Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2018

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

OMB No. 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

		or the Treasury enue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information.		opooo		
A	For the	2018 calend	December 31 , 20 19				
В	Check If a	pplicable	C Name of organization D E	mployer i	lentification number		
	Address o	change	Mississippi Peanut Growers Association		30-038124 🕇		
	Name cha	ange	Number and street (or P.O box, if mail is not delivered to street address)	E Telephone number			
=	Initial retu		Box 284	6	01-606-3547		
_	rinai retui Amended	m/terminated	Group Ex	emption			
$\overline{}$		on pending	Petal, MS 39465-0284	Number	▶ 🔯		
G	Accoun	ting Method	☑ Cash ☐ Accrual Other (specify) ► H Che	ck ▶ 🗹	if the organization is not		
1.1	Vebsite	e: ►			tach Schedule B		
JI	ax-exer	mpt status (che	eck only one) - ☐ 501(c)(3)	m 990, 99	0-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 ass	ets			
(Pa	rt II, col		500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ ;	<u> </u>		
Ρ	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truction	s for Part I) 🖾		
_		Check if	the organization used Schedule O to respond to any question in this Part I .	<u> </u>	<u> </u>		
?	1	Contribution	ons, gifts, grants, and similar amounts received	. 1	77,876		
4	2	Program s	ervice revenue including government fees and contracts	. 2	80,000		
¥	3	Membersh	ip dues and assessments	. 3	3,860		
77	4		t income ;	. 4			
	5a		ount from sale of assets other than inventory 5a	_			
	b		or other basis and sales expenses				
	6 6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) id fundraising events:	. <u>5c</u>			
an l	a	Gross inc. \$15,000) .	ome from gaming (attach Schedule G if greater than				
Revenue	b	from fundr	of contributions alsing events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b				
	c d		et expenses from gaming and fundraising events 6c e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtractions and the contractions of the contraction of the contract	ct			
	7a	Gross sale	s of inventory, less returns and allowances	1			
	b		of goods sold				
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c			
	8		(december of October 4 to O)	. 8			
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED	▶ 9	156,736		
	10	Grants and	similar amounts paid (list in Schedule O)	. 10	36,676		
	11		aid to or for members MAY 1 1/2 2015	. 11	23,963		
es	12	Salaries, of	ther compensation, and employee benefits 🖾	. 12	45,257		
SE	13	Profession	al fees and other payments to independent contractors (III.)	. 13	23,946		
Expenses	14	Occupancy	y, rent, dunites, and maintenance	. 14	4,765		
Ш	15	• .	ublications, postage, and shipping	. 15	2,941		
	16	•	enses (describe in Schedule O) 🔞	. 16	18,632		
	17		enses. Add lines 10 through 16	17	156,180		
इ	18		(deficit) for the year (Subtract line 17 from line 9)		556		
Se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wit	,			
Net Assets			r figure reported on prior year's return)		52,628		
Zet	20		iges 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	53,184		
For	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 10642		Form 990-EZ (2018)		

