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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011**Open to Public
Inspection****A For the 2011 calendar year, or tax year beginning**

, 2011, and ending

, 20

B Check if applicable:

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

C Name of organization**Mississippi Defense Lawyers Association**

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

Room/suite

P O Box 5605

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

Brandon, MS 39047-5605**D** Employer identification number**64-0665578****E** Telephone number**601-992-8645****F** Group Exemption
Number ►**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ►**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)(3) ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ **99,951.38****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	83,115.00
	2	Program service revenue including government fees and contracts	2	16,790.00
	3	Membership dues and assessments	3	
	4	Investment income	4	46.38
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	99,951.38	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	11,614.01
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	36,356.36
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	32,703.95
	16	Other expenses (describe in Schedule O)	16	23,031.04
17	Total expenses. Add lines 10 through 16	17	103,705.36	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,753.98)
	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	27,194.05
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	23,440.07

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2011)

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	27,194.05	22 23,440.07
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	27,194.05	25 23,440.07
26 Total liabilities (describe in Schedule O)	0.00	26 0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,194.05	27 23,440.07

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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 Joint Seminar of MDLA and MS Claims Association held October 20, 2011, classroom style seminar with 105 participants.	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 Distribution of the MDLA Quarterly publication, serving 625 members and 165 judiciary	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 Seminars for Young Lawyers: Deposition Academy, Lunch and Learn Seminars conducted at the MC and UM schools of law, 2 sessions per school with an average of 30 law student participants	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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.)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
F. Ewin Henson, III P O Drawer 8230, Greenwood, MS 38935-8230	President; 4 hrs/wk	0	0	0
Wilton V. Byars, III P O Box 1396, Oxford, MS 38655-1396	President-elect; 2 hrs/wk	0	0	0
John D. Brady P O Box 1366, Columbus, MS 39703-1366	Sec-Treas; 2 hrs/wk	0	0	0
Robert S. Addison P O Box 1084, Jackson, MS 39215-1084	Vice Pres, .5 hrs/wk	0	0	0
R. Bradley Best P O Drawer 707, Oxford, MS 38655-0707	Vice Pres, .5 hrs/wk	0	0	0
Sherrie L. Moore P O Box 310, Gulfport, MS 39502-0130	Vice Pres, .5 hrs/wk	0	0	0
Margaret Sams Gratz P O Box 7120, Tupelo, MS 38802-7120	Director; 5 hrs/wk	0	0	0
A. Kelly Sessoms P O Box 30, Pascagoula, MS 39568-0030	Director; .5 hrs/wk	0	0	0
Michael J. Wolf P O Box 1163, Jackson, MS 39215-1163	Director; .5 hrs/wk	0	0	0
Steven C. Cookston P O Drawer 8230, Greenwood, MS 38935-8230	Director, 5 hrs/wk	0	0	0
Diane V. Pradat P O Box 13429, Jackson, MS 39236-3429	Director, .5 hrs/wk	0	0	0
Jane L. Brown 414 Millrun Road, Brandon, MS 39047	Exec Dir, 35 hrs/wk	36,000.00	0	375.24

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c 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	35c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 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		
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		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. 41		
42a The organization's books are in care of Jane L. Brown Telephone no 601-992-8645 Located at 414 Millrun Road, Brandon, MS ZIP + 4 39047-9014		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	42b	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c If "Yes," enter the name of the foreign country 42c	42c	<input checked="" type="checkbox"/>
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"/>
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	44a	<input checked="" type="checkbox"/>
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	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year? 44c	44c	<input checked="" type="checkbox"/>
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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a	45a	<input checked="" type="checkbox"/>
45b 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	45b	<input checked="" type="checkbox"/>

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

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

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other 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 **▶** _____

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ Yes ☐ No

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.

Sign Here

Signature of officer

Wilton V. Byars, III, President

Type or print name and title

Date

5/26/12

Paid Preparer Use Only

Print/Type preparer's name

Jane L. Brown

Preparer's signature

Jane L. Brown

Date

5/26/12

Check ☒ if self-employed

PTIN

263-17-1464

Firm's name **▶** Jane L. Brown

Firm's EIN **▶**

Firm's address **▶** 414 Millrun Road, Brandon, MS 39047-9014

Phone no

601-992-8645

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

▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Mississippi Defense Lawyers Association

Employer identification number

64-0665578

Part 10 - Grants and similar amounts paid

University of MS Foundation (Scholarships) \$2,000.00

University of MS Foundation (Professorship Endowment) 4,000.00

University of MS Foundation (Lifetime Achievement Award) 1,000.00

P O Box 249, University, MS 38677

Mississippi College School of Law (Scholarships) 2,000.00

Mississippi College School of Law (Professorship Endowment) 1,114.01

151 East Griffith Street, Jackson, MS 39201

National Foundation for Judicial Excellence 1,500.00

55 West Monroe Street, Suite 2000, Chicago, IL 60603

TOTAL \$11,614.01

Part 1, Line 16 - Other Expenses

Meetings and Travel \$16,561.81

Telephone and Internet 2,050.16

Website Maintenance 640.50

Young Lawyers and Student Chapter Functions 3,713.57

Banking Fees 65.00

TOTAL \$23,031.04

Part IV - List of Officers, Directors, Trustees, and Key Employees

Kathy B. van Zutphen, P O Box 7158, Gulfport, MS 39506-7158 Director; 5 hrs/wk (c) 0 (d) 0 (e) 0

Dawn D. Carson, P O Box 16340, Memphis, TN 38136-6340 Director; 5 hrs/wk (c) 0 (d) 0 (e) 0

William B. Stewart, P O Box 6020, Ridgeland, MS 39158-6020 Director; 5 hrs/wk (c) 0 (d) 0 (e) 0

L. Clark Hicks, P O Box 18350, Hattiesburg, MS 39404-8350 Director; 5 hrs/wk (c) 0 (d) 0 (e) 0