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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| A | For th | ne 2013 calen | dar year, or tax year beginning Oct 1 , 2013, and endin | g Sep 30 | <u> </u> | 2014 |
|----------------------------|------------------------|---|---|--|--|---------------------------------------|
| В | | f applicable | C Name of organization THE NORTHERN NUT GROWERS ASSOCIA | | | ication Number |
| _ | | dress change | Doing Business As | 11011 | · - | |
| | \vdash | - | Number and street (or P O box if mail is not delivered to street address) Room/s | | 31-12991 elephone numbe | |
| | \vdash | ime change | | | • | |
| | H | tial retum | P O BOX 6216 City or town, state or province, country, and ZIP or foreign postal code | | (609) 68 | 38-0314 |
| | H | rminated | | | | |
| | Н | nended return | HAMDEN CT 06517 | | Pross receipts | |
| | ∐ Ap | plication pending | F Name and address of principal officer | H(a) Is this a group | | □ .cs □ .cs |
| | | | ROBERT STEHLI P O BOX 6216 HAMDEN CT 06517 | H(b) Are all subord If 'No,' attach | inates included? a list (see instru | ctions) |
| <u></u> | Tax- | exempt status | X 501(c)(3) | | | · |
| J | Wel | osite: 🟲 WW | W.NORTHERNNUTGROWERS.ORG | H(c) Group exemp | tion number | |
| K | | of organization | X Corporation Trust Association Other ► L Year of formation | on 1911 | M State of leg | gal domicile CT |
| Pa | rt I | Summar | γ | | | |
| | 1 | Briefly describ | be the organization's mission or most significant activities CONTINUE | D_ON_SCHE | DULE O | |
| ģ | | | HERN NUT GROWERS ASSOCIATION, INC. IS A NON-PR | | | N |
| Governance | | | E INTERESTED IN GROWING NUT TREES AND MINOR FR | | | . |
| e. | | | AND PERSIMMONS. WE ACHIEVE OUR PURPOSES BY DIS | | | |
| Š | 2 | Check this bo | | | | |
| | _ | | ting members of the governing body (Part VI, line 1a) | | 3 | 11 |
| es | | | dependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2013 (Part V, line 2a) | | 4 | 11 |
| Activities & | | | of volunteers (estimate if necessary) | | 1 - 1 | 0 |
| Ş | | | d business revenue from Part VIII, column (C), line 12 | | | 6 0. |
| _ | | | business taxable income from Form 990-T, line 34 | | . 7b | <u> </u> |
| | | | | Prior ` | | Current Year |
| _ | 8 | Contributions | and grants (Part VIII, line 1h) | | 4,582. | 4,245. |
| Revenue | 9 | Program serv | | 2 | 0,445. | 17,138. |
| ¥. | 10 | Investment in | come (Part VIII, line 2g) | <u> </u> | 5,517. | 5,974. |
| æ | 11 | Other revenue | e (Part VIII, column (A), lines 5, 6d, 8c, 😥 10c, and 11e) | | 0. | |
| | 12 | Total revenue | – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3 | 0,544. | 27,357. |
| | 13 | Grants and si | milar amounts paid (Part IX, column (A), lines 95 DEIN, UT | | 8,972. | 6,256. |
| | 14 | Benefits paid | to or for members (Part IX, column (A), line 4) | | | |
| | 15 | | r compensation, employee benefits (Part IX, column (A), lines 5-10) | | | |
| Expenses | 16a | Professional f | undraising fees (Part IX, column (A), line 11e) | | | |
| bell | h | | (D + 1)/ | , | * : 3 (2) | |
| ă | 47 | | | | | |
| • | 1 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,574. | 22,144. |
| , } | | | es Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,546. | 28,400. |
| <u> </u> | t | Revenue less | expenses Subtract line 18 from line 12 | | 2,002. | -1,043. |
| | 20 | Total assets (| Part X, line 16) | Beginning of C | | End of Year |
| A B | 21 | • | s (Part X, line 26) | 32 | 0,977. | 338,491. |
| Net Assets of Fund Balance | 2. | | | | | |
| 9 | 22 | | fund balances Subtract line 21 from line 20 | 32 | 0,977. | 338,491. |
| | ırt II | Signatur | | | | · · · · · · · · · · · · · · · · · · · |
| .com | er penalti plete De | es of perjury, I dec claration of prepar | lare that I have examined this return, including accompanying schedules and statements, and to the bes er (other than officer) is based on all information of which preparer has any knowledge | st of my knowledge a | ind belief, it is to. | ie, correct, and |
| <u></u> | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Julia Kl Sacks | 1 7 | 19/20 | |
| Sig | מוי | Signatu | re of afficer | Date | -/ // av | <u> </u> |
| He | re | L | UILLIAM H, SACHS, TREASURER | | • | |
| | | Type or | | | | |
| | | Print/Type p | reparer's name Preparer's signature Date | Check | X If F | PTIN |
| Pa | hi | Marie | Louise Stehli Manuale 1 01/26/ | 1 | | 200287433 |
| | epare | | | | / | |
| | e On | | | Firm's | EIN ► 45- | 2493685 |
| | | | Mantua OH 442559359 | Phone | | |
| May | v the IF | RS discuss this | s return with the preparer shown above? (see instructions) | | (330 |) 562-7620 X Yes No |
| | | | | A0101 11/09/13 | · · · · · · · | Form 990 (2013) |
| | | . apo | teaution . The troube, see the separate mondelions. | A0101 11/08/13 | | FOID 330 (2013) |

