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## **Return of Organization Exempt From Income Tax**

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

2019

OMB No 1545-0047

(Rev Januan 2020) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the Tregaury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Dec 31 .2019 Oct , 2019, and ending For the 2019 calendar year, or tax year beginning D Employer identification number C Name of organization THE NORTHERN NUT GROWERS ASSOCIATION Check if applicable 31-1299136 Doing business as Address change Room/suite E Telephone number Number and street (or P O box if mail is not delivered to street address) Name change (785)766 - 8849P O Box 1166 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Lawrence, KS 66044 G Gross receipts \$ 13,874. Amended return H(a) Is this a group return for subordinates? Yes No F Name and address of principal officer X Application pending H(b) Are all subordinates included? Yes No GREG MILLER, P O BOX 1166, LAWRENCE 501(c) ( 4947(a)(1) or If "No," attach a list (see instructions) X 501(c)(3) ) ◀ (insert no ) Tax-exempt status H(c) Group exemption number ▶ Website; ► WWW.NORTHERNNUTGROWERS.ORG 1911 M State of legal domicile KS Form of organization X Corporation Trust Association L Year of formation Briefly describe the organization's mission or most significant activities. CONTINUED ON SCHEDULE O 1 THE NORTHERN NUT GROWERS ASSOCIATION, INC. IS A NON-PROFIT ORGANIZATION Activities & Governance OF PEOPLE INTERESTED IN GROWING NUT TREES AND MINOR FRUITS, SUCH AS Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . . . . . . . . . . 11 Number of independent voting members of the governing body (Part VI. line 1b) 4 11 5 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 0. Net unrelated business taxable income from Form 990-T, line 39 Pnor Year **Current Year** 3,710. Contributions and grants (Part VIII, line 1h). 18,258 9 Program service revenue (Part VIII, line 2g) 12,436 650. Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 9,514. 20,985 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,874. 12 51,679 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 13 21.758 Benefits paid to or for members (Part IX, column (A), line 4) . . 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 115-249) Fit Total expenses. Add lines 13-17 (must equal Part IX, column (A). 43,856. 7,809. 17 7,809. 65,614. 18 Revenue less expenses. Subtract line 18 from line 12 -13,9356,065. 19 Assets or Balances Beginning of Current Year **End of Year** 358,411. 20 Total assets (Part X, line 16) 347,592 21 Total liabilities (Part X, line 26) . OGDEN. UT Net A 347,592 358,411 22 Net assets or fund balances. Subtract line 21 from Part II Signature Block Under penaities 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 05/14/2020 Sign Signature of officer Here DEBORAH MILKS, TREASURER Type or print name and title Preparer's signature Date Print/Type preparer's name Check X if **Paid** self-employed 05/18/2020 P00287433 Marie Louise Stehli Marie Louise Stehlı **Preparer** Firm's EIN ▶ 45-2493685 Firm's name ► Marie Louise Stehli, CPA **Use Only** Phone no (330) 562-7620 Firm's address ▶ 3898 Winchell Rd., Mantua, OH 442559359 May the IRS discuss this return with the preparer shown above? (see instructions) **区** Yes

REV 04/21/20 PRO

Form 990 (2019)

