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SCAININED APR 2 0 2021

_{50m} 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB:No. 1545-0047

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

2019

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2019 calendar year, or tax year beginning January 1 , 2019, and ending D	ecembe	г31 ,20 19			
В	Check if ap	pplicable C Name of organization 2 DEn	ployer ic	lentification number			
	Address c	hange Mississippi Peanut Growers Association		30-038124 3			
	Name cha	Number and street (or P O. box if mail is not delivered to street address)	ephone r	umber			
=	Initial retui	DUX 204	601-606-3547				
=		n/terminated City or town, state or province, country, and ZIP or foreign postal code	oup Exe	emption			
=	Amended Applicatio		ımber				
			▶ ☑	if the organization is not			
	Vebsite			ach Schedule B			
			990, 99	0-EZ, or 990-PF).			
		organization: Corporation Trust Association Other					
LA	dd line:	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s				
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ .	▶ g	•			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions	s for Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I					
2	1	Contributions, gifts, grants, and similar amounts received	1	62,769			
7	2	Program service revenue including government fees and contracts	2	70,000			
7	3	Membership dues and assessments	3	4,049			
	4	Investment income	4				
بهدن	5a	Gross amount from sale of assets other than inventory					
	b	Less: cost or other basis and sales expenses	╡				
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c				
•	6	Gaming and fundraising events:					
	a	Gross income from gaming (attach Schedule G if greater than					
ā	"	\$15,000)					
Revenue	ь	Gross income from fundraising events (not including \$ of contributions	┪				
Š	5	from fundraising events reported on line 1) (attach Schedule G if the					
Œ	ļ	sum of such gross income and contributions exceeds \$15,000) 6b	1				
		Less: direct expenses from gaming and fundraising events 6c	┪				
	d	Net income or (loss) from gaming and fundraising events (add lines to and subtract	┪				
	-	line 6c)	6d				
	7a	Gross sales of inventory, less returns and allowances	100	"			
	b	Less: cost of goods sold	-				
	C	Ourse profit on (loss) from poles of incomton (subtract line 7b tree line 7c)	7c				
	8	Other revenue (describe in Schedule O)	8				
:	9	Other revenue (describe in Schedule O)	9	136,818			
	10	Grants and similar amounts paid (list in Schedule O)	10	26,369			
	11	Benefits paid to or for members	11	29,584			
. ທ	12	Salaries, other compensation, and employee benefits 🔟	12	45,761			
Š	13	Professional fees and other payments to independent contractors 2	13	21,257			
ě	14	Occupancy, rent, utilities, and maintenance	14	2,580			
Expenses	15	Printing, publications, postage, and shipping	15	4,734			
_	16	Other expenses (describe in Schedule O)	16	6,047			
	17	Total expenses. Add lines 10 through 16	17	137,608			
_	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	(790)			
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					
SS	"	end-of-year figure reported on prior year's return)		53,194			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	1			
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,394			
		The decete of faile balances at end of year. Combine ands to through 20		02,074			

		.2							
	Forth !	990-EZ (2	· · · · · · · · · · · · · · · · · · ·						Page 2
?;	Pa	rt II	Balance Sheets (see the				D4 !!		
			Check if the organization	usea Scheaule	O to respond to a	ny question in this	(A) Beginning of year	• •	(B) End of year
	22	Cacl	a covinge and investments				53,194	22	52,194
	23		n, savings, and investments if and buildings				30,174	23	02,174
	24		er assets (describe in Sched					24	
	25		il assets				53,194		52,194
	26	Tota	Il liabilities (describe in Sch					26	——————————————————————————————————————
	27		assets or fund balances (III	•	(B) must agree with	n line 21)	53,194	27	52,194
(2)	Par		Statement of Program S				Part III)		
			Check if the organization	used Schedule	O to respond to a	ny question in this	Part III 🗹		Expenses
	Wha	t is the	organization's primary exen	npt purpose?	Enhancing Producti	on,Promotion&Utilla	ation of Peanuts		juired for section c)(3) and 501(c)(4)
	as m	neasure	e organization's program so d by expenses. In a clear nefited, and other relevant in	and concise m	anner, describe the				nizations; optional for
27	28	Two d	ay annual meeting and trade s	how for growers	to obtain the latest r	esearch,agronomic	and marketing		
		inform	ation presented by university	researchers, nat	ional organizations,	and industry During	the two day		
		meetir	ig, 200 growers, crop consulta	ants, university e	ducators, and peanu	t ındustry staff atter	ded.		
	?;	(Grant			ıncludes foreign gra			28a	
	29	Comp	eted our 10th year sponsorsh	ip with the Missi	ssippi Diabetes Four	indation "Walks" an	d Superconference		
			peanut products were promo						
			t with over 40,000 diabetics a						
		(Grant			includes foreign gra			29a	
	30		event was participating in the						
			ed The nurses were given lite				benefits of peanu		ł
			in school lunches. These nur					20-	
	04	(Grant			includes foreign gra			30a	
	31	(Grant	program services (describe	•	includes foreign gra			31a	
	32	<u> </u>	s φ program service expenses					32	
		t IV	List of Officers, Directors, T						ctions for Part IV)
			Check if the organization						🗆
			(a) Name and trile		(b) Average hours per week devoted to position	(c) Reportable 2 compensation (Forms W-2/1099-MISO (if not paid, enter -0-	(d) Health benefits, contributions to employed benefit plans, and	()	Estimated amount of other compensation
	Joe I	H. Morg	an						
	Pres	ident]		o	1.	
	Lonn	nie Forti	ner						
	Vice	Preside	ent				0		
	Alan	Atkins			}				
	Boar	d Memi	per				0	4	
		ard Jone				}		1	
		d Memi	<u> </u>				0	+-	
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		d Memi				<u> </u>	0	+	
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	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
		Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	, ait	Yes		
	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		···	· 📆
7	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		V	M
	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 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		>	7
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a				
	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		7	
		If "Yes," complete Schedule L, Part II, and enter the total amount involved	4			
	39	Section 501(c)(7) organizations. Enter:				ĺ
	a	Initiation fees and capital contributions included on line 9	,			ĺ
	b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; 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				
	e	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		7	
	41	List the states with which a copy of this return is filed ▶				
	42a	The organization 3 books are in care or a missessing transfer and a complete t	501-60			-
		Located at ► 141 Timber Lakes Drive, Petal, MS At any time during the calendar year, did the organization have an interest in or a signature or other authority over	39465	-0284 Yes		
	D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	140	
		If "Yes," enter the name of the foreign country ▶			Ť	İ
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	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 ▶	42c		~	
	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		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		- V	į
	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		~	İ
	С	Did the organization receive any payments for indoor tanning services during the year?	44c		7	
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			<u> </u> -
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	~	.
	b	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			
		TOTAL COO INCLUDIONO	TANK			_

