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Department of the Treasury

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

OMB No 1545-0047

2009

Open to Public

Clerk cyticate Content Conten			3000 color			09 and ending 12-31-2009			Inspection
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Secretary Secr								58-0623	886
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Tennesdo Management Season Annual Company and 279 4 America, 08, 2005	Init	ial retu				ıl ıs not delivered to street addres	ss) Room/suite		
Aplemator presting Allema, GA, 2005 F Name and address of principal officer	Tei	mınate			2425 S Milledge Avenue			d dioss receip	7.5 \$ 901,131
F. Name and address of principal officer	┌ Am	ended	return		City or town, state or country, and ZII	P + 4			
F. Name and address of principal officer Interpretation principal comments 24.25 S. Milesige Avenue Attens, 6.3 Milesi	Г _{Арі}	olication	n pendina		Athens, GA 30605				
## Action Society Soc				F Nam				ı	
I law exempt datus									
The process of the property of the property of the process of th				2425 S	Mılledge Avenue		annie	ites.) 163 p 110
Towns				Athens	,GA 30605		H(b) Are a	ll affiliates incl	uded?
Note to responsible Note of responsible						—	If"N	o," attach a lı	st (see instructions)
	<u>I</u> 1a	x-exem	npt status •	501(c)	(5) ((insert no) 494/(a)(1) or	r 527	H(c) Grou	up exemption	number 🟲
Summary	J W	ebsite	e: 🕨 www.c	ertıfıeds	eed org				
Summary	K For	m of or	ganization 🔽	Corporat	ion		L Year of fo	rmation 1946	M State of legal domicile GA
The Georgiac Frost Ingrovement Association is an independent, not for profit organization providing unbiased, third party inspection/auditing services to agriculture in the seed, grain, food and related industries with primary emphasis on seed and unbiased and interest organization providing unbiased, third party inspection/auditing services to agriculture in the seed, grain, food and related industries with primary emphasis on seed and unbiased in the providing services to agriculture in the seed, grain, food and related industries with primary emphasis on seed and unbiased organization of the providing services to agriculture in the seed, grain, food and related industries with primary emphasis on seed and unbiased organization of the providing services to seed and unbiased organization of the providing services to seed and unbiased organization of the providing services to seed and unbiased organization of the providing services to seed and unbiased organization of the providing services to seed and unbiased organization of the providing services to seed and unbiased organization of the providing services to seed and unbiased organization of the grain of the providing services to seed and unbiased organization of the grain of the									,
Inspection/Auditing services to agriculture in the seed, grain, food and related industries with primary emphasis on seed and turfargass certification 2		1		•	e organization's mission or most s	significant activities			
Total number of voting members of the governing body (Part VI, line 1a) 3 3 3 3 3 3 3 3 3			_		•		-	-	
Name	ų.		•	•	_	ed, grain, food and related	industries wit	h primary em	phasis on seed and
Name	≦ _		turigrass c	ertificat	1011				
Name	Ĕ								
Name	š								
## Number of independent voting members of the governing body (Part VI, Inne 1b)		2	Check this	box 🛏	if the organization discontinued	its operations or disposed	of more than	25% of its ne	et assets
74 Total gross unrelated business revenue from Part VIII, column (C), line 12 76 74 74 75 75 75 75 75 75	2 6	3	Number of	voting n	nembers of the governing body (P	art VI, line 1a)			312
74 Total gross unrelated business revenue from Part VIII, column (C), line 12 76 74 74 75 75 75 75 75 75	ĕ	4	Number of	ındepen	dent voting members of the gover	rning body (Part VI, line 1b)	•	4
Total gross unrelated business revenue from Part VIII, column (C), line 12 78 7,40	₹	5	Total numb	berofen	nployees (Part V , line 2a)				514
B Net unrelated business taxable income from Form 990-T, line 34 .	4	6	Total numb	ber of vo	lunteers (estimate if necessary)				6
Prior Pri		7a	Total gros	s unrelat	ted business revenue from Part V	III, column (C), line 12 .			7 a 7,404
88 Contributions and grants (Part VIII, line 1h)		ь	Net unrela	ted busı	ness taxable ıncome from Form 9	90-T, line 34			7b
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,326 5,930 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,326 5,930 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 16,771 72,895 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 916,597 979,677 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a 170 1							Prio	r Year	Current Year
Total revenue (raft VIII, column (A), lines 5, d, 8, e, y, et, pt, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8	Contribut	ions and	grants (Part VIII, line 1h) .				0
Total revenue (raft VIII, column (A), lines 5, d, 8, e, y, et, pt, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	를	9	Program :	service	revenue (Part VIII, line 2g) .			885,500	900,852
Total revenue (raft VIII, column (A), lines 5, d, 8, e, y, et, pt, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ģ	10	Investme	nt incon	ne (Part VIII, column (A), lines 3	, 4, and 7d)		14,326	5,930
Signature of officer Part II 13 Srants and similar amounts paid (Part IX, column (A), lines 1-3) .	ä	11	O ther rev	enue (P	art VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)		16,771	72,895
Signature Block Signature Block Signature		12	Total rev	enue—a	dd lines 8 through 11 (must equal	l Part VIII, column (A), line	<u> </u>		
Salaries, other compensation, employee benefits (Part IX, column (A), line 4)								916,597	979,677
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10) 16a Professional fundraising fees (Part IX, column (A), line 11e)		13	Grants ar	nd sımıla	r amounts paid (Part IX, column ((A), lines 1-3)			0
10 417,313 559,137 16a Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefits p	paid to o	r for members (Part IX, column (A	A), line 4)			0
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	ø	15		otherco	mpensation, employee benefits (I	Part IX, column (A), lines 5	:-	117 313	550 137
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	36 36	16-	•		The second secon	line 11a)		417,313	
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>ቖ</u>	l .				nne lle)			- 0
18	ठ	Ь							
19 Revenue less expenses Subtract line 18 from line 12 59,128 11,905		17							<u>'</u>
Beginning of Current Year Total assets (Part X, line 16)			•					•	,
Sign 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 ****** 2010-03-25		19	Revenue	less exp	enses Subtract line 18 from line	12			11,905
Sign 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 ****** 2010-03-25	දීල්								End of Year
Sign 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 ****** 2010-03-25	er Eren	30	T - + - 1	ata /D	+ V line 16 \		1		766.055
Sign 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 ****** 2010-03-25	AS:						-	•	
Sign 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 ****** 2010-03-25	<u> </u>			-			-		,
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. ****** 2010-03-25						iiiie zu		054,2/1	666,1/6
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	Pal	(C III	_						
Firm's name (or yours of self-employed), address, and ZIP + 4 Signature of officer Date									
Firm's name (or yours of self-employed), address, and ZIP + 4 Signature of officer Date			 						
Preparer's signature K Scott Collins Date Check if self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 PO Box 709 Athens, GA 306030709 Phone no (706) 543-3493	_							-03-25	
Preparer's signature K Scott Collins Date Check if self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 PO Box 709 Athens, GA 306030709 Phone no (706) 543-3493	Here	е	Signatur	e of office	r		Date		
Paid Preparer's signature K Scott Collins Date Check if self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 PO Box 709 Athens, GA 306030709 Preparer's identifying number (see instructions) EIN Preparer's identifying number (see instructions) EIN Phone no (706) 543-3493									
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Use Only If self-employed), address, and ZIP + 4 PO Box 709 Athens, GA 306030709 EIN ▶ Phone no ▶ (706) 543-3493	Paid		signature K Scott Collins					(see instruction	פווכן
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Athens, GA 306030709				· •				Phone no 🕨	(706) 543-3493
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Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To provide unbiased, third-party inspection/auditing services to agriculture in the seed, grain, food and related industries with primary emphasis on seed and turfgrass certification

