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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

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

Open to Public Inspection

A			idar y	ear, or tax year beginning		, 2009, and e	nding	_		,
R	1	if applicable	ase	C Name of organization				D Em	oloyer ı	dentification number
-	1	use use	e IRS	MISSISSIPPI WATER & POLLU	TION CONTROL	OPERATORS	ASSOCIATION	64	<u> - 05</u>	92428
-	1	prir	elor ntor	Number and street (or P O box, if mail is	not delivered to stree	t address) Ro	om/suite	E Tele	phone	number
F	Initiat r	See	e	P. O. BOX 720399		ĺ		(€	501)	857-0512
\vdash	1	Jobe	ecific truc-	City or town, state or country, and ZIP +	4					
	1 '	tion pending	ns. I	JACKSON		MS 3	9272-0399		oup ⊏ mber	xemption -
							G Accounting			Cash Accrual
		mus	i(CRS) st atta	l) organizations and 4947(a)(1) none och a completed Schedule A (Form	990 or 990-EZ).	rusis	· •		-	FIED ACCRUAL
										ganization is not
1	Webs	site: ► www	v. mw	pcoa.org			required to	attach	Sche	dule B (Form 990,
J	Tax-e	xempt status (ch	neck on	lly one) — X 501(c) (6) ◄ (inse	rt no) 4947(a)(1) or 527	990-EZ, or	990-PF)	
K	Chec			anization is not a section 509(a)(3) s						
	\$25,0	000 A Form 9	990-E	Z or Form 990 return is not required	l, but if the orgar	ization choose	s to file a return,	be sur	e to f	ile a complete return
L				b, to line 9 to determine gross rece	pts, if \$500,000	or more, file Fo	rm 990			
		ad of Form 99							≯ \$	337,272.
Pa	art I		_	Expenses, and Changes in N		Fund Baland	es (See the ii	<u>nstruc</u>	tion	s for Part I)
	1		_	ts, grants, and similar amounts rece				Ļ	1	
	2			revenue including government fees	and contracts				2	253,198.
	3	•		and assessments				-	3	83,900.
	4	Investment in				1 - 1		-	4	174.
				m sale of assets other than invento	ry	5a				
	1			er basis and sales expenses	F1 () F >	5 b		<u>}</u>	_	
R E V	1			le of assets other than inventory (Subtract lin			ala basas	\neg	5c	
Ě		•		tivities (complete applicable parts of Schedul		• •	ck riere	ᄓ		
U	a	Gross revenu	•		of contributio	1 . 1				
Ε	١.	reported on I			_	6a				
	1			nses other than fundraising expense rom special events and activities (Subtract lii		<u> 6b</u>			6c	
	1	•	•	ventory, less returns and allowance:	•	7a		ŀ	60	
	1	Less cost of		•	•	7 a 7 a				
			-	ess) from sales of inventory (Subtra	rt line 7h from lin				7c	
	8	Other revenue (d	•	•		ic 74)		\	8	·····
	9	•	•	Id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				-′ ▶ ⊦	9	337,272.
	10			r amounts paid (attach schedule)		RECEN		+	10	331,212.
	11			r for members	1/1	· V F O L 6		F	11	
E X P	12			empensation, and employee benefit	300,	MAY O o o		⊢	12	62,324.
P	13			and other payments to independen	t contractors.	MAY 2 0 2	010 80	ŀ	13	58,112.
E N S	14			utilities, and maintenance			FRS.	ŀ	14	19,234.
S E S	15			ons, postage, and shipping	1	COEN		ŀ	15	52,323.
3	16	- ·		be ► See Other Expenses Stateme	ent ——	UIL LIV,)	16	119,923.
	17			Add lines 10 through 16				` ▶	17	311,916.
	18	Excess or (d	leficit)) for the year (Subtract line 17 from	line 9)				18	25,356.
골 4	19	Net assets or	r fund	d balances at beginning of year (fro	m line 27 colum	n (A)) (must ac	ree with end-of-v	ear [<u> </u>
S 2		figure reporte	ed or	n prior year's return)	in inic 27, colum	ii (A)) (iildat bi	fice with cha-or-y	- Can	19	120,681.
	20	Other change	es in	net assets or fund balances (attach	explanation)			Γ	20	
≔ 3ັ	21			d balances at end of year Combine		20		►	21	146,037.
Pa	art II	Balanc	e Sh	neets. If Total assets on line 25, co	lumn (B) are \$1,	250,000 or mo	re, file Form 990	ınstead	of F	orm 990-EZ
\Rightarrow	art II			(See the instructions for Part II)		(A) Beginning	of yea	r 📗	(B) End of year
_22	2 Cas	sh, savings, a		vestments			138,	577.	+	153,231.
100	3 Lar	nd and building	-					0.	23	0.
图4	Oth		scribe	e ► <u>See L-24 Stmt</u>)			750.		15,750.
7	Tot	tal assets			_			327.		168,981.
	Tot			ibe ► See L-26 Stmt)	45		646.		22,944.
-				lances (line 27 of column (B) must			1 120,	681.	27	146,037.
BA	A Foi	r Privacy Act a	and P	Paperwork Reduction Act Notice, se	e the separate in	structions.				Form 990-EZ (2009)

