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Form

Department of the Treasury \*Internal Revenue Service

### Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

| _                       | For the 2015 o                             | alendar year, or tax year beginning , and ending   |  |                  |                           |
|-------------------------|--|--|--|------------------|---------------------------|
| R                       | Check if applicable                        | C Name of organization   |  | D Employer       | ridentification number    |
| $\overline{}$           | Address change                             | MS LAW ENFORCEMENT OFFICERS ASSOC.   |  | • •              |                           |
| 믐                       | ·  | Doing business as  | *  | 64-0             | 548968                    |
| 닏                       | Name change                                | Number and street (or P O box if mail is not delivered to street address)  | Room/suite   | E Telephone      | number                    |
| $\boldsymbol{-}$        | Initial return                             | 14 SOUTHGATE   |  | 601-             | <u>606-0099</u>           |
| П                       | Final return/<br>terminated                | City or town, state or province, country, and ZIP or foreign postal code   |  |                  |                           |
| 一                       | Amended return                             | HATTIESBURG MS 39401   |  | G Gross rece     | eipts 87,505              |
| H                       |  | F Name and address of principal officer  | H(a) Is this a grou                                | un ratum for eu  | ubordinates? Yes X No     |
| Ш                       | Application pending                        | NICK CALICO  | In(a) is this a giot                               | up return for st |                           |
|                         |  |  | H(b) Are all subo                                  |                  |                           |
|                         |  |  | If "No,"   | attach a list (  | (see instructions)        |
| 1                       | Tax-exempt status                          | 501(c)(3) <b>X</b> 501(c) ( <b>4</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527   | _  |                  |                           |
| J                       | Website: ▶ 1                               | I/A  | H(c) Group exer                                    | nption numbe     | · <b>•</b>                |
| <u>K</u>                | Form of organization                       | X Corporation Trust Association Other ▶ L Y  | ear of formation                                   |                  | M State of legal domicile |
| F                       | art I Su                                   | ımmary   |  |                  |                           |
|                         | 1  | escribe the organization's mission or most significant activities  |  |                  |                           |
| 9                       | TO E                                       | PROVIDE BENEFITS TO MEMBERS WHILE PROMOTING QUALITY  | LAW  |                  |                           |
| Jan                     | ENFO                                       | RCEMENT.   |  |                  |                           |
| Activities & Governance |  | <del></del>  |  |                  |                           |
| Ó                       | 2 Check th                                 | is box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25  | 5% of its net ass                                  | ets              |                           |
| ಹ                       | 3 Number                                   | of voting members of the governing body (Part VI, line 1a)   |  | 3                | 10                        |
| ies                     | 4 Number                                   | of independent voting members of the governing body (Part VI, line 1b)   |  | 4                | 10                        |
| ፷                       | 5 Total nui                                | mber of individuals employed in calendar year 2015 (Part V, line 2a)   |  | 5                | 0                         |
| Ac                      | 6 Total nui                                | mber of volunteers (estimate if necessary)   |  | 6                | 0                         |
|                         | 7a Total uni                               | related business revenue from Part VIII, column (C), line 12   |  | 7a               | 0                         |
|                         | b Net unre                                 | lated business taxable income from Form 990-T, line 34 RECENTED  | · ——————   | 7b               | 0                         |
|                         | 0.00-4-6                                   | ()   | Prior Yea  |                  | Current Year              |
| ne                      | 8 Contribu                                 | tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4, and 7d)  |  | 3,475            | 12,222                    |
| Revenue                 | 9 Program                                  | service revenue (Part VIII, line 2g)  Part income (Part VIII, column (A) lines 3, 4, and 7d)   |  | L,500            | 0<br>12                   |
| æ                       | 10 Investme                                | , , , , , , , , , , , , , , , , , , ,  |  | 701              | 75,271                    |
|                         | 1  | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)  |  | 5,701            |                           |
|                         |  | enue – add lines 8 through 11 (must equal Part VIII, column (A), line-12)  |  | 5,000            | 87,505<br>7,000           |
|                         | 1  | paid to or for members (Part IX, column (A), line 4)   |  | 7,000            | 7,000                     |
|                         | 4E Colomos                                 | other compensation, employee benefits (Part IX, column (A), lines 5–10)  |  | +                |                           |
| penses                  | 16a Professi                               | onal fundraising fees (Part IX, column (A), line 11e)  |  | <del>  </del>    | <u>0</u>                  |
| en<br>Sen               | h Total fun                                | draising expenses (Part IX, column (D), line 25) ▶ 1,504   | · <del>- · · · · · · · · · · · · · · · · · ·</del> |                  |                           |
| X                       |  | penses (Part IX, column (A), lines 11a–11d, 11f–24e)   | 101  | L,301            | 95,674                    |
|                         | I  | penses Add lines 13–17 (must equal Part IX, column (A), line 25)   |  | 5,301            | 102,674                   |
|                         | 1  | eless expenses Subtract line 18 from line 12   |  | 5,712            | -15,169                   |
| 5                       | 5  | The state of the s | Beginning of Cur                                   |                  | End of Year               |
| Net Assets or           | 20 Total as:                               | sets (Part X, line 16)   |  | 6,651            | 51,632                    |
| Ϋ́                      | 21 Total liat                              | pilities (Part X, line 26)   |  | 0                | 0                         |
| ž                       | 22 Net asse                                | ets or fund balances Subtract line 21 from line 20   | 66   | 5,651            | 51,632                    |
|                         | Part II Si                                 | gnature Block  |  |                  |                           |
|                         |  | perjury, I declare that I have examined this return, including accompanying schedules and statement  |  |                  | owledge and belief, it is |
| tr                      | rue, correct, and c                        | complete Declaration of preparer (other than officer) is based on all information of which preparer I  | has any knowledg                                   | e                |                           |
|                         | <b>                                   </b> | This Cales   |  | 0                | 5-11-16                   |
| Si                      | gn 📗 🧗 🤄                                   | Signature of officer   |  | Date             | _                         |
| He                      | еге 📗 .                                    | NICK CALICO PRESI  | DENT   |                  |                           |
|                         |  | Type or print name and title   |  |                  |                           |
|                         | 1  | pe preparer's name   | Date   | Check            | tf PTIN                   |
| Pai                     | iniger.                                    | AT. Herzog Angela T. Herzog  | 1/11/05/10   | /16 self-em      | ployed P00157269          |
|                         | eparer Firm's na                           |  | '() ) F  | rm's EIN         |                           |
| Us                      | e Only                                     | P.O. Box 17986   |  |                  |                           |
|                         | Firm's ac                                  |  | Р  | hone no          | 601-271-8860              |
| _                       |  | ss this return with the preparer shown above? (see instructions)   |  |                  | Yes No                    |
| Foi                     | r Paperwork Red                            | uction Act Notice, see the separate instructions.  |  |                  | Form <b>990</b> (2015)    |

|                            |  | MENT OFFICERS A                                   |                         | 548968  | Page 2   |
|----------------------------|--|---|-------------------------|---|----------|
|                            | _  | Service Accomplishmer<br>tains a response or note |                         | art III   | X        |
| 1 Briefly descri           | ibe the organization's mission IDE BENEFITS TO                                   |   |                         |   |          |
| prior Form 9               | nization undertake any signifi<br>90 or 990-EZ?<br>cribe these new services on s | cant program services during t                    | he year which were not  | listed on the   | Yes X No |
| services?                  | nization cease conducting, or cribe these changes on Sche                        | make significant changes in h                     | ow it conducts, any pro | gram  | Yes X No |
| 4 Describe the expenses Se | e organization's program serv<br>ection 501(c)(3) and 501(c)(4                   | ce accomplishments for each                       | report the amount of gr | ram services, as measured by rants and allocations to others, |          |
| 4a (Code.<br>Benefits      | )(Expenses \$ s provided to  | including g                                       |                         | ) (Revenue \$   | )        |
|                            |  |   |                         |   |          |
|                            |  |   |                         |   |          |
|                            |  |   |                         |   |          |
| 4b (Code                   | ) (Expenses \$   | ıncluding g                                       | rants of \$             | ) (Revenue \$   | )        |
|                            |  |   |                         |   |          |
|                            |  |   |                         |   |          |
|                            |  |   |                         |   |          |
| 4c (Code                   | ) (Expenses \$   | ıncluding g                                       | rants of \$             | ) (Revenue \$   | )        |
|                            |  |   |                         |   |          |
|                            |  |   |                         |   |          |
|                            |  |   |                         |   |          |
| 4d Other progra            | am services (Describe in Sch   | edule O.)   |                         |   |          |
| (Expenses                  | <u>\$</u> 89,795   | including grants of \$                            | 7,000 ) (F              | Revenue \$  | )        |
| 4e Total progra            | m service expenses ▶   | 89,795  |                         |   |          |