		533,17	_		Form 990 (2009)
	Total program service expenses▶\$	803,47	, ₂		·
40	(Expenses \$	in Schedule () including grants o	f\$) (Revenue \$)
	Other program services (Describe	ın Schedule O)			
	The Georgia Crop Improvement Association seed, Quality Assurance and Identity Preser economically viable production of food and sustainable farming practices and to foster to	ved Programs currently o encourages the preserval	ffered The GCIA Organic C tion of natural resources, t	Certification Program is committed to the improvement of soil quality and	o environmentally sound and
4c	(Code) (Expenses	\$ 86,317	ıncludıng grants of \$) (Revenue \$	104,788)
4b	(Code) (Expenses: The Good Agricultural Practices Program for practices to the environment3 Promote wo inspection/auditing service when required7 effort of the Georgia Crop Improvement Ass of Georgia Departments of Food Science an	Fruits and Vegetables (G rker health and hygiene4 Provide documentation of sociation, the Georgia Fru	Promote food safety5 P of the use of GAP procedul	romote the use of food security pra res by producers8 Educate consum-	octices6 Provide third party ersThe GAPP program is a joint
	association 2 Providing an inspection/audit clients' needs by exhibit, demonstrations, e other agricultural industries	service for growing seed tc 4 Providing informatio	crops, turf and other agric n and promoting activities	cultural industries 3 Collecting and of interest and benefit to producer	distributing information pertinent to s and consumers of seed, turf and
4a	(Code) (Expenses: The purpose of the Certification Progam is t administrative services to include 1 Develo	o improve the productivit			
	Section 501(c)(3) and 501(c)(4) org allocations to others, the total expen	anizations and secti ises, and revenue, if	on 4947(a)(1) trusts any, for each progran	are required to report the and service reported	nount of grants and
4	If "Yes," describe these changes on some Describe the exempt purpose achiev		no organization's thro	a largaet program carviese b	v avnancac
3	Did the organization cease conducting services?		nt changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these new services	s on Schedule O			
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .		ervices during the yea	ar which were not listed on	✓ Yes No

