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A For the 2009 calendar year, or tax year beginning 10-01-2009, and ending 09-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GEORGIA FLORIDA SOYBEAN ASSOCIATION INC		D Employer identification number 36-3141910
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 2425 S MILLEDGE AVE		E Telephone number (706) 542-3793
Name change				F Group Exemption Number 9305
Initial return		City or town, state or country, and ZIP + 4 ATHENS, GA 30605		
Terminated				
Amended return				
Application pending				

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

<b>I Website:</b> <input type="checkbox"/> N/A		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(5) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

**K Check**  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A 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 )													
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .									1		
	2	Program service revenue including government fees and contracts . . . . .									2		
	3	Membership dues and assessments . . . . .									3	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 ▶ <input type="checkbox"/>											
	a	Gross revenue (not including \$ _ of contributions reported on line 1) . . . . .						6a					
	b	Less direct expenses other than fundraising expenses . . . . .						6b					
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .									6c		
	7a	Gross sales of inventory, less returns and allowances . . . . .						7a					
	b	Less cost of goods sold . . . . .						7b					
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .									7c		
	8	Other revenue (describe ▶ <input type="checkbox"/> )									8	32,663	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶									9	37,073	
	Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .									10	
11		Benefits paid to or for members . . . . .									11		
12		Salaries, other compensation, and employee benefits . . . . .									12		
13		Professional fees and other payments to independent contractors . . . . .									13	995	
14		Occupancy, rent, utilities, and maintenance . . . . .									14		
15		Printing, publications, postage, and shipping . . . . .									15	35	
16		Other expenses (describe ▶ <input type="checkbox"/> )									16	37,019	
17		Total expenses. Add lines 10 through 16 . . . . . ▶									17	38,049	
Net Assets	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	

<b>Part II Balance Sheets</b> —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 )		
	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	54,021	<b>22</b> 53,045
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe  _____)		<b>24</b>
<b>25 Total assets</b> . . . . .	54,021	<b>25</b> 53,045
<b>26 Total liabilities</b> (describe  _____)	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	54,021	<b>27</b> 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			
<b>28</b> 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"/>		<b>28a</b>	7,303
<b>29</b>			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	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 (If not paid, enter -0-.)	(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	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9 . . . . .		39a		
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____				
b	Section 501(c)(3) and 501(c)(4) organizations. 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	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .			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 . . . . . ▶			43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.			44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.			45	No

Part VI

Section 501(c)(3) organizations 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.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 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 "

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

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 "

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

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
	Athens, GA 306030709		(706) 543-3493		
May the IRS discuss this return with the preparer shown above? See instructions					

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.