1775 WEST OAK COMMONS COURT MARIETTA, GA 30062	SECRETARY 0	0.	0.	0.
JUKKA TIITINEN 2900 COURTYARDS DR NORCROSS, GA 30071	DIRECTOR 0	0.	0.	0.
LAURIE WICKS 1155 PRAIRIE HILL RD ROCKTON, IL 61072	DIRECTOR 0	0.	0.	0.
BOB HARRISON 6075 GAINWOOD DRIVE ROWSELL, GA 30076	EMERITUS DIRECT 0	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction 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		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		
35 a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35 b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
37 b	b Did the organization file Form 1120-POL for this year?		X
38 a	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
38 b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/A	
39	501(c)(7) organizations. Enter:		
39 a	a Initiation fees and capital contributions included on line 9	N/A	
39 b	b Gross receipts, included on line 9, for public use of club facilities	N/A	
40 a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
40 b	b 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		
40 c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
40 d	d Enter amount of tax on line 40c reimbursed by the organization	0.	
40 e	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 ▶ <u>GA</u>		

42 a The books are in care of ▶ ERIC FLETTY C/O TAPPI Telephone no ▶ (770) 446-1400
 Located at ▶ 15 TECHNOLOGY PARKWAY SOUTH NORCROSS GA ZIP + 4 ▶ 30092

		Yes	No
42 b	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 a Foreign Bank and Financial Accounts.			
42 c	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 ▶ N/A
 ▶ **43** _____ N/A

		Yes	No
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
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

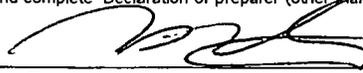
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000		▶		

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.'

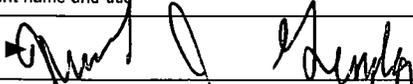
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		▶

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:  Date: 4 Dec 09
 DAVID WITHERS PRESIDENT
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 12/4/09
 Check if self-employed:
 Preparer's Identifying Number (See instructions): N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4: RRB ACCOUNTING CONSULTING & TAX SERVICES, LLC
 4651 ROSWELL RD, SUITE I-804
 ATLANTA, GA 30342
 EIN: N/A
 Phone no: 404.255.0200

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

BAA

Application for Extension of Time To File an Exempt Organization Return

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	Name of Exempt Organization AMERICAN PAPER MACHINERY ASSOCIATION	Employer identification number 52-1160736
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 15 TECHNOLOGY PARKWAY #500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NORCROSS, GA 30092	

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

- | | | |
|---|--|------------------------------------|
| <input 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 checked="" 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 ▶ ERIC FLETTY C/O TAPPI

Telephone No ▶ (770) 446-1400 FAX No ▶ (770) 446-6947

- 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 8/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2008 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____

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.

• 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. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization AMERICAN PAPER MACHINERY ASSOCIATION		Employer identification number 52-1160736
	Number, street, and room or suite number If a P O box, see instructions RRB ACCOUNTING CONSULTING & TAX SERVICES, LLC 4651 ROSWELL RD, SUITE I-804		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions ATLANTA, GA 30342		

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

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input 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 checked="" 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 **ERIC FLETTY C/O TAPPI**

Telephone No **(770) 446-1400** FAX No. **(770) 446-6947**

• 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 **11/15**, 20**09**.

5 For calendar year **2008**, or other tax year beginning _____, 20____, and ending _____, 20____

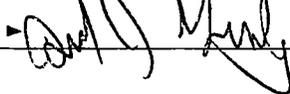
6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

7 State in detail why you need the extension **TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX 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 \$
b 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 \$
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 \$

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  Title **PRESIDENT** **CPA-AGENT** Date **3/15/2009**

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS	\$	69,732.
CONSULTING FEES		1,840.
CREDIT CARD/BANK FEES		1,938.
INSURANCE		1,237.
MANAGEMENT FEES		68,746.
TOTAL	\$	<u>143,493.</u>

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
NOTES AND LOANS RECEIVABLE	\$ 994.	\$ 3,120.
TOTAL	\$ <u>994.</u>	\$ <u>3,120.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
DUE MANAGEMENT COMPANY	\$ 2,760.	\$ 835.
TOTAL	\$ <u>2,760.</u>	\$ <u>835.</u>

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

BETTERMENT OF THE INDUSTRY, COMPOSED OF U.S. COMPANIES WHICH SUPPLY PAPER PROCESSING MACHINERY, PRODUCTS AND SERVICES TO THE PULP & PAPER INDUSTRY.

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ANNUAL MEETING AND CONFERENCES: EDUCATED MEMBERS AND OTHERS IN ATTENDANCE ABOUT ISSUES RELATING TO U.S. SUPPLIERS TO THE PAPER INDUSTRY, ALSO PROMOTED FREE EXCHANGE OF IDEAS REGARDING THE STATE OF INDUSTRY.

**BALANCE SHEET
OTHER NOTES AND LOANS RECEIVABLE [0]**

REIMBURSEMENT RECEIVABLE

TOTAL \$ 3,120.
\$ 3,120.