Part TV	Checklist	of Requir	ed Sche	dules
4: I L T L T	CHECKHSL	UI KEYUII	eu Stile	uuies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	Į	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

orm	990 (2009)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
U	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No.
d	file Form 8282?			110
	3 ,,			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	required?	'"		
_	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

year

2425 S Milledge Avenue Athens, GA 30605 (706) 542-9396

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 12			
b	Enter the number of voting members that are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
•	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	461		
6.	ection C. Disclosure	16b		
<u>56</u> 17	List the States with which a copy of this Form 990 is required to be filed GA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website V Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıoı	n ► -
	Marie Sulwen			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n	ot compens	ate any	curr	ent c	r fo	rmer o	ffıce	r, director, trustee o	or key employee		
(A) Name and Title	(B) A verage hours	Posit	(C tion (hat a	ched		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Jimmy Clements President		х		Х				0	0	0	
Ben Copeland Jr Past President		х		х				0	0	0	
Ken Morrow 1st Vice President		х		х				0	0	0	
Joe Campbell 2nd Vice President		х		х				0	0	0	
Jaimie Allen Director		х						0	0	0	
Larry Cunningham Director		х						0	0	0	
Dale Lanıer Dırector		х						0	0	0	
Paul Massey Director		х						0	0	0	
Aaron McWhorter Director		Х						0	0	0	
Doug McWhorter Director		х						0	0	0	
Larry Redmond Director		х						0	0	0	
Buddy Thomas Director		х						0	0	0	
Joe West Director		х						0	0	0	
Terry Hollifield Executive Director	40 00			х		х		102,306	0	2,002	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours		((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estima amount o	ated fother
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- or		compens from t organizati relati organiza	:he on and ed
1b Total							•	102,306	0		2,002
Total number of individuals (includ \$100,000 in reportable compensa					stec	l above	e) wh	o received more tha	an		
										Yes	No

			165	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			
	on time 1a' 11 res, complete schedule 1101 such marvidual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	_		
	refluered to the organization? If Test, complete schedule Froi such person	5		No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

Form 99			6 D					Page 9
Part V	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
詩	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
s, g	c	Fundraising eve	ents 1c					
<u>#</u> _#	d	Related organiz	zations 1d					
ξ. E	e	Government grants	s (contributions) 1e					
tio sr s	f	All other contributed similar amounts no	ons, gifts, grants, and 1f					
高着	g		butions included in					
벌	١.	lines 1a-1f \$ Total. Add lines 1a-1f		_				
<u>O 46</u>	h	lotal. Add lines	5 1 a -17					
e⊟		Cartification Decama		Business Code				
ven	2a	Certification Progra		110,000	708,740	708,740		
2 <u>2</u>	b с	Organic Certificatio Good Agricultural P		110,000	104,788	104,788		
Š	d	- Good Agricultural F	<u> </u>	110,000	87,324	87,324		
3₹	e							
<u>.</u>	f	All other progra	am service revenue					
Program Service Revenue	-							
	д 3		s 2a-2f		900,852			
			ome (including dividender ar amounts)		7,404		7,404	
	4		stment of tax-exempt bond					
	5	Royalties		• [
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	_	Cross amount	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and		1,474				
	c	sales expenses Gain or (loss)		-1,474				
	d	Net gaın or (los	s)		-1,474	-1,474		
	8a		rom fundraising					
Other Revenue		events (not inc \$	luding					
कें >		of contributions	reported on line 1c)					
æ		See Part IV, lin	ne 18 a					
her	ь	Less direct ex	penses b					
ᅙ	С		(loss) from fundraising	events ►				
	9a		rom gaming activities					
		See Part IV, III	ne 19 a					
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	Ь	Less cost of a	oods sold b					
	С		(loss) from sales of inve	entory 📂				
		Miscellaneous		Business Code				
	11a	Contract audits	<u> </u>	100,000	31,165	31,165		
	Ь	Georgia Soybea	an	110,000	21,250	21,250		
	c	Out of State tu		110,000	20,480	20,480		
	d	All other reven						
	e	Total. Add lines	s 11a-11d		72,895			
	12	Total revenue.	See Instructions .	▶	070 57-	070 07-	3 45	_
	1				979,677	972,273	7,404	0