| | | UT GROWERS ASSOCIATION | 31-1299136 Page 2 |
|-----|---|---|---|
| Par | | Service Accomplishments | |
| | Check if Schedule O contains a | response or note to any line in this Part III | |
| 1 | Briefly describe the organization's miss | sion | |
| | CONTINUED ON SCHEDULE O |) | |
| | THE NORTHERN NUT GROWER | RS ASSOCIATION, INC. IS A NON-PROFIT ORGA | ANIZATION |
| | See Form 990, Page 2, Part III, Line 1 | | |
| | | | |
| 2 | Did the organization undertake any sig | nificant program services during the year which were not listed on the | пе рлог |
| | - | | . – – |
| | If 'Yes,' describe these new services or | | |
| 3 | · | , or make significant changes in how it conducts, any program service | ces? Yes X No |
| • | If 'Yes,' describe these changes on Sci | | 200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 4 | _ | ervice accomplishments for each of its three largest program service | se as measured by expenses |
| 7 | Section 501(c)(3) and 501(c)(4) organi | zations and section 4947(a)(1) trusts are required to report the amore, if any, for each program service reported | unt of grants and allocations to |
| | (Code) (Expenses \$ | 28,400. including grants of \$ 6,256. |) (Revenue \$ 27,357.) |
| | | ARING TREES AND MINOR FRUITS; TO PROMOTE | , (1331 <u>.</u>) |
| | | NATE INFORMATION ABOUT; TO PROMOTE SCIEN | |
| | | RODUCTION AND ADVANCE THE CULTURE AND USI | |
| | RESEARCH; 10 PROMOTE PR | RODUCTION AND ADVANCE THE CULTURE AND USE | S OF NOTS. |
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| 4 b | (Code) (Expenses \$ | including grants of \$ |) (Revenue \$) |
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| 4 d | Other program services (Describe in S (Expenses \$ | · | c , |
| 4 e | Total program service expenses | including grants of \$) (Revenue 28,400. | |
| BAA | | TEEA0102 07/02/13 | Form 990 (2013) |

Form 990 (2013) THE NORTHERN NUT GROWERS ASSOCIATION 31-1299136 Part V Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Х 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? If 'Yes,' complete Schedule C, Part II Х 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 . . . Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 Χ X 10 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11 b 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 Х 11 c 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 Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . 11 e 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 . . 11 f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII..... Х 12a 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 and XII is optional Х 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Х 15 Х Х 16 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? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

19

20

20 b

Х

Х

20 a Did the organization operate one or more hospital facilities? If Yes, complete Schedule H

Form 990 (2013) THE NORTHERN NUT GROWERS ASSOCIATION

Part IV Checklist of Required Schedules (continued)

| | | I | Yes | No |
|------|---|------------|----------|------------|
| • | | | | ''' |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If Yes,' complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or 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 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 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 | | Х |
| 24 a | 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 through 24d and | | | х |
| | complete Schedule K If 'No,'go to line 25a | 24a 24b | | _^ |
| | o Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 240 | ļ | |
| • | 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 | | |
| C | I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | 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 | | Х |
| t | 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 | 251 | | x |
| | Schedule L, Part I | 25b | - | _^_ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 20 | | |
| 21 | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| 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) | ; . | 30 | , 1 , 1 |
| a | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | F., Co6 | X |
| | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| 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 | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | : | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | - | X |
| | | 33a | | <u> </u> |
| t | olf 'Yes' to line 35a, 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 | 35b | _ | х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | Х |
| 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 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | х | |

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Concodie Commission response of note to any line in this fact vivia. | • | · · · | لليخ |
|------|---|----------------|-----------------|--|
| | 5. " """ 1. " 5. 0. (5. 4000 5. 0. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | - | | |
| | | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2 a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | Х |
| b | If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 3 b | | |
| 4 a | 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)? | 4 a | | Х |
| 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 | | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | Х |
| C | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 a | 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 as charitable contributions? | 6 a | | Х |
| b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 Ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | <u></u> | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | | | ļ., |
| | services provided to the payor? | 7 a | | X |
| | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | <u> </u> |
| | Form 828Ž? | 7 c | | X |
| | If 'Yes,' indicate the number of Forms 8282 filed during the year | <i>3</i> - ₹ 3 | ` | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | Х |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | Х |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| ħ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 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. | Ť | | |
| а | Did the organization make any taxable distributions under section 4966? | 9 a | l. - | 1 |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| | Section 501(c)(7) organizations. Enter | | | \vdash |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b | 1 | | |
| | Section 501(c)(12) organizations. Enter | 1 | 1 | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | | |
| | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | F | | \vdash |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | 1 | 1 |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13 a | | † |
| _ | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| H | Enter the amount of reserves the organization is required to maintain by the states in | | [| 1 |
| | which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | <u> </u> | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | <u> </u> | X |
| | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 b | <u> </u> | <u> </u> |

Form'990 (2013) THE NORTHERN NUT GROWERS ASSOCIATION Page 6 31-1299136 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1 1 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 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X Did the organization make any significant changes to its governing documents 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 2 X b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х b Each committee with authority to act on behalf of the governing body? 8 h Х 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 13 Did the organization have a written whistleblower policy? 13 Х Х 14 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? a The organization's CEO, Executive Director, or top management official . . . 15 a Х **b** Other officers of key employees of the organization. Х 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Χ 16 a b If 'Yes,' did the organization follow 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filled > Section 6104 requires an organization to make its Forms 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 Х Upon request Other (explain in Schedule O) 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 during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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. 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| | | (C) | | | | | | | | |
|-------------------------------|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|---------|---|--|--|
| (A) Name and Title | (B) Average hours per week (list | r officer and a director/trustee) | | | | | an) | (D) Reportable compensation from the organization | (E) Reportable compensation from | (F) Estimated amount of other compensation |
| | any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1) ROBERT STEHLI | 1.00 | v | | v | | | | 0. | 0 | 0 |
| PRESIDENT | 1 00 | Х | | Χ | | | - | <u> </u> | 0. | 0. |
| VICE PRESIDENT | _1.00 | Х | | Х | | | | 0. | 0. | 0. |
| (3) WILLIAM SACHS | 1.00 | | | | | | | | | |
| TREASURER | 1 | Х | | Х | | | | 0. | 0. | 0. |
| (4) THOMAS MOLNAR | 1.00 | | | | | | | | | |
| SECRETARY | | Х | | Χ | | | | 0. | 0. | 0. |
| (5) DENNIS FULBRIGHT | 1.00 | | | | | | | | , | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) JOHN BRITTAIN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | _ | | 0. | 0. | 0. |
| _(7)_ JEANNE_ROMERO-SEVERSON_ | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) SANDRA ANAGNOSTAKIS | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | _ | | 0. | 0. | 0. |
| (9) TROY PABST | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) SHAWN MEHLENBACHER | 1.00 | | | | | | i | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) GREG MILLER | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) | <u></u> | | | | | | | | | |
| (13) | | | | | | | | | | <u> </u> |
| (14) | | | | | | | | | | |

