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Form 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)

OMB No 1545-1150

2009

Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

A For the 2009 calendar year, or tax year beginning, and ending

B Check if applicable	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	MISSISSIPPI CONCRETE INDUSTRIES ASSOCIATION	
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Initial return	6700 OLD CANTON ROAD, SUITE K	
<input type="checkbox"/> Termination	City or town, state or country, and ZIP + 4	F Group Exemption Number
<input type="checkbox"/> Amended return	RIDGELAND MS 39157-1253	
<input type="checkbox"/> Application pending		

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach
a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► www.mississippiconcrete.com

H Check ► if the organization is not
required to attach Schedule B (Form 990,
990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (6) □ (insert no) 4947(a)(1) or 527**K Check** ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 497,346****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 306,757
	3 Membership dues and assessments	3 173,509
	4 Investment income	4 5,685
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6c
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	b Less direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe ► See Statement 2)	7c
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	8 11,395
		9 497,346
Expenses	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 115,543
	13 Professional fees and other payments to independent contractors	13 5,724
	14 Occupancy, rent, utilities, and maintenance	14 21,440
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ► See Statement 3)	16 320,180
	17 Total expenses. Add lines 10 through 16	17 462,887
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 34,459
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 391,998
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 426,457

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	356,441	22 381,358
23 Land and buildings		23
24 Other assets (describe ► See Statement 4)	51,124	24 55,388
25 Total assets	407,565	25 436,746
26 Total liabilities (describe ► See Statement 5)	15,567	26 10,289
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	391,998	27 426,457

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2009)

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Form 990-EZ (2009) **MISSISSIPPI CONCRETE INDUSTRIES** **64-0509288** **Page 2****Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose?

See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE PRIMARY EXEMPT PURPOSE ABOVE.

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ►

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
WILLIAM PYRON 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	FMR. EXE. DIR. 40.00	18,750	4,219 0
HARRY LEE JAMES 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	EXECUTIVE DI 40.00	80,227	4,565 0
DOUG LAMBETH 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	PAST-PRES. 2.00	0	0 0
LYNN RASCO 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	PRESIDENT 2.00	0	0 0
TRIP HAMMETT 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	DIRECTOR 2.00	0	0 0
PAUL DUFF 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	DIRECTOR 2.00	0	0 0
MIKE PEPPER 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	DIRECTOR 2.00	0	0 0
BURTON SWOOPE 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	DIRECTOR 2.00	0	0 0
TIM COST 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	DIRECTOR 2.00	0	0 0
RODNEY GROGAN 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	PRES ELECT 2.00	0	0 0
HASTINGS PUCKETT 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	DIRECTOR 2.00	0	0 0
ANDREW DONAHOE 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	SEC./TREA. 2.00	0	0 0
BILL HOLDEN 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	DIRECTOR 2.00	0	0 0
BILL WATERS 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	DIRECTOR 2.00	0	0 0
RANDY AHLRICH 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	DIRECTOR 2.00	0	0 0
PAUL BREWER 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	DIRECTOR 2.00	0	0 0
BRYAN MCKENZIE 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	DIRECTOR 2.00	0	0 0
DAVID STOCKSTILL 6700 OLD CANTON RD STE K	RIDGELAND MS 39157	DIRECTOR 2.00	0	0 0

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity ► **33** Yes No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes ► **34** Yes No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? ► **35a** Yes No

b If "Yes," has it filed a tax return on **Form 990-T** for this year? ► **35b** Yes No

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** Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instr ► **37a**

b Did the organization file **Form 1120-POL** for this year? ► **37b** Yes No

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 period covered by this return? ► **38a** Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved ► **38b**

39 Section 501(c)(7) organizations Enter ► **39a**

a Initiation fees and capital contributions included on line 9 ► **39b**

b Gross receipts, included on line 9, for public use of club facilities ► **39c**

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ ► **40b**

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ► **40c**

c 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 ► **40d**

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► **40e** Yes No

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 ► **40f**

41 List the states with which a copy of this return is filed ► **None**42a The organization's books are in care of ► **AFFINITY RESOURCE GROUP**
134 FAIRMONT STREET STE BTelephone no ► **601-957-5274**Located at ► **CLINTON, MS**ZIP + 4 ► **39056**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over 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 ► _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

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 ► **43** 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ ► **44** Yes No45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ ► **45** Yes No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No	
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation

f Total number of other employees paid over \$100,000

▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

Sign Here	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge</p> <p> 1X 8/6/10</p> <p>Signature of officer Date</p> <p>HARRY LEE JAMES EXECUTIVE DIRECTOR</p> <p>Type or print name and title</p>
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Paid Preparer's Use Only	Preparer's signature 	Date 08/02/10	Check if self- employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.) P00912499
	Firm's name (or yours if self-employed). address, and ZIP + 4 			EIN  64-0751580

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

Form 990-EZ (2009)

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
DUES	\$ 175,699
DUES ALLOCATED TO READERSHIP	-2,190
Total	\$ 173,509

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 11,190
OFFICE RENT	205
Total	\$ 11,395

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
ADVERTISING	\$ 5,538
Readership Costs	5,999
Expenses	160,202
ADVOCACY EXPENSE	33,026
PROMOTION EXPENSE	30,057
SCHOLARSHIPS	6,500
SPECIAL PROJECTS	2,381
CONTRACT LABOR	2,684
INSURANCE	3,208
TAXES	113
BANK CHARGES	60
DIRECTORY	5,770
COMMERC'L ADVERTISING EXP	906
EXPENSE ALLOCABLE TO DIRE	-11,537
EQUIPMENT RENTAL & MNTC	2,201
OFFICE SUPPLIES	2,078
TELEPHONE/DSL	3,910
BAD DEBT	17,266
MANAGEMENT FEES	49,818
Total	\$ 320,180

Federal Statements**Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 23,475	\$ 34,024
OFFICE EQUIPMENT	73,173	73,173
Less Accumulated Depreciation	49,812	55,759
PREPAID EXPENSES	4,288	3,950
	<u>51,124</u>	<u>55,388</u>

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,763	\$ 9,789
Deferred Revenue	12,804	500
	<u>15,567</u>	<u>10,289</u>

Federal Statements**Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

PROMOTING CONCRETE AS A CONSTRUCTION MATERIAL AMONG MEMBERS AND OTHER USERS; EDUCATION OF ENGINEERS & OTHERS CONCERNING CORRECT METHODS AND NEW TECHNOLOGICAL DEVELOPMENTS.

Form **8868**
(Rev April 2009)Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form) ►

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization MISSISSIPPI CONCRETE INDUSTRIES ASSOCIATION	Employer identification number 64-0509288
	Number, street, and room or suite no. If a P O box, see instructions 6700 OLD CANTON ROAD, SUITE K	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions RIDGELEY MS 39157-1253	

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **Affinity Resource Group**

Telephone No ► **601-957-5274**FAX No ► **601-957-5679**

- If the organization does not have an office or place of business in the United States, check this box ►

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is
for the whole group, check this box ► If it is for part of the group, check this box ► and attach
a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year **2009** or

► tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)