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Forth **990-EZ**

Department of the Treasury Internal Revenue Service Short Form Return of Organization Exempt From Income Tax

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

➤ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

| | A F | or the | 2011 calenda | lar year, or tax year beginnin | ng January 1 | , 2011, | and endin | g_ | Dec | ember 3 | 1 , 20 | 11 | | |
|---------|--|--|---|-----------------------------------|--|--------------|------------|-------|---------------------------------------|-----------|---------------------------------------|--------|--|--|
| | Во | heck if ap | oplicable: | C Name of organization | | | | | D Emple | oyer iden | tification numb | er | | |
| | \square | Address c | hange | Mississippi Peanut Grower | 's Association | | | - 1 | | 300 | 381243 | | | |
| | $\overline{}$ | Name cha | - | Number and street (or P O box, | if mail is not delivered to street address |) | Room/surt | е | E Telep | hone num | ber | | | |
| | $\overline{}$ | nıtıal retui Ferminate | | Box 284 | | | | 1 | 601-606-3547 | | | | | |
| | = | mended | 1 | City or town, state or country, a | nd ZIP + 4 | | | | F Grou | p Exem | ption | | | |
| | = | | n pending | Petal, MS 39465-0284 | | | | | Num | ber ► | | | | |
| | G A | ccount | ing Method: | ✓ Cash | Other (specify) ▶ | | | н | H Check ▶ ☑ if the organization is no | | | | | |
| | | | | | | | | | equired to attach Schedule B | | | | | |
| | J Ta | J Tax-exempt status (check only one) — ☐ 501(c)(3) | | | | | | | | | | | | |
| | K Check ▶ | | | | | | | | | | | | | |
| | 7 | not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if | | | | | | | | | | | | |
| | ti | ne orga | inization choc | oses to file a return, be sure to | o file a complete return. | | | | | | | | | |
| | L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, | | | | | | | | | | | | | |
| | line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | | | | | | | | | | | | |
| | P | art I | Revenu | ie, Expenses, and Cha | nges in Net Assets or Fund | I Balanc | es (see 1 | the i | nstruc | tions f | or Part I.) | | | |
| | | | Check if | f the organization used So | chedule O to respond to any c | uestion i | in this Pa | ırt I | | | | . 🗸 | | |
| | | 1 | Contribution | ons, gifts, grants, and simi | lar amounts received | | | - | | 1 | | 33,472 | | |
| | | 2 | Program se | ervice revenue including g | overnment fees and contracts | | | | [| 2 | | 35,500 | | |
| | | 3 | Membersh | np dues and assessments | | | | | [| 3 | | 2,368 | | |