| Part VII Section A. Officers, Directors, Trus | tees, l | Key | En | ıplo | oye | es, a | and | d Highest Con | pensated Empl | oyee | S (cont | inued) |
|--|-----------------------------------|-----------------------------------|----------------------|---------------|----------------|---------------------------------|------------|---|--|--------------|---------------------------------|-------------|
| | (B) | | | ((| • | | | | | | | |
| (A) Name and title | Average hours per | box | , unle | heck ss pe | rson i | than or s both or/truste | an ee) | (D) Reportable compensation from | (E) Reportable compensation from | | (F) stimated int of oth | ıer |
| | week (list any hours for | Indivi | nstitu | Officer | Key employee | Highest compensated employee | Form | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | fr org. | pensatio om the anization | |
| | related organiza - tions | Individual trustee or director | nstitutional trustee | ** | mploy | st com yee | 악 | | | | d related anization | |
| | below dotted | ustee | truste | | 8 | pensa | | | | | | |
| | line) | | ď | | | ited | | | | | | |
| <u>(15)</u> | | | | | | | | | - | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | _ | |
| (19) | | | | | | | _ | | | | _ | |
| (20) | | | | | | | | | | | - | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | - | | | | |
| (25) | | | | • | | : | | | - , , , , , | _ | | |
| 1 b Sub-total | | | | | | | • | 0. | 0. | | | 0. |
| c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) | | | | | | | • | 0. | 0. | | | 0. |
| Total number of individuals (including but not limited to | | | | | | | ive | · | | pensa | tion | <u> </u> |
| from the organization | | | | | | | | | | | 1 | r |
| 3 Did the organization list any former officer, director, o | r trustee | kav | em | nlov | , ee | or bio | hes | et compansated an | nnlovee | | Yes | No |
| on line 1a? If 'Yes,' complete Schedule J for such indi | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater that such individual | n \$150,0 | 00Ö? | If 'Y | es' e | com | plete | Sch | nedule J for | | . 4 | | X |
| 5 Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If 'Yes,' con | npensati | on fro | om a | any i | unre suc | lated | org son | anization or individ | lual | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| Complete this table for your five highest compensated compensation from the organization. Report compens | indepei ation for | r the | t cor cale | ntrac nda | ctors r yea | that ar enc | rece | eived more than \$1 with or within the | 100,000 of organization's tax yea | ar. | | |
| (A) Name and business address | 5 | | | | | | | (B) Description o | | (ompe | C) nsatio | n |
| | | | | | | | | | | | | |
| | | | | | | | | | | . | - | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (including bu | it not lim | nited i | to th | ose | liste | d abo | ove' |) who received mo | re than | · | | |
| \$100,000 of compensation from the organization | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | |

Form'990 (2013) 31-1299136 Page 9 THE NORTHERN NUT GROWERS ASSOCIATION Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (B) Total revenue Related or Unrelated Revenue excluded from tax business exempt under sections function revenue 512-514 revenue 1 a Federated campaigns CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS. **b** Membership dues 1b c Fundraising events 1 c 1,562 d Related organizations 1 d e Government grants (contributions) . . 1 e f All other contributions, gifts, grants, and similar amounts not included above. 2,683 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f PROGRAM SERVICE REVENUE Business Code 2a DUES & ASSESSMENTS 110000 12,750 12,750 b MEMBER SUPPORT SERVICES 900099 1.375 1,375 0 0 c ADVERTISING ____ 541800 2,244 244 0 900099 769 d ANNUAL MEETING _ _ _ _ 769 Λ e MISC____ 900099 0 0 0. f All other program service revenue . . . g Total. Add lines 2a-2f . . . 17,138 Investment income (including dividends, interest and 5,974 5,974. Income from investment of tax-exempt bond proceeds . . . (i) Real 6 a Gross rents . . b Less rental expenses c Rental income or (loss) . . d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses . . c Gain or (loss) 8 a Gross income from fundraising events **JIHER REVENUE** (not including. \$ ______1, 562. of contributions reported on line 1c). See Part IV, line 18. **b** Less direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities See Part IV, line 19. **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold c Net income or (loss) from sales of inventory Business Code

11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 17,138 0 27, 5,974

Page 10

Part IX Statement of Functional Expenses

| | not include amounts reported on lines 7b, 8b, 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 United States See Part IV, line 21 | 6,256. | 6,256. | - 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 | i | | | * · | and the state of t |
| 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 | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes [| | | | |
| 11 | Fees for services (non-employees) | | _ | | |
| a | Management | | | | |
| ŀ | Legal | | | | |
| • | Accounting | 1,594. | 1,594. | 0. | 0, |
| • | j Lobbying | | | | |
| • | Professional fundraising services See Part IV, line 17 . | | ** | y, | |
| f | Investment management fees | | | | |
| _ | Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 747. | 0. | 747. | 0. |
| | Advertising and promotion | | | | |
| 13 | Office expenses | 18,663. | 18,663. | 0. | 0. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 761. | 761. | 0. | 0. |
| 20 | Interest [| | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 177. | 0. | 177. | 0. |
| 23 | Insurance | 202. | 0. | 202. | 0. |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| á | MISC | 0. | 0. | 0. | 0. |
| ŧ | | 0. | 0. | 0. | 0. |
| • | | | | | |
| • | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e. | 28,400. | 27,274. | 1,126. | 0. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720) | | | | |