•	0 (2019)	Page 2
Part l		
	Check if Schedule O contains a response or note to any line in this Part III	<u>· L</u>
1	Briefly describe the organization's mission:	
	CONTINUED ON SCHEDULE O THE NORTHERN NUT GROWERS ASSOCIATION, INC. IS A NON-PROFIT ORGANIZATION	•
	OF PEOPLE INTERESTED IN GROWING NUT TREES AND MINOR FRUITS, SUCH AS PAWPAWS AND PERSIN	
	See Part III, Ln 1 statement	THOMS.
2	Did the organization undertake any significant program services during the year which were not listed on the	···
-	prior Form 990 or 990-EZ?	⊠ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊠ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	sured by others,
4a	(Code: ) (Expenses \$ 5,394. including grants of \$ 0.) (Revenue \$ 18,628.	1387
	REGARDING NUTS, NUT BEARING TREES AND MINOR FRUITS; TO PROMOTE	•
	INTEREST IN AND DISSEMINATE INFORMATION ABOUT; TO PROMOTE SCIENTIFIC	
	RESEARCH; TO PROMOTE PRODUCTION AND ADVANCE THE CULTURE AND USE OF NUTS.	
	Modification and Anotographic and Anotog	
	* "/	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	_)
4.	/Code \//Eveness \$ \//Eveness \$ \//Pavanus \$	1
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	- <sup>)</sup>
		·
	<u>′</u>	
		••••
8-1	Other program services (Describe on Schedule O.)	<del></del>
4d	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 5,394.	<del></del>
TC	Total program dervice expenses F 3,334.	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	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			•
7	"Yes," complete Schedule D, Part I	6		×
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		×
	co⊬nplete Schedule D, Part III	8		×
9	Dio 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		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	×	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Ycs," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
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?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_×_
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		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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):			Î
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Dic the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "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		×
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance	_		
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		. 🗆
_		- ا	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0	- 1		
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			1	
	•		1045670000000	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				œ.
	Statements, filed for the calendar year ending with or within the year covered by this return	L <del></del> L	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment to		2b	E-Marie Marie	Water Company of the
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst			1200	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a	ļ	×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S		3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	•			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	icial account)'?	4a	ASSESSED FOR	X
b	If "Yes," enter the name of the foreign country ▶	, (FDAD)	.		100
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			學學是	100
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		×
, b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte		5b	ļ	×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	<del>                                     </del>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,0 organization solicit any contributions that were not tax deductible as charitable contributions'		6a	ļ	×
, p	If "Yes," did the organization include with every solicitation an express statement that such giffs were not tax deductible?	contributions of	6b		
7	Organizations that may receive deductible contributions under section 170(c).			<b>海道</b>	H.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	: 2		
-	and services provided to the payor?		7a		×
, р	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property f	or which it was	;		
	required to file Form 8282?		7c		×
d	If "¿/es," indicate the number of Forms 8282 filed during the year	7d		<b>238</b>	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b			<u> </u>	×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f	<u> </u>	×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
. h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi		Windson, Black	C. Zecanani.	100 -01 100
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the			
	sponsoring organization have excess business holdings at any time during the year?		8	nid Santa	ART PER SHARE
9	Sponsoring organizations maintaining donor advised funds.		-		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	-	-
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	son?	9b	110 July 216	The sales
10	Section 501(c)(7) organizations. Enter:	ا - م			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
, p	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	(		
11	Section 501(c)(12) organizations. Enter:	اعدا		100	4.0
a	Gross income from members or shareholders	11a	$\dashv$		
Ь	Grëss income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	10.00		
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		L
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	20	rees	-91
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	$\dashv$		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	September 10	Photos in the
a	Note: See the instructions for additional information the organization must report on Schedul	 eO	345	12.440	AUX.
h	Enter the amount of reserves the organization is required to maintain by the states in which	Ĭ			
b	the organization is licensed to issue qualified health plans	13b			
. с	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	**********	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on		14b		†
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in		-	1	$\vdash$
13	excess parachute payment(s) during the year?		15		×
	If "Yes," see instructions and file Form 4720, Schedule N.	• •			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation.	estment income?	16	A PARTY	×
	If "Yes " complete Form 4720. Schedule O			1252.0	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ins	truci	tions.
Section	on A. Governing Body and Management			
		SACRASSIC C	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or			
	of the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.		***	DO
b	Enter the number of voting members included on line 1a, above, who are independent . 11			
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		<u>×</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>×</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u>×</u>
6	Did the organization have members or stockholders?	6	_X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	<u>×</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	de.)	
			Yes	No
10a	Dig the organization have local chapters, branches, or affiliates?	10a		<u></u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<b>建</b>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_	×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			8
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	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 taxable entity during the year?	16a		×
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 take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Sertion 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Don request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of intere	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords l	<b>&gt;</b>	
	DEBORAH MILKS, P O BOX 1166, LAWRENCE, KS 66044 (785)766-8849			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 employees."
- 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. See instructions for the order in which to list the persons above.

