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A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011		D Employer identification number
B Check if applicable	C Name of organization SOUTHEASTERN PECAN GROWERS ASSN C/O WILL EASTERLIN SEC - TRES	20-8175643
☐ Address change	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number
☐ Name change	P O BOX 216	
☐ Initial return	Room/suite	
☐ Terminated		
☐ Amended return	City or town, state or country, and ZIP + 4 MONTEZUMA, GA 31063	F Group Exemption Number ▶
☐ Application pending		

G Accounting method ☒ Cash ☐ Accrual Other (specify) ☐ _____

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ☐ N/A _____

J Tax-Exempt status (check only one)— ☐ 501(c)(3) ☒ 501(c)(5) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 80,765**

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1		
	2	Program service revenue including government fees and contracts		2	51,260	
	3	Membership dues and assessments		3	13,207	
	4	Investment income		4	48	
	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	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 95	6a	15,900		
	b Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			6b		
	c	Less direct expenses from gaming and fundraising events	6c	1,000		
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)			6d		14,900
	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 in Schedule O)		8	350		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	79,765		
Expenses	10	Grants and similar amounts paid (list in Schedule O)		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	13,780	
	14	Occupancy, rent, utilities, and maintenance		14		
	15	Printing, publications, postage, and shipping		15	3,699	
	16	Other expenses (describe in Schedule O)		16	52,754	
	17	Total expenses. Add lines 10 through 16		17	70,233	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	9,532	
	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	51,935	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20		
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	61,467	

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☐

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	51,935	22	61,467
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	51,935	25	61,467
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	51,935	27	61,467

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? PROVIDE EDUCATION TO ENABLE GROWERS TO PRODUCE BIGGER AND BETTER PECAN CROPS IN AN EFFICIENT AND COST EFFECTIVE MANNER		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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			
28	CONVENTION HELD LAST WEEK-END IN FEBRUARY SOCIAL , EDUCATIONAL, EXHIBIT, GOLF TOURNAMENT, BANQUET, LADIES PROGRAM, ANNUAL MEETING (Grants \$) If this amount includes foreign grants, check here ☐	28a	
29	PRINTING OF PUBLICATION "THE PROCEEDINGS" FOR MEMBERS AND OTHERS INCLUDED ARE ALL TECHNICAL AND RESEARCH PAPERS PRESENTED AT THE EDUCATIONAL MEETINGS OF THE CONVENTION (Grants \$) If this amount includes foreign grants, check here ☐	29a	
30	MARKETING (Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

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 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
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

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

☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ☐ WILL EASTERLIN _____ Telephone no ☐ (478) 472-7731 P O BOX 216 Located at ☐ MONTEZUMA, GA _____ ZIP + 4 ☐ 31063		
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)? If "Yes," enter the name of the foreign country ☐ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ☐ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
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 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 47-49b and 52.

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

		Yes	No
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		
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

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

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 and 4947(a)(1) nonexempt charitable trusts 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	*****	2012-04-27			
	Signature of officer	Date			
	WILL EASTERLIN SECRETARY-TREASURER				
	Type or print name and title				
Paid Preparer's Use Only	Preparer's signature WILLIAM H SHEPPARD	Date 2012-04-25	Check if self-employed	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	CHAMBLISS SHEPPARD ROLAND & BAXTERLLP PO BOX 1224 AMERICUS, GA 317091224	EIN		
			Phone no (229) 924-4456		
May the IRS discuss this return with the preparer shown above? See instructions					Yes No

OMB No 1545-0047

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

20-8175643

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue		15,900	15,900
	2	Cash prizes		1,000	1,000
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes

☒ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes

☒ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

WILL EASTERLIN

Address

P O BOX 216
MONTEZUMA,GA 31063

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes

☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes

☒ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
SOUTHEASTERN PECAN GROWERS ASSN
C/O WILL EASTERLIN SEC - TRES**Employer identification number**