| | | Check if Schedule O contains a response or note to any line in this Part X | | | [|
|----------------------------|------|--|--|------|--|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | 3,123. | 1 | 2,958. |
| | 2 | Savings and temporary cash investments | 12,547. | 2 | 12,548. |
| | 3 | Pledges and grants receivable, net | | 3 | <u> </u> |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | la l | | |
| | 6 | Loans and other 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) Complete Part II of Schedule L | | 6 | |
| ASSETS | 7 | Notes and loans receivable, net | | 7 | <u>.</u> . |
| Ě | 8 | Inventories for sale or use | | 8 | |
| s | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10 a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | % | ************************************** |
| | b | Less accumulated depreciation | 266. | 10 c | 89. |
| | 11 | Investments — publicly traded securities | 281,751. | 11 | 297,785. |
| ı | 12 | Investments – other secunties See Part IV, line 11 | 23,290. | 12 | 25,111. |
| | 13 | Investments – program-related See Part IV, line 11 | | 13 | ··· |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 320,977. | 16 | 338,491. |
| | 17 | Total assets. Add lines 1 through 15 (must equal line 34) | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| Ļ١ | 20 | Tax-exempt bond liabilities | | 20 | |
| À | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| A B I L I T | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | <u> </u> | 22 | |
| 1 1 | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| E S | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 0. |
| NET . | | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. | > | | * 4, |
| ASSETS | 27 | Unrestricted net assets | 110,127. | 27 | 114,136. |
| Ĕ | 28 | Temporarily restricted net assets | | 28 | 11.7.1001 |
| S | 29 | Permanently restricted net assets | 210,850. | 29 | 224,355. |
| R F | | Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. | | | 20.,000. |
| FUZD | 30 | Capital stock or trust principal, or current funds | | 30 | · · · · · · · · · · · · · · · · · · · |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | , <u> </u> |
| BALAZCES | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Ñ | 33 | Total net assets or fund balances | 320,977. | 33 | 338,491. |
| Ě | 34 | Total liabilities and net assets/fund balances | 320,977. | 34 | 338,491. |
| DA. | | | 520,511. | | 220, 121, |

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Form 990 (2013)

| Forn | n 990 (2013) THE NORTHERN NUT GROWERS ASSOCIATION 31- | 1299136 | Pag | e 12 |
|------|---|---------|-------------|----------------|
| Pa | rt XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 27,35 | 57. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 28,40 | 00. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | _3 | -1,04 | <u>13.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 320,97 | 77. |
| 5 | Net unrealized gains (losses) on investments | 5 | 18,55 | 57. |
| 6 | Donated services and use of facilities | 6 | | |
| 7 | Investment expenses | 7 | | |
| 8 | Prior period adjustments | 8 | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | 40 | | |
| Dá | column (B)) | 10 | 338,49 | <u> </u> |
| ra | • | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | Ш |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | Yes | No |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | |
| 2 a | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both | | | . · |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| | b Were the organization's financial statements audited by an independent accountant? | | 2 b | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| • | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant? | i, | 2 c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3 a | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3 a | Х |
| ı | of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at | ıdıt | 36 | |

Form 990 (2013)

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TEEA0112 07/08/13

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

at www.irs.gov/form990.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Employer identification number THE NORTHERN NUT GROWERS ASSOCIATION 31-1299136 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ß 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) ٩ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Non-functionally integrated Type II Type III - Functionally integrated d Type I C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11g(i) below, the governing body of the supported organization? . . A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) is the (vii) Amount of monetary (i) Name of supported (v) Old you notify (vi) Is the the organization in column (i) of your support? organization in column (i) organized in the organization organization in support olumn (I) listed in Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sec | tion A. Public Support | | | | | | _ | | | |
|--------------|--|---|---|---------------------------|------------------------|------------------------------|-----------|------------------------------|--------|--------------------------|
| | ndar year (or fiscal year nning in) ► | (a) 2009 | (b) 2010 | (c) | 2011 | (d) 20 | 12 | (e) 2013 | | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | | | | · |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | , , , , , , , , , , , , , , , , , , , | 3 | - * | * | ₩. | ۰. \$ | * | | |
| | shown on line 11, column (f) | . 4 | 2 8 4 7 7 | 2 ∰ \ | | * 4 | 1984 | ~ / | | |
| 6 | Public support. Subtract line 5 from line 4 | | , , , , , | | ***** | * | | | | |
| Sec | tion B. Total Support | | | | • | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2009 | (b) 2010 | (c) | 2011 | (d) 20 | 12 | (e) 2013 | | (f) Total |
| 7 | Amounts from line 4 | | | | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | | | | |
| | Total support. Add lines 7 through 10 | | | | • | | | | | |
| 12 | Gross receipts from related activiti | es, etc (see instruc | tions) | | | | | | 12 | |
| 13 | First five years. If the Form 990 is organization, check this box and s | s for the organization top here | on's first, second, | third, four | th, or fifth | tax year as | s a secti | on 501(c)(3) | | ▶ 🗍 |
| | tion C. Computation of Pu | | | | | | | | | |
| | Public support percentage for 201 | | _ | | | | | — | _ | <u> </u> |
| | Public support percentage from 20 | · | • | | | | | <u> </u> | 15 | <u>%</u> |
| 16 a | 33-1/3% support test — 2013. If and stop here. The organization of | the organization did qualifies as a public | d not check the be ly supported orga | ox on line anization | 13, and t | he line 14 is | 33-1/3 | % or more, ch | neck t | his box |
| t | 33-1/3% support test — 2012. If t and stop here. The organization of | | | | | | | | | |
| 17 a | 10%-facts-and-circumstances to or more, and if the organization method the organization meets the facts-a | eets the 'facts-and- | circumstances' te | st, check | this box a | and stop he | re. Exp | lain in Part IV | how | |
| | 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and- | eets the 'facts-and- circumstances' test | circumstances' te The organization | est, check n qualifies | this box a as a pub | and stop he olicly suppor | re. Exp | laın in Part IV anızatıon | how | the · · · · · · · ▶ □ |
| 18 | Private foundation. If the organiz | ation did not check | a box on line 13, | , 16a, 16b | , 17a, or | 17b, check | | | | |
| RAA | | | | | | | 0-6 | | - 000 | or 000 E7\ 2012 |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|-------|--|---|-----------------------|------------------------|---------------------|-------------------|--------------|
| Calen | dar year (or fiscal yr beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees | | | | | | |
| | received (Do not include | | | | | | |
| | any 'unusual grants ') | 9,787. | 18,552. | 15,141. | 16,630. | 15,433. | 75,543. |
| 2 | Gross receipts from admissions, merchandise sold or | | | | | | |
| | services performed, or facilities | | | | | | |
| | furnished in any activity that is | | | | | | |
| | related to the organization's tax-exempt purpose | 5,363. | 3,524. | 2,877. | 3,598. | 3,619. | 18,981. |
| 3 | Gross receipts from activities | 3/303. | 3/321. | 2,011. | 3,330. | 3,013. | 10, 501. |
| | that are not an unrelated trade or business under section 513 | | | | | | |
| A | Tax revenues levied for the | | | | | | |
| • | organization's benefit and | | | | | | |
| | either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or | | | | | | |
| | facilities furnished by a | | | | • | | |
| | governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 15,150. | 22,076. | 18,018. | 20,228. | 19,052. | 94,524. |
| | Amounts included on lines 1, | 13,130. | 22,010. | 10,010. | 20,220. | 13,032. | J4, J24. |
| | 2, and 3 received from | 1 | | | | | |
| _ | disqualified persons | | | | | | |
| U | Amounts included on lines 2 and 3 received from other than | | | | | | |
| | disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 | | | | | | |
| | for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line | | | 72.88 S. C. S. | e de Alejon | 100 m | |
| | 7c from line 6) | | | | | | 94,524. |
| | tion B. Total Support | | | | | | |
| | dar year (or fiscal yr beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Amounts from line 6 | 15,150. | 22,076. | 18,018. | 20,228. | 19,052. | 94,524. |
| าบล | Gross income from interest, dividends, payments received | | | | | | |
| | on securities loans, rents. | | | | | | |
| | royalties and income from similar sources | 4,665. | 4,954. | 5,165. | 5,517. | 5,974. | 26,275. |
| b | Unrelated business taxable | 1,000. | 1, 551. | 3,103. | 3,317. | 3, 3, 4. | 20,273. |
| | income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | 1,096. | 2,227. | 2,809. | 0. | 0. | 6,132. |
| С | Add lines 10a and 10b | 5,761. | 7,181. | 7,974. | 5,517. | 5,974. | 32,407. |
| 11 | Net income from unrelated business | , | , | | | | |
| | activities not included in line 10b, whether or not the business is | | İ | | | | |
| | regularly carried on | | i | | | | |
| 12 | Other income Do not include | | _ | | | | |
| | gain or loss from the sale of capital assets (Explain in | | | | | | |
| | Part IV) | 2,289. | | 265. | 2,540. | 2,331. | 7,425. |
| 13 | Total Support. (Add Ins 9,10c, 11 and 12) | 23,200. | 29,257. | 26,257. | 28,285. | 27,357. | 134,356. |
| 14 | First five years. If the Form 990 is organization, check this box and s | for the organization | on's first, second, t | hird, fourth, or fifth | tax year as a sect | ion 501(c)(3) | ▶ □ |
| Sec | tion C. Computation of Pul | | | | | | |
| 15 | Public support percentage for 2013 | | | column (f)) | | 15 | 70.35 % |
| 16 | Public support percentage from 20 | | - | | | | 68.10 % |
| _ | tion D. Computation of Inv | | | | | | 00.10 |
| 17 | Investment income percentage for | | | | <u>))</u> | | 24.12 % |
| 18 | Investment income percentage fro | - · · · · · · · · · · · · · · · · · · · | • | | • | - | 24.12 8 |
| | 33-1/3% support tests - 2013. If | the organization d | d not check the bo | ox on line 14, and l | ine 15 is more than | 33-1/3% and line | |
| | is not more than 33-1/3%, check the | nis box and stop h | ere. The organizat | ion qualifies as a p | oublicly supported | organization | ▶ X |
| b | 33-1/3% support tests - 2012. If | the organization d | d not check a box | on line 14 or line 1 | 9a, and line 16 is | more than 33-1/3% | , and |
| | line 18 is not more than 33-1/3%, or Private foundation. If the organization | | | | | • | <u> </u> |
| 20 | | auun olo not cneck | . a pox on line 14. 1 | 198. OF 19D. CNECK | unis dox and see ii | nstructions | |