	art II	Balance Sheets (see the instruct	tions for F	art II)	·			
		Check if the organization used Sch		•	nv question in this	Part II		🗆
		Official the organization does con-			, , , , , , , , , , , , , , , , , , , ,	(A) Beginning of year		(B) End of year
22	Cas	h, savings, and investments				52,628	22	53,184
23		d and buildings					23	•
24		er assets (describe in Schedule O) .					24	
25		al assets	• • •	· · · · ·		52,628		53,184
26							26	
27		assets or fund balances (line 27 of co			<u> -</u>	52,628		53,184
	rt III	Statement of Program Service Ac						<u></u> -
		Check if the organization used Sch						Expenses
Wha	at is the	organization's primary exempt purpos	se? Enh	ancing Producti	on Promotion&Utiliz	ation of Peanuts		ured for section
		- · · · · · · · · · · · · · · · · · · ·						:)(3) and 501(c)(4) nizations; optional for
		ne organization's program service accorded by expenses. In a clear and conc					other	· •
		nefited, and other relevant information			s services provides	z, the hamber of		
28		ay annual meeting and trade show for gr			esearch agronomic	and marketing		
20		nation presented by university researche						}
		owers, crop consultants, university educ						
2					ints, check here .	▶ □	28a	
29		nued our 9th year sponsorship with the N						
23		it products were promoted as part of the]
		ver 30,000 diabetics and their families by						
					ints, check here .		29a	
20	(Grant	ponsorship with the Gulf Coast Heart As					230	
30		<u></u>						İ
		am involved presentations to two schools udents attended school event and over 5						1
	(Grant	is \$) if this an				► F1	20-	
31	31 Other program services (describe in Schedule O)							
			ile O) .				30a	
20	(Grant	ts\$) If this an	ile O) . mount inclu	 udes foreign gra	ints, check here	▶ □	31a	
	(Grant	ts \$) If this an program service expenses (add lines	ile O) . mount inclus s 28a throu	 udes foreign gra ugh 31a)	nts, check here		31a 32	tions for Part IV
_	(Grant	ts \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar	ile O) . mount inclus 28a thround Key Em		unts, check here	▶ □ ▶	31a 32	
	(Grant	ts \$) If this an program service expenses (add lines	ile O) . mount inclus 28a thround Key Em		nnts, check here none even if not com ny question in this	pensated—see the in	31a 32	
	(Grant	is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used Sch	ule O) . mount inclus 28a thround Key Emmedule O to	udes foreign graugh 31a)	nnts, check here n one even if not comy question in this (c) Reportable compensation	pensated—see the in Part IV	31a 32 nstruc	Estimated amount of
	(Grant	ts \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar	ule O) . mount inclus 28a thround Key Emple O to	udes foreign gra ugh 31a) ployees (list each prespond to a	none even if not coming question in this (c) Reportable 27 compensation (Forms W-2/1099-MISC	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	<u> D</u>
Pa	(Grant Total rt IV	is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used Sch	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	nnts, check here n one even if not comy question in this (c) Reportable compensation	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	Estimated amount of
Joe	(Grant Total rt IV	is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used Sch	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not compy question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc	Estimated amount of
Joe Pres	(Grant Total rt IV	is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used Sch (a) Name and title	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not compy question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	Estimated amount of
Joe Pres Lon	(Grant Total rt IV H Morg sident	is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used Sch	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not commy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc	Estimated amount of
Joe Pres Lon Vice	(Grant Total rt IV H Morg sident nnie Fort	is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used Sch	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not commy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc	Estimated amount of
Joe Pres Lon Vice	(Grant Total rt IV H Morg sident	is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used Sch	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not commy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc	Estimated amount of