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

X (A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos eck s pe	rson Irect	than or the state of the state	n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) GREG MILLER PRESIDENT	1.00	×		×			į	0.	٥.	0.
(2) SHAWN MEHLENBACHER VICE PRESIDENT	1.00	×		×				0.	0.	0.
(3) DEBORAH MILKS TREASURER	6.00	×		×				0.	0.	0.
(4) SANDRA ANAGNOSTAKIS SECRETARY	1.00	×		×				0.	0.	0.
(5) JEANNE ROMERO-SEVERSON DIRECTOR	1.00	×						0.	0.	0.
(6) LINDA GRIMO DIRECTOR	1.00	×						0.	0.	0.
(7) BUZZ FERVER DIRECTOR	1.00	×						0.	0.	0.
(8) GORDON WILKINSON DIRECTOR	1.00	×				:		0.	0.	0.
(9) JEROME VAN SAMBEEK DIRECTOR	1.00	×						0.	0.	0.
(10) JIM MCKENNA DIRECTOR	1.00	×						0.	0.	0.
(11) ROBERT STEHLI DIRECTOR	1.00	×						0.	0.	0.
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Em	olo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continue	<i>(ב</i>
	(A) Name and title	(B) Average hours	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee		an	(D) Reportable	(E) Reporta compens		(F) Estimated amount of other				
	- \$	per week (list any hours for related organizations below dotted line)	Individua or directo		a Officer	•	Highest compensated employee	ee) Former	from the organization (W-2/1099-MISC)	from rela organizat (W-2/1099-	ited ions	compensation from the organization and related organization	S
(15)													_
(16)											•		
(17)	*									=-			_
(18)													_
(19)													_
(20)									-				_
(21)													_
(22)													_
(23)	3										•		_
(24)	*												_
(25)	,												
1b c d	Subtotal	VII, Section	n A					<b>&gt; &gt; &gt;</b>	0.		0.		). - ).
2	Total number of individuals (including but reportable compensation from the organic	t not limited						e) w	<u> </u>	e than \$10			·
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, dire									nsated	Yes No	
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	portal an \$	ble 150,	con 000	npe )? <i>[</i>	nsatio	on a s,"	and other compe complete Sched	nsation fro dule J for	om the such		
5	Did any person listed on line 1a receive of for services rendered to the organization											5 ×	
Secti	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep	nest comp ort comper	ensat Isatioi	ed n foi	inde r the	epe e ca	ndent Ienda	cc r ye	ontractors that rear ending with or	eceived r	nore orgai	than \$100,000 nization's tax yea	of r.
	(A) Name and business add							(B) Description of sen	/ices		(C) Compensation		
	<u> </u>												_
													_
													_
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	e) who			

	90 (2019	<u> </u>								Page 9
Part	VIII	Statement of Rev	/enu	е		•				
		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	rt VIII	<u> </u>	<u> </u>
	当	,				•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaign	ns .		1a					
E al	b	Membership dues			1b	3,710.				
عَ ق	С	Fundraising events			1c	· · · · · · · · · · · · · · · · · · ·	The state of the s	program		
T A	d	Related organization	าร .		1d					
<u>.</u> ie	е	Government grants	(cont	ributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution and similar amounts no			1f			10.00		
활	g	Noncash contribution			-''	<u> </u>	entere de la companya de la company La companya de la co	h historian		
on the		lines 1a-1f 1g		1g	\$					
0 8	h	Total. Add lines 1a-	-11.	· · · ·	•	🕨	3,710.	g and the name of the		
a	•	MEMBED CHEBOD	m cr	DUTCEC		Business Code 900099		300		
Program Service Revenue	2a				541800	300.	300.	0.	0.	
Ser Tue		33337737 37 37 37 37 37 37 37 37 37 37 3				900099	0.	0.	0.	0.
gram Ser Revenue	င	MISC				900099	350.	350.	0.	0.
gra	G) G <sup>§</sup>	M13C				300033	330.	330.	0.	0.
ŗ	f	All other program se	rvice	revenue						
ь.	g g	Total. Add lines 2a-				•	650.		THE PARTY OF THE PARTY.	water between
	3	Investment income						C S EXSERTING CONTRACTOR	OWER STREET, ALCOHOLOGY	
		other similar amoun	•	_			9,514.	0.	0.	9,514.
	4	Income from investr								
	5 ა	Royalties				<u> •  </u>	, , , , , , , , , , , , , , , , , , , ,			
				(ı) Real		(II) Personal				
	6a	Gross rents	6a							
	b	Less rental expenses	_							
	С	Rental income or (loss)				<u></u>	AND SHEET			
	d	Net rental income of	r (loss	, <del>' · · · - · · · · · · · · · · · · · · · </del>	•	<u> </u>	124 - 724 - 2 2 3 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Pit more and the account	V AND THE COLUMN TO SERVE OF THE PROPERTY.	walker a statement for each a statement
	7a	Gross amount from			(ii) Other					
		sales of assets	_							
		other than inventory	7a		-					
ne	b ·	Less: cost or other basis and sales expenses	7b						A PARTITION	
ver		Gain or (loss)	76 7c							
Other Reve	c d	Net gain or (loss)	10	<u>l</u>		<u> </u>	DEA BOUND M. WORKER SEEDING	ment menther man feet it mans fee	det zamed morini unemo er eddus en	in mencandicular representation and a
Jer	8a	Gross income froi	n fu	ndraisina	_ <del>-</del> -		eka makan ma			V22224094401
O.	Oa	events (not including		nuraising						
	14	of contributions rep		d on line						
	٠ خ	1c). See Part IV, line			8a					
	b	Less: direct expense	es .		8b					
	С	Net income or (loss)	from	fundraisin	g eve	ents 🕨				
	9a	Gross income f							The state of the s	
		activities. See Part I			9a					
	b	Less: direct expens			9b	L				
	C <sup>7</sup>	Net income or (loss)			ctiviti	es <u>-</u>		ACCOMPANIES ASCOMENSAS	7#14974#22#################################	
	10a	Gross sales of in		ory, less	40-					
		returns and allowan			10a					
	b	Less: cost of goods			10b					
-	С	Net income or (loss)	, 11011	oaits Of If	IV CITE	Business Code			(*************************************	THE ASSESSMENT OF
Miscellaneous Revenue	11a					Business Code	ACTUAL NAME OF PARTICION OF PAR			(*************************************
nec	_		<b></b> -							<del></del>
scellaned Revenue	Ь						<del> </del>			
Sce	d	All other revenue			<b></b>	-				
Ξ	e	Total. Add lines 11a	 a-11c	· · · ·	•		<u> </u>			
	12	Total revenue. See			<del></del>	<b>&gt;</b>	13,874.	650.	0.	9,514.
							<del></del>			

