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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 10-01-2009

, and ending 09-30-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

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

D Employer identification number

36-3141910

E Telephone number

(706) 542-3793

F Group Exemption Number ► 9305

\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ► Income tax basis

I Website: ► N/A

J Tax-Exempt status (check only one)  501(c) (5) (insert no)  4947(a)(1) or  527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 37,073

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	4,410
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6a	
a	Gross revenue (not including \$ of contributions reported on line 1)	6b	
b	Less direct expenses other than fundraising expenses	6c	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	32,663
8	Other revenue (describe ►)	9	37,073
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	995
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	35
16	Other expenses (describe ►)	16	37,019
17	<b>Total expenses.</b> Add lines 10 through 16	17	38,049
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-976
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	54,021
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	53,045

## Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe ►)

25 **Total assets**

26 **Total liabilities** (describe ►)

27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year	
54,021	22	53,045
	23	
	24	
54,021	25	53,045
0	26	0
54,021	27	53,045

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )				<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? Promotion of soybeans and production enhancement				
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title				
28	Prepare newsletter and organize expositions to promote the production of soybeans for association members (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	7,303
29				
30	(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
31	Other program services (attach schedule) (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
32	Total program service expenses (add lines 28a through 31a)		31a	7,303
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation <b>(If not paid, enter -0-.)</b>	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?		35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0	
b	Did the organization file <b>Form 1120-POL</b> for this year?		37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		38b	
39	<b>Section 501(c)(7) organizations.</b> Enter		39a	
a	Initiation fees and capital contributions included on line 9		39a	
b	Gross receipts, included on line 9, for public use of club facilities		39b	
40a	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____			
b	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		40b	
c	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____			
d	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ► _____			
e	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		40e	No
41	List the states with which a copy of this return is filed ► GA			
42a	The organization's books are in care of ► Georgia Crop Improvement Assoc Inc Telephone no ► (706) 542-3793 2425 S Milledge Ave Located at ► Athens, GA ZIP + 4 ► 30605			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		42b	No
If "Yes," enter the name of the foreign country ► _____				
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	No
If "Yes," enter the name of the foreign country ► _____				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			
44	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		45	No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

<b>46</b>	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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>50</b>	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

**50(f)** Total number of other employees paid over \$100,000 . . . . . ► \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	***** Signature of officer Terry Hollifield State Office Executive Director Type or print name and title	2011-01-19 Date	

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

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

**Additional Data**

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

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Mark Detweiler 568 Livingston Road SW Rome, GA 301619526	Director 5 00	0	0	0
Bart Waller 706 Laurel Tree Road Clyo, GA 31303	Director 5 00	0	0	0
Walter Godwin 2706 GA Highway 93N Pelham, GA 31779	President 5 00	0	0	0
Roger Boerma 111 Riverbend Road Athens, GA 30602	Director 5 00	0	0	0
Jimmy Clements 136 Red Oak Avenue Albany, GA 31721	Director 5 00	0	0	0
Joe McManus PO Box 7068 Macon, GA 31209	Director 5 00	0	0	0
Terry Hollifield 2425 S Milledge Avenue Athens, GA 30605	State Office Exec Dir 5 00	0	0	0
Joe Moore 680 Fite Bend Rd NE Resaca, GA 307359549	Vice-President 5 00	0	0	0
Steve Yoder Jr 25535 NE Grady Tew Road Altha, FL 32421	Secretary/Treasurer 5 00	0	0	0
John Woodruff 1805 Rutland Rd Tifton, GA 31793	Director 5 00	0	0	0
Lane Morrell PO Box 398 Newton, GA 39870	Director 5 00	0	0	0
Billy Wayne Sellers 1360 Sellers Rd Baxley, GA 31513	Director 5 00	0	0	0
Lamar Black 932 Tilmanstone Rd Millen, GA 30442	Director 5 00	0	0	0
Jared Whitaker PO Box 8112 GSU Statesboro, GA 30461	Director 5 00	0	0	0

## TY 2009 Other Expenses Schedule

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

Description	Amount
Direct contract expenses	29,750
Dues and subscriptions	30
Meeting expense	1,292
Membership expense	3,167
Contributions	350
Business relations	434
Travel expense	1,996

## TY 2009 Other Revenues Schedule

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

Description	Amount
Interest	413
Contract income	32,250

## TY 2009 Transfers Personal Benefits Contracts Declaration

**Name:** GEORGIA FLORIDA SOYBEAN ASSOCIATION INC

**EIN:** 36-3141910

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