



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



Form 990-EZ

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 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.

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10-01-2008

, and ending 09-30-2009

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 FLORIDA SOYBEAN ASSOCIATION INCNumber and street (or P O box, if mail is not delivered to street address) Room/suite
2425 S MILLEDGE AVECity or town, state or country, and ZIP + 4
ATHENS, GA 30605

D Employer identification number

36-3141910

E Telephone number

(706) 542-3793

F Group Exemption Number ► 9305

* 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) ► Income tax basis

I Website: ► N/A

J Organization type (check only one) ► 501(c) (5) (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 ► \$ 24,704

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

1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3 3,628
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) (attach schedule)	5c
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	
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 21,076
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9 24,704
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	13 995
14	Occupancy, rent, utilities, and maintenance	14
15	Printing, publications, postage, and shipping	15 50
16	Other expenses (describe ►)	16 8,885
17	Total expenses (add lines 10 through 16) ►	17 9,930
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 14,774
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 39,247
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 54,021

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	39,291	22 54,021
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	39,291	25 54,021
26 Total liabilities (describe ►)	44	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	39,247	27 54,021

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? Promotion of soybeans and production enhancement				
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title				
28 Prepare newsletter and organize expositions to promote the production of soybeans for association members (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a	0
29			29a	
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		29a	
30			30a	
(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
See Additional Data Table				

Additional Data

Software ID:
Software Version:
EIN: 36-3141910
Name: GEORGIA FLORIDA SOYBEAN ASSOCIATION INC

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
Mark Detweiler 568 Livingston Road SW Rome, GA 301619526	President 5 00	0	0	0
Bart Waller 706 Laurel Tree Road Clyo, GA 31303	Vice-President 5 00	0	0	0
Roger Godwin 2706 GA Highway 93N Pelham, GA 31779	Secretary/Treasurer 5 00	0	0	0
Roger Boerma 111 Riverbend Road Athens, GA 30602	Director 5 00	0	0	0
Jimmy Clements 136 Red Oak Avenue Albany, GA 31721	Director 5 00	0	0	0
Steve Enfinger PO Box 398 Newton, GA 39870	Director 5 00	0	0	0
Phillip Jost PO Box 8112 GSU Statesboro, GA 30460	Director 5 00	0	0	0
Joe McManus PO Box 7068 Macon, GA 31209	Director 5 00	0	0	0
Terry Hollifield 2425 S Milledge Avenue Athens, GA 30605	State Office Exec Dir 5 00	0	0	0
Joe Moore 680 Fite Bend Rd NE Resaca, GA 307359549	Director 5 00	0	0	0
Steve Yoder Jr 25535 NE Grady Tew Road Altha, FL 32421	Director 5 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)			Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No	
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	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 your reason for not reporting the income on Form 990-T				
a Did the organization have unrelated business gross income of \$1,000 or more or 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 Was there a liquidation, dissolution, termination, or substantial contraction 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 0	37a	0		
b Did the organization file Form 1120-POL for this year?	37b			
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39 <i>501(c)(7) organizations.</i> Enter	39a			
a Initiation fees and capital contributions included on line 9	39b			
b Gross receipts, included on line 9, for public use of club facilities				
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____				
b <i>Section 501(c)(3) and (4) organizations.</i> 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.	40b			
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0		0		
d Enter amount of tax on line 40c reimbursed by the organization ► 0		0		
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No	
41 List the states with which a copy of this return is filed ► GA				
42a The books are in care of ► Georgia Crop Improvement Assoc Inc Telephone no ► (706) 542-3793				
Located at ► 2425 S Milledge Ave				
ZIP + 4 ► 30605				
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)?	42b		No	
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.				
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No	
If "Yes," enter the name of the foreign country ► _____				
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 _____	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 only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
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 are 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 ►		

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	2010-01-27 Date
► Terry Hollifield State Office Executive Director Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ► K Scott Collins	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► CollinsMoody Company PC PO Box 709 Athens, GA 306030709		EIN ►	Phone no ► (706) 543-3493

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

TY 2008 Other Expenses Schedule

Name: GEORGIA FLORIDA SOYBEAN ASSOCIATION INC**EIN:** 36-3141910

Description	Amount
Direct contract expenses	4,250
Dues and subscriptions	155
Meeting expense	1,279
Membership expense	2,525
Contributions	100
Business relations	576

TY 2008 Other Liabilities Schedule

Name: GEORGIA FLORIDA SOYBEAN ASSOCIATION INC**EIN:** 36-3141910

Description	Beginning of Year Amount	End of Year Amount
Accounts receivable	44	0

TY 2008 Other Revenues Schedule

Name: GEORGIA FLORIDA SOYBEAN ASSOCIATION INC**EIN:** 36-3141910

Description	Amount
Registration	645
Interest	837
Contract income	19,250
Other income	344

TY 2008 Transfers Personal Benefits Contracts Declaration

Name: GEORGIA FLORIDA SOYBEAN ASSOCIATION INC

EIN: 36-3141910

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.