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a response			most complete con				
	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising			
	, and 10b of Part VIII.	<del>-,</del>	expenses *	general expenses	expenses			
, 1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21							
. <b>2</b>	Grants and other assistance to domestic indyviduals. See Part IV, line 22							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees		•	No. of Control Security Securi	Straight Growth Flack (Special Straight Special Special Straight)			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
`. <b>7</b>	Other salaries and wages			•	- "			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
. 9	Other employee benefits		~	* L	•			
10	Payroll taxes		•					
11	Fees for services (nonemployees):			•	e* 1 <sub>1</sub> -			
' ' a	Management	, ,			<i>,</i>			
b	Legal	99.	0.	99.	0.			
c	Accounting				. ,			
, q	Lobbying		· · · · ·					
e.	Professional fundraising services. See Part IV, line 17				+ .			
· , ·f	Investment management fees	1,248.	0.	1,248.	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column		۹.	•	* ,			
and the	(A) amount, list line 11g expenses on Schedule O.)	. 86.	. 86.	0.	. 0.			
12 '	Advertising and promotion	, ,	3-					
:13	Office expenses	2,566.	· ` 2,566.	• 0.	0:			
14 7	Information technology	4,190.	4,190.	·0.	.0:			
、 <b>15</b>	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	-1,448.	-1,448.	. 0.	., 0.			
20	Interest	- ,	• •		,			
21	Payments to affiliates				·			
22 23	Depreciation, depletion, and amortization Insurance	1,025.	0.	0. 1,025.	0.			
24	Other expenses. Itemize expenses not covered							
•	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column	er de la pro-						
•	(A) amount, list line 24e expenses on Schedule O.)		PROMITTIES AND	A Continue was				
а	MISC	43.	0.	.43.	0.			
p,	REFUNDS	0.	0.	0.	0.			
. ·C		·			<u> </u>			
. d			· 1		•			
, е	All other expenses	7.000		0 445				
	Total functional expenses. Add lines 1 through 24e	7,809.	5,394.	2,415.	0.			
26	<b>Joint costs.</b> 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)	,						

Form 990 (2019)

Part X Balance Sheet

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	art A	Check if Schedule O contains a response or note to any line in this Pa	rt X		🗆
			(A) Beginning of year		(B) End of year
	1	Gash-non-interest-bearing	5,427.	1	7,350.
	2	Savings and temporary cash investments	5,490.	2	11,393.
	3	Pledges and grants receivable, net	,	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
g	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a				
		basis. Complete Part VI of Schedule D 10a			
	b			10c	
	11	#Investments—publicly traded securities	309,632.	11	310,403.
	12	Investments—other securities. See Part IV, line 11	27,043.	12	29,265.
	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 33)	347,592.	16	358,411.
_	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	·
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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		26	
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
를	27	Net assets without donor restrictions	121,585.	27	_ 112,020.
Ö	28	Net assets with donor restrictions	226,007.	28	246,391.
ŭ		Organizations that do not follow FASB ASC 958, check here ▶ □			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ëts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	347,592.	32	358,411.
Ź	33	*Total liabilities and net assets/fund balances	347,592.	33	358,411.

å

<del>5</del>

)IIII 95					90 12
Part	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		13,8	74.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,8	09.
3	Revenue less expenses. Subtract line 2 from line 1	3		6,0	65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	47,5	
5	Net unrealized gains (losses) on investments	5			54.
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	3	58,4	11.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ▼ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?		2b	$\Box$	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a 🗯		
	separate basis, consolidated basis, or both.		24		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of		
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ınt? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain 4	on M		
	Schedule O.	-			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he		
	Single Audit Act and OMB Circular A-133?		3a		<u>×</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo t	he		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		3b		
	REV 04/21/20 PRO		Forr	ո 990	(2019)

