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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)

▶ 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.

OMB No 1545-1150

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning , and ending****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions**C** Name of organization**MISSISSIPPI CONCRETE INDUSTRIES
ASSOCIATION**

Number and street (or P O box, if mail is not delivered to street address)

6700 OLD CANTON ROAD, SUITE K

Room/suite

City or town, state or country, and ZIP + 4

RIDGELAND**MS 39157-1253****D** Employer identification number**64-0509288****E** Telephone number**601-957-5274****F** Group Exemption

Number ▶

• **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	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ See Statement 2)	8	11,395	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	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

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AUG 11 2010

OGDEN, UT

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

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

Form **990-EZ** (2009)

4NE

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**

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

(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	RIDGELAND	FMR. EXE. DIR.			
6700 OLD CANTON RD STE K	MS 39157	40.00	18,750	4,219	0
HARRY LEE JAMES	RIDGELAND	EXECUTIVE DI			
6700 OLD CANTON RD STE K	MS 39157	40.00	80,227	4,565	0
DOUG LAMBETH	RIDGELAND	PAST-PRES.			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
LYNN RASCO	RIDGELAND	PRESIDENT			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
TRIP HAMMETT	RIDGELAND	DIRECTOR			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
PAUL DUFF	RIDGELAND	DIRECTOR			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
MIKE PEPPER	RIDGELAND	DIRECTOR			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
BURTON SWOOPE	RIDGELAND	DIRECTOR			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
TIM COST	RIDGELAND	DIRECTOR			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
RODNEY GROGAN	RIDGELAND	PRES ELECT			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
HASTINGS PUCKETT	RIDGELAND	DIRECTOR			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
ANDREW DONAHOE	RIDGELAND	SEC./TREA.			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
BILL HOLDEN	RIDGELAND	DIRECTOR			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
BILL WATERS	RIDGELAND	DIRECTOR			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
RANDY AHLRICH	RIDGELAND	DIRECTOR			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
PAUL BREWER	RIDGELAND	DIRECTOR			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
BRYAN MCKENZIE	RIDGELAND	DIRECTOR			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0
DAVID STOCKSTILL	RIDGELAND	DIRECTOR			
6700 OLD CANTON RD STE K	MS 39157	2.00	0	0	0

Form 990-EZ (2009)

MISSISSIPPI CONCRETE INDUSTRIES**64-0509288**Page **3****Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
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?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
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		X
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?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
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 40b		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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		X
41 List the states with which a copy of this return is filed 41		
42a The organization's books are in care of AFFINITY RESOURCE GROUP Telephone no 601-957-5274 134 FAIRMONT STREET STE B 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)? 42b		X
If "Yes," enter the name of the foreign country 42b		
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 ? 42c		X
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 43		<input type="checkbox"/>
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 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		X

Form **990-EZ** (2009)

Form 990-EZ (2009)

MISSISSIPPI CONCRETE INDUSTRIES**64-0509288**Page **4**

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."

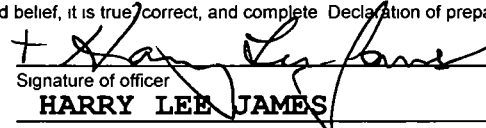
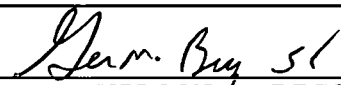
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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	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.			
	 Signature of officer HARRY LEE JAMES Type or print name and title		Date 8/6/10 EXECUTIVE DIRECTOR	
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 WILSON & BIGGS, PLLC P.O. Box 930 Ridgeland, MS 39158			EIN 64-0751580 Phone no 601-957-2001
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Form **990-EZ** (2009)

64-0509288

Federal Statements

FYE: 12/31/2009

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

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

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

Description	Amount
ADVERTISING	\$ 11,190
OFFICE RENT	205
Total	\$ 11,395

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

Description	Amount
ADVERTISING	\$
Readership Costs	5,538
	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**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
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 RIDGELAND 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)