### **Checklist of Required Schedules**

|     | •  |                | Yes      | No            |
|-----|--|----------------|----------|---------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"                                    |                |          |               |
|     | complete Schedule A  | 1              |          | X             |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2              |          | X             |
| 3   | 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  | 3              |          | X             |
| 4   | Section 501(c)(3) organizations. 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   | 4              |          |               |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,                                     |                |          |               |
|     | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,  |                |          |               |
|     | Part III   | 5              | X        |               |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |                |          |               |
|     | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If                                      |                |          |               |
|     | "Yes," complete Schedule D, Part I   | 6              |          | X             |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |                |          |               |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7              | ļ        | X             |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                              |                |          |               |
|     | complete Schedule D, Part III  | 8              |          | X             |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a                                  |                |          |               |
|     | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or                                     | ]              |          |               |
|     | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9              |          | X             |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted  |                |          |               |
|     | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10             |          | X             |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,                                     |                |          |               |
|     | VII, VIII, IX, or X as applicable  |                |          |               |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"   |                |          | ۱             |
|     | complete Schedule D, Part VI   | 11a            |          | X             |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more                                     |                |          |               |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b            |          | X             |
| С   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more                                      |                |          |               |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c            |          | X             |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets                                 |                |          | ,,            |
| _   | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d            | _        | X             |
| _   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                            | 11e            |          | X             |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                          |                |          | ٠,,           |
| 420 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                           | 11f            |          | X             |
| 124 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 40-            | <b>.</b> |               |
| h   | Was the organization included in consolidated, independent audited financial statements for the tax year? If                                     | 12a            | X        |               |
| U   | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                               | 404            |          | x             |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 12b<br>13      |          | X             |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a            |          | X             |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   | 144            |          |               |
| -   | fundraising, business, investment, and program service activities outside the United States, or aggregate  |                |          |               |
|     | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b            |          | x             |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or                                | 140            |          | <del></del> - |
|     | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15             |          | x             |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other                                       |                | <u> </u> |               |
| -   | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16             |          | x             |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on                                   | - <del></del>  |          |               |
|     | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17             |          | x             |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                                      | <u> </u>       |          | <u> </u>      |
|     | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18             |          | x             |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                                     | 1.5            |          | <u> </u>      |
|     | If "Yes," complete Schedule G, Part III  | 19             |          | x             |
|     |  | , <del>.</del> | 990      | 1/2045        |

## Form 990 (2015) MS LAW ENFORCEMENT OFFICERS ASSOC. Part IV Checklist of Required Schedules (continued)

|     |  |            | Yes            | No           |
|-----|--|------------|----------------|--------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                      | 20a        |                | X            |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?     | 20b        |                |              |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or      |            |                |              |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                | 21         |                | X            |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on    |            |                |              |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                      | 22         | X              |              |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the              |            |                |              |
|     | organization's current and former officers, directors, trustees, key employees, and highest compensated          |            |                |              |
|     | employees? If "Yes," complete Schedule J   | 23         |                | Х            |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than              |            |                |              |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b    |            |                |              |
|     | through 24d and complete Schedule K If "No," go to line 25a  | 24a        |                | X            |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                | 24b        |                |              |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year        |            |                |              |
|     | to defease any tax-exempt bonds?   | 24c        |                |              |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?          | 24d        | <u></u>        |              |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit     | ĺ          |                |              |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                    | 25a        |                | X            |
| b   | Is the organization 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  | 25b        |                | X            |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any       |            |                |              |
|     | current or former officers, directors, trustees, key employees, highest compensated employees, or                |            |                |              |
|     | disqualified persons? If "Yes," complete Schedule L, Part II   | 26         |                | X            |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,         |            |                |              |
|     | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled          |            |                |              |
|     | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                         | 27         | ļ              | X            |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L,        |            |                |              |
|     | Part IV instructions for applicable filing thresholds, conditions, and exceptions)                               |            |                |              |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV          | 28a        | ļ              | X            |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete           |            |                |              |
|     | Schedule L, Part IV  | 28b        | <u> </u>       | X            |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |            |                |              |
|     | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV           | 28c        | <u> </u>       | X            |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M         | 29         | <u> </u>       | X            |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   | ĺ          |                | l            |
|     | conservation contributions? If "Yes," complete Schedule M  | 30_        | ļ              | X            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,      |            |                |              |
|     | Part I   | 31         | <b> </b>       | X            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"          |            |                |              |
|     | complete Schedule N, Part II   | 32         | -              | X            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations       |            |                |              |
|     | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33         | ├              | X            |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,  |            |                |              |
|     | or IV, and Part V, line 1  | 34         | <del> </del>   | X            |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                          | <u>35a</u> | <u> </u>       | X            |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a          |            |                |              |
| 20  | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2        | _35b       | ├ -            | <del> </del> |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable             |            |                |              |
| -   | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36         | <del>  -</del> |              |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization |            | [              |              |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,             |            | 1              | •            |
| 20  | Part VI  | 37         | ┼              | X            |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and       |            |                |              |
|     | 19? Note. All Form 990 filers are required to complete Schedule O  | 38         | <u>X</u>       |              |
|     |  | C.         | m TV           | # /201E      |

DAA

Form 990 (2015)

601-606-0099

MS 39401

20

CHARLIE SIMS

**HATTIESBURG** 

financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

14 SOUTHGATE

| Form 990 (20 <sup>-</sup> | 15) MS LAW ENFORCEMENT OFFICERS ASSOC. 64-0548968  | Page 1 |
|---------------------------|--|--------|
| Part VII                  | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Independent Contractors | , and  |
|                           | Check if Schedule O contains a response or note to any line in this Part VII   |        |
| Section A.                | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees                                      |        |