| Schedule A (L | om 990 of 990-EZ/2013 THE NORTHERN NOT GROWERS ASSOCIATION 31-1299136 Page 4 |
|---------------|--|
| 0 | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a r 17b; and Part III, line 12. Also complete this part for any additional information. See instructions). |
| Pt_III_L: | ne 12: Description: REFUNDS |
| Pt_III_L | ine 12: 2009: 2289. |
| Pt_III_L | ine 12: 2011: 265. |
| Pt_III_L | ne 12: Description: REVENUES FROM MEETING |
| Pt_III_L | ne 12: 2012: 2540. |
| Pt_III_L | ne 12: 2013: 2331. |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Public Inspection
Employer identification number

| тнг | NORTHERN NUT GROWERS ASSOCIATE | rton | | 31-1299136 |
|-----|--|--|---|--|
| Par | | | ner Similar Fund | |
| rai | Complete if the organization answer | red 'Yes' to Form 990, F | Part IV, line 6. | |
| | | (a) Donor advised | funds | (b) Funds and other accounts |
| 1 | Total number at end of year | (a) Donor advised | 101103 | (b) I divide and other accounts |
| 2 | Aggregate contributions to (during year) | | | |
| 3 | Aggregate grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 7 | , , | | | |
| 5 | Did the organization inform all donors and donor are the organization's property, subject to the organization of the organizat | anization's exclusive legal con | trol? | · · · · · · · · · · Yes No |
| 6 | Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of t impermissible private benefit? | he donor or donor advisor, or | for any other purpose | e used only e conferring Yes No |
| Par | Conservation Easements. Complete if the organization answe | ered 'Yes' to Form 990, F | Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the | e organization (check all that a | apply). | |
| | Preservation of land for public use (e.g., recre | eation or education) | Preservation of a | n historically important land area |
| | Protection of natural habitat | | Preservation of a | certified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization h | neld a qualified conservation c | ontribution in the forn | n of a conservation easement on the |
| | last day of the tax year | | | |
| | - | | | Held at the End of the Tax Year |
| | Total number of conservation easements | | | 2a |
| | Total acreage restricted by conservation easemer | | | |
| | : Number of conservation easements on a certified | · · | • | 2 c |
| c | Number of conservation easements included in (c structure listed in the National Register | e) acquired after 8/17/06, and i | not on a historic | 2 d |
| 3 | Number of conservation easements modified, trar tax year ► | nsferred, released, extinguishe | ed, or terminated by t | he organization during the |
| 4 | Number of states where property subject to conse | ervation easement is located | • | |
| 5 | Does the organization have a written policy regard and enforcement of the conservation easements i | | • | |
| 6 | Staff and volunteer hours devoted to monitoring, i | nspecting, and enforcing cons | ervation easements | during the year |
| 7 | Amount of expenses incurred in monitoring, inspe ▶ \$ | ecting, and enforcing conserva | tion easements durin | g the year |
| 8 | Does each conservation easement reported on lin and section $170(h)(4)(B)(ii)^2 \dots \dots$ | | | 70(h)(4)(B)(ı) · · · · · · · · · Yes |
| 9 | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements | conservation easements in it e organization's financial state | s revenue and expen ments that describes | se statement, and balance sheet, and the organization's accounting for |
| Par | Organizations Maintaining Collection Complete if the organization answer | ctions of Art, Historica ered 'Yes' to Form 990, F | Treasures, or Coart IV, line 8. | Other Similar Assets. |
| 1 a | If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial | ld for public exhibition, educat | ion, or research in fui | |
| t | olf the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items | | | |
| | (i) Revenues included in Form 990, Part VIII, line | e 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | | · |
| 2 | If the organization received or held works of art, h amounts required to be reported under SFAS 116 | istorical treasures, or other sir | milar assets for financ | |
| a | Revenues included in Form 990, Part VIII, line 1 | · · · · · · · · · · · · · · · · · · · | | ▶\$ |
| | Assets included in Form 990, Part X | | | · |

