Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20								
В	Check If a	pplicable C Name of organization D En	D Employer identification number					
	Address	change Mississippi Defense Lawyers Association, Inc.	64-0665578					
	Name cha		lephone number					
_	Initial retu	IP O Box 5605	601-992-8645					
=		m/terminated Change at the state of the stat	roup Exemption					
=	Amended Application	return	umber ►					
			k ▶ ☑ if the organization is not					
	Nebsite		red to attach Schedule B					
		· · · · · · ·	990, 990-EZ, or 990-PF)					
		forganization Corporation Trust Association Other						
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	 ts					
		lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$ 103,664					
	art-l-	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr						
	art i	Check if the organization used Schedule O to respond to any question in this Part I						
	T 1	Contributions, gifts, grants, and similar amounts received						
	2	Program service revenue including government fees and contracts						
	3	Membership dues and assessments	3 15,320					
	4	Investment income						
			4 179					
	5a		 { 					
	b		- 50					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						
	6	Gross income from gaming (attach Schedule G if greater than	1					
<u>o</u>	а	445.000						
Revenue			~ 					
ě	b	Gross income from fundraising events (not including \$of contributions from fundraising events reported on line 1) (attach Schedule G if the						
Œ	,	and the second s						
	l .		— 					
	C	Less: direct expenses from gaming and fundraising events 6c						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						
	1	,	6d					
	7a	Gross sales of inventory, less returns and allowances						
	b	Less: cost of goods sold	_					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
	8	Other revenue (describe in Schedule O)	8					
	9		7 9 103,664					
	10	Partition and different and control part (list in defeate of 1.1.1).	10 10,500					
	11	Benefits paid to or for members	11					
Expenses	12	Salaries, other compensation, and employee benefits	12					
ë	13	Professional fees and other payments to independent contractors $OGDFM$	13 40,300					
Ř	14	Occupancy, rent, utilities, and maintenance	14					
ш	15	Printing, publications, postage, and shipping	15 18,988					
	16	Other expenses (describe in Schedule O)	16 31,012					
	17	Total expenses. Add lines 10 through 16	17 100,800					
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,864					
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with						
As]	end-of-year figure reported on prior year's return)	7.70.0					
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 77,409					
For	Paper	work Reduction Act Notice, see the separate instructions. Cat No 10642I	Form 990-EZ (2018)					

Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u></u>	_ <u>.</u> 📮
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[74,545	22	77,409
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[74,545	25	77,409
26	Total liabilities (describe in Schedule O)				26	<u></u> _
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)	74,545	27	77,409
Par	t III Statement of Program Service Accom	plishments (see th	ne instructions for	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III	-	Expenses
Wha	t is the organization's primary exempt purpose?	To improve the adm	in of justice in the le	gal system		uired for section c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the				inizations, optional for
28	Joint Seminar of MDLA and MS Claims Association h	eld November 1, 201	8, classroom style s	eminar with	ı	
	87 participants				ı	
				· · · · · · · · · · · · · · · · · · ·	ı	
		includes foreign gra			28a	<u> </u>
29	Distribution of The Quarterly publication, serving 475	members and 187 ju	udiciary			
		····			,	
_		includes foreign gra			29a	<u></u>
30	Seminars for Young Lawyers; Lunch & Learn Semina					
	6 sessions per school with an average of 30 participa	ints				
_		includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u>· · · · ▶ </u>	31a	
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule	O to respond to a	(c) Reportable	(d) Health benefits,	\div	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employed benefit plans, and	0	Estimated amount of other compensation
R. De	ouglas Vaughn		1	Ī	1	
<u>Pres</u>	ident	4)	0	0
Roed	helle R. Morgan				1	
Pres	ident Elect	3	(0	0	
Jona	than S. Masters					
<u>Secr</u>	etary-Treasurer	2)	0	0
J. Wi	chael Coleman					
<u>Vice</u>	President	1		<u> </u>	0	
	e D. McRaney					
	President	1	<u> </u>	<u> </u>	이	0
Jame	s L. Wilson, IV					
	President	1			0	0
	ne Dossett					
<u>Dırec</u>		11			<u>o </u>	
	b O. Malatesta					_
<u>Dırec</u>		1	•		0	0
	ssell McNees	_				
<u>Direc</u>		1	<u> </u>	<u> </u>	0	
	y B. Lawson	_				
<u>Direc</u>		1		<u> </u>	<u> </u>	0
	ca B. McNeel	_				_
<u>Direc</u>		11		<u> </u>	0	0
	L. Brown	25	40.00	j		
LXPC	utive Director	35	40 300	11	411	(1

Û

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	s Pari	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<u> </u>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	_
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\dots \dots \dots \dots \dots \dots \dots$	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			لـِـــا
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-{		1
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	┤		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	┨		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	705		 i
J	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a		601-99		5
	Located at ► 414 Millrun Road, Brandon, MS ZIP + 4 ►	39047		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No V
	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			1
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		.)	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
	completed instead of Form 990-EZ	44a		<u> </u>
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u> </u>
	Did the organization receive any payments for indoor tanning services during the year?	44c		<u>√</u>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	[✓_
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		İ	- 1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			لـِــ
	Form 990-EZ. See instructions	45b]	✓_