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

| (A)<br>Name and Title | (B) Average hours per week (list any                           | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |  | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation      |  |
|-----------------------|--|--|-----------------------|---------|--------------|--|--------------------------------------|--|---|--|
|                       | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director  | Institutional trustee | Officer | Key employee | Former<br>Highest compensated<br>employee        | organization (W-2/1099-MISC)         | (W-2/1099-MISC)  | from the organization and related organizations |  |
| (1) CHARLIE SIMS      |  |  |                       |         |              |  |                                      |  |   |  |
|                       | 5.00   |  |                       |         |              |  |                                      |  |   |  |
| SECRETARY/TR_         | 0.00   |  |                       | X       |              |  | 5,500                                | 0  |   |  |
| (2) NICK CALICO       |  |  |                       |         |              |  |                                      |  |   |  |
|                       | 5.00   |  |                       |         |              |  |                                      |  |   |  |
| PRESIDENT             | 0.00   | _  |                       | X       | _            | <b> </b> _                                       | 0                                    | 0  |   |  |
| (3) RICHARD CHANDLE   |  |  |                       |         |              |  |                                      |  |   |  |
|                       | 5.00   |  |                       |         |              |  |                                      |  |   |  |
| LST VICE PRE          | 0.00   | —  |                       | X       | ┝            |  | 0                                    | 0  |   |  |
| (4) CLYDE ESTRIDGE    | <b>5</b> 00  | 1  |                       |         |              |  |                                      |  |   |  |
|                       | 5.00   |  |                       | ,,      |              |  |                                      |  | ,   |  |
| NORTHERN VIC          | 0.00   | -  | <b>_</b>              | X       | $\vdash$     |  | 0                                    | 0  |   |  |
| (5) JAMIE BROOKS      | 5.00   |  |                       |         |              | ]  |                                      |  |   |  |
| CENTRAL VIC           | 0.00   |  |                       | x       |              | <u> </u>   | o                                    | o  | ,   |  |
| (6) CHAD YOUNG        | 0.00   | ╁  | $\vdash$              | ^       |              | <del>                                     </del> |                                      |  |   |  |
| (0) CIMED 10011G      | 5.00   |  |                       |         |              |  |                                      |  |   |  |
| SOUTHERN VIC          | 0.00   |  |                       | x       |              |  | o                                    | o  |   |  |
| (7)                   | 0.00   | <u> </u>   |                       |         | $\vdash$     | <del>                                     </del> |                                      |  | · · · · · · · · · · · · · · · · · · ·           |  |
| · · ·                 |  |  |                       |         |              |  |                                      |  |   |  |
| (8)                   |  |  | ·                     |         |              |  |                                      | <del></del>  | <del></del>                                     |  |
| (9)                   |  |  |                       |         |              |  |                                      |  |   |  |
|                       |  |  |                       |         |              |  |                                      |  |   |  |
| 10)                   |  |  |                       |         |              |  |                                      |  |   |  |
| 11)                   | <del></del>  |  |                       |         | -            |  |                                      |  |   |  |

| Pa     | rt VII Section A. Officers                                       | , Directors, Tru                                  | stee  | s, K                  | ey E    | mpl          | oyee                         | es, a    | and Highest Compensated                           | Employees (continued)   |                |   |                |          |
|--------|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|---|----------------|---|----------------|----------|
|        | (A) 、<br>Name and title  | (B) Average hours per week (list any hours for    | Average Position hours per (do not check more than on box, unless person is both a officer and a director/truster |                       |         |              |                              |          | (D) Reportable compensation from the organization | (E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC) | соп            | (F)<br>stimated<br>mount of<br>other<br>npensat<br>from the | of<br>tion     |          |
|        |  | related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   | (W-2/1099-MISC)                                   |   | ar             | ganizatio<br>nd relate<br>panizatio                         | ed             |          |
|        |  |   |   |                       |         |              |                              |          |   |   |                |   |                |          |
|        |  |   |   |                       |         |              |                              |          |   |   |                |   |                |          |
|        |  |   |   |                       |         |              |                              |          |   | _   |                |   |                |          |
|        |  |   |   |                       |         |              |                              |          |   |   |                |   |                |          |
|        |  |   |   |                       |         |              |                              |          |   |   |                |   |                |          |
|        |  |   |   |                       |         |              |                              |          |   |   |                |   |                |          |
|        |  |   |   |                       |         |              |                              |          |   |   |                |   |                |          |
|        |  |   |   |                       |         |              |                              |          |   |   |                |   |                |          |
| 1b     | Sub-total  |   |   |                       |         |              |                              | ▶        | 5,500   |   |                |   |                |          |
| c<br>d | Total from continuation shee<br>Total (add lines 1b and 1c)      | ets to Part VII, S                                | jecti   | on A                  | 4       |              |                              | <b>P</b> | 5,500   |   |                |   |                |          |
| 2      | Total number of individuals (in                                  |   |   |                       | thos    | e lis        | ted a                        | bov      |   | \$100,000 of  |                |   |                |          |
|        | reportable compensation from                                     | the organization                                  | <u> </u>  | U                     |         |              |                              |          | ···   |   |                |   | res            | No       |
| 3      | Did the organization list any fo                                 |   |   |                       |         |              |                              |          | loyee, or highest compensa                        | ted   |                |   |                | x        |
| 4      | employee on line 1a? If "Yes," For any individual listed on line |   |   |                       |         |              |                              |          | on and other compensation                         | from the  |                | 3   |                |          |
|        | organization and related organ<br>individual                     | iizations greater                                 | than  | \$15                  | 0,00    | 1 90         | f "Ye                        | s," (    | complete Schedule J for suc                       | ch  |                | 4   |                | x        |
| 5      | Did any person listed on line 1                                  |   |   |                       |         |              |                              |          |   | ındıvıdual  |                |   |                |          |
| Sect   | for services rendered to the or<br>ion B. Independent Contracto  |   | es,   | com                   | plete   | Sc           | hedu                         | le J     | for such person                                   |   |                | 5   |                | X        |
| 1      | Complete this table for your five                                | e highest comp                                    | ensa  | ted                   | nder    | end          | ent c                        | cont     | tractors that received more to                    | than \$100,000 of   |                |   |                |          |
|        | compensation from the organi                                     | (A)<br>business address                           | JIIIDE  | 2115a                 | lion    | וטו נו       | ile Ce                       | len      |   | (B) tion of services  | <del>sai</del> | Come  | (C)<br>pensati |          |
|        |  | 2011000 0001000                                   |   |                       |         |              |                              |          |   | adir di Scivicco  |                | COM   | pensau         | <u> </u> |
|        |  |   |   |                       |         |              |                              |          |   |   |                |   |                |          |
|        |  |   |   |                       |         |              |                              | _        |   |   |                |   | <u></u> -      |          |
|        |  |   |   |                       |         |              |                              | -        |   |   |                | _   |                | <u>.</u> |
| 2      | Total number of independent of                                   | contractors (inclu                                | ıdıng   | but                   | not     | limite       | ed to                        | tho      | ose listed above) who                             |   | _              | <del></del>   |                | _        |