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
	ll other organizations must complete column (A) but are not required to co		ns (B), (C), and (B)	(D). (C)	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	470,225	401,463	68,762					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	53,015	39,761	13,254					
10	Payroll taxes	35,897	26,922	8,975					
11	Fees for services (non-employees)								
а	Management								
ь	Legal								
С	Accounting	5,950	4,463	1,487					
d	Lobbying		·						
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	560	560						
12	Advertising and promotion	18,367	18,367						
13	Office expenses	20,346	4,797	15,549					
14	Information technology	4,572	.,,	4,572	_				
15	Royalties	1,372		1,372					
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	7,173		7,173					
20	Interest	.,,		.,=.3					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	26,323	17,060	9,263					
23	Insurance	14,838	11,129	3,709					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	11,050	11,125	3,703					
а	Seed certification expe	93,328	93,328						
b	New program initiatives	55,828	55,828						
c	Cost of tags, bags and	39,360	39,360						
d	Field inspectors' expen	28,022	28,022						
e	Telephone	15,205	11,404	3,801					
f	All other expenses	78,763	51,008	27,755					
25	Total functional expenses. Add lines 1 through 24f	967,772	803,472	164,300	0				
26	Joint costs. Check here ► ☐ If following SOP 98-2	507,172	003,472	104,300					
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet					
					(A)		(B)
	Ι.				Beginning of year	_	End of year
	1	Cash—non-interest-bearing			550.504	1	2.17.000
	2	Savings and temporary cash investments	•		552,581	2	647,692
	3	Pledges and grants receivable, net	•			3	
	4	Accounts receivable, net			57,271	4	15,806
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key er	nployees, and			
		Schedule L				5	371
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of	tion 4	958(f)(1)) and			
		Schedule L				6	
ets	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use			44,904	8	43,025
⋖	9	Prepaid expenses and deferred charges	deferred charges				10,724
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	228,145			
	ь	Less accumulated depreciation	10b	179,370	41,686	10c	48,775
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		•		15	562
	16	Total assets. Add lines 1 through 15 (must equal line 34)			708,826	16	766,955
	17	Accounts payable and accrued expenses .			49,927	17	64,750
	18	Grants payable		18			
	19	Deferred revenue			4,628	19	36,029
	20	Tax-exempt bond liabilities				20	
68	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			54,555	26	100,779
5		Organizations that follow SFAS 117, check here 🕨 🔽 and comple	te line	es 27			
Ф		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			654,271	27	666,176
8	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
Fund Balance		Organizations that do not follow SFAS 117, check here \blacktriangleright Γ and	compl	ete			
JO.		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fun-	ds			32	
Net	33	Total net assets or fund balances			654,271	33	666,176
I	34	Total liabilities and net assets/fund balances			708,826	34	766,955

Part XI Financial Statements and Reporting

			Yes	No		
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes			
b	Were the organization's financial statements audited by an independent accountant?					
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both					
	▼ Separate basis					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				

Form **990** (2009)

DLN: 93493084010080

OMB No 1545-0047

Political Campaign and Lobbying Activities

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

SCHEDULE C

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

	-	s," to Form 990, Part IV, Line 4,		· · · · · · · · · · · · · · · · · · ·	-		•	n
	, ,, ,	have filed Form 5768 (election und	, ,,	•		•		
	, ,, ,	have NOT filed Form 5768 (election		· //				
	-	s," to Form 990, Part IV, Line 5 (Proxy Tax) or For	m 990-EZ, line 35a (rega	rding	g proxy tax)	, then
	ection 501(c)(4), (5), or (6) organizeme of the organization	zations Complete Part III		Employ	ar ida	ntific	ation numbe	
	orgia Crop Improvement Assoc Inc			Limploy	ci iuc		ation numbe	-1
				58-062				
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(c) or is a section	1 52	7 or	ganizatio	<u>n.</u>
1	Provide a description of the org	ganızatıon's dırect and ındırect pol	ıtıcal campaıgn act	tivities in Part IV				
2	Political expenditures				>	\$_		0
3	V olunteer hours					_		
-				-> (0)				
	•	ganization is exempt unde						
1	·	e tax incurred by the organization (\$_		
2	Enter the amount of any excise	tax incurred by organization man	agers under sectio	n 4955	•	\$_		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?				☐ Yes	☐ No
4a	Was a correction made?						☐ Yes	☐ No
b								
Par		ganization is exempt unde			n 50	1(c)(3).	
1	Enter the amount directly expe	nded by the filing organization for	section 527 exemp	pt function activities	•	\$_		0
2		rganızatıon's funds contributed to	other organizations	s for section 527				
	exempt funtion activities				•	\$_		0
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	O-POL, line 17b	•	\$_		
4	Did the filing organization file F	orm 1120-POL for this year?					☐ Yes	┌ No
5	State the names, addresses ar	nd employer identification number	(EIN) of all section	. 527 political organi	zatıor	ıs to	which paym	ents
		on listed, enter the amount paid fr						
		re promptly and directly delivered ittee (PAC) If additional space is	· · · · · · · · · · · · · · · · · · ·	- '	nas	a sep	oarate Segre	gateu
	<u> </u>	· · ·	· ·			_		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid			e) A mount o ontributions	•
				filing organization funds. If none, ent		- 1	and prompt	
				lands if none, end	ei o		irectly deliv	•
							separate p	
			1	1		1 0	organization	ır none,

enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals		
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1					
f	Lobbying nontaxable amount Enter the amount f					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 The lobbying nontaxable amount is: 20% of the amount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Sche	edule C (Form 990 or 990-EZ) 2009				age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and have (election under section 501(h)).	s NOT f	iled Fo		8
		(:	a)	(b)	
		Yes	No	A mou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), oı	r sectio	n
_	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2 Yes	<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	Νo
Par	Tt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Paanswered "Yes".				n
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a	<u> </u>		
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
Pa	art IV Supplemental Information				
	omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 so, complete this part for any additional information	, and Part	II-B, line	11	
		anation			

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DLN: 93493084010080

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization
Georgia Crop Improvement Assoc Inc

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	organization answered Tes to Form 99				L \ \(\tau_1 \) \(\tau_2 \) \(\tau_3 \) \(\tau_4 \) \(\tau_4 \) \(\tau_5 \) \	L	—
1	Total number at end of year	(a) Donor	advised funds	(1	b) Funds and ot	ner accounts	—
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						—
4	Aggregate value at end of year						_
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the			nor advis	ed	┌ Yes ┌ N	lo
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			•		┌ Yes ┌ N	lo
Pa	t II Conservation Easements. Complete	if the organizati	on answered "Yes" t	o Form	990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the o	rganızatıon (check	all that apply)				
	Preservation of land for public use (e.g., recreati	on or pleasure)	Preservation of ar	n historia	ally importantl	y land area	
	Protection of natural habitat		Preservation of a	certified	historic struct	ure	
	Preservation of open space						
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	fied conservation	contribution in the form	n of a co	nservation		
					Held at the I	nd of the Year	
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
c	Number of conservation easements on a certified his	toric structure inc	luded ın (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17,	06	2d			
3	Number of conservation easements modified, transfe	rred, released, ext	inguished, or terminate	ed by the	e organization d	urıng	
	the taxable year 🗠						
4	Number of states where property subject to conserva	ation easement is	ocated ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		toring, inspection, han	dling of	violations, and	┌ Yes ┌ N	lo
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforci	ng conservation easen	nents du	ring the year 🛌		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing c	onservation easement	s during	the year ► \$ _		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy t	the requirements of sec	ction		┌ Yes ┌ N	lo
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the nents	organızatıon's fınancıa	Istatem	ents that descr	ribes	
Par	Complete if the organization answered '			or Oth	er Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition	on, education or resear	ch ın fur			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, e				•	
	(i) Revenues included in Form 990, Part VIII, line 1				► \$		_
	(ii) Assets included in Form 990, Part X				► \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA			or financ	ıal gaın, provıd	e the	
а	Revenues included in Form 990, Part VIII, line 1				► \$		_