20-8175643

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	ACCOUNTS RECEIVABLE 350 TOTAL 350
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	CONVENTION SUPPLIES 258 TRAVEL 634 BANQUET 9,503 BREAKFASTS 867 COFFEE BREAKS 2,495 HOSPITALITY HOUR 2,744 WELCOME RECEPTION 13,534 ROOM CHARGES 834 MEETING ROOM SET-UP 1,261 GOLF TOURNAMENT 3,700 MISC 520 EXHIBITOR EXPENSES 1,113 INSURANCE 511 EXPENSES NP&A MARKETING PROGRAM 5,000 WEBSITE 332 TRAVEL 742 PREPLANNING MEETING 568 CORPORATE FILING 50 SUBSCRIPTIONS 4,158 DUES 350 MISCELLANEOUS 340 REIMBURSEMENTS 3,065 OTHER FROM 2010 175 TOTAL 52,754
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	PROVIDE EDUCATION TO ENABLE GROWERS TO PRODUCE BIGGER AND BETTER PECAN CROPS IN AN EFFICIENT AND COST EFFECTIVE MANNER

TY 2011 Compensation Explanation**Name:** SOUTHEASTERN PECAN GROWERS ASSN

C/O WILL EASTERLIN SEC - TRES

EIN: 20-8175643

Person Name	Explanation
PETER BUYCK	
BEN LITTLEPAGE	
BILL BUNN	
MICHAEL HORNE JR	
MILEY ADAMS	
JOE BUZHARDT	
GLENN PASCHAL	
RODGER COOK	
LAMAR JENKINS	
GARY UNDERWOOD	
WILL EASTERLIN	
CLARENCE BISHOP	
TOM CHILDRESS	
JACK THOMPSON	
LENNY WELLS	
LANAIR WORSHEM	

Additional Data

Software ID:
Software Version:
EIN: 20-8175643
Name: SOUTHEASTERN PECAN GROWERS ASSN
C/O WILL EASTERLIN SEC - TRES

Form 990-EZ, Special Condition Description:

Special Condition Description

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
PETER BUYCK P O BOX 416 P O BOX 416 SAINT MATTHEWS,SC 29135	DIRECTOR 000 00	0		
BEN LITTLEPAGE 12219 HIGHWAY 8 12219 HIGHWAY 8 COLFAX,LA 71417	DIRECTOR 000 00	0		
BILL BUNN P O BOX 435 P O BOX 435 BAILEY,NC 27807	DIRECTOR 000 00	0		
MICHAEL HORNE JR 303 OLD ANDERSONVILLE RD 303 OLD ANDERSONVILLE RD AMERICUS,GA 31709	DIRECTOR 000 00	0		
MILEY ADAMS 6106 OLD HWY GA 3 6106 OLD HWY GA 3 CAMILLA,GA 31730	VICE PRES 5 00	0		
JOE BUZHARDT 1385 NARROW GAUGE ROAD 1385 NARROW GAUGE ROAD BOLTON,MS 39041	DIRECTOR 000 00	0		
GLENN PASCHAL P O BOX 913 B P O BOX 913 B ALBANY,GA 31707	DIRECTOR 000 00	0		
RODGER COOK P O BOX 521 P O BOX 521 SILVERHILL,AL 36576	DIRECTOR 000 00	0		
LAMAR JENKINS 195 JENKINS ROAD 195 JENKINS ROAD ALLIGATOR,MS 38720	DIRECTOR 000 00	0		
GARY UNDERWOOD 18446 DAVIS ROAD 18446 DAVIS ROAD SUMMERDALE,AL 36580	PRESIDENT 5 00	0		
WILL EASTERLIN P O BOX 428 P O BOX 428 MONTEZUMA,GA 31063	SEC - TRES 5 00	0		
CLARENCE BISHOP 16151 GREENO RD 16151 GREENO RD FAIRHOPE,AL 36532	DIRECTOR 000 00	0		
TOM CHILDRESS 1811 ANTIOCH RD 1811 ANTIOCH RD ALBANY,GA 31707	DIRECTOR 000 00	0		
JACK THOMPSON 1605 NORTHWOOD DR 1605 NORTHWOOD DR ALBANY,GA 31721	DIRECTOR 000 00	0		
LENNY WELLS 4604 RESEARCH WAY 4604 RESEARCH WAY TIFTON,GA 31793	DIRECTOR 000 00	0		

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
LANAIR WORSHEM  6002 HWY 97 6002 HWY 97 CAMILLA,GA 31730	DIRECTOR 000 00	0		