| Pa   | rt V          | III Staten<br>Check                  | nent of Reve                             | enue<br>O cor | ntains a      | response o                                       | r note to any line   | ın thıs Part VIII                      |   |  |
|--|---------------|--------------------------------------|--|---------------|---------------|--|----------------------|--|---|--|
|  | ·-            |                                      |  | -             |               |  | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| 캶  | 1a            | Federated can                        | npaigns                                  | 1a            |               |  |                      |  | ii i                                    |  |
| <u> </u>   | b             | Membership d                         | ues                                      | 1b            |               | 12,222   |                      |  |   |  |
| S, (<br>Am   | С             | Fundraising ev                       | vents                                    | 1c            |               |  |                      |  |   |  |
| 필  | d             | Related organ                        | ızatıons                                 | 1d            |               |  |                      |  |   |  |
| S.E  | е             | Government grants                    | •  | 1e            |               |  |                      |  |   |  |
| 를  | f             | All other contribution               |  | ļ             |               | - 1  |                      |  |   |  |
| ള  |               | and similar amounts                  | not included above                       | _1f_          |               |  |                      |  |   |  |
| Contributions, Giffs, Grants and Other Similar Amounts | g             |                                      | ns included in lines 1a                  | -1f           | \$            | .  |                      |  |   |  |
| <u>5 6</u>   | h             | Total. Add line                      | es 1a–1f                                 |               |               | , ▶  | 12,222               |  |   | ·····  |
| Program Service Revenue                                | _             |                                      |  |               |               | Busn. Code                                       |                      |  |   |  |
| eve  | 2a            |                                      |  |               |               | <b> </b>   |                      |  |   |  |
| 9  | b             |                                      |  |               |               | <del> </del>                                     |                      | <u> </u>                               |   |  |
| ֡֝֟ <u>֚֟֟</u>   | С.            |                                      |  |               |               | <del>                                     </del> |                      |  | <del></del>                             |  |
| Š  | đ             |                                      |  |               |               |  |                      |  |   | <del></del>  |
| gra  | e             | All other progr                      |  |               |               |  |                      |  |   |  |
| 5  |               | Total. Add line                      | am service reve                          | ilue          |               |  |                      |  |   |  |
| _  | <u>g</u><br>3 |                                      | come (including                          | divide        | nds intere    | et   |                      |  |   |  |
| l  | •             | and other simi                       | -  | aividei       | ilus, ilitore | , sc,  | 12                   | 12                                     |   |  |
|  | 4             |                                      | nvestment of tax                         | k-exem        | not bond p    | roceeds ►  |                      |  |   |  |
|  | 5             | Royalties                            |  |               |               | <b>&gt;</b>                                      |                      |  |   |  |
| ı  |               |                                      | (ı) Real                                 |               | (II) F        | Personal   |                      |  |   |  |
|  | 6a            | Gross rents                          | - "                                      |               |               |  |                      |  |   |  |
|  | b             | Less rental exps                     |  |               |               |  |                      |  |   |  |
|  | С             | Rental inc or (loss)                 |  |               |               |  |                      |  |   |  |
|  | _d            | Net rental inco                      | me or (loss)                             |               |               | <b>•</b>   |                      |  |   |  |
|  | 7a            | Gross amount from<br>sales of assets | (ı) Securities                           | 3             | (11)          | ) Other  |                      |  |   |  |
|  |               | other than inventory                 |  |               |               |  |                      |  |   |  |
| ļ  | b             | Less cost or other                   |  |               |               |  |                      |  |   |  |
| ŀ  |               | basis & sales exps                   |  |               | ļ             |  |                      |  |   |  |
| l  | C             | Gain or (loss)                       |  |               | J             |  |                      |  |   |  |
|  | d             | Net gain or (lo                      | ss)                                      |               |               | <b>•</b>   |                      |  |   |  |
| 9  | 8a            |                                      | om fundraising eve                       | ents          |               |  |                      |  |   |  |
| en   |               | (not including \$                    |  |               |               |  |                      |  |   |  |
| Ş  |               |                                      | reported on line 1c                      |               |               |  |                      |  |   |  |
| Other Revenue  |               | See Part IV, line                    |  | a             |               |  |                      |  |   |  |
| 8  |               | Less direct ex                       |  | b<br>         |               |  |                      |  |   |  |
|  |               |                                      | (loss) from fund<br>om gaming activition |               | g events      |  |                      |  |   |  |
|  | Ja            | See Part IV, line                    | • •                                      |               |               |  |                      |  |   |  |
|  | h             | Less direct ex                       |  | a<br>b        |               |  |                      |  |   |  |
|  |               |                                      | (loss) from gan                          |               | tivities      |  |                      |  |   |  |
|  |               |                                      | f inventory, less                        | -             | 1             |  |                      |  | ······································  |  |
|  |               | returns and al                       | =  | а             |               |  |                      |  |   |  |
|  | ь             | Less cost of                         |  | b             |               |  |                      |  |   |  |
|  |               | -                                    | (loss) from sale                         | es of in      | ventory       | <b>•</b>   |                      |  |   |  |
| Ì  |               |                                      | cellaneous Revenue                       |               |               | Busn. Code                                       |                      |  |   |  |
|  | 11a           | AG OFFICE                            | REIMBURSEM                               | ENT           |               |  | 52,858               | 52,858                                 |   |  |
| Ì  | b             | OTHER INC                            | OME                                      |               |               |  | 17,745               |  |   |  |
|  | С             | MAGAZINE                             | SALES                                    |               |               |  | 3,110                | 3,110                                  |   |  |
|  | d             | All other rever                      | nue                                      |               |               |  | 1,558                | 1,558                                  |   |  |
|  | е             | Total. Add line                      | es 11a–11d                               |               |               | <b>&gt;</b>                                      | 75,271               |  |   |  |
|  | 12            | Total revenue                        | e. See instructio                        | ns            |               | ▶ │  | 87,505               | 75,283                                 | 0                                       | o  |

Form 990 (2015)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (D) (A) Total expenses Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 7,000 7,000 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees). Management b Legal 3,250 3,250 Accounting d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 5,500 5,500 (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 158 725 883 13 Office expenses Information technology Royalties 15 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 52,724 52,724 CONVENTION EXPENSE 16,525 16,525 LOBBYING b <u>3,943</u> <u>3,943</u> TRAINING EXPENSE С 3,759 3,759 **PLAQUES** d 9,090 1,900 1,504 5,686 All other expenses 102,674 89,795 11,375 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 51,433 51,632 Cash—non-interest bearing 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 15,218 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 66,651 51,632 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 66,651 27 Unrestricted net assets 51,632 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 66,651 51,632 Total net assets or fund balances 33 51,632 66,651 Total liabilities and net assets/fund balances

Form 990 (2015)

| om | 1 990 (2015) MS LAW ENFORCEMENT OFFICERS ASSOC. 64-0548968  |      |   |        | Pa            | ge <b>12</b>       |  |  |  |
|----|---|------|---|--------|---------------|--------------------|--|--|--|
| Pa | rt XI Reconciliation of Net Assets  |      |   |        |               |                    |  |  |  |
|    | Check if Schedule O contains a response or note to any line in this Part XI                                   |      |   |        |               | $\Box$             |  |  |  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1_1_ |   |        |               | 505                |  |  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2    | _ | 102,67 |               | 67 <u>4</u><br>169 |  |  |  |
| 3  | Revenue less expenses Subtract line 2 from line 1   |      |   |        |               |                    |  |  |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     |      |   |        |               |                    |  |  |  |
| 5  | Net unrealized gains (losses) on investments 5  |      |   |        |               |                    |  |  |  |
| 6  | Donated services and use of facilities  | 6    |   |        |               |                    |  |  |  |
| 7  | Investment expenses   | 7    |   |        |               |                    |  |  |  |
| 8  | Prior period adjustments  | 8    |   |        |               |                    |  |  |  |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9    |   |        |               | <u> 150</u>        |  |  |  |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                 |      |   |        |               |                    |  |  |  |
|    | 33, column (B))   | 10   |   | 5      | 51,           | <u>632</u>         |  |  |  |
| Pa | at XII Financial Statements and Reporting   |      |   |        |               |                    |  |  |  |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                  |      |   |        |               |                    |  |  |  |
|    |   |      | _ |        | Yes           | No                 |  |  |  |
| 1  | Accounting method used to prepare the Form 990 X Cash Accrual Other   |      |   |        |               |                    |  |  |  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |      |   |        |               |                    |  |  |  |
|    | Schedule O  |      |   |        |               |                    |  |  |  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?               |      | L | 2a     |               | X                  |  |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |      |   | - 1    |               |                    |  |  |  |
|    | reviewed on a separate basis, consolidated basis, or both   |      |   | - 1    |               |                    |  |  |  |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |      |   | - 1    |               |                    |  |  |  |
| b  | Were the organization's financial statements audited by an independent accountant?                            |      | L | 2b     | X             |                    |  |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |      |   |        |               |                    |  |  |  |
|    | separate basis, consolidated basis, or both   |      |   |        |               |                    |  |  |  |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |      |   | - 1    |               |                    |  |  |  |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |      |   |        |               |                    |  |  |  |
|    | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |      | ļ | 2c     |               |                    |  |  |  |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in |      |   |        | :             |                    |  |  |  |
|    | Schedule O  |      |   | - 1    |               |                    |  |  |  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |      |   |        |               |                    |  |  |  |
|    | the Single Audit Act and OMB Circular A-133?  |      | _ | 3a     |               | X                  |  |  |  |
| þ  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |      |   |        |               |                    |  |  |  |
|    | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |      |   | 3b     |               | <u> </u>           |  |  |  |
|    |   |      |   | For    | n <b>99</b> ( | (2015)             |  |  |  |