#### **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.

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	ne of the organization Employer identification number										
THE	NORTHERN NUT GROWERS A		. <u></u>			31-1299136					
Pai							ns				
The	organization is not a private found				-		1				
1	A.church, convention of church						₹				
2	A school described in section						•				
3	A hospital or a cooperative ho		<b>3</b> '								
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the				
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in				
6 7	<u> </u>										
•	described in section 170(b)(1	)(A)(vi). (Complet	te Part II.)		u goven	innontal diff. of hon	r the general public				
8	A community trust described										
9	An agricultural research organ or university or a non-land-grauniversity:	ant college of agr	riculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or				
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fuit income and uni	nctions—subject to co related business taxal	ertain exc ble incom	eptions, ie (less se	and (2) no more that ection 511 tax) from	n 33 <sup>1</sup> / <sub>3</sub> % of its				
11	An organization organized and	d operated exclus	sively to test for public	c safety. S	See <b>sect</b> i	ion 509(a)(4).					
12	☐ An organization organized and										
	of one or more publicly supp Check the box in lines 12a thro										
а	Type I. A supporting organithe supported organization										
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B.	•						
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same							
С	Type III functionally integ						ally integrated with,				
	''		•		•						
d	<ul> <li>Type III non-functionally</li> <li>that is not functionally interequirement (see instructional contents)</li> </ul>	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an					
е	Check this box if the organ functionally integrated, or						e II, Type III				
f	Enter the number of supported						[				
g											
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
(B)				-							
(C)	<u></u>				_						
(D)	<del>-</del>										
(E)											

Part	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	<del></del> .
	on A. Public Support		<del></del>			<del>, ,</del>	
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Giffs, grants, contributions, and		-	'		· .	ŧ
_	membership fees received. (Do not include any "unusual grants.")	12 200	0 615	. 0 704	10 267	,, 060	-• 
·,		13,380.	9,615.	8,784.	18,267.	4,060.	54,106.
2	Tax revenues levied for the organization's benefit and either paid	. '			•	. `	•
•	to or expended on its behalf	٠,	٠,	,		, ,	
3	The value of services or facilities	-			,		
	furnished by a governmental unit to the organization without charge						**
4	Total. Add lines 1 through 3	13,380.	9,615.	8,784.	18,267.	4,060.	54,106.
. 5	The portion of total contributions by -						
** .	each person (other than a .				and the same		
- T	governmental unit or publicly						-रेल्ड्री सम्म प
•	supported organization) included on			Tak a Faci	100	17711196	•
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						1
					THE STATE OF THE S	The second second	54,106.
6 Sacti	Public support. Subtract line 5 from line 4 on B. Total Support	A SECTION OF THE PARTY OF THE P		C. T.A. PHILADOPAN	Market Craff of Court		34,100.
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	13,380.	9,615.	8,784.	18,267.	4,060.	54,106.
 . 8	Gross income from interest, dividends,	23,3331	2,0200				,
	payments received on securities loans,		<u>,                                    </u>	-			•
	reras, royalties, and income from	` · ·		<b>,</b> '	•	:	· .
	similar sources	6,835.	8,153.	20,023.	20,985.	9,514.	65,510.
9	Net income from unrelated business					-	
	activities, whether or not the business	, ',x		' -			•
•	is regularly carried on		· · · ·	<del></del>		•	· · ·
10	Other income. Do not include gain or '		,	_		, ,	1
	loss from the sale of capital assets (Explain in Part VI.)	,		2.050	10.406		22 570
		12,956.	5,140.	THE RESIDENCE OF THE PARTY OF T	12,426.	U.	33,572:
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	one)	Manager 1995	Parameter Services	12	153,188.
٠.	First five years. If the Form 990 is for the			d third fourth	or fifth tax v		22,822. n 501(c)(3)
, 13	organization, check this box and <b>stop he</b>	_					▶ □
Secti	on C. Computation of Public Suppo		e		•		
14	Public support percentage for 2019 (line	<del>_</del>		1, column (f))	-	14	35.32 <b>%</b>
15	Public support percentage from 2018 Sc		•			15	- %
16a	33∜₃% support test-2019. If the organ				nd line 14 is 33	31/3% or more,	check this ·
<b>:</b>	box and stop here. The organization qua	•		_			▶ 🗵
, <b>b</b>	33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organ this box and stop here. The organization					is 33 <sup>1</sup> / <sub>3</sub> % or m	ore, check .
<sup>1</sup> 17a	10%-facts-and-circumstances test-2	<b>019.</b> If the ora	anızatıon dıd r	not check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization m	eets the "facts	-and-circumst	ances" test, cl	heck this box a	and <b>stop here.</b>	. Explaın ın
• •	Part VI how the organization meets the						
	. or ganization						▶ 🗆
b	10%-facts-and-circumstances test-2	<b>018.</b> If the org	anization did r	not check a bo	x on line 13, 1	l6a, 16b, or 17	a, and line
• •	15 is 10% or more, and if the organization	ation meets th	e "facts-and-	cırcumstances	" test, check	this box and s	stop here.
	Explain in Part VI how the organization is supported organization	meets the "fac	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly ↑
	supported organization						· - U