| | | 4 | Investment | it income | | | | | [| 4 | | | | |
| | | 5a | Gross amo | ount from sale of assets ot | her than inventory | 5a | | | Ī | | | | | |
| | | b | Less: cost | or other basis and sales e | expenses | 5b | | | | | | | | |
| | Revenue | С | Gain or (los | ss) from sale of assets oth | er than inventory (Subtract line | 5b from I | ine 5a) . | | | 5c | | | | |
| | | 6 | Gaming an | nd fundraising events | | 5 7 | | | | | | | | |
| | | a | Gross inc | come from gaming (attac | ch Schedule G if yeareD th | āg\. | | | Ī | | | | | |
| | | | \$15,000) . | | | ഗ്\ 6a | | | | | | | | |
| | Ver | b | Gross inco | ome from fundraising even | ts (nat including \$ - 2012 | | f contribu | tions | 3 | | | | | |
| | æ | | from fundr | raising events reported on | n line(3) (attach Schedule G if in | 像 | | | ĺ | | | | | |
| | | | sum of suc | ch gross income and contr | ributions exceeds \$15,000) | <u></u> 등 6b | <u> </u> | | | | | | | |
| 2 | | С | Less: direc | ct expenses from gaming a | | 差 6c | | | | | | | | |
| 2012 | | d | | | and fundraising events (add line | es 6a and | d 6b and | sub | tract | | | | | |
| 7- | | | line 6c) . | | | • . • • | | • | [| 6d | | | | |
| ۰. ر | | 7a | Gross sale | es of inventory, less returns | s and allowances | 7a | | | | | | | | |
| >- | | b | | • | | 7b | | | | | | | | |
| MAY | | С | | | ventory (Subtract line 7b from li | • | | | | 7c | | | | |
| | | 8 | | enue (describe ın Schedule | • | | | • | | 8 | · · · · · · · · · · · · · · · · · · · | | | |
| | | 9 | | | 5c, 6d, 7c, and 8 | · · · | · · · · | | . ▶ | 9 | | 71,340 | | |
| | | 10 | | d similar amounts paid (list | | | | • | · · | 10 | | 22,323 | | |
| SCANN | | 11 | • | | | | | | | 11 | | 6,455 | | |
| | 96 | 12 | · · · · · · · · · · · · · · · · · · · | | | | | | 12 | | 13,100 | | | |
| | ü | 13 | , , , | | | 13 | | 9,938 | | | | | | |
| | Expenses | 14 | | | | | | | | 14 | | 3,580 | | |
| | Ш | | Printing, publications, postage, and shipping | | | 15 | | 3,530 | | | | | | |
| | | 16 | · · · · · · · · · · · · · · · · · · · | | | | | 16 | | 3,967 | | | | |
| | | 17 | | | | | | | . ▶ | 17 | | 62,893 | | |
| | ţ | 18 | | | | | | | | 18 | | 8,447 | | |
| | Net Assets | 19 | | | inning of year (from line 27, co | | | | | | | | | |
| | Ë | 000 | _ | | year's return) | | | | | 19 | | 25,974 | | |
| | Ž | 20 | | | balances (explain in Schedule C | | | | | 20 | | 0 | | |
| | | 21 | Net assets | s or rund balances at end o | of year. Combine lines 18 through | n 20 . | | | . 🕨 | 21 | | 34,421 | | |

