

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

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)

2014

OMB No. 1545-1150

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

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

A F	or the	or the 2014 calendar year, or tax year beginning January 1 , 2014, and ending			31 ,20 14				
B Check If a		plicable:	C Name of organization D Em	ployer ide	entification number				
	Address cl	hange	Mississippi Peanut Growers Association	30-0381243					
	Name cha	-	Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Tele	phone nu	umber				
=	initial retur	n/terminated	Box 284	60	1-606-3547				
_	Amended		City or town, state or province, country, and ZIP or foreign postal code	oup Exer	mption				
\Box	Application	n pending	1 Ctal, 1110 00-100-0204	mber 🕨					
G A	Account	ing Method:	✓ Cash Accrual Other (specify) ► H Check	▶ ☑i	f the organization is not				
	Vebsite		·	equired to attach Schedule B					
			2 30 1(3)(3) 2 30 1(4) (3 7 1 (missistrial) 2 10 11(4)(1) 31 (2 32) 1	990, 990)-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 assets	;					
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	135,111.00				
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru						
			the organization used Schedule O to respond to any question in this Part I						
	1		ons, gifts, grants, and similar amounts received	1	55,509				
	2	_	ervice revenue including government fees and contracts	2	76,102				
	3	Investment	ip dues and assessments	3 4	3,500				
	4 5a			-					
	b		· · · · · · · · · · · · · · · · · · ·	-					
	C	Less: cost or other basis and sales expenses							
	6	Gaming and fundraising events							
	a								
ne	_	\$15,000)							
Revenue	b	Gross inco	7						
è			me from fundraising events (not including \$of contributions aising events reported on line 1) (attach Schedule G if the	1 1					
_	İ	sum of suc	th gross income and contributions exceeds \$15,000) 6b						
	С	Less: direc	t expenses from gaming and fundraising events 6c	7 1					
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	7					
	•	line 6c) .		6d					
	7a	Gross sale	s of inventory, less returns and allowances	1 1					
	b	Less: cost	of goods sold	_\					
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a) ECEIVEL.	7c					
	"	Other reve	inde (describe in ochedule o):	8					
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	135,111				
Expenses	10		I similar amounts paid (list in Schedule O)	110	27,053				
	11 12	•	and to or for internibers	1111	23,833				
	13	-	ther compensation, and employee benefits	12	27,819				
	14		y, rent, utilities, and maintenance	14	26,513				
	15		ublications, postage, and shipping	15	2,580				
	16		enses (describe in Schedule O)	16	5,506 19,325				
	17	Total expe	enses. Add lines 10 through 16	17	132,629				
Net Assets	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	2,482				
	19	Net assets	· · · ·	2,702					
			r figure reported on prior year's return)	19	32,302				
	20	Other char	ges in net assets or fund balances (explain in Schedule O)	20					
	21_		or fund balances at end of year. Combine lines 18 through 20	21	34,784				
	D	1. 10 1 1	to A.A. Madica and Alexandra Instrumental and		50- 990-E7 MO14				