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part						-	
	(Complete only if you checked the			_			nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support	<b>.</b>					
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						/
0	received (Do not include any "unusual grants")						<b>-</b> /
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				-		<del>/</del> _
3	Gross receipts from activities that are not an unrelated trade or business under section 513					/	1
4	Tax revenues levied for the organization's benefit and either paid to		İ	i			
	or expended on its behalf						
5	The value of services or facilities					<del>/</del>	<del></del>
5	furfished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		<u> </u>				
	Amounts included on lines 1, 2, and 3		-				· <del>-</del> ··
_	received from disqualified persons .						
b	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			/	1		
8	Public support. (Subtract line 7c from			//	CANCEL SE		
	line 6.)		PROPERTY.				
	on B. Total Support	T	<del> </del>			· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(6)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6			<b>/</b>			<u> </u>
10a	Gress income from interest, dividends, payments received on securities loans, rents,		/				
	royalties, and income from similar sources.						
_	Unrelated business taxable income (less		<del>                                     </del>				
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	<b></b>	<del>/</del>		<del> </del>		
11	Nesincome from unrelated business	<del>/-</del>				<del></del>	
• • •	activities not included in line 10b, whether			'			
	or not the business is regularly carried on						
12	Other income. Do not include gain or		<u> </u>	<u> </u>			
	loss from the sale of capital assets	r	[				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	-	n's first, secon	id, third, fourth	n, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he			· · · · ·		<u> </u>	🕨 🔲
Secti	on C. Computation of Public Suppo					<del></del>	
15	Public support percentage for 2019 (line						<u>%</u>
16	Public support percentage from 2018 Sc			<u> </u>	· · · ·	16	%
	on D. Computation of Investment In			hulima 10 = -!	(f)	47	0/
17	Investment income percentage for 2019	•	• • •	-		17	<u> %</u> .%
18	Investment income percentage from 2018 331,3%/support tests – 2019. If the organ						
19a	17 is not more than 331/3%, check this box						
ь	33 <sup>1</sup> / <sub>3</sub> % support tests—2018. If the organization	-	_	•		·-	_
D	line 18 is not more than 331/3%, check this						
20/	Private foundation. If the organization d	<del>-</del>	_	•		_	
/	· · · · · · · · · · · · · · · · · · ·	<del></del>		,,			

#### Schedule A (Form 990 or 990-22) 201

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V	)	
Secti	on A. All Supporting Organizations			
	*		Yes	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		•
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	***	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Y\(\xi_s\)," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Dio the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Dic the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	·8		0.2
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c	II.	200.7
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		A.	

10b

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
		bearwes.	Yes	No
1	Die the directors, trustees, or membership of one or more supported organizations have the power to	开药		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			37
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		34.584.780.	er delent	5352220
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	200		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		35-5-570-57	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1,000	Par Par
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		<b>新工作</b>	
	or management of the supporting organization was vested in the same persons that controlled or managed		eric de la	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		na walana	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		*	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
2	Wege any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			70.00
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	were the for all	*** as1
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard.	3		
Secti	on Ę. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	12.2		9
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			133
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		- ORNELIA (FEE)
3	Pagent of Supported Organizations Answer (a) and (b) below.	<b>1994</b>		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
<b>F</b>			Edeck)	14113
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	<del>Section</del>	4.12536
	- OR DA AUGUSTICEO OLUMUNACIONAL IL ELES - DESCRIDE IN <b>FAIL VI</b> INCIDIC DIAVEU DV INCIDIANIZADOR IN UNA FEUDIO.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organised Net Income	ııza1	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Avegage monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	14.5~16.74~24.55的产品的	
2 Enter 85% of line 1.	2	and the state of a separate to the state of	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	できるないというないが、あいかのはないない	
5 Income tax imposed in prior year	5	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	FIX TO THE HEAVY PARTY	
<ul> <li>Check here if the current year is the organization's first as a non-functional instructions).</li> </ul>		1 11/16 21 24 21 24 4 1 1 1 1 2 1 1 2 2 2 2 2 2	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continuea)			
Secti	ion D—Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish o	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	rted			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ) See instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015		MICHELL CONTROL BURNES			
С	From 2016					
d	From 2017		<b>阿斯尔克约克斯</b>			
е	From 2018			<b>表表的主要的</b>		
f	Total of lines 3a through e					
g						
<u>h</u>	Applied to 2019 distributable amount					
<u>          i                          </u>	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7:		<b>"我们的我们的人们的</b>			
<u>a</u>	Applied to underdistributions of prior years					
<u> </u>	Applied to 2019 distributable amount  Remainder. Subtract lines 4a and 4b from 4.	PACKET CHANGE OF THE COMPANY OF THE PACKET.				
<u>c</u>			EPILIS DE LA TOTA DE LA CONTRETA DE			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.		And the second s			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.	Annual IV and Mills Ind. Nov. Tolky State of State Sta				
8	Breakdown of line 7:					
а	Excess from 2015 .					
b	Excess from 2016	UNCERTAINED TO	和技术的可以表现的			
С	Excess from 2017	THE REAL PROPERTY.	Protesta de la composición del composición de la			
d	Excess from 2018					
е	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2019

