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Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 D Employer identification number B Check if applicable Georgia Crop Improvement Assoc Inc 58-0623886 Address change Doing Business As Name change E Telephone number ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (706) 542-9396 2425 S Milledge Avenue Terminated G Gross receipts \$ 1,109,720 City or town, state or country, and ZIP \pm 4 Athens, GA 30605 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes No 2425 S Milledge Avenue H(b) Are all affiliates included? Athens, GA 30605 If "No," attach a list (see instructions) H(c) Group exemption number ▶ 「 501(c)(3) **▽** Tax-exempt status 501(c) (5) 🖪 (insert no) ☐ 4947(a)(1) or ☐ 527 Website: ► www.certifiedseed.org L Year of formation 1946 M State of legal domicile GA Part I Summary Briefly describe the organization's mission or most significant activities The Georgia Crop Improvement 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 Activities & Governance turfgrass certification 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) $\,$. 12 4 0 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 17 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 6 0 Total number of volunteers (estimate if necessary) 4,463 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 0 0 971,725 Program service revenue (Part VIII, line 2g) . 900,852 5,930 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,463 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 72,895 133,532 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 979,677 1,109,720 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-559,137 Expenses 615,904 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 408,635 489,843 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 967,772 1,105,747 19 Revenue less expenses Subtract line 18 from line 12 . 11,905 (Assets or | nd Balances | **Beginning of Current End of Year** Year 20 766,955 Total assets (Part X, line 16) . . 811,015 21 100,779 140,866 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 $\,$ 666,176 670,149 Signature Block 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. 2011-05-09 Signature of officer Date Sign Here Terry Hollifield Executive Director Type or print name and title Check if self preparer's name K Scott Collins K Scott Collins employed 🕨

Athens, GA 306030709

May the IRS discuss this return with the preparer shown above? (see instructions) \dots

Firm's name 🕨 CollinsMoody Company PC

Firm's address 🕨 PO Box 709

Paid

Preparer

Use Only

Phone no 🕨 (706) 543-

Firm's EIN

	330 (2010)						raye
Par		Program Servic e O contains a respo			III		
1	Briefly describe the org	anızatıon's mıssıon					
	ovide unbiased, third-pai lasis on seed and turfgras		ng services to	o agriculture in the s	seed, grain, food and r	elated indust	ries with primary
2	Did the organization und the prior Form 990 or 99			ervices during the y			Yes ▼ No
	If "Yes," describe these	new services on Sch	edule O				
3	Did the organization ceaservices?			=	conducts, any progra		Yes ✓ No
	If "Yes," describe these	changes on Schedul	e O				
4	Describe the exempt pu Section 501(c)(3) and 5 allocations to others, th	01(c)(4) organizatio	ns and secti	on 4947(a)(1) trust	s are required to repo		
4a	(Code) (Expenses \$	689,094	ıncludıng grants of \$) (Re	evenue \$	783,932)
	The purpose of the Certifica administrative services to in association 2 Providing an i clients' needs by exhibit, de other agricultural industries	clude 1 Developing and nspection/audit service fo	adopting stand or growing seed	ards of excellence for th crops, turf and other ag	e various classes of seed g ricultural industries 3 Colle	rown by membe cting and distrib	ers under the rules of the uting information pertinent
4b	(Code) (Expenses \$	70,981	ıncludıng grants of \$) (Re	evenue \$	94,188)
	The Good Agricultural Practic practices to the environmen inspection/auditing service v effort of the Georgia Crop Ir of Georgia Departments of I	t3 Promote worker healt when required7 Provide d mprovement Association,	h and hygiene4 locumentation o the Georgia Fru	Promote food safety5 of the use of GAPP proce	Promote the use of food s dures by producers8 Educ	ecunty practices ate consumersTh	6 Provide third party ne GAPP program is a joint
4c	(Code) (Expenses \$	70,671	ıncludıng grants of \$) (Re	evenue \$	93,605)
	The Georgia Crop Improven seed, Quality Assurance and economically viable product sustainable farming practice	Identity Preserved Progra on of food and encourage	ams currently o	ffered The GCIA Organic ion of natural resources	Certification Program is co the improvement of soil of	mmitteď to envi	ronmentally sound and
4d	Other program service	s (Describe in Sche	dule O) See	also Additional Data	a for Description		
	(Expenses \$	inclu	dıng grants o	f \$) (Revenue \$	1	33,532)
4e	Total program service o	expenses) -\$	830,74	6		,	