Р	age	4

Form	agn.	F7	(201	R١

								res No
46		he organization engage, dırectly or ı						
	to ca	indidates for public office? If "Yes," of		, Part I		<u>.</u>	· 46	✓
Part	VI	Section 501(c)(3) Organization	s Only					
		All section 501(c)(3) organization	is must answer que	estions 47-49b an	d 52, and	l complete th	e tables for	lines
		50 and 51.						
		Check if the organization used Sc	hedule O to respond	d to any question in	n this Part	VI		П
		<u> </u>	· · - · · ·					es No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in effe	ect during the		
-		? If "Yes," complete Schedule C, Par				-		
48	-	e organization a school as described i						
- 0 49а		he organization make any transfers t						
							. 49b	
_ b		es," was the related organization a so plete this table for the organization's						and kov
50		oyees) who each received more than						
	empi	oyees) who each received more than	T \$ 100,000 of compe	Tisalion from the org			e, enter Nor	ne
	(-)	Name and Ada of a set association	(b) Average	(c) Reportable		ealth benefits, ions to employee	(e) Estimated a	amount of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	c) benefit pl	ans, and deferred		
			devoted to position	(, omio 1, 2, 1000 mio	co	mpensation		
							ĺ	
	_							
						<u> </u>	· · · · · · · · · · · · · · · · · · ·	
			1					
	Total	number of other employees paid ov	er \$100.000				<u> </u>	 -
51		plete this table for the organization		ebnegabar beteane	nt contrac	— tors who eacl	h recoved m	ore than
31		,000 of compensation from the orga			in contrac	tors who each	i received iii	iore man
	•	,						
	(a)	Name and business address of each independ	dent contractor	(b) Type of s	ervice	(c) Compensation	
_					-			_
				1		-		
	_			 				
				-				
	_					<u> </u>		
				_				
				_				
				1				
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶			
52	Did	the organization complete Schedi	ule A? Note: All se	ection 501(c)(3) org	ganizations	s must attac	n a	
		oleted Schedule A			-		.▶□ Yes I	□ No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompar	ying schedules and state	ments, and to	the best of my k	nowledge and be	elief, it is
true, cor	rect, an	d complete Declaration of preparer (other than	officer) is based on all info	ormation of which prepare	er has any kn	owledge	J	
						4/16/19	1	
Sign		Signature of pulice.				Date 1700	/	
Here		Roechelle R. Morgan, President						
		Type or print name and title						
			Preparer's signature		Date		1 PTIN	
Paid		Print/Type preparer's name		& Brown	4/18/1	Check C	J # J	7 4 4 4 4
Prepa		Jane L. Brown		1 10 WUNC	<u> </u>	<u> </u>		
Use (Only	Firm's name ► PB & J Enterprises, I		·		Firm's EIN ▶	47-26800	
Maria	o IDC	Firm's address > 414 Millrun Road, Bra				Phone no	601-992-86	
iviay th	ie iks	discuss this return with the prepare	r snown above? See	iristructions			✓ Yes	l No

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.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Mississippi Defense Lawyers Assoc	iation, Inc.		64-0665578
Part I, Line 10 - Grants and similar a			
University of MS Foundations	(Scholarships)	\$2,000	
University of MS Foundations	(Professorship Endowment)	2,000	
University of MS Foundations	(Lifetime Achievement Award	i) 1,000	
406 University Avenue, Oxf	ord, MS 38655-4389		
Mississippi College School of	Law (Scholarships)	2,000	·
Mississippi College School of	Law (Professorship Endowm	ent) 2,000	
151 Griffith Street, Jackson	, MS 39201	•••••	
National Foundation for Judici	al Excellence	1,500	
55 West Monroe, Suite 2000), Chicago, IL 60603		
	TOTAL	10,500	
Part I, Line 16, Other Expenses		••••	
Meetings and Travel		28,329	
Telephone, Internet, Website		2,183	
Young Lawyers and Student C	hapter Functions	500	
	TOTAL	31,012	
Part IV - List of Officers, Directors, T	rustees and Key Employees	•••••	
Lawrence J. Tucker, Jr.	Director	1 hr/wk	(c) 0 (d) 0 (e) 0
Mary Margaret Kuhlmann	Director	1 hr/wk	(c) 0 (d) 0 (e) 0
J. Seth McCoy	Director	1 hr/wk	(c) 0 (d) 0 (e) 0
Karı L. Sutherland	Director	1 hr/wk	(c) 0 (d) 0 (e) 0
Benjamin C. Lewis	At Large Member	1 hr/wk	(c) 0 (d) 0 (e) 0
Shea S. Scott	At Large Member	1 hr/wk	(c) 0 (d) 0 (e) 0
Casey D. Younger	At Large Member	1 hr/wk	(c) 0 (d) 0 (e) 0
Jonathan H. Still	Young Lawyers Liaison	1 hr/wk	(c) 0 (d) 0 (e) 0