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III, line 12; Part IV, Section A, lines B, lines 1 and 2; Part IV, Section C, 3a, and 3b; Part V, line 1; Part V, Section C,	le the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Inne 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, ection B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, s part for any additional information. (See instructions.)
Pt II Ln 10: Other Income Part II,	Line 10 Description: REFUNDS 2015: 0. 2016:
0. 2017: 0. 2018: 0. 2019: 0. Desc	ription: REVENUES FROM MEETING 2015: 11194.
2016: 3469. 2017: 2056. 2018: 1047	4. 2019: 0. Description: FUNDRAISING EVENTS
2015: 1762. 2016: 1671. 2017: 994.	2018: 1640. 2019: O. Description: ADVERTISING
2018: 312.	
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# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name o	f the organization		Employer identification number
THE	NORTHERN NUT GROWERS ASSOCIATION		31-1299136
Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Togal number at end of year		
	Agyregate value of contributions to (during year) .		
2			<u> </u>
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	<u> </u>	<del></del>
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing that grain	nt funds can be used
	only for charitable purposes and not for the benefit	t of the donor or donor advisor, or fo	or any other purpose
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o		<del>-</del>
	Preservation of land for public use (for example, recre		of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	<del>_</del>	☐ Freservation	or a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	id a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified h	istoric structure included in (a)	2c
d	Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 7/25/06, and not	on a 2d
3	Number of conservation easements modified, trans	sferred released extinguished or ter	minated by the organization during the
J	tax,year ►	nomes, rendeses, extingelence, e. te.	g
4	Number of states where property subject to conser	vation easement is located >	
5	Does the organization have a written policy reg		pection handling of
3	violations, and enforcement of the conservation eas	sements it holds?	Yes . No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		iancial statements that describes the
	organization's accounting for conservation easeme		
Pari	Organizations Maintaining Collections Complete if the organization answered "		
1-	If the organization elected, as permitted under FAS		
1a	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote	held for public exhibition, education	n, or research in furtherance of public
ь	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item		
			<b>▶</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		· · · · • Ψ
	(II) Assets included in Form 990, Part X		• • • •
2	If the organization received or held works of art, following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		
h	Assets included in Form 990 Part Y		<b>&gt;</b> \$

	_
_	•
Paca	_

Part	Organizations Maintaining	Collections of A	Art, Historical	Treasures,	or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, a	accession, and oth	er records, ched	ck any of the	e follow	ing that make sig	ınıfıcant use of its
	collection items (check all that apply):		<b>—</b> .				
а	Public exhibition		d 🗌 Loan	_	_		
b	Scholarly research		e U Othe	r 			
С	reservation for future generations						
4	Provide a description of the organizat XIII.						
5	During the year, did the organization assets to be sold to raise funds rather						☐ Yes ☐ No
Part							
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Form 990,	Part IV, line	9, or	reported an amo	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following t	table:		<del></del>	
					-		ount
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Engling balance				1f		
2a	Dic the organization include an amour						
	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	on has been	provide	ed on Part XIII .	<u>U</u>
Part			F 000	D 11 / 12	40		
	Complete if the organization	<del></del>					
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	
1a	Beginning of year balance	27,043.	38,160.	32,	502.	25,760.	23,004.
Ь	Contributions			<b>-</b>			
С	Net investment earnings, gains, and						
	losses	2,402.	953.		614.	14,616.	4,875.
d	Grants or scholarships	0.	11,550.	3,	003.	7,345.	1,582.
е	Other expenditures for facilities and programs						
f	Administrative expenses	180.	520.	2,	953.	529.	537.
g	End of year balance	29,265.	27,043.		160.	32,502.	25,760.
2	Provide the estimated percentage of t			g, column (a	)) held a	as:	
а	Board designated or quasi-endowmer	nt 🕨	%				
b	Permanent endowment ▶	%					
С	Term endowment ► %						
	The percentages on lines 2a, 2b, and	2c should equal 10	0%.				
3a	Are there endowment funds not in the	e possession of the	e organization th	at are held	and ad	ministered for the	
	organization by:						Yes No
	(i) : Unrelated organizations						3a(i) ×
	(ii) Related organizations	<i></i>					3a(ii)
b	If "Yes" on line 3a(ii), are the related of	rganızations listed	as required on S	chedule R?			3b
4	Describe in Part XIII the intended uses	of the organizatio	n's endowment i	funds.			
Part	VI Land, Buildings, and Equip	ment.					
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line	e 11a.	See Form 990, F	Part X, line 10.
-	Description of property	(a) Cost or oth (investme		or other basis other)		Accumulated epreciation	(d) Book value
1a	Land						
b	Buildings						
c	Leasehold improvements				_		
d	Equipment						<del></del>
e	Other						
	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	00, Part X, colum	n (B), line 10	)c.) .	<b></b>	