Form 990-EZ (2009) MISSIS					-059	
Part III Statement of	Program Ser	vice Accomplishments	(See the instruction	ns.)	/D	Expenses
What is the organization's primary exer					(Reg 501%	uired for section
Describe what was achieved in describe the services provided	n carrying out the	e organization's exempt purpo	oșes ln a clear and con	cise manner,	orgai	nizations and section
program title	the number of	persons benefited, or other re	elevant information for e	eacn	1494/ I for o	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
28 THERE ARE 1591 WATER	OPPRIMOR IN	A DISTRICTS IN MISSISSIE	DT - THE ASSOCIATION	N SPONSOPED 84	101.0	1
		AL OF 268 CEU HOURS INC				
		OTAL OF 2,580 OPERA		E SESSIONS.		
(Grants \$) If th	is amount includes foreign gr	ants, check here	<u> </u>	28a	
29						
(Grants \$			onto chock hara		29a	
) II UI	is amount includes loreign gra	ants, check here		23a	
30						
						
(Grants \$		is amount includes foreign gr	ants, check here	▶	30 a	
31 Other program services	(attach schedule	2)		_		
(Grants \$) If th	is amount includes foreign gra	ants, check here	▶	31 a	
32 Total program service ex	xpenses (add lin	es 28a through 31a)		•	32	
Part IV List of Office	rs. Directors.	Trustees, and Key Emp	plovees. List each one	even if not comp	ensat	ted (See the instrs.)
· · ·		(b) Title and average hours		(d) Contributions	to	(e) Expense account
(a) Name and add	ress	per week devoted	not paid, enter -0)	employee benefit plar	ns and	and other allowances
		to position		deferred compensa	tion	
KEN HERRING						
P_O_BOX_70		PRESIDENT				
WASHINGTON	MS 39190	8.00	0.		0.	
DANIEL RAYFIELD		·				
150 ARTESIA ROAD		PRESIDENT-ELECT				
			l ,		^	
COLUMBUS	MS 39701	4.00	0.		0.	
DOUG BARKER						
P O BOX 300		TREASURER				
FLORA	MS 39041	4.00	0.		0.	
LINDA GOLLIDAY						
P O BOX 720399		ADMINSTRATOR				
JACKSON	MS 39272-0399	1	49,600.		0.	
DACKBON	110 39272-0399	140.00	45,000.		<u> </u>	
						· · · · ·
			· · · · · · · · · · · · · · · · · · ·			
						
				_		
		-	}			
BAA		TEEA0812 0	11/30/10			Form 990-EZ (2009)

	990-EZ (2009) MISSISSIPPI WATER & POLLUTION CONTROL OPERATORS ASSOCIATION 64-0592428	3	Р	age 3
Par	tV Other Information (Note the statement requirements in the instrs for Part V.)		<u> </u>	
	Г		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	33		_v
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	• • • • • • • • • • • • • • • • • • • •	•		
33	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 N/A	_		
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?	35 a		X
t	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	. ,		
t	Did the organization file Form 1120-POL for this year?	37 b		Х
38 <i>a</i>	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		х
t	If 'Yes,' complete Schedule L, Part II and enter the total			
20	amount involved Section 501(a)(7) example time. Fator			
	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 39a			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► , section 4912 ► , section 4955 ►			
t	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	40 b		
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			
c	Section 501(c)(3) and 501(c)(4) 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 transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed.	40 e		X
	The organization's	057	0.5.1	1.2
	books are in care of ► LINDA GOLLIDAY Telephone no ► (601) Located at ► P. O. BOX 720399 JACKSON ME ZIP + 4 ► 39272-			
	Content at 1: 0. Box 720335 OACKSON ME_ 211 14 53272	022	<u></u> .	
t	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	42b	Yes	No X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. 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	42c		x
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	•	- 🔲	
	Г		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
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		х
BAA		чо п п 990	-F7 (

orm 990-EZ (2009)	MTGGTGGTDDT	WATER C	DOT.T.HTTON	CONTROL.	OPERATORS	ASSOCTATION	64-0592428
OHH 330-LZ (2003)	MI 221221LLI	WAILK &	PODLICITON	CONTROL	OPERATORS	ASSOCIATION	04-0332420

