






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









A For the 2008 calendar year, or tax year beginning 10-01-2008, and ending 09-30-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GEORGIA FLORIDA SOYBEAN ASSOCIATION INC		D Employer identification number 36-3141910
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 2425 S MILLEDGE AVE		E Telephone number (706) 542-3793
Name change				
Initial return		City or town, state or country, and ZIP + 4 ATHENS, GA 30605		F Group Exemption Number 9305
Termination				
Amended return				
Application pending				

☒ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**
☐ Accounting method ☐ Cash ☐ Accrual
 Other (specify) ☐ Income tax basis




I Website:  N/A		H Check  <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one)— <input checked="" type="checkbox"/> 501(c)(5)  (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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.

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

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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

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

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9

39a

b

Gross receipts, included on line 9, for public use of club facilities

39b

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶

b

Section 501(c)(3) and (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.

40b

c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶

0

d

Enter amount of tax on line 40c reimbursed by the organization ▶

0

e

All organizations. 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

2425 S Milledge Ave

Located at ▶ Athens, GA 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

Yes

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 ▶

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

43

44

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44

Yes

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

complete the tables for lines 50 and 51.






		Yes	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.	
	*****	2010-01-27
	Signature of officer	Date
	<u>Terry Hollifield State Office Executive Director</u> Type or print name and title	

Paid Preparer's Use Only	Preparer's signature  K Scott Collins	Date	Check if self-employed 	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.