Part VII	Investments - Other Securities.			· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation. -of-year market value
(1) Financial				
•	eld equity interests			
	E FOUNDATION HARRISBURG	29,265.	FMV	
		_		
(B)			-	
(C) \$		<u> </u>		
(D) <sup>4</sup> (E)				
(F)				<u>.</u>
(G)				···
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) .	29,265.	1 - 10 mm	Fa. (
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	1 ' '	hod of valuation -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	J	<u> </u>	
+	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
*,-	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)			-	
(6)				
(7)		<del></del>		
(8)				
	nn (b) must equal Form 990, Part X, col (B) line 15.)			
Part X	Other Liabilities.			<u> </u>
	Complete if the organization answered "Yes" on Folline 25.	rm 990, Part IV, lın	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in				
(2)		<u> </u>		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u> ▶</u>	
	uncertain tax positions. In Part XIII, provide the text of the footn			
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	k nere ii the text of the	FIOOLIIOLE HAS DEEN	provided in Part XIII . 🔲

Part	XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990,	, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	3	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Do: ated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	5	-
Part	XII Reconciliation of Expenses per Audited Financial State	ments With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Priër year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Ottger (Describe in Part XIII.)	. 4b		
С	Add lines <b>4a</b> and <b>4b</b>			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.)	5	
Part				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are			X, line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additi	onal information.	
D+ 17	I A. MUE DICEDIDIMIONS FROM MUE FUND MILL DE	TICED MO CUDDO	OM CHARTMANIE	
Pt V	Line 4: THE DISTRIBUTIONS FROM THE FUND WILL BE	USED TO SUPPOR	T CHARITABLE,	
CCIE	NTIFIC AND EDUCATIONAL PURPOSES			
	•			
		••••		
	<b>5</b>			
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Schedыle D (For	m 990) 2019	Page <b>5</b>
	Supplemental Information (continued)	
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## SCHEDUL≥ 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.

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
THE NORTHERN NUT GROWERS ASSOCIATION	31-1299136
Other: PART 1 PAGE 1 PAWPAWS AND PERSIMMONS. WE ACHIEVE OUR PURPO	SES BY DISCUSSIONS
AT OUR ANNUAL MEETINGS, THROUGH OUR PUBLICATIONS, WITH OUR AWARD	WINNING WEBSITE,
AND THROUGH INTERACTIONS WITH OTHER NUT GROWING ORGANIZATIONS THR	OUGHOUT NORTH
AMERICA AND THE WORLD.	
Pt VI, Line 6: THE ORGANIZATION HAS THE FOLLOWING CLASSES OF MEMB	ERSHIP-INDIVIDUAL
AND FAMILY MEMBERS, LIFE MEMBERS AND HONORARY MEMBERS. THESE CLAS	SES OF MEMBERS
ARE OUTLINED IN THE ORGANIZATION'S GOVERNING DOCUMENTS.	
Pt VI, Line 7a: THE MEMBERS ELECT THE MEMBERS OF THE BOARD OF DIR	ECTORS AS EACH
DIRECTOR'S TERM OF OFFICE EXPIRES. ALL MEMBERS IN GOOD STANDING A	RE ALLOWED TO
VOTE.	
Pt VI, Line 3: THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON B	EHALF OF THE
GOVERNING BODY.	
Pt VI, Line 11b: THE BOARD OF DIRECTORS WILL BE PROVIDED WITH A C	OPY OF THE
Other: ORGANIZATION'S FORM 990 FOR THEIR REVIEW PRIOR TO THE FILI	NG OF THE RETURN.
Pt VI, Line 19: THE ORGANIZATION DOES NOT HAVE A CONFLICT OF INTE	REST STATEMENT
OR FINANCIAL STATEMENTS. AN ANNUAL FINANCIAL REPORT IS PUBLISHED	ON THE ORGANIZATION'S
WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS ARE NOT MADE AVAI	LABLE TO THE
PUBLIC.	
\$ 	
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