| • | | | | | | | | |
|--|--------------------------------|--------------------------|--|------------------------------|----------------|-----------|----------|--|
| Schedule D (Form 990) 2013 THE N | ORTHERN NUT G | GROWERS ASSOC | TATION | 31-1299 | 9136 | | Page 2 | |
| Part III Organizations Mainta | ining Collections | of Art, Historica | l Treasures, or | Other Similar Ass | ets (c | ontinu | ed) | |
| Using the organization's acquisition items (check all that apply) | n, accession, and othe | r records, check any o | of the following that a | are a significant use of its | collect | ion | | |
| | | d 🗀 loop or ove | hango programo | | | | | |
| H | | H | change programs | | | | | |
| b Scholarly research | | e U Other | | | | | | |
| c Preservation for future generat | | | | | | | | |
| 4 Provide a description of the organize Part XIII | zation's collections and | d explain how they fur | ther the organization | n's exempt purpose in | | | | |
| 5 During the year, did the organization to be sold to raise funds rather than | n to be maintained as i | part of the organizatio | n's collection? | | Yes | | No | |
| Part IV Escrow and Custodia line 9, or reported an a | Arrangements. mount on Form 99 | Complete if the o | rganization ansv | vered 'Yes' to Form | 990, F | Part IV | 1 | |
| 1 a Is the organization an agent, truste | e. custodian, or other | intermediary for contri | butions or other ass | ets not included | | | | |
| on Form 990, Part X? b If 'Yes,' explain the arrangement in | | | • • • • • | | Yes | L | No | |
| | | - | | | Amount | | | |
| c Beginning balance | | | | . 1c | | | | |
| d Additions during the year | | | | 1 d | | | - | |
| e Distributions during the year | | | | 1 e | | | | |
| f Ending balance | | | | . 1f | | | | |
| 2 a Did the organization include an am | | | | <u> </u> | Yes | Т | No | |
| b If 'Yes,' explain the arrangement in | • | · | | L | | | ⊣''` | |
| on res, explain the arrangement in | Tart XIII Officer field | ii tile explantion has t | een provided in r ar | (XIII | | ٠. ٢ | | |
| Part V∛ Endowment Funds. C | omplete if the ora | anization answer | ed 'Yes' to Form | 990 Part IV line 10 | | | | |
| Lare Eliastificity alias. | (a) Current year | (b) Pnor year | (c) Two years back | • | 1 | our years | - back | |
| 1 a Beginning of year balance | 23,290. | 19,434. | | | (6) | | 197. | |
| b Contributions | 23,290. | 15,434. | 15,764 | 0. | + | 10, | 845. | |
| | | | | 0. | | | 043. | |
| c Net investment earnings, gains, and losses | 3,244. | 4,392. | 4,165 | -243. | | 1 | 588. | |
| d Grants or scholarships | 881. | 4,352. | 4,100 | 0. | + | | 846. | |
| e Other expenditures for facilities | 001. | | | 0. | | | 040. | |
| and programs | | | | | } | | | |
| f Administrative expenses | 542. | 536. | 495 | 5. 537. | | | 240. | |
| g End of year balance | 25,111. | 23,290. | 19,434 | | | 16. | 544. | |
| 2 Provide the estimated percentage | of the current year end | balance (line 1g, coli | | | | <u>_</u> | - | |
| a Board designated or quasi-endown | • | 00 | ` '' | | | | | |
| b Permanent endowment ► | 00 | | | | | | | |
| c Temporarily restricted endowment | <u> </u> | % | | | | | | |
| The percentages in lines 2a, 2b, ar | | - - | | | | | | |
| 3 a Are there endowment funds not in organization by | the possession of the | organization that are h | eld and administere | ed for the | Г | Yes | No | |
| (i) unrelated organizations | | | | | 20/3 | | NO | |
| | | | | | 3a(i) | X | | |
| (ii) related organizations | | | | | 3a(ii) | | ├ | |
| b If 'Yes' to 3a(II), are the related org. | | • | <i>,</i> | | . 3b | | <u> </u> | |
| 4 Describe in Part XIII the intended u | | n's endowment funds | | | | | | |
| Part VI Land, Buildings, and Complete if the organiz | • • | 'es' to Form 990 | Part IV/ line 11a | See Form 990 Pa | a V li | no 10 | | |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. | | | | | | | | |
| Description of property | | or other basis (b | b) Cost or other basis (other) | (c) Accumulated depreciation | (a) E | Book va | iue | |
| 1a Land | | | | 1 | - | | | |
| b Buildings | | | | | | | | |
| c Leasehold improvements | | | | | | • | | |
| d Equipment | | | 1 050 | 1 761 | | | 9.0 | |