Part IV Checklist of Required Schedules

			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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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? If "Yes," complete Schedule D, Part II	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		No
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? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		Νο
c	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.	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
Ь	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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV.	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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		Νo
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		Νο
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		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		Νo
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		Νο
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		No
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 lines 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		No
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	
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
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)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 8					
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		105			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο		
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b				
4a	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		
b	If "Yes," enter the name of the foreign country 🕨					
	See instructions for 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		Νο		
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?					
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?	5c 6a		N o		
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		Νo		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		No_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		NI -		
f	contract?	7e 7f		<u> </u>		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No.		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did 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					
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b					
11	facilities Section 501(c)(12) organizations. Enter					
	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					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
c	Enter the amount of reserves on hand					
14->	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140		

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.

Check if Schedule C							. 🗸

_Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent							
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	3	100	No				
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was							
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		N o N o				
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							
	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							
<u></u>	evenue Code.)	1	V	NI-				
10-	Does the organization have local chapters, branches, or offiliates?	10a	Yes	No No				
	10a Does the organization have local chapters, branches, or affiliates?							
	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						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "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					
	Other officers or key employees of the organization	15b	. 33	Νο				
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)							
	1. Tes to me 1su of 1ss, describe the process in schedule of (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?	16b						
Se	ection C. Disclosure							
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 organization Marie Sidwell

2425 S Milledge Avenue Athens, GA 30605

(706) 542-9396

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi	((c) (che	ck a			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Officer Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee		organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Ken Morrow President		х		х				0	0	0
(2) Jimmy Clements Past President		Х		х				0	0	0
(3) Joe Campbell 1st Vice President		Х		х				0	0	0
(4) Larry Cunningham 2nd Vice President		Х		х				0	0	0
(5) Jaimie Allen Director		х						0	0	0
(6) Dale Lanier Director		х						0	0	0
(7) Paul Massey Director		х						0	0	0
(8) Aaron McWhorter Director		Х						0	0	0
(9) Doug McWhorter Director		Х						0	0	0
(10) Lane Morrell Director		х						0	0	0
(11) Larry Redmond Director		х						0	0	0
(12) Buddy Thomas Director		х						0	0	0
(13) Joe West Director		х						0	0	0
(14) Terry Hollifield Executive Director	40 00			х				143,361	0	2,148

\$100,000 in compensation from the organization ▶0

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

	(A) Name and Title	(B) Average hours	l .	tion (that a	(che		II		(D) Reportable compensation from the	(E) Reportable compensatior from related		(F) Estima amount o compens	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from torganizati relat organiza	the on and ed
											+		
1b	Sub-Total							<u> </u>					
c	Total from continuation sheet						-						
d	Total (add lines 1b and 1c) .							þ	143,361		0		2,148
2	Total number of individuals (in \$100,000 in reportable compe					ted	above) who	received more tha	n			
												Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S					eye •	mploy •	ee, o	r highest compens • • • • •	ated employee	3		No
ŀ	For any individual listed on line organization and related organi												
_	ındıvıdual			•	•	•		•			4		Νο
5	Did any person listed on line 1 services rendered to the organ									r individual for	5		Νo
Se	ction B. Independent Co	ntractors											
1	Complete this table for your fiv \$100,000 of compensation fro			ndep	ende	ent c	ontra	tors	that received mor	e than			
	N:	(A) ame and business add	dress						Desci	(B) uption of services		(C Comper	

	0 (2010)			Pa	age 9
Part \	Statement of Revenue		(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
					512, 513, or 514
Contributions, gifts, grants and other similar amounts	b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f similar amounts not included above g Noncash contributions included in lines 1a-1f \$				
Program Service Revenue	b Total. Add lines 1a-1f Business Code 2a Certification Program 110000 b Good Agricultural Prac 110000 c Organic Certification 110000 d Tertification 110000	783,932 94,188 93,605	783,932 94,188 93,605		
Program Ser	f All other program service revenue g Total. Add lines 2a-2f	971,725			
	and other similar amounts)	4,463		4,463	
	(i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events b c Net income or (loss) from gaming activities See Part IV, line 19 . a b Less direct expenses b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities b c Net income or (loss) from sales of inventory b The less cost of goods sold . b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code 11a Georgia Soybean b Out of State turf insp C Contract audits d All other revenue	21,250 15,480 2,520 94,282	21,250 15,480 2,520 94,282		
	12 Total revenue. See Instructions	1,109,720	1,105,257	4,463	0