b Assets included in Form 990, Part X

	Using the organization's accession and othe	r records, check an	y of th	e fol	owing	that are	a signific		e of its collec		
	items (check all that apply)		_	_							
а	Public exhibition		d	ı	Loan	orexch	ange prog	rams			
b	Scholarly research		e	Γ	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	v the	y furthe	er the o	ganızatıoı	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit of								llar	_	_
	assets to be sold to raise funds rather than t									Yes	No
Par	Part IV, line 9, or reported an an						answere	-a "Ye	es" to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions o	rotherass	sets n	ot	┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Γ		1A	nount	
с	Beginning balance							1c			
d	Additions during the year						-	1d			
e	J ,						ŀ	1e			
f	Distributions during the year						ł	1f			
· -	Ending balance	orm 000 Bank V I					L	Δ.		☐ Yes	
2a	Did the organization include an amount on Fo		ie ∠I'							, res	No
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete		n anc	wor	od "Vo	c" to E	orm 000	Dard	- TV Juno 10		
Ра	Endowment Funds. Complete	(a)Current Year		Prior			Years Back		hree Years Back	(e)Four	Years Back
1a	Beginning of year balance	(,	<u> </u>			(-)		1		(-): -:::	
ь	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships							1			
e	Other expenditures for facilities										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end halance held						_			
a		r end balance neld	u s								
		0/2									
_	Board designated or quasi-endowment	%									
b	Permanent endowment • %										
b c	Permanent endowment					.		4 6	.h.a		
b	Permanent endowment % Term endowment % Are there endowment funds not in the posses		ation 1	:hat a	are hel	d and ac	lmınıstere	d for t	:he	Yes	. No
b c	Permanent endowment	ssion of the organiz	ation f	that a	are hel	d and ac	imınıstere	d for t	:he 3a i		s No
b c	Permanent endowment % Term endowment % Are there endowment funds not in the posses organization by	ssion of the organiz				d and ac	lmınıstere	d for t		(i)	i No
b c 3a	Permanent endowment % Term endowment % Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz			 			d for t	3a	(i) ii)	S No
b c 3a	Permanent endowment %% Term endowment % Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz	 d on S	ched	 ule R?			d for t	3a	(i) ii)	i No
b c 3a b	Permanent endowment % Term endowment % Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz ns listed as require e organization's en	 d on S dowme	ched	 ule R? nds				3a	(i) ii)	S No
b c 3a b	Permanent endowment % Term endowment % Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz ns listed as require e organization's en	 d on S dowme	chedent fu	ule R? nds orm 9	 		10.	3a	(i) (ii) b	Book value
b c 3a b 4 Par	Permanent endowment % Term endowment % Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz ns listed as require e organization's en	 d on S dowme	chedent fu	ule R? nds orm 9		rt X, line	10. other	3a 3	(i) (ii) b	
b c 3a b 4 Par	Permanent endowment % Term endowment % Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz ns listed as require e organization's en	 d on S dowme	chedent fu	ule R? nds orm 9		rt X, line (b)Cost or basis (ot	10. other	3a 3 (c) Accumulate depreciation	(i) (ii) b	
b c 3a b 4 Par	Permanent endowment % Term endowment % Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz ns listed as require e organization's en	 d on S dowme	chedent fu	ule R? nds orm 9		rt X, line (b)Cost or basis (ot	10. other	3a 3 (c) Accumulate depreciation	(i) ii) b	Book value
b c 3a b 4 Par	Permanent endowment % Term endowment % Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz ns listed as require e organization's en	 d on S dowme	chedent fu	ule R? nds orm 9		rt X, line (b)Cost or basis (ot	10. other	3a 3 (c) Accumulate depreciation	(i) ii) b	Book value
b c 3a b 4 Par	Permanent endowment % Term endowment % Are there endowment funds not in the posses organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the tyl Investments—Land, Buildings Description of investment Land	ssion of the organiz ns listed as require e organization's en	 d on S dowme	chedent fu	ule R? nds orm 9		rt X, line (b)Cost or basis (ot	10. other her)	3a 3 (c) Accumulate depreciation 86,	(i)	Book value

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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DLN: 93493084010080

OMB No 1545-0047

Inspection

4,386

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

Geo	orgia Crop Improvement A	ssoc Inc							
					58-062388	6			
P		rmation on Ac 990, Part IV, lır		ide the United States	. Complete if the orgai	nization answered			
1	1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States									
3	Activites per Region (l	Jse Schedule F-1	(Form 990) ıf ad	ditional space is needed)					
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
	ntral America and the ribbean	0	2	Program Services	Inspections performed by agents as part of the International Turfgrass Genetic Assurance Program	2,200			
Eas	t Asıa and the Pacıfic	0	2	Program Services	Inspections performed by agents as part of the International Turfgrass Genetic Assurance Program	5,93			
Nor	th America	0	2	Program Services	Inspections performed by	4,38			

2 Program Services

Inspections performed by agents as part of the International Turfgrass Genetic Assurance

Program

20,645

Part	IV, line 15, for an		eived more than \$5,	ies Outside the Ur ,000. Check this box				
(a) Name of organization		(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total tax-exemp	number of recipion	ent organizations lis for which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total	number of other	organizations or en	tities					- (Farm 000) 2000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Infor	rmation	ın Part I, line 2, and any addıtıonal information.
Identifier	ReturnReference	Explanation
Method Used to Acccount for Expenditures	Returniterence	Schedule F, Part I, Line 3 Expense reports, with receipts are submitted for reimbursement. Invoices for inspections are submitted for payment.