<u>89.</u>

BAA

Schedule **D** (Form 990) 2013

| | (b) Book value | Part IV, line 11b. See Form 990, Part X, line 12. |
|--|-----------------------------------|--|
| (a) Description of security or category (including name of security) | (b) book value | (c) Method of valuation Cost or end-of-year market value |
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | 25 111 | |
| THE FOUNDATION | 25,111. | FMV |
| | | |
| | | |
|) | | |
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| | | |
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| | | |
| al. (Column (b) must equal Form 990, Part X, column (B) line 12) | 25,111. | <u> </u> |
| Investments — Program Related. | Yes' to Form 990 F | Part IV, line 11c. See Form 990, Part X, line 13. |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market val |
| (1) | (5) 555% 14.45 | (c) manifes of variation cost of one of year manifes (a |
| 2) | | |
| 3) | | |
| l) | | |
| · | | |
| 5) | | |
| 5) | | |
| 7) | | |
| 8) | | |
| 9) | | |
| 0) al. (Column (b) must equal Form 990, Part X, column (B) line 13) | | 4), |
| art IX Other Assets. | V14- F 000 F | 3-4 IV F 444 O F 000 B-4 V I 45 |
| Complete if the organization answered " (a) De | Yes' to Form 990, F scription | Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value |
| Complete if the organization answered " (a) December 1) | | |
| Complete if the organization answered " (a) December 1) 2) 3) | | |
| Complete if the organization answered (a) Dec (a) Dec (b) Dec (c) Dec | | |
| Complete if the organization answered (a) Dec (a) Dec (a) Dec (b) Dec (c) Dec | | |
| Complete if the organization answered (a) Dec (a) Dec (b) (a) Dec (c) (a) Dec (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | |
| Complete if the organization answered (a) Dec (a) Dec (b) (a) Dec (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | |
| Complete if the organization answered (a) Dec (a) Dec (a) Dec (b) Dec (c) Dec | | |
| Complete if the organization answered (a) Dec (a) Dec (a) Dec (b) Dec (c) Dec | | |
| Complete if the organization answered (a) Dec (a) Dec (b) (a) Dec (c) (a) Dec (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | scription | (b) Book valu |
| Complete if the organization answered '(a) Dec (a) Dec | Scription | (b) Book valu |
| Complete if the organization answered '(a) Dec (a) Description of liability | Scription | (b) Book valu |
| Complete if the organization answered '(a) Dec (a) Description of liability 1) Federal income taxes | line 15) orm 990, Part IV, line 1 | (b) Book valu |
| Complete if the organization answered (a) Dec (a) Description of liability 1) Federal income taxes | line 15) orm 990, Part IV, line 1 | (b) Book valu |
| Complete if the organization answered '(a) Dec (a) Description of liability (a) Federal income taxes (a) Dec (b) Dec (b) Dec (b) Dec (c) Dec (| line 15) orm 990, Part IV, line 1 | (b) Book valu |
| Complete if the organization answered (a) Dec (a) Description of liability (a) Pederal income taxes (b) Dec (a) Dec (a | line 15) orm 990, Part IV, line 1 | (b) Book valu |
| Complete if the organization answered (a) Dec (a) Description of liability (a) Description of liability (b) Dec (a) Description of liability (b) Dec (a) Dec (a) Dec (a) Dec (a) Dec (b) Dec (b) Dec (b) Dec (c) Dec (| line 15) orm 990, Part IV, line 1 | (b) Book valu |
| Complete if the organization answered (a) Dec (a) Description of liability (b) Federal income taxes (a) Dec (a) Dec (a) Dec (a) Dec (a) Dec (b) Dec (b) Dec (b) Dec (c) Dec (c | line 15) orm 990, Part IV, line 1 | (b) Book valu |
| Complete if the organization answered '(a) Dec (a) Description of liability (b) Federal income taxes (a) Dec (| line 15) orm 990, Part IV, line 1 | (b) Book valu |
| Complete if the organization answered (a) Dec (a) Description of liability (b) Federal income taxes (a) Dec (a | line 15) orm 990, Part IV, line 1 | (b) Book valu |
| Complete if the organization answered (a) Dec (a) Description of liability (b) Federal income taxes (a) Dec (a | line 15) orm 990, Part IV, line 1 | (b) Book valu |
| Complete if the organization answered (a) Dec (a) Dec (a) Dec (b) Must equal Form 990, Part X, column (b), I (art X) Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7) 8) 9) 0) | line 15) orm 990, Part IV, line 1 | (b) Book valu |
| Complete if the organization answered (a) Dec | line 15) | (b) Book valu |
| Complete if the organization answered (a) Dec (a) Dec (a) Dec (b) Must equal Form 990, Part X, column (b), I (b) Must equal Form 990, Part X, column (b), I (c) (a) Description of liability (b) Federal income taxes (c) (a) Description of liability (c) (b) Must equal Form 990, Part X, column (b), I (c) (d) Description of liability (e) | line 15) | 1e or 11f. See Form 990, Part X, line 25 |

Schedule **D** (Form 990) 2013

BAA

| SCHEDULE | פֿ | Grants and Oth | and Other Assistance to Organizations, | o Organization | 'S | | OMB No 1545-0047 |
|---|--|--|--|---|---|--|------------------------------------|
| (Form 990) | Gov Comple | Governments, are omplete if the organization | Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. | n the United Stands 10 June 2 | ates I or 22. | | 2013 |
| Department of the Treasury Internal Revenue Service | ► Information | about Schedule I (| Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. | u. uctions is at <i>www.irs</i> .¿ | 1ov/form990. | | Open to Public Inspection |
| Name of the organization | | | | | | Employer identification number | ation number |
| THE NORTHERN NUT GROW PART | ORTHERN NUT GROWERS ASSOCIATION General Information on Grants and Assistance | ance | | | | 131-1299136 | ٥ |
| 1 Does the organization mainta the selection criteria used to 2 Describe in Part IV the organ | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance? | nount of the grants o | the grants or assistance, the grantees' eligibility for the grants or assistance, and se of grant funds in the United States | s' eligibility for the grant | for the grants or assistance, and | | X Yes No |
| Part II Grants and Other Form 990, Part IV, | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answers Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | ents and Organi at received more | nd Organizations in the United States. Complete if the organization answered 'Yes' to ived more than \$5,000. Part II can be duplicated if additional space is needed. | ed States. Comple | ete if the organizati | on answered 'Ye is needed. | s' to |
| 1 (a) Name and address of organization or government | ation (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) | | | | | | | |
| | | | | | | | |
| (2) | | | | | | | |
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| (3) | | | | | | | |
| (4) | | | | | | | |
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| (5) | 1 1 | | | | | | |
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| (8) | | | | | | | |
| 1 | | | | | | | |
| 2 Enter total number of section | Enter total number of section 501(c)(3) and government organizations | izations listed in the | listed in the line 1 table | | | | |
| 3 Enter total number of other o | Enter total number of other organizations listed in the line 1 table | ible | | | | • | |
| BAA For Paperwork Reduction | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | s for Form 990. | | TEEA3901 07/12/13 | 07/12/13 | Schedu | Schedule I (Form 990) (2013) |

OMB No 1545-0047

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.