### **SCHEDULE C** (Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of organization

Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

|       | MS LAW ENFORCEMENT   | OFFICERS ASSOC.                   |                       | 64-05489                                       | <u> </u>  |  |  |  |
|-------|--|-----------------------------------|-----------------------|--|---|--|--|--|
| Pa    | t I-A Complete if the organization is exem   | pt under section 501(c            | ) or is a section     | on 527 organizatio                             | on.   |  |  |  |
| 1     | Provide a description of the organization's direct and indire  | ect political campaign activities | ın Part IV            |  |   |  |  |  |
| 2     | Political expenditures   |                                   |                       | ▶ \$   |   |  |  |  |
| 3     | Volunteer hours  |                                   |                       |  |   |  |  |  |
|       |  |                                   |                       |  |   |  |  |  |
| Pa    | t I-B Complete if the organization is exem   | npt under section 501(c           | )(3).                 | <u> </u>                                       |   |  |  |  |
| 1     | Enter the amount of any excise tax incurred by the organiz   | ation under section 4955          |                       | ▶ \$   |   |  |  |  |
| 2     | Enter the amount of any excise tax incurred by organization  | n managers under section 495      | 5                     | ▶ \$   |   |  |  |  |
| 3     | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  |                                   |                       |  |   |  |  |  |
| 4a    | Was a correction made?   |                                   |                       |  | Yes No  |  |  |  |
|       | If "Yes," describe in Part IV  |                                   |                       |  |   |  |  |  |
| Pa    | t I-C Complete if the organization is exen   | pt under section 501(c            | <u>), except sect</u> | ion 501(c)(3).                                 |   |  |  |  |
| 1     | Enter the amount directly expended by the filing organization  | on for section 527 exempt fund    | tion                  |  |   |  |  |  |
|       | activities   |                                   |                       | ▶ \$   |   |  |  |  |
| 2     | Enter the amount of the filing organization's funds contribu   | ted to other organizations for s  | ection                |  |   |  |  |  |
|       | 527 exempt function activities   |                                   |                       | ▶ \$   |   |  |  |  |
| 3     | Total exempt function expenditures Add lines 1 and 2 Ent   | ter here and on Form 1120-PO      | L,                    |  |   |  |  |  |
|       | fine 17b   |                                   |                       | ▶ \$   |   |  |  |  |
| 4     | Did the filing organization file Form 1120-POL for this year   | 7                                 |                       |  | Yes No  |  |  |  |
| 5     | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing |                                   |                       |  |   |  |  |  |
|       | organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter   |                                   |                       |  |   |  |  |  |
|       | the amount of political contributions received that were pro   | mptly and directly delivered to   | a separate politica   | al organization, such                          |   |  |  |  |
|       | as a separate segregated fund or a political action commit   | tee (PAC) If additional space i   | s needed, provide     | information in Part IV                         | <del></del>   |  |  |  |
|       | (a) Name   | (b) Address                       | (c) EIN               | (d) Amount paid from                           | (e) Amount of political                             |  |  |  |
|       |  |                                   |                       | filing organization's funds if none, enter -0- | contributions received and<br>promptly and directly |  |  |  |
|       |  |                                   |                       | lunus ii none, enter -o-                       | delivered to a separate                             |  |  |  |
|       |  |                                   |                       |  | political organization If                           |  |  |  |
|       |  |                                   |                       |  | none, enter -0-                                     |  |  |  |
| (1)   |  |                                   |                       |  |   |  |  |  |
|       | <del></del>  |                                   |                       |  |   |  |  |  |
| (2)   |  |                                   |                       | <u> </u>                                       |   |  |  |  |
|       |  |                                   | _                     |  |   |  |  |  |
| (3)   |  |                                   |                       |  |   |  |  |  |
|       |  |                                   |                       |  |   |  |  |  |
| (4)   |  |                                   |                       |  |   |  |  |  |
|       |  |                                   |                       |  | ···   |  |  |  |
| (5)   |  |                                   |                       | 1  |   |  |  |  |
|       |  |                                   |                       | <del> </del>                                   | <u> </u>  |  |  |  |
| (6)   |  |                                   |                       |  |   |  |  |  |
| For 5 | aperwork Reduction Act Notice, see the Instructions for Form   | 990 or 990 E7                     | L                     | 1  |   |  |  |  |
| ror P | aperwork Reduction Act Notice, see the instructions for Form   | 330 UI 330-E.Z.                   |                       | Schedule C (Fo                                 | rm 990 or 990-EZ) 201:                              |  |  |  |

| Sch | edule C (Form 990 or 990-EZ) 2015 MS LAV         | V ENFORCE  | MENT OFFICE                | RS ASSO         | <u> </u>        | -0548968          |                | Page 2 |
|-----|--|--|----------------------------|-----------------|-----------------|-------------------|----------------|--------|
| Pŧ  | ert II-A Complete if the organiza                | ation is exemp                                   | t under section            | 501(c)(3) and   | d filed Fo      | orm 5768 (elec    | ction under    |        |
|     | <u>section 501(h)).</u>                          |  |                            |                 |                 |                   |                |        |
| Α   | Check ▶ ☐ if the filing organization             |  |                            |                 |                 | affiliated grou   | p member's     |        |
|     | name, address, EIN, e                            |  |                            |                 |                 |                   |                |        |
| В   | Check ▶ ☐ if the filing organization             | n checked box                                    | A and "limited cor         | ntrol" provisio | ns apply        |                   |                |        |
| _   | Limits on Lobb                                   |  |                            |                 |                 | Filing            | (b) Affiliated |        |
|     | (The term "expenditures" m                       |  | •                          |                 | organiza<br>——— | ation's totals    | group totals   |        |
| 1:  | a Total lobbying expenditures to influence pub   | lic opinion (grass                               | roots lobbying)            | <b>!</b>        |                 |                   |                |        |
| ١   | b Total lobbying expenditures to influence a le  | gislative body (dire                             | ect lobbying)              |                 |                 |                   |                |        |
| •   | c Total lobbying expenditures (add lines 1a an   | d 1b)  |                            |                 |                 |                   | <del></del>    |        |
| •   | d Other exempt purpose expenditures              |  |                            | ļ               |                 |                   |                |        |
|     | e Total exempt purpose expenditures (add line    | •  |                            | }               |                 |                   |                |        |
|     | f Lobbying nontaxable amount Enter the amo       | ount from the follow                             | wing table in both         |                 |                 |                   |                |        |
|     | columns  | 1  |                            |                 |                 |                   |                |        |
|     | If the amount on line 1e, column (a) or (b) is:  | The lobbying no                                  | ontaxable amount is:       |                 |                 |                   |                |        |
|     | Not over \$500,000                               | 20% of the amou                                  |                            |                 |                 |                   |                |        |
|     | Over \$500,000 but not over \$1,000,000          |  | % of the excess over \$5   |                 |                 |                   |                |        |
|     | Over \$1,000,000 but not over \$1,500,000        | <del>                                     </del> | % of the excess over \$1   |                 |                 |                   |                |        |
|     | Over \$1,500,000 but not over \$17,000,000       |  | 6 of the excess over \$1,5 | 500,000         |                 |                   |                |        |
|     | Over \$17,000,000                                | \$1,000,000                                      |                            |                 |                 |                   |                |        |
|     | g Grassroots nontaxable amount (enter 25% o      |  |                            | ŀ               |                 |                   |                |        |
|     | h Subtract line 1g from line 1a If zero or less, |  |                            | ŀ               |                 |                   |                |        |
|     | i Subtract line 1f from line 1c If zero or less, |  |                            | Fla Farm 4700   |                 |                   |                |        |
|     | j If there is an amount other than zero on eith  | er line in or line i                             | i, did the organization    | Tile Form 4/20  |                 |                   | □vee □         | 7 Ma   |
|     | reporting section 4911 tax for this year?        |  |                            |                 | <del></del>     |                   | Yes            | No     |
|     |  | _  | ing Period Under           | -               | -               |                   |                |        |
|     | (Some organizations that made                    | •  | •                          | _               |                 | the five colum    | ns below.      |        |
|     | Se   | e tne separate                                   | instructions for lin       | ies za througi  | n 21.)          |                   |                |        |
|     | Lob  | bying Expendit                                   | ures During 4-Yea          | r Averaging F   | Period          |                   |                |        |
|     | Calendar year (or fiscal year                    |  |                            |                 |                 |                   |                |        |
|     | beginning in)                                    | (a) 2012   | <b>(b)</b> 2013            | (c) 201         | 4               | ( <b>d</b> ) 2015 | (e) Total      |        |
|     |  |  |                            |                 |                 |                   |                |        |
| 2   | a Lobbying nontaxable amount                     |  |                            |                 |                 |                   |                |        |
|     | b Lobbying ceiling amount                        |  |                            |                 |                 |                   |                |        |
|     | (150% of line 2a, column(e))                     |  |                            |                 |                 |                   |                |        |
|     | Tablish  |  |                            |                 |                 |                   |                |        |
|     | c Total lobbying expenditures                    |  |                            |                 |                 |                   |                |        |
|     | d Grassroots nontaxable amount                   |  |                            |                 |                 |                   |                |        |
| -   | e Grassroots ceiling amount                      |  |                            |                 |                 |                   |                |        |
|     | (150% of line 2d, column (e))                    |  |                            | <b>-</b>        |                 |                   |                |        |
|     | f Grassroots lobbying expenditures               |  |                            |                 |                 |                   |                |        |