Page 4

Par	501(c	on 501(c)(3) organization ()(3) organizations and se (b) and complete the table	ction 4947(a)(1) nor	nexempt charitab	charitable trusts only. le trusts must answer c	All sec Juestion	ction ns	
46		-			un apposition to candidates		Yes	No
70	for public office	zation engage in direct or indire e? If 'Yes,' complete Schedule	C, Part I	vides on behall of or	in opposition to candidates	46		
		zation engage in lobbying activi				47		
48	Is the organiza	ition a school as described in s	ection 170(b)(1)(A)(ii)? If	'Yes,' complete Sche	edule E	48		
49 a	Did the organia	zation make any transfers to ar	exempt non-charitable r	elated organization?		49a		
b	If 'Yes,' was th	ne related organization a section	n 527 organization?	_		49b		
50	Complete this employees) wi	table for the organization's five	highest compensated en	nployees (other than rom the organization	officers, directors, trustees a If there is none, enter 'None	ind key		
		address of each employee paid ore than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense int and lowance	:s
	· – – – – – –		_					
	· 							
	· 		-					
	· 		-					
f	Total number	of other employees paid over \$	100,000		_			
51	Complete this compensation	table for the organization's five from the organization of there	highest compensated inc is none, enter 'None'	dependent contractor	s who each received more th	an \$100	,000 o	ıf
	(a) Na	me and address of each independent cor	itractor paid more than \$100,000		(b) Type of service	(c) Com	pensatio	n
	·							
	· 							
d	Total number of	of other independent contractor	s each receiving over \$10	00,000	>			
			·					
	Under pen true, corre	alties of perjury, I declare that I have exa ct, and complete Declaration of preparer	mined this return, including according to the control of the contr	mpanying schedules and st all information of which pre	latements, and to the best of my know parer has any knowledge	vledge and	belief, it	i IS
Sign Here	► Signat	JOCH BANK ure of officer //	<u> </u>			<u> </u>		
,,,,,	DOU	IG BARKER or print name and title			TREASURER		_	
	1,450			Data	Prens	rer's Identi	tvina No	ımber
Paid Pre-		► Janne) Boyd	Date 05/10/1		arer's Identi Instructions	g 140	
pare		4	<u> </u>					
Use	employed)	25AU MIDWAY RO	AD		EIN •			
Only	ZIP + 4	CLINTON CALINTON		MS 39056	Phone no ► (601)	922-	317	3

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

BAA

►X Yes No Form **990-EZ** (2009)

Form 990-EZ Part II

Other Assets and Liabilities

Name as Shown on Return

MISSISSIPPI WATER & POLLUTION CONTROL OPERATORS ASSOCIATION 64-0592428

Line 24 - Other Assets:	Beginning of Year	End of Year
CONTRACT RECEIVABLE	15,750.	15,750.
Totals to Form 990-EZ, Part II, line 24	15,750.	15,750.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCRUED EXPENSES	1,988.	2,394.
DEFERRED REVENUE	31,658.	20,550.
Totals to Form 990-EZ, Part II, line 26	33,646.	22,944.

TEEW1801 SCR 02/11/10

Form 990-EZ, Part I, Line 1	6
Other Expenses Statement	

Other expenses (describe)	
TRAVEL	12,778.
SCHOLARHSIPS	3,000.
TRAINING EXPENSES	9,809.
REFUNDS	640.
MEETING EXPENSE	88,293.
INTERNET	1,013.
MISC EXPENSES	4,305.
REGISTRATION FEE	85.
Tabel	110.002
Total	<u> </u>

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
GOVERNMENT CONTRACTS OTHER PROGRAM SERVICE REVENUE	82,999. 170,199.
Total	253,198.

Supporting Statement of:

Form 990-EZ/Line 12

Description	Amount
SALARIES PAYROLL TAXES	56,800. 5,524.
Total	62,324.

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
PROFESSIONAL FEES-LEGAL	317.
PROFESSIONAL FEES-ACCOUNTING	3,045.
CONTRACT ASSISTANCE	1,750.
TRAINING DIRECTOR	43,000.
TRAINING COORDINATOR	10,000.
Total	58,112.

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
OCCUPANCY	9,000.
INSURANCE	1,445.
EQUIPMENT RENTAL	8,789.

Total _____19,234.

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
MANUALS & TESTS	18,530.
OFFICE EXPENSE	13,429.
POSTAGE	5,676.
PRINTING	14,252.
BANK SERVICE FEE	8.
PRINTING OPY INFO	428.
Total	52,323.

Supporting Statement of:

Form 990-EZ/Line 16, Amount-5

Description	Amount
FACILITY USE	12,298.
BOARD OF GOVERNORS EXPENSE	2,154.
DINNERS & BANQUETS	27,870.
MEETING EXPENSE	42,044.
OPERATOR OF THE YEAR EXPENSE	3,927.
Total	88,293.

Supporting Statement of:

Form 990-EZ/Line 16, Amount-7

Description	Amount
MISC EXPENSE	58.
AWWA MEMBERSHIP DUES	193.
EQUIPMENT	4,054.
Total	4.305.