OMB No 1545-0047 2013

Open to Public Inspection

Employer identification number

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service

Name of the organization 31-1299136 THE NORTHERN NUT GROWERS ASSOCIATION Pt VI, Line 6 THE ORGANIZATION HAS THE FOLLOWING CLASSES OF MEMBERSHIP-INDIVIDUAL AND FAMILY MEMBERS, CONTRIBUTING MEMBERS, SUSTAINING MEMBERS, LIFE MEMBERS AND HONORARY MEMBERS. THESE CLASSES OF MEMBERS ARE OUTLINED IN THE ORGANIZATION'S GOVERNING DOCUMENTS. Pt_VI,_Line 7a __ THE MEMBERS ELECT THE MEMBERS OF THE BOARD OF DIRECTORS_ AS EACH DIRECTOR'S TERM OF OFFICE EXPIRES. ALL MEMBERS IN GOOD STANDING ARE ALLOWED TO VOTE. Pt VI, Line 3 THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. Pt_VI, Line 11b _ THE BOARD OF DIRECTORS WILL BE PROVIDED WITH A COPY_OF THE ORGANIZATION'S FORM 990 FOR THEIR REVIEW PRIOR TO THE FILING OF THE RETURN. Pt VI, Line 19 THE ORGANIZATION DOES NOT HAVE A CONFLICT OF INTEREST STATEMENT OR FINANCIAL STATEMENTS. AN ANNUAL FINANCIAL REPORT IS PUBLISHED ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC. Part I Line 1 ANNUAL MEETINGS, THROUGH OUR PUBLICATIONS, WITH OUR AWARD WINNING Part III Line 1 WEBSITE, AND THROUGH INTERACTIONS WITH OTHER NUT GROWING ORGANIZATIONS THROUGHOUT NORTH AMERICA AND THE WORLD.

THE NORTHERN NUT GROWERS ASSOCIATION

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2013

Department of the Treasury Internal Revenue Service ► See separate instructions.
► Attach to your tax return. Name(s) shown on return

Attachment Sequence No 179 Identifying number 31-1299136

| Busine | ess or activity to which this form relates | | | | | | | | | |
|---|---|---|--|--------------------------------|-----------|--------------------|-------|----------------------------|--|--|
| | m 990 / Form 990E | Z | | | _ | | | | | |
| Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I | | | | | | | | | | |
| 1 | Maximum amount (see instri | | | | | | 1 | | | |
| 2 | Total cost of section 179 property placed in service (see instructions) | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0 | | | | | | | | | |
| 5 | Dollar limitation for tax year separately, see instructions | | | | _ | | . 5 | | | |
| 6 | (a) | Description of property | | (b) Cost (business | use only) | (c) Elected cos | t | | | |
| | | | | | | | | | | |
| | | | | 1 | | | | | | |
| 7 | Listed property Enter the ar | | | | | | Τ- | | | |
| 8 | Total elected cost of section | | | | | | · 8 | | | |
| 9 | Tentative deduction Enter the | | | | | | 9 | | | |
| 10 11 | , | | | | | | | | | |
| 12 | | | | | | | | | | |
| 13 | 77.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7. | | | | | | | | | |
| | lote: Do not use Part II or Part III below for listed property. Instead, use Part V | | | | | | | | | |
| Par | Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) | | | | | | | | | |
| | 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the | | | | | | | | | |
| 4- | • | | | | | | 14 | | | |
| 15 | 100 | | | | | | | | | |
| | 16 Other depreciation (including ACRS) | | | | | | | | | |
| Part III MACRS Depreciation (Do not include listed property) (See instructions) | | | | | | | | | | |
| | Section A | | | | | | | | | |
| 17 | | | | | | | | | | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | | | | | | | | |
| | Section B — Assets Placed in Service During 2013 Tax Year Using the General Depreciation System | | | | | | | | | |
| | (a) Classification of property | (b) Month and year placed in service | (C) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | Conve | | i | (g) Depreciation deduction | | |
| 19 a | 3-year property | | | | | | | | | |
| t | 5-year property | | | | l | | | | | |
| 0 | 7-year property | | | | | | | | | |
| | i 10-year property | , | | | | | | | | |
| e | 15-year property | | | | | | | | | |
| f | 20-year property |] | | | | | | | | |
| 9 | 25-year property | | | 25 yrs | | S/L | 1 | | | |
| ŀ | Residential rental | | | 27.5 yrs | Mì | 4 S/L | | | | |
| | property | | | 27.5 yrs | M | 4 S/L | | | | |
| i | Nonresidential real | | | 39 yrs | Mì | 4 S/L | , | | | |
| | property | | | | M | 1 S/L | 1 | | | |
| | Section C - | Assets Placed in | Service During 2013 To | ax Year Using th | e Altern | ative Depreciation | n Sys | tem | | |
| 20 a | Class life | | | | | S/L | 1 | | | |
| | b 12-year | | | | | S/L |) | | | |
| | 40-year | | | 40 yrs | Mì | 1 S/L |) | | | |
| | Part IV Summary (See instructions) | | | | | | | | | |
| 21 | Listed property Enter amou | nt from line 28 · · | | | | | 21 | | | |
| 22 | Total. Add amounts from line 12, I the appropriate lines of your return | ines 14 through 17, line Partnerships and S co | es 19 and 20 in column (g), and orporations—see instructions | d line 21. Enter here | and on | | 22 | 177. | | |
| 23 | For assets shown above and the portion of the basis attno | d placed in service | during the current year, o | enter | | | | | | |

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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

OF PEOPLE INTERESTED IN GROWING NUT TREES AND MINOR FRUITS, SUCH AS PAWPAWS AND PERSIMMONS. WE ACHIEVE OUR PURPOSES BY DISCUSSIONS AT OUR