	990 (2010)				Page 10
	Section 501(c)(3) and 501(c)(4) organizations mus			(5)	
Do no	ll other organizations must complete column (A) but are not required to c ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		Схрепаса	general expenses	Схрепэсэ
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	515,615	441,637	73,978	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)			,	
9	Other employee benefits	61,572	46,179	15,393	
10	Payroll taxes	38,717	 	9,679	
а	Fees for services (non-employees) Management	,		,	
ь	Legal				
С	Accounting	7,645	5,734	1,911	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g g	Other	16,820	16,820		
12	Advertising and promotion	13,691	 		
13	Office expenses	20,522	<u> </u>	15,299	
14	Information technology	1,636	<u>'</u>	1,636	
15	Royalties	1,030		1,030	
16	Occupancy				
17	Travel	8,610		8,610	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	8,010		8,610	
19	Conferences, conventions, and meetings	8,270		8,270	
20	Interest	5,270		0,270	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,854	13,650	6,204	
23	Insurance	11,888	 	2,972	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	11,000	6,910	2,312	
а	Other expenses	177,196	49,797	127,399	
b	Seed certification expe	81,666			
c	New program initiatives	45,728	 		
d		40,032	 		
e		21,685	<u> </u>		
f	All other expenses	14,600	 	3,650	
25	Total functional expenses. Add lines 1 through 24f	1,105,747	<u> </u>	275,001	0
26	Joint costs. Check here F if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,103,747	030,740	2/3,001	0

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 647,692 2 2 Savings and temporary cash investments 674.588 3 3 15,806 4 10,823 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 371 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 8 Inventories for sale or use 43,025 34,150 Prepaid expenses and deferred charges 10,724 13,850 10a Land, buildings, and equipment cost or other basis Complete Part 273.095 10a VI of Schedule D 195,491 48.775 ь Less accumulated depreciation 10b 10c 77.604 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 562 15 15 16 766.955 16 811,015 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17 64,750 17 64,876 Accounts payable and accrued expenses . 18 18 36.029 19 19 75.990 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 100.779 26 140.866 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 666,176 27 661,170 Temporarily restricted net assets 28 8,979 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 666,176 670,149 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 766.955 811.015 34

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.1	109,72
2	Total expenses (must equal Part IX, column (A), line 25)	2			105,74
3	Revenue less expenses Subtract line 2 from line 1	3		,	3,97
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	566,17
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		6	570,149
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its Schedule O	n	2-	V	
			2c	Yes	
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i on a separate basis, consolidated basis, or both	ssuea			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Additional Data

Software ID: Software Version:

EIN: 58-0623886

Name: Georgia Crop Improvement Assoc Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	n services			
(Code) (Expenses \$	including grants of \$) (Revenue \$	133,532)

DLN: 93493136017911

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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 V, 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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

♣ SeIf the	ction 501(c)(3) organizations that	t have filed Form 5768 (election under t have NOT filed Form 5768 (election t s," to Form 990, Part IV, Line 5 (Pi zations Complete Part III	ınder section 501	(h)) Complete Part II-B Do n	ot complete Part II-A
	me of the organization orgia Crop Improvement Assoc Inc			Employer iden	tification number
Gec	ngia crop improvement associate			58-0623886	
Par	t I-A Complete if the or	ganization is exempt under	section 501(organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	cal campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
		ganization is exempt under			
1	·	e tax incurred by the organization un			\$
2		e tax incurred by organization manag		n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV			- \	(-)(0)
		ganization is exempt under			L(c)(3).
1		ended by the filing organization for se			\$
2	Enter the amount of the filing o exempt funtion activities	rganization's funds contributed to of	ther organization:	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	e amount paid fro Irrectly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			+		

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	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	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
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 d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(h)).					
		(;	a) 	-	(b)	
		Yes	No	/	A moun	it
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	V olunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
e	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		•	1		
c	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	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n
	501(0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		٦	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		l	2	Yes	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		r	3		Νo
	t 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 Part I answered "Yes".	II-A,			ectio	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).					
	Current year	2a	<u> </u>			
	Carryover from last year	2b				
	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 excess 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				
Pä	art IV Supplemental Information	1				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