Pa	rt II Balance Sheets (see the instructions t	•				_
	Check if the organization used Schedule	O to respond to a	ny question in this		• •	<u> D</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			32,302		34,784
23	Land and buildings		· · · · · }		23	0
24	Other assets (describe in Schedule O)		· • • • •		24	0
25	Total assets		· · · <i>· ·</i> ·	32,302		34,784
26	Total liabilities (describe in Schedule O)				26	0
27 •==:	Net assets or fund balances (line 27 of column Ill Statement of Program Service Accom			32,302	2/	34,784
r a	Check if the organization used Schedule	•		•		Expenses
Wha		Enhancing production				uired for section
				·····················		c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mones benefited, and other relevant information for ea	anner, describe the			othe	nizations; optional for s.)
28	2 day annual production and trade show meeting for	growers to recieve th	ie latest research ar	d marketing		
	information from S.E. university researchers, national	l organizations, and	industry reps in the	peanut region.]
	Over 125 growers/ university educators attended the					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	28a	
29	Continued our promotion(5yrs.) with the MS Diabetes]
	walker handouts reaching approximately 8-10,000 sta					
	Super Conference, providing literature and answers					
		includes foreign gra			29a	
30	Continued program on Friday Nights sponsoring foo]
	State. This program is on public radio stations plus h			****		
	a video on peanut digging and harvest could be seen					1
		includes foreign gra		<u></u> ▶ Ц	30a	ļ
31	Other program services (describe in Schedule O)					1
00	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u>▶</u>	31a	
	Total program service expenses (add lines 28a t				32	
rai	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					<u> </u>
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	iri	<u> L.</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and	0	Estimated amount of their compensation
Joe I	I. Morgan, President			į		
	B. Horne Rd, Hattiesburg, MS 39401				0	0
Lonn	ie Fortner, Vice Pres.				1	
502 [Orake Hill Dr., Port Gibson, MS39150				<u>o </u>	0
	Self, Director					
	5 Self Road, Hamilton, MS 39746	<u> </u>)	<u>o </u>	0
Steve	Seward, Director				1	
	1 Tanner Williams Rd., Lucedale, MS 39452			<u> </u>	0	0
	y Moses, Director					
	Robert E. Lee Dr., Greenwood, MS 38930)	0	0
	Atkins, Director				1	
	New Prospect Rd., Hamilton, MS 39746)	이	0
	el Parrish, Director					
	Poplar Street, Greenwood, MS 38930)	0	0
	alcolm Broome, Executive Director				-	
141 1	imber Lakes		\$20,004	<u> </u>	0	0
					-	
					-	
					1	
				<u> </u>	-	
					1	
				 	+-	····

Part	-			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	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		1
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	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		V
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	_		١.
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		l
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	1]	
a b	Initiation fees and capital contributions included on line 9	┥		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4915 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	6-354	7
	Located at ► 141 Timber Lakes Dr., Petal, MS ZIP + 4 ►	39465	-0141	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
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		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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		1
	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45-	•	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1

Form 990	-EZ (20	014)								P	age 4
		ne organization engage, directly or in							46	Yes	No /
Part V	1	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	only s must answer que	stions 47–49b a	nd 52, a	and con				or line	es \Box
	Did tl	d the organization engage in lobbying activities or have a section 501(h) election in effect during the tax						47	Yes	No	
48 49a b 50	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mil	cont	(d) Health benefits, contributions to emplo benefit plans, and defe compensation				d amou pensat	
						<u>. </u>		 			
51	Comp	number of other employees paid over olete this table for the organization's 000 of compensation from the organ	s five highest compe	ensated independe	ent con	tractors	who each	ı rece	ived	more	than
	(a) Name and business address of each independent contractor			(b) Type of service			(c) Compensation				
											
52	Did t	number of other independent contra the organization complete Schedu leted Schedule A	•	ection 501(c)(3) o	-			na. ⊳ □	Yes		 No
Under per true, corre	nalties ect, an	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including accompan officer) is based on all info	ying schedules and statement of which prepared	tements, a	and to the b	est of my kr	nowledg	ge and	belief,	it is
Sign		Malestin Siever Signature of officer			Date	113/	15				
Here		Malcolm Broome, Executive Director Type or print name and title	ог								
Paid Prepa		Print/Type preparer's name	Preparer's signature		Date	1	Check Self-emplo	11	PTIN		
Use O	inly	Firm's name >				Phon	e no.				
May the	e IRS	discuss this return with the preparer	shown above? See	instructions				$\overline{\triangleright}$ \square	Yes		No.

SCHEDULE-O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2014

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

OMB No. 1545-0047

Mississippi Peanut Growers Association 30-0381243 Part 1 - 10 Grant paid to Mississippi State University for research work in the area of peanut Variety trials, crop rotations and row patterns. Part 1 - 16 Travel and Lodging for Association business at Southern Peanut Growers Summer Conference in Panama City, FL. plus sponsor with Friday Night under the Lights high school football program for 15 weeks. Lastly exhibit booth at the Farm To Table International Symposium in New Orleans, LA. Entire thrust of these programs to make parents, students, growers and citizens aware of peanut research, peanut nutrition benefits and promote more utilization of peanuts. Part 3 - 31 Two other significant programs included attending and presenting program at MS Dietetic Association Annual Conference with 500 registered dieticians attending that develop meal programs for institutions, government agencies, schools, nursing homes, etc. 3 field days were held for growers across the state from North to South where growers could see in the field peanut disease research, variety trials and agronomic practices. Lastly, March National Peanut Month was again promoted with a series of 5 TV interviews with show and tell of peanut products.