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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
SOUTHEASTERN PECAN GROWERS ASSN
C/O VICKI JENKINS SEC - TRES
Number and street (or P O box, if mail is not delivered to street address) Room/suite
248 W DOUBLEGATE DRIVE
City or town, state or province, country, and ZIP or foreign postal code
ALBANY, GA 31721

D Employer identification number
20-8175643
E Telephone number
F Group Exemption Number

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 Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ☒ \$ 80,773

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

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	55,628
	3	Membership dues and assessments	3	13,175
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	11,895
	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	1,100
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	10,795
	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	75
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,673
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	13,505
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,557
	16	Other expenses (describe in Schedule O)	16	61,520
	17	Total expenses. Add lines 10 through 16	17	77,582
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,091
	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	72,579
	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	74,670

Part II

Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	72,579	22	74,670
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	72,579	25	74,670
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	72,579	27	74,670

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

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

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 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
See Additional Data Table				

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

		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
35a	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 VICKI JENKINS Telephone no (662) 902-1637 Located at 248 W DOUBLEGATE DR ALBANY, GA ZIP + 4 31721		
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 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	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? 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	No

		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		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 ☐

		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 as 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 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

f	Total number of other employees paid over \$100,000	
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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 business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	
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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
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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		2014-02-12 Date		
	VICKI JENKINS SECRETARY-TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name WILLIAM H SHEPPARD	Preparer's signature	Date 2014-02-12	Check ☐ if self-employed	PTIN P00426869
	Firm's name ☐ CHAMBLISS SHEPPARD ROLAND & BAXTERLLP			Firm's EIN ☐	
	Firm's address ☐ PO BOX 1224 AMERICUS, GA 317091224			Phone no (229) 924-4456	

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

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

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
BEN LITTLEPAGE DIRECTOR	000 00	0		
MICHAEL HORNE JR DIRECTOR	000 00	0		
JOE BUZHARDT DIRECTOR	000 00	0		
RODGER COOK DIRECTOR	000 00	0		
LAMAR JENKINS VICE PRESIDE	000 00	0		
VICKIE JENKINS SECRETARY-TR	000 00	0		
CLARENCE BISHOP PRESIDENT	000 00	0		
TOM CHILDRESS DIRECTOR	000 00	0		
LENNY WELLS DIRECTOR	000 00	0		
LANAIR WORSHEM DIRECTOR	000 00	0		
ROBERT COHEN DIRECTOR	000 00	0		
TOM HARMON DIRECTOR	000 00	0		
BOBBY BOSTICK DIRECTOR	000 00	0		
JOE MUSICK DIRECTOR	000 00	0		
MATT GOFF DIRRECTOR	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
MILEY ADAMS DIRECTOR	000 00	0		

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization SOUTHEASTERN PECAN GROWERS ASSN C/O VICKI JENKINS SEC - TRES	Employer identification number 20-8175643
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	REBATES 75 TOTAL 75
FORM 990-EZ, PART I, LINE 16	CONVENTION BANQUET 13,921 BREAKFASTS 816 COFFEE BREAKS 1,280 HOSPITALITY HOUR 4,087 PROGRAM EQUIPMENT 1,847 ROOM CHARGES 657 NAT'L PECAN GROWERS MEETG 160 PLANNING MEETING 1,115 SUPPLIES 624 AWARDS 242 EXHIBITOR EXPENSES 3,306 INSURANCE 300 PRINTING 1,350 WELCOME RECEPTION 17,277 EXPENSES NPSCA MARKETING PROGRAM 5,000 U S PECAN 511 SUPPLIES 774 TRAVEL 829 CORPORATE FILING 30 SUBSCRIPTIONS 4,554 DUES 350 REIMBURSEMENTS 1,870 WEBSITE 620 TOTAL 61,520
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 2013 Compensation Explanation**Name:** SOUTHEASTERN PECAN GROWERS ASSN

C/O VICKI JENKINS SEC - TRES

EIN: 20-8175643

Person Name	Explanation
BEN LITTLEPAGE	
MICHAEL HORNE JR	
JOE BUZHARDT	
RODGER COOK	
LAMAR JENKINS	
VICKIE JENKINS	
CLARENCE BISHOP	
TOM CHILDRESS	
LENNY WELLS	
LANAIR WORSHEM	
ROBERT COHEN	
TOM HARMON	
BOBBY BOSTICK	
JOE MUSICK	
MATT GOFF	
MILEY ADAMS	