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

DLN: 93493136017911

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

ernal Revenue Service F Attach to Fo	orm 990. F See separate instructions.		Inspection
Name of the organization Georgia Crop Improvement Assoc Inc		Empl	oyer identification number
			623886
Part I Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds	or Accounts. Complete if the
organization answered Tes to Form 99	(a) Donor advised funds		b) Funds and other accounts
Total number at end of year		,	•
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor advi		nor advis	ed Yes No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for a	any other	purpose Yes No
art II Conservation Easements. Complete	<u>if the organization answered "Yes"</u>	to Form	990, Part IV, line 7.
Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure) Preservation of a Preservation of a	certified	cally importantly land area historic structure
easement on the last day of the tax year			Held at the End of the Year
a Total number of conservation easements		2a	neid at the End of the Year
• Total acreage restricted by conservation easements		2b	
Number of conservation easements on a certified his		2c	
Number of conservation easements included in (c) ac	• •	2d	
Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or terminat	ed by the	e organization during
Number of states where property subject to conserva	ation easement is located ►		
Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of	violations, and Yes No
Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	ments du	ring the year 🟲
A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	ts during	the year ► \$
Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of se	ction	┌ Yes ┌ No
In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financia	•	•
TTT III Organizations Maintaining Collectio Complete if the organization answered "		or Oth	er Similar Assets.
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, education or resea	rch ın fur	
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, education, or research		·
(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
(ii) Assets included in Form 990, Part X			▶ \$
If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		for financ	
Revenues included in Form 990, Part VIII, line 1			► \$
Assets included in Form 990, Part X			▶ \$

Part	t III Organizations Maintai	ning Co	Ilections of Art	t, His	<u>tori</u>	<u>cal Tr</u>	easur	es, or C	the	r Similar As	sets	(cor	ntınued)
3	Using the organization's accession items (check all that apply)	and othe	r records, check an	y of th	e foll	owing t	hat are	a significa	ant u	se of its collec	ion		
а	Public exhibition			d	Γ	Loan	orexch	ange progi	rams				
b	Scholarly research			e	Γ	Other							
С	Preservation for future genera	tions											
4	Provide a description of the organic Part XIV	zation's c	ollections and expla	ıın hov	v the y	/ furthe	r the or	ganızatıor	ı's ex	empt purpose	n		
5	During the year, did the organization assets to be sold to raise funds raise										Гүе	:S	┌ No
Par	rt IV Escrow and Custodial Part IV, line 9, or report							answere	d "Y	es" to Form ⁹	90,		
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No												
b	If "Yes," explain the arrangement i	n Part XI'	V and complete the	follow	ıng ta	able		_					
										An	nount		
С	Beginning balance							-	1c				
d	Additions during the year							-	1d				
е	Distributions during the year							<u> </u>	1e				
f	Ending balance							L	1f				
2a	Did the organization include an am	ount on F	orm 990, Part X, lın	e 21?							Г Ye	s	┌ No
b	If "Yes," explain the arrangement i	n Part XI\	/										
Pai	rt V Endowment Funds. Co	mplete											
4_	D		(a)Current Year	(b)	Prior Y	ear/	(c)Two	Years Back	(d)	Three Years Back	(e) Fo	ur Ye	ars Back
1a	Beginning of year balance												
b	Contributions												
С.	Investment earnings or losses .												
d	Grants or scholarships												
e	Other expenditures for facilities and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage	of the yea	r end balance held	as									
а	Board designated or quasi-endown	nent 🕨											
ь	Permanent endowment												
С	Term endowment ►												
3a	Are there endowment funds not in t	he posse	ssion of the organiz	ation 1	hat a	re held	d and ac	lmınıstere	d for	the			
	organization by	·	-								Y	'es	No
	(i) unrelated organizations				•				•	3a		\dashv	
_	(ii) related organizations								•	3a(
	If "Yes" to 3a(II), are the related o Describe In Part XIV the Intended	_	•						•	3)		
4 Dor	rt VI Investments—Land, B						00 Do	rt V lino	10				
Pell	investments—Land, E	unang	s, and Equipme	nt. 5				'			. Т		
	Description of investme	nt) Cost o		(b)Cost or basis (oth		(c) Accumulate depreciation	ea (e	1) Boo	ok value
1a	Land			•							\perp		
	Buildings			•				10	1,268	87,	783		13,485
C	Leasehold improvements			•									
d	Equipment			•				8	6,057	75,	997		10,060
e	Other							8	5,770	31,	711		54,059

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

'ali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
,	Investment expenses	6
	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
•	Total adjustments (net) Add lines 4 - 8	9
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	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)	_
e	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	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)	
С	Add lines 4a and 4b	4c
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
b b	Prior year adjustments	-
c	Other losses	-
d	Other (Describe in Part XIV)	1
e	Add lines 2a through 2d	_ 2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a L	· · · · · · · · · · · · · · · · · · ·	-
b	,	- I
С	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