| | T (0044) | | | | | - 0 | | |
|-------|--|--|--|-----------------------|--|--|--|--|
| Par | 190-EZ (2011) Til Balance Sheets. (see the instructions | for Part II.) | | | | Page 2 | | |
| | Check if the organization used Schedule | • | v auestion in this | Part II | | \square | | |
| | <u> </u> | | 7.1 | (A) Beginning of year | r i | (B) End of year | | |
| 22 | Cash, savings, and investments | | | 25,974 | 22 | 34,421 | | |
| 23 | Land and buildings | | | 0 | 23 | 0 | | |
| 24 | Other assets (describe in Schedule O) | | | 0 | 24 | 0 | | |
| 25 | Total assets | | | 25,974 | 25 | 34,421 | | |
| 26 | Total liabilities (describe in Schedule O) | | | 0 | 26 | 0 | | |
| 27 | Net assets or fund balances (line 27 of column | | <u> </u> | 25,974 | 27 | 34,421 | | |
| Par | | • | | • | | Expenses | | |
| | Check if the organization used Schedule | | - - | | (Req | uired for section | | |
| What | is the organization's primary exempt purpose? | Enhancing production | on,promotion, & uti | ization of peanuts | 501(c)(3) and 501(c)(4) | | | |
| as m | ribe the organization's program service accomplist leasured by expenses. In a clear and concise mans benefited, and other relevant information for ea | anner, describe the | | | organizations and section 4947(a)(1) trusts, optional for others.) | | | |
| | State-wide production short-course attended by 85 g | | ourrort recearch | nd marketing | \vdash | T - | | |
| 20 | information from University researchers and Industry | | | | | | | |
| | was also presented by the National Peanut Board sh | | | | | | | |
| | | includes foreign gra | | | 28a | | | |
| 29 | Participated in Miss. School Nutrition Annual Confer | | | | 20a | | | |
| | directors and lunch room personnel to provide confe | | | | | | | |
| | peanut products for school lunches to help prevent ' | | | | | | | |
| | *** | includes foreign gra | | ▶ □ | 29a | | | |
| 30 | Co-promotion with the NPB on the slogan: Peanuts I | | | h the Walk for | 1 | | | |
| | Diabetes in Miss. This program reached an estimated | | | | | | | |
| | the value of peanuts and peanut products for diabeti | | - | | | | | |
| | (Grants \$) If this amount | 30a | | | | | | |
| 31 | Other program services (describe in Schedule O) | | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | ints, check here . | ▶ 🛘 | 31a | | | |
| 32 | Total program service expenses (add lines 28a t | hrough 31a) | | 🕨 | 32 | | | |
| Par | List of Officers, Directors, Trustees, and Key | Employees. List eac | h one even if not co | mpensated. (see the | ınstru | ctions for Part IV.) | | |
| | Check if the organization used Schedule | O to respond to ar | ny question in this | Part IV | | 🗆 | | |
| | (a) Name and address | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0- | | () | Estimated amount of other compensation | | |
| Joe | Morgan | President | | | | | | |
| 99 J. | B. Horne Rd Hattiesburg, MS 39401 | | | 0 | _ | | | |
| Van | Hensarling | Vice-President | | | | | | |
| 159 | Prospect Rd Richton, MS 39476 | | | 0 | | | | |
| Bria | n Atkins | Director | | | 1 | | | |
| 4004 | 5 New Prospect Rd. Hamilton, MS 39746 | | | 0 | | | | |
| Don | ***** | Director | | | | | | |
| | 5 Self Rd. Hamilton, MS 39746 | | | 0 | _ | | | |
| | e Seward | Director | | | | | | |
| | 1 Tanner Williams Rd. Lucedale, MS 39452 | | | 0 | | | | |
| | nie Fortner | Director | | | | | | |
| | Drake Hill Dr. Port Gibson, MS | | | 0 | + | | | |
| | Parrish | Director | | | | | | |
| 341 | Smith Lane Lexington, MS39095 | | | 0 | | | | |
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| -Part- | · | | | |
|--------------------------|--|------------|-------|------------|
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi | s Part | | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | Yes | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | <u> </u> |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | ▼ |
| b c | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35b | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 35c | | 1 |
| 37a b 38a | Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 37b | | ✓ |
| b 39 a b 40a | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved | 38a | | √ |
| b | section 4911 ▶; section 4912 ▶; section 4955 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | |
| 41 | List the states with which a copy of this return is filed. ▶ | 100 | · | |
| 42a | | 601-60 | 6-354 | 7 |
| | Located at ► 24 Thomas Creek Road Petal, MS | 39465 | | |
| b | any time during the calendar year, did the organization have an interest in or a signature or other authority over inancial account in a foreign country (such as a bank account, securities account, or other financial account)? | | Yes | No 🗸 |
| | If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | | √ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | . I | ▶ □ |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | Yes | No ✓ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | J |
| c d | Did the organization receive any payments for indoor tanning services during the year? | 44c 44d | | √ |
| 45a 45b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | √ |

| £ . | | | | | | _ | | 65 | IAO | | | |
|----------|--|---------------------------|-----------------------|--|-----------------|-------------|------------|---------|-------------|--|--|--|
| 46 | Did the organization engage, directly or in to candidates for public office? If "Yes," | ndirectly, in political o | ampaign activities o | n behalf of c | r in opposi | tion | , | | į | | | |
| Part V | | | | | | | 46 Section | on | _✓_ | | | |
| | 501(c)(3) organizations and secti | | | | | | | |) | | | |
| | and 52, and complete the tables | | | | | | | | | | | |
| | Check if the organization used Sc | hedule O to respond | to any question in | this Part VI | | | | | | | | |
| | | | | | | | Y | es | No | | | |
| 47 | Did the organization engage in lobbying | activities or have a | section 501(h) electi | on in effect | during the | tax | | | | | | |
| | year? If "Yes," complete Schedule C, Par | | | • • • • | | ⊢ | 47 | | | | | |
| | Is the organization a school as described in | | _ F | 48 | | | | | | | | |
| | Did the organization make any transfers t If "Yes," was the related organization a se | | | · - | 49a | | | | | | | |
| | Complete this table for the organization's | | | | icare dirac | | 49b | and | Lkov | | | |
| - | employees) who each received more than | \$100,000 of compe | nsation from the orga | anization. If t | there is non | e. ente | er "No: | ne." | ı ney | | | |
| | | (b) Title and average | (c) Reportable | (d) Healti | benefits, | | | | | | | |
| | (a) Name and address of each employee paid more than \$100,000 | hours per week | compensation | contributions to employee benefit plans, and deferred | | | | | | | | |
| | | devoted to position | (Forms W-2/1099-MISC | | nsation | 0 | | | - ,. | | | |
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| | | | | | | | | | | | | |
| f | Total number of other employees paid ov | er \$100,000 | ▶ | | | <u> </u> | | | | | | |
| 51 | Complete this table for the organization | 's five highest comp | ensated independen | t contractor | s who eacl | n recei | ved m | nore | thar | | | |
| | \$100,000 of compensation from the orga | anization. If there is n | one, enter "None." | | | | | | | | | |
| (a) N | lame and address of each independent contractor pa | aid more than \$100,000 | (b) Type of se | rvice | (0 |) Compe | nsation | | | | | |
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| | | | L | <u> </u> | l | | | | | | | |
| | Total number of other independent contra | _ | | .▶ | | | | | | | | |
| | Did the organization complete Schedule | | | | | | | | | | | |
| | nonexempt charitable trusts must attach | | ·-··· | | | <u> </u> | | | lo | | | |
| | enalties of perjury, I declare that I have examined this sect, and complete. Declaration of preparer (other tha | | | | | nowledg | e and b | oeliet, | it is | | | |
| | Males Oran 1821 | | | · · · · | 2/2/ | 110 | | | | | | |
| Sign | Signature of officer | | Date Date | | | | | | | | | |
| Here | Malcolm Broome, Executive Direct | | | | | | | | | | | |
| | Type or print name and title | | | | | | | | | | | |
| Paid | Print/Type preparer's name | Preparer's signature | i c | Date | Check [|] if P | TIN | | | | | |
| Prepa | arer | | | | self-employed | | | | | | | |
| Use C | I | | | Fir | Firm's EIN ▶ | | | | | | | |
| | Firm's address ▶ | Firm's address Phone no. | | | | | | | | | | |
| ıvıay tr | e ino discuss this return with the prepare | r snown adove? See | INSTRUCTIONS | | | ₹ | Yes | I IN | 10 | | | |

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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.

| Mississippi Peanut Growers Association | 300381243 | | | | | | |
|--|--|--|--|--|--|--|--|
| Part 1- 10 : Grant paid to Miss. State University for completion of research project in the amount of \$16,838.15. A grant was provided to | | | | | | | |
| Peanut Proud, Blakely, GA for use in tornado relief(peanut butter) in the amount of \$5,000.00. MPGA purchased peanut butter and delivered | | | | | | | |
| to tornado victims in amount of \$485. This amounted to \$22,323. | | | | | | | |
| Part 1 - 16: Travel and lodging for association business meetings in Jackson, MS, Southern Peanut G | rowers Summer Conference, Panama | | | | | | |
| City, FL and Southern Peanut Farmers Federation Winter Board Meeting, Panama City. | | | | | | | |
| Part 3-31: Exhibit booth at the State Dietetic Convention in cooperation with the Southern Peanut Gro | wers to promote Peanut nutrition and | | | | | | |
| encourage these 200 professionals to include it in their menu planning with their clientele. MPGA also | promoted March - National Peanut | | | | | | |
| Month on 7 TV stations across the State with peanut gift baskets used by the stations for trivia contest | sts on peanut facts plus live interviews | | | | | | |
| with board members or executive director. | | | | | | | |
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