π, 990	FEZ (20	119)							196 T
6	Did th	e organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or in opp	osition	-	Yes	No
1	to can	ndidates for public office? If "Yes," of	complete Schedule C	, Part I			46		1
art V	_ /	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51.		stions 47–49b and	52, and complete	the table	es fo	r line	es
	(Check if the organization used Scl	hedule O to respond	I to any question in t	his Part VI			<u></u>	
						_		Yes	No
	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Par	tll			· · L	47		
		organization a school as described in					48		
		e organization make any transfers t		_		_	49a		
b i	if "Yes	s," was the related organization a se plete this table for the organization's	ection 527 organization	on?	or than officers du		19b		1 ka
		plete this table for the organization s byees) who each received more than							ı ve
•	<u></u>	Name and title of each employee	(b) Average hours per week devoted to position	(b) Average (c) Reportable contribution contribution (Forms W-2/1090-MISC)		yee (e) Esti	(e) Estimated amour		
			devoted to position	(1 GITTS VV 27 1000 1VIIICO)	compensation				
						1			
					<u> </u>				
			l	1					
f	Total	number of other employees paid ov			contractors who c	each receiv	ved i	more	tha
f	Total Comp \$100,		's five highest companization. If there is no	ensated independent		each receiv		_	tha
f	Total Comp \$100,	number of other employees paid ov plete this table for the organization 000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."		. '		_	tha
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f :	Total (a) I	number of other employees paid ovolete this table for the organization 000 of compensation from the organization of compensation from the organization same and business address of each independent of the organization complete Scheduleted Schedule A	actors each receiving	over \$100,000 ection 501(c)(3) orga	vice ▶ unizations must at	(c) Comper	Yes	n	10
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d d	Total (a) I	number of other employees paid ovolete this table for the organization 000 of compensation from the organization from the organization and business address of each independent and business address of each independent contraction of other independent contraction of perjury, I declare that I have examined this id complete. Declaration of preparer (other than	actors each receiving alle A? Note: All seretum, including accompany noticer) is based on all information.	over \$100,000 ection 501(c)(3) organization of which preparer	ents, and to the best of n has any knowledge.	tach a▶□¹ my knowledge	Yes e and	n	40
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d der per per community of the per per per per per per per per per pe	Total Comp \$100, (a) I Total Did ti comp natties ect, and	number of other employees paid over the this table for the organization on the organization of compensation from the organization from the organization state of each independent and business address of each independent contraction of the organization complete. Schedule A	actors each receiving alle A? Note: All seretum, including accompany noticer) is based on all information.	over \$100,000 ection 501(c)(3) organization of which preparer	ents, and to the best of nhas any knowledge.	tach a	Yes e and	n	40

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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Mississippi Peanut Growers Association (MPGA)

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

30-0381243

Part 1-10 Grant Funds paid to Mississippi State University Researchers for their research in peanut variety trials, insects and diseases, crop rotational studies, weed control, and growth regulators. Part 1-13 Funding to the Southern Peanut Growers, American Peanut Council and The Peanut Institute to support marketing events, and nutritional promotions on behalf of the MPGA across the Southern region and limited national promotions MPGA is identified during these events such as Food Blogger events for Chefs, nutrition publications, trade shows featuring food demonstrations. All events were to promote health benefits of peanuts and peanut products with hopes of increased marketing of peanuts. Part 1-16 Concluding of year-long radio spots on state-wide radio network promoting peanut nutrition for infants and peanuts being grown sustainably Additionally 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 plans and conducts the Conference This is an educational program for the Growers In Mississippi, Alabama, Georgia and Florida held each summer for past 21 years, also largest peanut conference in U S Part III - 31 The MPGA exhibited at the Mississippi Nurses Association Annual Convention which had an attendance of approximately 1,200 Registered Nurses and nursing students. This event allowed MPGA to provide literature explaining the health benefits of peanuts for the heart, diabetes, diabetsty, and overall minerals and vitamins found in peanuts MPGA provided complimentary 1oz peanut bags that have the American Heart Association "Heart-Check" logo along with healthy heart handouts. These contacts are hoped to improve education about peanuts in local medical clinics and hospitals across the State