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DLN: 93493136017911

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Name of	the o	rganızatıon		
Georgia	Crop	Improvement	Assoc	Ιn

Employer identification number

Geo	gia Crop Improvement Assoc In	C			58-0623886	
Pa	rt I General Information "Yes" to Form 990, Page 1990,	on on Activit art IV, line 14t	ies Outside t o.	he United States. C	omplete if the organiza	ation answered
1	For grantmakers. Does the assistance, the grantees' elithe grants or assistance?.	organization r gibility for the 	maintain record grants or assi	stance, and the select 	ion criteria used to awa	rd Yes No
2	For grant makers. Describe in P United States	art V the organi	zatıon's procedu	res for monitoring the use	e of grant funds outside th	e
3	Activites per Region (Use Part	1	I		T	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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/investments in region
	Central America and the Caribbean	0	2	Program Services Program Services	Inspections performed by agents as part of the International Turfgrass Genetic Assurance Program	6,72
	East Asia and the Pacific	0	2	Program Services	Inspections performed by agents as part of the International Turfgrass Genetic Assurance Program	98.
	Europe (Including Iceland & Greenland)	0	1	Program Services	Inspections performed by agents as part of the International Turfgrass Genetic Assurance Program	9,06
	Sub-total Total from continuation sheets		5			16,77

to Part I

Part	Part IV, lı	ne 15, for any					olete if the organizate received more than		
	a) Name of rganization	(b) IRS code section and EIN (if applicable)	(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 nun tax-exempt by	hber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total number of other organizations or entities								

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form !	990, Part IV, line 16.
	Use Part V if add	ditional space is ne	eded.		·			

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	<u>\</u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ᅜ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	দ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 Expense reports, with receipts are submitted for reimbursement Invoices for inspections are submitted for payment

Compensation Information

DLN: 93493136017911

OMB No 1545-0047

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.

Open to Public Inspection

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

58-0623886

Pa	Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these			
	First-class or charter travel Housing allowance or residence for personal	al use		
	Travel for companions Payments for business use of personal resi	dence		
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, ch	ef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	or 1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of 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 compensation.	nmittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing or a related organization	organization		
а	Receive a severance payment or change-of-control payment from the organization or a related organization	tion? 4a		No
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part I	11		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
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, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
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 A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," described in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Register 53 4958-6(c)?	gulations 9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	compensation	Denents	(B)(ı)-(D)	Form 990 or Form 990-EZ
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
	 	<u> </u>	•	<u> </u>			

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) 2010

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As Filed Data -

DLN: 93493136017911

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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.

2010

Open to Public Inspection

Name of the organization Georgia Crop Improvement Assoc Inc										tion numbe	er
Part I Excess Benefit Trai	nsacti	ione (s	ection 501	(c)(3) a	and section 501	(c)(4)		8-06238 zations (
Complete If the organizat										ıne 40b	
1 (a) Name of disq	ualıfıed	person		(b) Description of transaction						(c) Corrected?	
		'			(5) 5000					Yes	No
				<u> </u>							
2 Enter the amount of tax impos section 4958	ed on t	he orga			disqualified pers			_	r · \$		
3 Enter the amount of tax, if any	, on lin	e 2, abo							• \$		
Part II Loans to and/or I Complete if the organiz) Part IV line 26	or For	m 990-F	=7 Part \/	line 38	а	
Complete if the organiz			1 163 0111	01111 550	, r are iv, ime 20	, or r on	11 2 2 0 1	(f)	, iiie 30	<u>u</u>	
(a) Name of interested person and		oan to om the	(c)0 rig	ıınal		(e) I		Approv		(g)Writt	
purpose	organı	zatıon?	principal		(d)Balance due	defau	It?	by boar		agreement?	
	То	From	_			Yes	No	Yes	No	Yes	No
	—										
	 							-			
	\vdash						-		+		
	 								+		
Total				▶ \$			<u> </u>		-		I
Part IIII Grants or Assistar											
Complete if the orga							27.				
(a) Name of interested pers	on	(een interested per ganization	rson	(c) A n	nount of g	rant or ty	pe of assis	tance
			<u> </u>	id tile of	gamzation						

 				_
Rucinace	Trancactions	Tnvolvina	Intoracted	Darcane
DUSIIICSS	Transactions	THIVOIVING	Tillelesten	FCI SUIIS

