



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form  
Return of Organization Exempt From Income Tax

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

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning 7/01 , 2009, and ending 6/30 , 2010

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 Instructions.

C MISSISSIPPI STATE TROOPERS ASSN, INC.  
POST OFFICE BOX 22871  
JACKSON, MS 39225-2871

D Employer identification number

64-0771073

E Telephone number

(601) 987-1458

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) ►

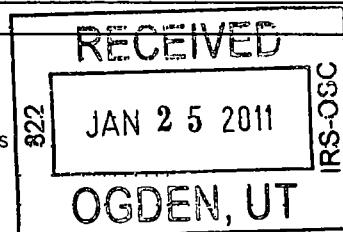
I Website: ► N/A

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) ( 5 ) □ (insert no)  4947(a)(1) or  527K 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 ► \$ 353,120.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE FEB 10 2011 10 2011 EXPENSES ASSETS	1 Contributions, gifts,-grants, and similar amounts received	1 212,000.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 31,835.
	4 Investment income	4 12,666.
	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)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6
	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)	6c
	7a Gross sales of inventory, less returns and allowances	7a 48,768.
	b Less. cost of goods sold	7b 46,037.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 2,731.
	8 Other revenue (describe ► SEE STATEMENT 1)	8 47,851.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 307,083.
	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 164,181.
	13 Professional fees and other payments to independent contractors	13 19,724.
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 1,187.
	16 Other expenses (describe ► SEE STATEMENT 2)	16 84,617.
	17 Total expenses. Add lines 10 through 16	17 269,709.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 37,374.
	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)	19 589,700.
	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	21 627,074.



## 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	564,600.	22 586,953.
23 Land and buildings	23	
24 Other assets (describe ► SEE STATEMENT 3 )	44,718.	24 44,032.
25 Total assets	609,318.	25 630,985.
26 Total liabilities (describe ► SEE STATEMENT 4 )	19,618.	26 3,911.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	589,700.	27 627,074.

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

P 6

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

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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 (4) organizations and section 4947(a)(1) trusts, optional for others)

28 THE PURPOSE OF THE ASSOCIATION IS TO PROMOTE BETTER LAW ENFORCEMENT  
IN THE STATE OF MS AND TO ACTIVELY REPRESENT THE GOOD OF THE  
MEMBERSHIP IN ANY MATTERS DIRECTLY AFFECTING THE MEMBERSHIP.

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

28a 220, 111.

29

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

29 a

30

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

30 a

**31 Other program services (attach schedule)**

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

31 a

**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 instrs.)

(b) Title and average hours (c) Compensation (if) (d) Contributions to (e) Expense account

(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 and deferred compensation	(e) Expense account and other allowances
ALLEN LYLES	PRESIDENT	0.	0.	0.
26 CR 647		0		
CORINTH, MS 38834				
JAMES E. MILLER	VICE PRESIDENT	0.	0.	0.
ROUTE 1 BOX 576B		0		
GREENWOOD, MS 38930				
JAMES M. CAIN	SECRETARY/TREAS	0.	0.	0.
8851 LAKE FLORA DRIVE		0		
LAUDERDALE, MS 39335				

## Part V Other Information (Note the statement requirements in the instrs 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 35a  Yes  No  
35b

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? 36  Yes  No

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 37a  Yes  No  
37b

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 38a  Yes  No  
38b  N/A

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**  38a  Yes  No

b Did the organization file **Form 1120-POL** for this year? 38b  N/A

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? 39a  Yes  No  
39b  N/A

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39b  N/A

39 Section 501(c)(7) organizations. Enter: 40a  Yes  No  
40b

a Initiation fees and capital contributions included on line 9 40a  Yes  No  
40b

b Gross receipts, included on line 9, for public use of club facilities 40a  Yes  No  
40b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► **N/A**, section 4912 ► **N/A**; section 4955 ► **N/A** 40a  Yes  No  
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 40a  Yes  No  
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 ► **0** 40a  Yes  No  
40b

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► **0** 40a  Yes  No  
40b

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 40a  Yes  No  
40b

41 List the states with which a copy of this return is filed ► **MS**

42a The organization's books are in care of ► **PEGGY TAYLOR** Telephone no. ► **(601) 987-1458**  
Located at ► **1900 WOODROW WILSON JACKSON MS** ZIP + 4 ► **39216**

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: ► 42b  Yes  No

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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: ► 42c  Yes  No

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** 43  Yes  No  
43  N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44  Yes  No

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  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.