| _    | 4 |
|------|---|
| Page | , |

| or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed                   | (8  | 1) | (b)                                   |
|---|-----|----|---------------------------------------|
| escription of the lobbying activity.  | Yes | No | Amount                                |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local | _   |    |                                       |
| legislation, including any attempt to influence public opinion on a legislative matter or             |     |    |                                       |
| referendum, through the use of  |     |    |                                       |
| a Volunteers?   |     |    |                                       |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?        |     |    |                                       |
| c Media advertisements?   | Li  |    |                                       |
| d Mailings to members, legislators, or the public?  | L   |    |                                       |
| e Publications, or published or broadcast statements?   |     |    |                                       |
| f Grants to other organizations for lobbying purposes?  |     |    |                                       |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?         |     |    |                                       |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?           |     |    |                                       |
| i Other activities?   |     |    |                                       |
| j Total Add lines 1c through 1i   |     |    |                                       |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?      |     |    |                                       |
| b If "Yes," enter the amount of any tax incurred under section 4912                                   |     |    |                                       |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912          |     |    |                                       |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?        |     |    | · · · · · · · · · · · · · · · · · · · |

### Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|   |   |    | Yes | No |
|---|---|----|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                      | 1_ |     | X  |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | 2  |     | X  |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3  |     | X  |

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

| 7 | Dues, assessments and similar amounts from members   | 1  | 12,222 |
|---|--|----|--------|
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of          |    |        |
|   | political expenses for which the section 527(f) tax was paid).                                       |    |        |
| а | Current year   | 2a |        |
| b | Carryover from last year   | 2b |        |
| C | Total  | 2c |        |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues      | 3  |        |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the     |    |        |
|   | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying |    |        |
|   | and political expenditure next year?   | 4  |        |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)                             | 5  |        |

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2015 MS LAW ENFORCEMENT OFFICERS ASSOC. 64-0548968

Page 4

Supplemental Information (continued)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

| 101110         | or the organization  |  | Employer Identification | ii nanpoi             |
|----------------|--|--|-------------------------|-----------------------|
| M <sup>9</sup> | S LAW ENFORCEMENT OFFICERS ASSOC.  |  | 64-054896               | 8                     |
|                | rt I Organizations Maintaining Donor Advised Fu                                | nds or Other Similar Funds or                  |                         |                       |
| -              | Complete if the organization answered "Yes" on                                 | Form 990, Part IV, line 6.                     |                         |                       |
|                |  | (a) Donor advised funds                        | (b) Funds and           | other accounts        |
| 1              | Total number at end of year  |  |                         | <del></del>           |
| 2              | Aggregate value of contributions to (during year)                              |  |                         |                       |
| 3              | Aggregate value of grants from (during year)                                   |  |                         |                       |
| 4              | Aggregate value at end of year   |  |                         |                       |
| 5              | Did the organization inform all donors and donor advisors in writing that      | it the assets held in donor advised            | <del>-</del>            |                       |
|                | funds are the organization's property, subject to the organization's exc       | lusive legal control?                          |                         | Yes No                |
| 6              | Did the organization inform all grantees, donors, and donor advisors in        | writing that grant funds can be used           |                         |                       |
|                | only for charitable purposes and not for the benefit of the donor or don       | or advisor, or for any other purpose           |                         |                       |
|                | conferring impermissible private benefit?                                      |  |                         | Yes No                |
| Pa             | rt II Conservation Easements.  |  |                         |                       |
|                | Complete if the organization answered "Yes" on                                 | Form 990, Part IV, line 7.                     |                         | <del>_</del>          |
| 1              | Purpose(s) of conservation easements held by the organization (check           |  |                         |                       |
|                | Preservation of land for public use (e g , recreation or education)            | Preservation of a historically imp             |                         |                       |
|                | Protection of natural habitat  | Preservation of a certified historic           | c structure             |                       |
|                | Preservation of open space   |  |                         |                       |
| 2              | Complete lines 2a through 2d if the organization held a qualified conse        | ervation contribution in the form of a conse   |                         |                       |
|                | easement on the last day of the tax year                                       |  |                         | e End of the Tax Year |
| а              | Total number of conservation easements   |  | 2a                      |                       |
|                | Total acreage restricted by conservation easements                             |  | 2b                      |                       |
|                | Number of conservation easements on a certified historic structure inc         | • •  | 2c                      |                       |
| d              | Number of conservation easements included in (c) acquired after 8/17/          | /06, and not on a                              |                         |                       |
|                | historic structure listed in the National Register                             |  |                         |                       |
| 3              | Number of conservation easements modified, transferred, released, ex           | dinguished, or terminated by the organiza      | tion during the         |                       |
|                | tax year >   | In and and No.                                 |                         |                       |
| 4              | Number of states where property subject to conservation easement is            |  |                         |                       |
| 5              | Does the organization have a written policy regarding the periodic mon         | litoring, inspection, handling of              |                         | □ v □                 |
| _              | violations, and enforcement of the conservation easements it holds?            | of welstione, and enforcing account to         | occomonte dominio       | Yes No                |
| 6              | Staff and volunteer hours devoted to monitoring, inspecting, handling of       | or violations, and enforcing conservation e    | asements during the     | e year                |
| 7              | Amount of expenses incurred in manifering increasing handless of the           | lations, and enforcing consequences            | mente durina the ver    | ar                    |
| 7              | Amount of expenses incurred in monitoring, inspecting, handling of vio         | nations, and emorcing conservation easer       | nents during the yea    | 31                    |
| 8              | Does each conservation easement reported on line 2(d) above satisfy            | the requirements of section 170/b)/4\/B\/      | n .                     |                       |
| J              | and section 170(h)(4)(B)(ii)?  | the requirements of section 17 o(n)(4)(D)(     | ''                      | ☐ Yes ☐ No            |
| 9              | In Part XIII, describe how the organization reports conservation easem         | ents in its revenue and expense stateme        | nt. and                 |                       |
| _              | balance sheet, and include, if applicable, the text of the footnote to the     | •  | •                       |                       |
|                | organization's accounting for conservation easements                           |  |                         |                       |
| Pa             | 水川 Organizations Maintaining Collections of Art,                               |  | Similar Assets.         |                       |
|                | Complete if the organization answered "Yes" on                                 | Form 990, Part IV, line 8                      |                         |                       |
| 1a             | If the organization elected, as permitted under SFAS 116 (ASC 958), r          | not to report in its revenue statement and     | balance sheet           |                       |
|                | works of art, historical treasures, or other similar assets held for public    | exhibition, education, or research in furth    | erance of               |                       |
|                | public service, provide, in Part XIII, the text of the footnote to its finance | ial statements that describes these items      |                         |                       |
| b              | If the organization elected, as permitted under SFAS 116 (ASC 958), t          | o report in its revenue statement and bala     | nce sheet               |                       |
|                | works of art, historical treasures, or other similar assets held for public    | exhibition, education, or research in furth    | erance of               |                       |
|                | public service, provide the following amounts relating to these items          |  |                         |                       |
|                | (i) Revenue included on Form 990, Part VIII, line 1                            |  | ▶ \$                    |                       |
|                | (ii) Assets included in Form 990, Part X                                       |  | ▶ \$                    |                       |
| 2              | If the organization received or held works of art, historical treasures, or    | r other sımılar assets for financıal gaın, pro | ovide the               |                       |
|                | following amounts required to be reported under SFAS 116 (ASC 958)             | relating to these items                        |                         |                       |
| a              | Revenue included on Form 990, Part VIII, line 1                                |  | <b>▶</b> \$             |                       |
| b              | Assets included in Form 990, Part X  |  | ▶ \$                    |                       |