Joe Pres Lon Vice Alar	(Grant Total rt IV H Morg sident nnie Fort	is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used Sch. (a) Name and title	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc	Estimated amount of
Joe Pres Lon Vice Alar Boa	(Grant Total rt IV H Morg sident nnie Forte e Presiden	Is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used Sch. (a) Name and title pan ner ent	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruc	Estimated amount of
Joe Pres Lon Vice Alar Boa Ben	(Grant Total rt IV H Morg sident nnie Fort e President n Atkins	Is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used Sch. (a) Name and title pan ner ent ber	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruc	Estimated amount of
Joe Pres Lon Vice Alar Boa Ben	(Grant Total rt IV H Morg sident nnie Fort e Presiden n Atkins ard mem	Is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used Sch. (a) Name and title pan ner ent ber es ber	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruc	Estimated amount of
Joe Pres Lon Vice Alar Boa Ben Boa Sco	(Grant Total rt IV H Morg sident nnie Fort e Presiden n Atkins ard mem	Is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used School (a) Name and title	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not commy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruc	Estimated amount of
Joe Pres Lon Vice Alar Boa Ben Boa Sco	(Grant Total rt IV H Morg sident nie Fort e Preside n Atkins ard mem hard Jon ard mem hard Flowe	Is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, are Check if the organization used School (a) Name and title gan ner ent ber es ber ers	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not commy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruc	Estimated amount of
Joe Pres Lon Vice Alar Boa Ben Boa Sco Boa	(Grant Total rt IV H Morg sident nnie Fort e Preside n Atkins ard mem nard Jon ard mem ott Flowe ard Mem	Is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, are Check if the organization used School (a) Name and title gan ner ent ber es ber tin be tin ber tin be tin ber	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not comny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruc	Estimated amount of
Joe Pree Lon Vice Alar Boa Boa Sco Boa Patri Boa	H Morg sident inie Fort e Preside n Atkins ard mem hard Jon ard mem ttt Flowe ard Mem rick Mari	Is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used School (a) Name and title gan er es ber es ber tin ber	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not comny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruc	Estimated amount of
Joe Pree Lon Vice Alar Boa Sco Boa Patri Boa Van	H Morg sident inie Fort e President n Atkins ard mem hard Jon ard mem hard Mem rick Mart	Is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used School (a) Name and title gan er ent ber es ber ers ber ling ber ling	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruc	Estimated amount of
Joe Pree Lon Vice Alar Boa Sco Boa Patr Boa	(Grant Total rt IV H Morg sident snie Fort e Preside n Atkins ard mem ard Jon ard mem art Flowe ard Mem rick Mari ard mem a Hensar	Is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, ar Check if the organization used School (a) Name and title gan er ent ber es ber ers ber ling ber ling	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruc	Estimated amount of
Joe Pres Lon Vice Alar Boa Sco Boa Patr Boa Wan Boa Mal	(Grant Total rt IV H Morg sident snie Fort e Preside n Atkins ard mem ard Jon ard mem art Flowe ard Mem rick Mari ard mem a Hensar	Is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, are Check if the organization used School (a) Name and title gan ner ent ber es ber tris ber ling ber oome, Ph.D	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruc	Estimated amount of
Joe Pres Lon Vice Alar Boa Boa Sco Boa Patr Boa Mal	(Grant Total rt IV H Morg sident nie Fort e Preside n Atkins ard mem ard Jon ard Mem rick Mari	Is \$) If this an program service expenses (add lines List of Officers, Directors, Trustees, are Check if the organization used School (a) Name and title gan ner ent ber es ber tris ber ling ber oome, Ph.D	ule O) . mount inclus 28a thround Key Emple O to	udes foreign graugh 31a)	none even if not com ny question in this (c) Reportable 2000 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruc	Estimated amount of



