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Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service			► Information about Form 990-EZ and its instructions is at www.irs.gov/for	m990.		Inspection	
			ar year, or tax year beginning January 1 , 2013, and ending	Dec	ember	31 , 20 13	
Во	neck if ap	opticable	C Name of organization	D Emp	loyer ide	entification number	
	Address c	hange	Mississippi Peanut Growers Association		30	D-0381243	
	lame change		Number and street (or P.O box, if mail is not delivered to street address) Room/suite	E Tele	phone nu		
=	Initial return		Box 284		ബ	1-606-3547	
=	Terminated Amended return Amended return City or town, state or province, country, and ZIP or foreign postal code			F Group Exemption			
=		n pending	Petal, MS 39465-0284		nber 🕨	•	
		ing Method:		Chack	V	the organization is not	
	Vebsite	. •				ach Schedule B	
			· · · · · · · · · · · · · · · · · · ·	•)-EZ, or 990-PF).	
			☐ Corporation ☐ Trust ☑ Association ☐ Other				
	-		7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	lassets			
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ €	133,130	
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	instru	ctions		
			the organization used Schedule O to respond to any question in this Part I			•	
	1		ons, gifts, grants, and similar amounts received	<u> </u>	11	· · · · · · · · · · · · · · · · · · ·	
	2		ervice revenue including government fees and contracts		2		
	3	-	ip dues and assessments		3	70,000 12,400	
	4	Investment	•		4	12,400	
	5a		ount from sale of assets other than inventory 5a		 		
	ь		or other basis and sales expenses				
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	6		d fundraising events		 		
	a	_	ome from gaming (attach Schedule G if greater than				
ē	"		· · · · · · · · · · · · · · · · · · ·				
Revenue	ь		me from fundraising events (not including \$ of contribution		1 1		
<u>8</u>	"		aising events reported on line 1) (attach Schedule G if the	5			
Œ			th gross income and contributions exceeds \$15,000) 6b				
	c		t expenses from gaming and fundraising events 6c				
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract			
1	-	line 6c)	o or (1000) from garing and faratability ofortio (add into od and ob and out	Judot	6d		
	7a	,	s of inventory, less returns and allowances 7a	•	OU		
	b		of goods sold				
	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8		nue (describe in Schedule O)	• •	8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	400 400	
	10		similar amounts paid (list in Schedule O)	<u> </u>	10	133,130	
3	11		and to or for members		11	19,810	
; , en	12		ther compensation, and employee benefits		12	17,882	
89	13	Professional fees and other payments to independent contractors				24,578	
Expenses	14		/, rent, utilities, and maintenance		13	41,655	
X	15		ublications, postage, and shipping		15	2,580	
	16				16	2,537	
	17	Total ava	enses (describe in Schedule O)		17	14,171	
Net Assets	18	Evene	enses. Add lines 10 through 16	. 💌	18	123,213	
	19	Not seeds	or fund balances at beginning of year (from line 27, column (A)) (must agree		10	9,917	
	.3	end-of-ves	r figure reported on prorigears return)			** ~=	
	20		ges in net assets or fund balances (explain in Schedule 0)		19	22,385	
	20 21	Not seeds	or fund balances at end of year (Combine lines 18 through 20		20 21	0	
	[4 , 1	וזכו מססבוס	or rune objectives by refu of reart opinione lines to infought 20	. ▶	. 41	32,302	

For Paperwork Reduction Act Notice, see the separate instructions

Cat. No. 10642I

Form **990-EZ** (2013)