| Sched | tule D (Form 990) 2015 MS LAW EN   | FORCEMENT             | OF F            | LCERS A             | SSUC.         | <u> 64-U</u>   | <u>54896</u> | <u>8</u>     |              | Page 2      |
|-------|--|-----------------------|-----------------|---------------------|---------------|----------------|--------------|--------------|--------------|-------------|
| Pa    | rt 期 Organizations Maintaining   | Collections of        | f Art, H        | <u>istorical Tr</u> | reasures,     | or Othe        | r Simila     | r Assets     | (continue    | d)          |
| 3     | Using the organization's acquisition, accessic collection items (check all that apply) | n, and other record   | ls, check       | any of the foll     | lowing that a | re a signif    | icant use    | of its       |              |             |
| а     | Public exhibition  | d $\square$           | Loan or         | exchange prog       | grams         |                |              |              |              |             |
| b     | Scholarly research   | e 🗍                   | Other           |                     | _             |                |              |              |              |             |
| С     | Preservation for future generations  | _                     |                 |                     |               |                |              |              |              |             |
| 4     | Provide a description of the organization's co   | llections and explain | n how the       | ey further the o    | organization' | s exempt       | purpose ir   | Part         |              |             |
|       | XIII   |                       |                 |                     |               |                | ,            |              |              |             |
| 5     | During the year, did the organization solicit or                                       |                       |                 |                     |               |                |              |              | □ <b>v</b>   | □ <b></b> . |
| Pa    | assets to be sold to raise funds rather than to  rt IV Escrow and Custodial Arra       |                       | part of th      | e organization      | 's collection |                |              |              | Yes          | No          |
|       | Complete if the organization 990, Part X, line 21.                                     | answered "Yes         | " on Fo         | rm 990, Pa          | rt IV, line ! | 9, or rep      | orted an     | amount       | on Form      |             |
|       | Is the organization an agent, trustee, custodia  | an or other intermed  | diary for o     | contributions o     | r other asse  | ts not         | <del></del>  |              |              |             |
|       | included on Form 990, Part X?  |                       | ,               |                     |               |                |              |              | Yes          | ☐ No        |
| b     | If "Yes," explain the arrangement in Part XIII   | and complete the fo   | llowing t       | able                |               |                |              |              | □            |             |
| -     | voj ovpam mo enangement m entrant  |                       |                 |                     |               |                | Γ            |              | Amount       |             |
| С     | Beginning balance  |                       |                 |                     |               |                |              | 1c           |              |             |
|       | Additions during the year  |                       |                 |                     |               |                | -            | 1d           |              |             |
|       | Distributions during the year  |                       |                 |                     |               |                |              | 1e           |              |             |
|       | Ending balance   |                       |                 |                     |               |                |              | 1f           |              |             |
|       | Did the organization include an amount on Fo   | orm 990 Part X line   | e 21 for i      | escrow or cust      | todial accou  | nt liability?  | ,            |              | Yes          | No          |
|       | If "Yes," explain the arrangement in Part XIII   |                       |                 |                     |               | •              |              |              |              |             |
|       | rt V Endowment Funds.  |                       |                 | •                   |               |                |              |              |              |             |
|       | Complete if the organization   | answered "Yes         | on Fo           | rm 990, Pa          | rt IV, line   | 10.            |              |              |              |             |
|       |  | (a) Current year      | (b)             | Prior year          | (c) Two ye    | ars back       | (d) Three    | e years back | (e) Four ye  | ars back    |
| 1a    | Beginning of year balance  |                       |                 |                     |               |                |              |              |              |             |
|       | Contributions  |                       |                 |                     |               |                |              |              |              |             |
| С     | Net investment earnings, gains, and  |                       |                 |                     |               |                |              |              |              |             |
|       | losses   |                       |                 |                     | <b> </b>      |                |              |              |              |             |
| d     | Grants or scholarships   |                       |                 |                     |               |                |              |              |              |             |
| е     | Other expenditures for facilities and  | <u>.</u>              |                 |                     |               |                |              |              |              |             |
|       | programs   |                       |                 |                     |               |                |              |              |              |             |
| f     | Administrative expenses  |                       |                 |                     |               |                |              |              |              |             |
| g     | End of year balance  |                       |                 |                     |               |                |              |              |              |             |
| 2     | Provide the estimated percentage of the curre  | ent year end balanc   | æ (line 1       | g, column (a))      | held as       |                |              |              |              |             |
| а     | Board designated or quasi-endowment ▶  | %                     | , ,             |                     |               |                |              |              |              |             |
|       | Permanent endowment ▶ %  |                       |                 |                     |               |                |              |              |              |             |
| С     | Temporarily restricted endowment ▶   | %                     |                 |                     |               |                |              |              |              |             |
|       | The percentages on lines 2a, 2b, and 2c show   | uld equal 100%        |                 |                     |               |                |              |              |              |             |
| 3a    | Are there endowment funds not in the posses  | sion of the organiz   | ation tha       | t are held and      | administere   | d for the      |              |              |              |             |
|       | organization by  | _                     |                 |                     |               |                |              |              | _ [Y         | es No       |
|       | (i) unrelated organizations  |                       |                 |                     |               |                |              |              | 3a(i)        |             |
|       | (ii) related organizations   |                       |                 |                     |               |                |              |              | 3a(ii)       |             |
| ь     | If "Yes" on line 3a(ii), are the related organiza                                      | itions listed as requ | ired on S       | Schedule R?         |               |                |              |              | 3b           |             |
| 4     | Describe in Part XIII the intended uses of the   | -                     |                 |                     |               |                |              |              |              | •           |
| Pa    | rt VI Land, Buildings, and Equi  | pment.                |                 |                     |               |                |              |              |              |             |
|       | Complete if the organization   |                       | <u>" on F</u> c | <u>rm 990, P</u> a  | rt IV, line   | <u>11a. Se</u> | e Form 9     | 90, Part     | X, line 10.  | ·           |
|       | Description of property  | (a) Cost or other     | basis           | (b) Cost or o       | other basis   | (c)            | Accumulated  |              | (d) Book val | шө          |
|       |  | (investment)          | )               | (othe               | er)           | de             | epreciation  |              |              |             |
| 1a    | Land   |                       |                 |                     |               |                |              |              |              |             |
| b     | Buildings  |                       |                 |                     |               |                |              |              |              |             |
| С     | Leasehold improvements   |                       |                 |                     |               |                |              |              |              |             |
| d     | Equipment  |                       |                 |                     |               |                |              |              |              |             |
|       | Other  |                       |                 |                     |               |                |              |              |              |             |
| Total | . Add lines 1a through 1e (Column (d) must e   | qual Form 990, Par    | rt X, colu      | mn (B), line 10     | Oc )          |                |              | <u>▶</u>     |              |             |