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

Complete if the organization answered Tes on Form 330, Fart IV, line 20a, 20b, or 20c.							
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	atıon's		
	organization			Yes	No		
See Additional Data Table							

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
raeut it ier	Return Kererence	Explanation

Schedule L (Form 990 or 990-EZ) 2010

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	organi	arıng of zatıon's nues?
	organization			Yes	No
Jaimie Allen	Director is a voting member, doing business with Organization 17,007 The member makes application 17,007 The member makes application 17,007 The member makes application services and receives said services for fee paid with application		to GCIA for inspection services and receives said services for fee paid with		No
Joe Campbell	Director is a voting member, doing business with Organization	114,431	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	522	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	3,212	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
Dale Lanier	member, doing to GCI business with servic Organization servic		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	1,628	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No
A aron McWhorter	aron McWhorter Director is a voting member, doing business with Organization Organization Director is a voting 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	148,529	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	7,190	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	2,155	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 Togotham application 78,060 The member makes application 78,060 to GCIA for inspection services and receives said services for fee paid with application		to GCIA for inspection services and receives said services for fee paid with		No
Joe West	Director is a voting member, doing business with Organization	65,261	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No

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	(e) Sharing of organization's revenues?		
	organization			Yes	No	
Lane Morrell	Director is a voting member, doing business with Organization	22,312	The member makes application to GCIA for inspection services and receives said services for fee paid with application		No	

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DLN: 93493136017911

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

58-0623886

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Six board members, Jimmy Clements, Ken Morrow, Aaron McWhorter, Doug McWhorter, Jaimie Allen and Lane Morrell, have business relationships with each other aside from Georgia Crop Improvement Association, Inc

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The organization has members

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The organization's board of directors are elected by membership vote

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 was provided to the Board of Directors before being filed

Identifier	Return Reference	Explanation
	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

ldentifier	Return Reference	Explanation
	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.

ldentifi	er Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Georgia Crop Improvement Assoc , Inc 's governing documents are available on their wiebsite. 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.

ldentifier	Return Reference	Explanation
		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.

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

DLN: 93493136017911

2010

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2010

Employer identification number

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

Georgia Crop Improvement Assoc Inc

58-0623886 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) (e) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity (1) Agricultural Audits LLC 2425 S Milledge Ave GCIA is sole member of LLC No business is or has been GΑ Athens, GA 30605 conducted by this LLC 27-2066275 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.) (g) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section controlled or foreign country) (if section 501(c)(3)) entity organization Yes (1) Georgia Florida Soybean Association Inc 2425 S Milledge Avenue Promotion of soybeans and GΑ 501(c)(5) No production enhancement Athens, GA 30605 36-3141910 (2) Georgia Seed Development Commission Propagation of foundation 2420 S Milledge Avenue seed material for Univ of GA GΑ No & the GA Dept of Ag Athens, GA 30605 58-1130720

Cat No 50135Y

(a) ame, address, and EIN of related organization	(b) Primary activity				(b) Primary activity				(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
								Yes	No			Yes	No								
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,							
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct cor	(d) (e) Direct controlling entity (C corp, S or trust)		corp,		(g) Share of end-of-year assets			(h) Percentage ownership									

sched	ule R (Form 990) 2010		P	Page 3
Par	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A	, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	s No
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e	lacksquare	No
f	Sale of assets to other organization(s)	1f	\vdash	No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i l	ease of facilities, equipment, or other assets to other organization(s)	1i	1	No
j	ease of facilities, equipment, or other assets from other organization(s)	1j	 	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	s
I F	erformance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	,	No
n	Sharing of paid employees	1 n		No
o	Reimbursement paid to other organization for expenses	10	_	No
	Reimbursement paid by other organization for expenses	1p	+	_
		<u> </u>		
-	O ther transfer of cash or property to other organization(s)	1q	+	No
r	Other transfer of cash or property from other organization(s)	1r	<u></u>	No

2	If the answer to any of the above is "Yes,	see the instructions for information on who must complete this line,	including covered relat	ionships and transacti	on thresholds
		(a)	(b)	(c)	(d)

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Georgia Florida Soybean Association Inc	К		
(2) Georgia Seed Development Commission	К		
(3) Georgia Seed Development Commission	Р	94,282	Actual costs
(4)			
(5)			
(6)			

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	(state or foreign partner country) section 501(c) organiza		(d) (e) Are all Share of partners end-of-year section assets 501(c)(3) organizations?		(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or nanaging partner?	
			Yes	No		Yes	No		Yes	N	
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010