**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

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If 'Yes,' was the related organization a section 527 organization?

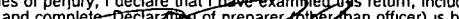
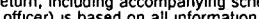
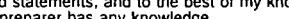
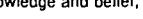
**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

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

<b>Sign Here</b>	<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>►  Signature of officer</p> <p>►  Signature of officer</p> <p>►  Signature of officer</p> <p>►  Signature of officer</p>
	<span style="border-bottom: 1px solid black; padding-bottom: 2px;"> </span> Date

<b>Paid Pre- parer's Use Only</b>	Preparer's signature ► <i>Anthony L. Huffman, CPA</i>	Date 11/19/10	Check if self- employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self- employed), address, and ZIP + 4 ► <u>HUFFMAN &amp; COMPANY, CPA, P.A.</u>  ► <u>P. O. BOX 321330</u>	EIN ► N/A	Phone no ► (601) 933-1986	
	FLOWOOD, MS 39232-1330			

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

**BAA**

►  Yes  No

**2009****FEDERAL STATEMENTS****PAGE 1****MISSISSIPPI STATE TROOPERS ASSN, INC.****64-0771073****STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 8**  
**OTHER REVENUE**

ROYALTY FEES	\$ 43,026.
OTHER INCOME	4,825.
<b>TOTAL</b>	<b>\$ 47,851.</b>

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

AWARDS AND MEMORIALS	\$ 1,491.
CONFERENCES, CONVENTIONS, AND MEETINGS	43,826.
DEPRECIATION	1,488.
DONATIONS	6,290.
MEETINGS	16,964.
OFFICE EXPENSES	10,323.
SERVICE CONTRACTS	1,838.
SERVICE FEES	1,298.
TELEPHONE	1,031.
TRAVEL	68.
<b>TOTAL</b>	<b>\$ 84,617.</b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 3,285.	\$ 3,135.
INTEREST RECEIVABLE	0.	301.
INVENTORIES	36,124.	36,775.
MACHINERY AND EQUIPMENT	5,309.	3,821.
<b>TOTAL</b>	<b>\$ 44,718.</b>	<b>\$ 44,032.</b>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 13,419.	\$ 0.
OTHER CURRENT LIABILITIES	3,101.	3,911.
PAYROLL LIABILITIES	3,098.	0.
<b>TOTAL</b>	<b>\$ 19,618.</b>	<b>\$ 3,911.</b>

2009

**FEDERAL STATEMENTS**

**PAGE 2**

MISSISSIPPI STATE TROOPERS ASSN, INC.

64-0771073

**STATEMENT 5  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROMOTE BETTER LAW ENFORCEMENT IN THE STATE OF MS.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545 1709

Department of the Treasury

Internal Revenue Service

► 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>MISSISSIPPI STATE TROOPERS ASSN, INC.</b>	Employer identification number <b>64-0771073</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>POST OFFICE BOX 22871</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>JACKSON, MS 39225-2871</b>	

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

<input checked="" 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 (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input 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 ► PEGGY TAYLOR -----

Telephone No. ► (601) 987-1458 FAX No. ► -----

● 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 2/15, 20 11, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

►  calendar year 20        or  
►  tax year beginning 7/01, 20 09, and ending 6/30, 20 10.

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 \$ <u>0.</u>
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 \$ <u>0.</u>
c <b>Balance Due.</b> 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 \$ <u>0.</u>

**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.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

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