| (a) Description (including)  (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)  Total. (Column (b) must equal Form Part VIII Investments—I Complete if the (a) Descrip  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form Part IX Other Assets. Complete if the  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form Part IX Other Liabilities Complete if the line 25.  (1) Federal income taxes (2) (3) (4)  | organization answered "Yes" on of security or category name of security) | 1 01111 000; 1 ditti <u>s;</u>                   |                                       | an a mie iz     |
|--|--|--|---------------------------------------|-----------------|
| (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)  Total. (Column (b) must equal Form Part VIII Investments—I Complete if the (a) Descrip  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form Part IX Other Assets. Complete if the  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form Part X Other Liabilitie Complete if the line 25.  (1) Federal income taxes (2) (3) (4)   | name of security)  | (b) Book value                                   | (c) Method of                         |                 |
| 2) Closely-held equity interests 3) Other (A) (B) (C) (D) (E) (F) (G) (H)  Total. (Column (b) must equal Form Complete if the (a) Descrip  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form Part X Other Liabilitie Complete if the line 25. (a) Descrip (1) Federal income taxes (2) (3) (4)   |  |  | Cost or end-of-yea                    | r market value  |
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| (H)  Total. (Column (b) must equal Form Part VIII Investments—I Complete if the (a) Descrip  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form Part IX Other Assets. Complete if the  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form Part X Other Liabilitie Complete if the line 25.  (1) Federal income taxes (2) (3) (4)   |  |  |                                       | ·····           |
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| Other Assets. Complete if the  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form Part X Other Liabilitie Complete if the line 25.  (1) Federal income taxes (2) (3) (4)  |  | J  | · · · · · · · · · · · · · · · · · · · |                 |
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| (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form Part X Other Liabilitie Complete if the line 25. I. (a) Descr (1) Federal income taxes (2) (3) (4)  | organization answered "Yes" on   | Form 990, Part IV, line                          | e 11d. See Form 990, P                | art X, line 15  |
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| Complete if the line 25.  I. (a) Description (2) (3) (4)   |  |  | <b>&gt;</b>                           |                 |
| 1. (a) Descr<br>(1) Federal income taxes<br>(2)<br>(3)<br>(4)  | organization answered "Yes" on   | Form 990, Part IV, line                          | e 11e or 11f. See Form                | 990, Part X,    |
| (1) Federal income taxes (2) (3) (4)   | ription of liability   | (b) Book value                                   |                                       | ······          |
| (2)<br>(3)<br>(4)  |  |  |                                       |                 |
| (3)<br>(4)   |  | <del></del>                                      |                                       |                 |
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| (7)  |  | <del></del>                                      |                                       |                 |
| (8)  |  |  |                                       |                 |
| (9)  |  | <del></del>                                      | 5                                     |                 |
| Total. (Column (b) must equal Form  2. Liability for uncertain tax positions   | 1000 Dark V and (D) Line 25 h  |  |                                       |                 |

Page 3

| Sche | dule D (Form 990) 2015 MS LAW ENFORCEMENT OFFICERS                             | ASSOC.        | 64-054896      | 8     | Page 4  |
|------|--|---------------|----------------|-------|---------|
| Pa   | Reconciliation of Revenue per Audited Financial Statem                         | nents With    | Revenue per Re | turn. |         |
|      | . Complete if the organization answered "Yes" on Form 990, I                   | Part IV, line | 12a.           |       |         |
| 1    | Total revenue, gains, and other support per audited financial statements       |               |                | 1     | 87,505  |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12             |               |                |       | •••     |
| а    | Net unrealized gains (losses) on investments                                   | 2a            |                |       |         |
| þ    | Donated services and use of facilities   | 2b            |                |       |         |
| С    | Recoveries of prior year grants  | 2c            |                |       |         |
| d    | Other (Describe in Part XIII )   | _2d           |                |       |         |
| е    | Add lines 2a through 2d  |               |                | 2e    |         |
| 3    | Subtract line 2e from line 1   |               |                | 3     | 87,505  |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1            |               |                |       |         |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a            |                |       |         |
| b    | Other (Describe in Part XIII )   | 4b            |                |       |         |
| C    | Add lines 4a and 4b  |               |                | 4c    |         |
| 5    | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  |               |                | 5     | 87,505  |
| Pŧ   | at XII Reconciliation of Expenses per Audited Financial State                  |               | •              | Retur | า.      |
|      | Complete if the organization answered "Yes" on Form 990,                       | Part IV, line | 12a.           |       |         |
| 1    | Total expenses and losses per audited financial statements                     |               |                | 1     | 102,674 |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25               |               |                |       |         |
| а    | Donated services and use of facilities   | 2a            | <u>.</u>       |       |         |
| b    | Prior year adjustments   | 2b            |                |       |         |
| C    | Other losses   | 2c            |                |       |         |
| d    | Other (Describe in Part XIII )   | 2d            |                |       |         |
| е    | Add lines 2a through 2d  |               |                | 2e    |         |
| 3    | Subtract line 2e from line 1   |               |                | 3     | 102,674 |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1              |               |                |       |         |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a            |                |       |         |
| b    | Other (Describe in Part XIII )   | 4b            |                |       |         |
| C    | Add lines 4a and 4b  |               |                | 4c    |         |
| 5    | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) |               |                | 5     | 102,674 |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2015 MS LAW ENFORCEMENT OFFICERS ASSOC. 64-0548968

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Part XIII Supplemental Information (continued)

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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OMB No 1545-0047

Employer identification number ,

2 X (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Yes 64-0548968 non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table MS LAW ENFORCEMENT OFFICERS ASSOC (c) IRC section if applicable General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Part II Part 1 Ξ 3 <u>ල</u> **₹ ②** 9 3 8 6

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

| Schedule I (Fe | Schedule I (Form 990) (2015) MS LAW ENFORCEMENT OFFICERS ASSOC.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the Part III can be duplicated if additional space is needed | CEMENT OFFICE  Domestic Individua  onal space is needed | RS ASSOC. 6.             | 64-0548968<br>e organization answered | AS ASSOC. 64-0548968 Is. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. | N, line 22.   |
|----------------|---|---|--------------------------|---------------------------------------|---|---|
|                | (a) Type of grant or assistance   | (b) Number of recipients                                | (c) Amount of cash grant | (d) Amount of non-cash assistance     | (e) Method of valuation (book, FMV, appraisal, other)   | (e) Method of valuation (book, FMV, appraisal, other) |
| 1 Deat         | 1 Death Benefits  | 14  | 7,000                    |                                       |   |   |
| 2              |   |   |                          |                                       |   |   |
| ო              |   |   |                          |                                       |   |   |
| 4              |   |   |                          |                                       |   |   |
| ဟ              |   |   |                          |                                       |   |   |
| ဖ              |   |   |                          |                                       |   |   |
| 7              |   |   |                          |                                       |   |   |
| Part IV        | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.   | vide the information re                                 | quired in Part I, line   | 2, Part III, column (b)               | , and any other additional i  | nformation.   |

SCHEDULE O (Form 990 or 990-EZ)

### 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.

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2015

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

MS LAW ENFORCEMENT OFFICERS ASSOC.

Employer identification number 64-0548968

Form 990, Part III, Line 4d - All Other Accomplishment
TO PROVIDE BENEFITS TO MEMBERS WHILE PROMOTING QUALITY
LAW ENFORCEMENT

Form 990, Part VI, Line 7a - Election of Members and Their Rights YES

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

REALIZED GAIN ON SECURITIES \$ 150

UNREALIZED LOSS ON SECURITIES \$ 0

Total