Page 3 Form 990-EZ (2018) Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V No Yes Did the organization engage in any significant activity not previously reported to the IRS? If "Yes." provide a 33 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 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 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 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 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 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 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 7 b If "Yes." complete Schedule L. Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: 39 Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ; section 4912 ▶ ; section 4955 ▶ section 4911 ▶ 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 7 c 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, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e List the states with which a copy of this return is filed 601-606-3547 42a The organization's books are in care of ▶ Malcolm Broome Telephone no. ▶ Located at ▶ 141 Timber Lakes Dr Petal, MS 39465-0284 ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes." enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 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 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes." Form 990 must be Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d • 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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

45b

orm 990-E	·Z (2018)			•			-	age 4
•							Yes	No
6 Di	id the organization engage, directly or ii	ndirectly, in political c	ampaign activities or	behalf of or	in opposition	, [
	candidates for public office? If "Yes," of					46		V
art VI								
are vi	All section 501(c)(3) organization		etions 47–40h and	52 and con	anlata tha t	ables f	or line	06
		is must allower que	SHOIIS 41-43D and	JZ, and Con	ibiere me r	abics i	01 111 1	- 5
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI			<u> </u>	
							Yes	No
47 Di	id the organization engage in lobbying	uring the tax	(
	ear? If "Yes," complete Schedule C, Par		47					
	the organization a school as described		ii)2 If "Von " complete	Sobodulo E		48		
	-					-	├──	
	id the organization make any transfers t	49a	ļ	 				
	"Yes," was the related organization a se					49b	L	L
	omplete this table for the organization's							
ег	mployees) who each received more thar	า \$100,000 of compei	nsation from the orga	nization. If the	ere is none, e	enter "N	lone."	1
		(b) Average	(c) Reportable	(d) Health b			•	
	(a) Name and title of each employee	hours per week	compensation	contributions to		e) Estimated amount of		
		devoted to position	(Forms W-2/1099-MISC)	benefit plans, as compens		other compensation		
		ļ	ļ	Compens		-		
]		1				
				<u> </u>				
		1						
···			<u> </u>	1				
		-		1	1			
				1	1			
				1				
		1			ŀ			
4 7.		¢100.000	<u> </u>					
	otal number of other employees paid ov							
51 C	omplete this table for the organization	's five highest compo	ensated independent	contractors	who each re	ceivea	more	tnan
\$1	100,000 of compensation from the orga	anization. If there is no	me, enter none.	————				
	(a) Name and business address of each independ	(b) Type of sen	vice	(c) Compensation				
						_		
]	ł				
					~ ******			
			-	1				
		·····	 					
			4	}				
		,	1					
		· · · · · · · · · · · · · · · · · · ·	 					
			4	ļ				
			L					
d To	otal number of other independent contra	actors each receiving	over \$100,000	▶				
52 Di	id the organization complete Schedu	ule A? Note: All se	ection 501(c)(3) orga	ınızations mu	ist attach a	ι		
	ompleted Schedule A				_	☐ Yes		No
	alties of perjury, I declare that I have examined this			ents, and to the h	oct of my know	ledge and	helief	it is
e, correct	aties of penury, I declare that I have examined this et, and complete. Declaration of preparer (other that	n officer) is based on all info	ormation of which preparer	has any knowled	je.	.cugu ai lu	. Doner,	19
	1 1820 h 1 12		active Direc	1 -1 -		1 0 -	100	
_		10y/1	,20,	19				
gn	Signature of officer	Date		•				
ere 🛌	Malcolm Broome, Ph.D. Executive							
7	Type or print name and title							
	<u></u>	Preparer's signature		ate		PTIN		
aid	Print/Type preparer's name	, reparer a signature	l De		Check L if			
repare	er				self-employed	1		
				Firm's	s EIN ▶			
se On				Firm's				

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Mississippi Peanut Growers Association(MPGA)

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

30-0381243

Part 1 - 10 Grant funds paid to Mississippi State University Researchers for their research dealing with peanut variety trials, insect pests, crop rotation studies, growth regulators, and diseases. Part 1 - 13 Funding to the Southern Peanut Growers, American Peanut Council and the Peanut Institute for marketing events, and nutritional promotions on behalf of the MPGA across the southeast and even nationally. Examples of the events were Jacksonville Florida womens show Taste of Atlanta, Birmingham, Alabama Womens Show, and food blogger events for chefs. Part 1 - 16 Sponsorship of 12 monthly radio spots on state-wide radio station featuring 2 different themes first to promote early introduction of infants to peanut butter, and second the fact that peanuts are grown sustainably. Also number 16 includes funding for Board members to attend the Southern Peanut Growers Summer Conference as a part of MPGA membership in the 4 state Federation that sponsors the Conf. This is an educational program for the growers in Mississippi, Alabama, Florida and Georgia held each summer. The new sponsorship of the Greater Gulf Coast Heart walk listed in Part III is the last activity funded in number 16 MPGA has complimentary peanuts with the American Heart Assn. heart check and with peanuts being heart healthy wanted to show case them at this event Part III - 31 The MPGA exhibited at the Mississippi Association of Nutrition and Dietetics Conference which involves dietians from across Mississippi who design meals for schools, hospitals, nursing homes, VA centers, and medical facilities. The attendees were able to get peanut information on recipes, peanut nutrition, and sample peanut products MPGA also used March National Peanut Month to reach the public by featuring peanuts on TV during March.