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DLN: 93493084010080

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization Georgia Crop Improvement Assoc Inc **Employer identification number**

58-0623886

Pai	rt I Questions Regarding Compensation	on			
	_			Yes	Νο
1a	,, , , , , , , , , , , , , , , , , , , ,	rovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		organization follow a written policy regarding payment or scribed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive	o reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?	2		Νο
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all	that apply			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization), Part VII, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol payment?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	nust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"	A , line 1a, did the organization provide any non-fixed " describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III	, paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	the rebuttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
		Georgia Crop Improvement Association Inc (GCIA) Board Members are paid \$350 for attending the GCIA annual Board meeting, and \$200 for attending the GCIA Semi-Annual Board of Directors' meeting. This per diem is paid to compensate for travel expenses.

Schedule J (Form 990) 2009

DLN: 93493084010080

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Georgia	of the organization Crop Improvement Assoc Inc							ation numb	
Dowt T	Evenes Bonofit Tro	nonctions (s	costion E01(c)(2) =	and control E01	(c)(4) ora	58-06238			
Part I	Excess Benefit Trail Complete if the organizat	•	` , ` ,					lıne 40b	
1	(a) Name of disq			•	ription of tr		•	(c) C	orrected
								Yes	No
	ter the amount of tax impos ction 4958	ed on the orga	nızatıon managers or	disqualified perso	ons during t	ne year unde 	er 🟲 \$ —		
se					ons during t	!	er ▶ \$ ▶ \$		
se	ter the amount of tax, if any Loans to and/or i	, on line 2, abo	ve, reimbursed by the	e organization .			• \$ <u> </u>		
se 3 En Part I	ter the amount of tax, if any Loans to and/or I Complete if the organizate of interested person and	, on line 2, abo		e organization .		O-EZ, Part \((f) \) A pproby boa	\$ — \$ —	3 a (g) Writ agreemo	
se 3 En Part I	ter the amount of tax, if any Loans to and/or I Complete if the organiz	, on line 2, about the contract of the contrac	ested Persons. d "Yes" on Form 990 (c)Original principal amount	e organization .	, or Form 99 (e) In default?	O-EZ, Part (f) A ppro by boa	y, line 38 y, line 38 oved rd or ttee?	(g) Writ	ent?
Se 3 En Part I (a) Nan Terry Ho Employe	Loans to and/or I Complete if the organizate of interested person and purpose Ollifield r's portion of FICA on	, on line 2, about the contract of the contrac	ested Persons. d "Yes" on Form 990 (c)Original principal amount	e organization .	, or Form 99	O-EZ, Part (f) A ppro by boa	\$ — \$ —	(g) Wrıt	
Se 3 En Part I (a) Nan Terry Ho Employe	ter the amount of tax, if any Loans to and/or I Complete if the organizate of interested person and purpose	, on line 2, about the contract of the contrac	ested Persons. d "Yes" on Form 990 (c)Original principal amount	e organization . Part IV, line 26, (d)Balance due	, or Form 99 (e) In default?	O-EZ, Part (f) A ppro by boa	y, line 38 y, line 38 oved rd or ttee?	(g) Writ	ent?
Part I (a) Nan Terry Ho Employe amount of	Loans to and/or I Complete if the organizate of interested person and purpose Ollifield r's portion of FICA on	, on line 2, about the contraction answere (b) Loan to or from the organization?	ested Persons. d "Yes" on Form 990 (c)Original principal amount	e organization . , Part IV, line 26, (d)Balance due	, or Form 99 (e) In default?	O-EZ, Part (f) A ppro by boa commit	► \$ — V, line 38 oved rd or ttee?	(g) Writ	ent? No
Part I (a) Nan Terry Ho Employe amount of	Loans to and/or I Complete if the organizate of interested person and purpose Ollifield r's portion of FICA on	, on line 2, about the contraction answere (b) Loan to or from the organization?	ested Persons. d "Yes" on Form 990 (c)Original principal amount	e organization . , Part IV, line 26, (d)Balance due	, or Form 99 (e) In default?	O-EZ, Part (f) A ppro by boa commit	► \$ — V, line 38 oved rd or ttee?	(g) Writ	ent? No

(b) Relationship between interested person

and the organization

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(c)A mount of grant or type of assistance

(e) Sharing of organization's revenues?

