

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here ***** Signature of officer 2019-02-28 Date
TERRY HOLIFIELD EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Natalie Henry Preparer's signature Date 2019-03-01 Check if self-employed PTIN P01559255
Firm's name H AND R BLOCK Firm's EIN 45-3029400
Firm's address 2131 HOG MOUNTAIN RD WATKINSVILLE, GA 30677 Phone no (706) 769-5596

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

Additional Data

Software ID:

Software Version:

EIN: 36-3141910

Name: GEORGIA FLORIDA SOYBEAN ASSOCIATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 PART III, LINE 28 PREPARE NEWSLETTER AND ORGANIZE EXPOSITIONS TO PROMOTE THE PRODUCTION OF SOYBEANS FOR ASSOCIATION MEMBERS (Grants \$ 17,000)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

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

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
WALTER GODWIN PRODUCER DIRECTOR	5 00	0		
BRIAN OGLETREE PRODUCER DIRECTOR VP	5 00	0		
TONY SMITH SECRETARY TREASURER	5 00	0		
ANDREW MOORE PRODUCER DIRECTOR	5 00	0		
ANDREW KESSLER PRODUCER DIRECTOR	5 00	0		
DR REAGAN NOLAND EDUCATIONAL DIRECTOR	5 00	0		
MARK FREEMAN EDUCATIONAL DIRECTOR	5 00	0		
RAYNOR CHURCHWELL INDUSTRY DIRECTOR	5 00	0		
BLAKE SHEPARD INDUSTRY DIRECTOR	5 00	0		
VACANT FL PRODUCER DIRECTOR	0 00	0		
ROGER BOERMA EX-OFFICIO ADVISORY	5 00	0		
JIMMY CLEMENTS MEMBERSHIP CHAIR	5 00	0		
WALTER GODWIN USB REPRESENTATIVE	5 00	0		
ANDREW MOORE ALTERNATE USB REPRESENTATIVE	0 00	0		
BRIAN OGLETREE ASA REPRESENTATIVE	5 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GEORGIA FLORIDA SOYBEAN ASSOCIATION INC

Employer identification number

36-3141910

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 8, OTHER REVENUE	SOYBEAN COMMODITY COMMISSION, 17000

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID	DIRECT CONTRACT EXPENSES, 17000

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 16, OTHER EXPENSES	OFFICE SUPPLIES