.					
_	1990-EZ (2013)				Page 2
Pa	Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question	on in thic	Dort II		Г
	Check if the organization used Schedule O to respond to any question		(A) Beginning of year	r :	(B) End of year
22	Cash, savings, and investments	 	22,385	-	32,302
23	· · · · · · · · · · · · · · · · · · ·	· · ·		23	32,304
24	Other assets (describe in Schedule O)	·		24	
25	,		22,385		32,302
26	Total liabilities (describe in Schedule O)	[0		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	🕇	22385	27	32,302
Par	rt III Statement of Program Service Accomplishments (see the instruction	tions for F	Part III)		Expenses
	Check if the organization used Schedule O to respond to any question	on in this	Part III 🗌	(Rea	uired for section
Wha	at is the organization's primary exempt purpose? Enhancing production, promot	tion, & utiliz	zation of peanuts	501(d	c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplishments for each of its three measured by expenses. In a clear and concise manner, describe the services sons benefited, and other relevant information for each program title.			4947	nizations and section (a)(1) trusts, optional thers)
28	2 day state-wide production meeting and trade show for growers to recieve the lates information from S.E. university researchers, national organizations, and industry re 173 individuals attended the meeting which was also supported by the National Pear (Grants \$) If this amount includes foreign grants, check	eps in the p nut Board.	eanut region.	28a	
29	Continued our promotion(4yrs.) with the MS Diabetes Foundation by sponsoring par	rt of the wa	iks, newsletters,		
	and walker handouts reaching an estimated 10,000 citizens of the State. Also had an				
	Conference, providing literature on the health benefits of peanuts for diabetics.				:
	(Grants \$) If this amount includes foreign grants, check	k here .	🕨 🔲	29a	
30	The value of the following the				
	events, the largest of which was the MS School Nutrition Assn. Conference reaching				
	from 152 districts. Peanuts fit well in the school lunch program and that was our the				
0.4	(Grants \$) If this amount includes foreign grants, check	k here .	<u> ▶ ⊔</u>	30a	
31	Other program services (describe in Schedule O)				
32	(Grants \$) If this amount includes foreign grants, check Total program service expenses (add lines 28a through 31a)			31a 32	
	rt IV List of Officers, Directors, Trustees, and Key Employees (list each one even				tions for Bort I\A
ı aı	Check if the organization used Schedule O to respond to any question	•		istruc	
	(b) Average (c) Rep	portable	(d) Health benefits,	Ť	<u>· · · - </u>
	(a) Name and title hours per week (Forms W-2	ensation 2/1099-MISC) d, enter -0-)	contributions to employ benefit plans, and deferred compensation	ol	Estimated amount of ther compensation
Joe I	H. Morgan , President				
	.B. Horne Rd, Hattiesburg, MS 39401				
Van I	Hensarling, Vice-Pres.				
159 F	Prospect Rd., Richton, MS 39476				
Don	Self, Director				
	I5 Self Rd. Hamilton, MS 39746				
	nie Fortner, Director				
	Drake Hill Dr., Port Gibson, MS 39150			-	
	e Seward, Director				
	31 Tanner Williams Rd., Lucedale, MS 39452				
	Atkins, Director New Prospect Rd. Hamilton, MS 39746			1	
	iel Parrish, Director			+	
) Poplar Street, Greenwood, MS 38930				
					
				+	
				4	

Part					
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this				
			Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O				
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)				
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)?				
	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 35c		√	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓	
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ ☐ 37a ☐ Did the organization file Form 1120-POL for this year?	37b 38a		✓	
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved				
b					
	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				
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization				
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		1	
41	List the states with which a copy of this return is filed ▶				
42a	9	601-60			
L	Located at ► 141 Timber Lakes Dr. Petal, MS ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	39465			
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	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.	42c		1	
С	If "Yes," enter the name of the foreign country: ▶				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. !	> 🗆	
44.			Yes	No	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	,	✓	
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		✓	
	Did the organization receive any payments for indoor tanning services during the year?	44c 44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1	

Form 990)-EZ (20	013)						F	eage 4
	-							Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," o					tion 46	. 4	1
Part \	71	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s must answer que	stions 47-49b and	d 52, and	d complete th		for lin	es
		Check if the organization according		to any quotien		<u> </u>		Yes	No
	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				tax . 47				
				ion 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			48	ļ	<u> </u>
		ne organization make any transfers to	•	•	~				├
50	Comp	s," was the related organization a se olete this table for the organization's oyees) who each received more than	five highest compen	sated employees (d	ther than	officers, direct		ees an	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation				
*********	*****								
51	Comp	number of other employees paid ovo olete this table for the organization 000 of compensation from the orga	s five highest compo		nt contrac	ctors who eacl	n received	d more	thar
	(a)	Name and business address of each independ	lent contractor	(b) Type of service		(c	tion		
52	Did th	number of other independent contra ne organization complete Schedule A xempt chantable trusts must attach a	A? Note. All section 5	601(c)(3) organization	. ▶ ns and 49		► ∏ Ye		No
Under pe	enalties	of perjury, I declare that I have examined this in domplete. Declaration of preparer (other than	return, including accompan	rying schedules and state	ments, and	to the best of my k			
	Walcolm Groom					3/9/	14		
Sign Here		Signature of officer Malcolm Broome, Executive Direct			Date				
		Type or print name and title		· · · · · · · · · · · · · · · · · · ·					
Paid Prepa	arer i	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo			
Use C	1 -								
		l 				l			

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

Phone no

SCHEDULE O (Form 990 of 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.

20**13**

Employer identification number

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

Open to Public Inspection

Mississippi Peanut Growers Association	30-0381243				
Part 1 - 10 grant paid to Mississippi State University for completion of peanut research trials on Insect	s and Variety Trial.				
Part 1 - 16 Travel and Lodging for Association business at Southern Peanut Farmers Federation summer conference in Panama City, FL;					
Plus \$10,000 sponsor with Friday Night Under the Lights high school football program for 15 weeks, resulting in 60,000 visits to the web site					
plus the play of the week ad had 6,800 face book users. The focus was to make students, parents, and schools aware of peanut nutrition and					
the peanut industry in Mississippi.					
Part 3 - 31 Two other programs included promotion of March-National Peanut Month with live interview	ws on TV stations across the State				
using new peanut products for talking points. Secondly, two field days were held for growers, one in N	lorth MS and one in South MS which				
gave growers hands-on knowledge about peanut diseases and cultural practices.					
	•••••••••••••••••••••••••••••••••••••••				

	••••••				