No Yes

See Additional Data Table

Software ID: Software Version:

EIN: 58-0623886

Name: Georgia Crop Improvement Assoc Inc

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organı	arıng of zatıon's nues?
	organization			Yes	No
Jaimie Allen	Director is a voting member, doing business with Organization	18,491	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
Joe Campbell	Director is a voting member, doing business with Organization	92,808	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
Jimmy Clements	Director is a voting member, doing business with Organization	28,104	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
Larry Cunningham	Director is a voting member, doing business with Organization	3,186	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
Dale Lanier	Director is a voting member, doing business with Organization	150	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
Paul Massey	Director is a voting member, doing business with Organization	2,420	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
A aron McWhorter	Director is a voting member, doing business with Organization	21,184	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
Doug McWhorter	Director is a voting member, doing business with Organization	99,424	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
Ken Morrow	Director is a voting member, doing business with Organization	6,561	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
Larry Redmond	Director is a voting member, doing business with Organization	3,469	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
Buddy Thomas	Director is a voting member, doing business with Organization	51,023	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
Joe West	Director is a voting member, doing business with Organization	56,593	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
Ben Copeland Jr	Director is a voting member, doing business with Organization	22,885	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No

COLLED III E O

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Georgia Crop Improvement Assoc Inc Employer identification number

58-0623886

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	The association took over the International Turfgrass Genetic Assurance Program in 2009 Prior to that, oversight of the program was subcontracted
Form 990, Part VI, Section A, line 2		Five board members, Ben Copeland, Jr , Larry Cunningham, Joe West, Ken Morrow , Aaron McWhorter and Jaimie Allen, have business relationships with each other aside from Georgia Crop Improvement Association, Inc
Form 990, Part VI, Section A, line 6		The organization has members
Form 990, Part VI, Section A, line 7a		The organization's board of directors are elected by membership vote
Form 990, Part VI, Section A, line 7b		The decisions made by the Board of Directors are based on recommendations from committees. The committees make their recommendations based on input from the members
Form 990, Part VI, Section B, line 11		The Form 990 w as provided to the Board of Directors at their annual meeting in March 2010
Form 990, Part VI, Section B, line 12c		If a conflict of interest arises, management will develop a documented plan to remove the interested parties from business contact on behalf of Georgia Crop Improvement Assoc Inc
Form 990, Part VI, Section B, line 15a		The executive director's salary, along with all the other employee's salaries, are reviewed annually by the Executive Committee. The Executive Committee determines whether a percentage increase is to be given, and forwards this information the association's executive director and accounting personnel. The Executive Committee has not conducted a comparability data study in a number of years, and does not maintain minutes of these deliberations.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Georgia Crop Improvement Assoc , Inc 's governing documents are available on their website. The organization's financial statements are not available to the public, but the financial information they contain are reported on Form 990, which is available upon receipt of written request.

The executive committee serves as the finance committee and selects the independent accountant to complete the annual financial review and reviews the resulting document. This procedure has not changed from the prior year. Schedule R, Part V, Line 2 Georgia Crop Improvement Association, Inc. (GCIA) charges a management fee to Georgia Florida Soybean Association Inc., which is billed quarterly. The fee is based on an estimate of one GCIA's time spent answering phones and performing miscellaneous office tasks, plus estimated office expenses including copier usage, file storage and postage.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493084010080

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Name of the organization Georgia Crop Improvement Assoc Inc

Employer identification number

58-0623886

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

Agricultural Audits LLC 2425 S Milledge Ave Athens, GA 30605 27-2066275

No business is or has been conducted by this LLC

GA

GCIA is sole member of LLC

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

Georgia Florida Soybean Association Inc

2425 S Milledge Avenue

Athens, GA 30605 36-3141910

Promotion of soybeans and production enhancement

GΑ

501(c)(5)

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

No

No No No No No

No No No No

No

No No No

No No

No No

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)	

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to other organization(s)	1b	
c Gift, grant, or capital contribution from other organization(s)	1 c	
d Loans or loan guarantees to or for other organization(s)	1d	
e Loans or loan guarantees by other organization(s)	1e	
f Sale of assets to other organization(s)	1f	
g Purchase of assets from other organization(s)	1 g	
h Exchange of assets	1h	
i Lease of facilities, equipment, or other assets to other organization(s)	1 i	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	
k Performance of services or membership or fundraising solicitations for other organization(s)	<u> </u>	Yes
Performance of services or membership or fundraising solicitations by other organization(s)	11	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	
n Sharing of paid employees	1n	
• Reimbursement paid to other organization for expenses	1o	
p Reimbursement paid by other organization for expenses	1р	
q Other transfer of cash or property to other organization(s)	1q	
r Other transfer of cash or property from other organization(s)	1r	

2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds							
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved					

(1) Georgia Florida Soybean Association Inc

Κ

21,250

(1) See Additional Data Table

(2)

(3)

(4)

(5)

(6)

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID:

Software Version:

EIN: 58-0623886

Name: Georgia Crop Improvement Assoc Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Seed certification expe	93,328	93,328		
New program initiatives	55,828	55,828		
Cost of tags, bags and	39,360	39,360		
Field inspectors' expen	28,022	28,022		
Telephone	15,205	11,404	3,801	