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Form 990-EZ

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 black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

B Check if applicable:

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

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization  
**Missouri Environmental Education Association**  
Number and street (or P.O. box, if mail is not delivered to street address)  
**P.O. Box 104505**  
City, town, or country      State      ZIP + 4  
**Jefferson City**      **MO**      **65110**

D Employer identification number  
**43-1488916**  
E Telephone number  
**(573) 751-4115**  
F Group Exemption Number. ► **N/A**

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method:  Cash  Accrual  
Other (specify) ►

I Website: ► [www.meea.org](http://www.meea.org)J Tax-exempt status (check only one) ►  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **14,124**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	5,596
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,502
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6	
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	2,171
	b Less: direct expenses other than fundraising expenses	6b	3,246
Expenses	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-1,075
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe ► UNREALIZED GAIN ON INVESTMENT-COMMUNITY FOUNDA)	8	4,855
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	10,878
	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	6,103
Net Assets	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	142
	16 Other expenses (describe ► See Attached Statement)	16	3,907
	17 Total expenses. Add lines 10 through 16	17	10,152
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	726
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	89,515
	20 Other changes in net assets or fund balances (attach explanation)	20	-3,764
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	86,477

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		92,863	22
23 Land and buildings			23
24 Other assets (describe ► ACCOUNTS RECEIVABLE-CONFERENCE)		896	24
25 Total assets		93,759	25
26 Total liabilities (describe ► See Attached Statement)		4,244	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		89,515	27

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

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28

(Grants \$

0 ) If this amount includes foreign grants, check here . . . ► 

28a

0

29

(Grants \$

0 ) If this amount includes foreign grants, check here . . . ► 

29a

0

30

(Grants \$

0 ) If this amount includes foreign grants, check here . . . ► 

30a

0

31 Other program services (attach schedule)

(Grants \$

0 ) If this amount includes foreign grants, check here . . . ► 

31a

0

32 Total program service expenses. (add lines 28a through 31a) ► 32

0

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JENNA RHODES 13200 SPRING ST GRANDVIEW MO 64030	Title PRES Hr/WK .00	0	0	0
JOHN SODE 931 HOWARD LEBANON MO 65536	Title SEC Hr/WK .00	0	0	0
ANNA-LISA TUCKER 1037 ST ANDREWS DR UNION MO 63084	Title TREAS Hr/WK .00	0	0	0
NANCY SNIDER 2360 HWY D ST CHARLES MO 63304	Title PRES ELECT Hr/WK .00	0	0	0
JILL BLACK 901 S NATIONAL SPRINGFIELD MO 65897	Title PAST PRES Hr/WK .00	0	0	0
NORMA NEELY 100 E NORMAL KIRKSVILLE MO 63501	Title DIRECTOR Hr/WK .00	0	0	0
MELVIN JOHNSON 1923 N WELLER SPRINGFIELD MO 65803	Title DIRECTOR Hr/WK .00	0	0	0
CAROL MAHAN 12655 STATE RD Y ROLLA MO 65401	Title DIRECTOR Hr/WK .00	0	0	0
ERIC ARNOLD 421 E 137TH ST KANSAS CITY MO 64145	Title DIRECTOR Hr/WK .00	0	0	0
DEB BALLIN 3115 N 34TH TERR ST JOSEPH MO 64506	Title DIRECTOR Hr/WK .00	0	0	0
MIKE KROMREY 320 N MAIN SPRINGFIELD MO 65806	Title DIRECTOR Hr/WK .00	0	0	0
DOUG MILLER P O BOX 480 JEFFERSON CITY MO 65102	Title DIRECTOR Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 33 X

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. 35a X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b X

b If "Yes," has it filed a tax return on Form 990-T for this year? 36 X

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. 37a 0

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0

b Did the organization file Form 1120-POL for this year? 37b X

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9. 39a X

b Gross receipts, included on line 9, for public use of club facilities. 39b X

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 40a ; section 4912 ► 40b ; section 4955 ► 40c

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40d X

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40e X

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40f X

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40g X

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

42 a The organization's books are in care of ► JAN THOMPSON Telephone no. ► 573 474-4326

Located at ► 409 CRATER LAKE DR. City. COLUMBIA ST. MO ZIP + 4 ► 65201

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X

If "Yes," enter the name of the foreign country ► 42c X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42d X

If "Yes," enter the name of the foreign country: ► 42e X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. 43 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44 X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45 X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . . Yes No

46  X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . . 47  X

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

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

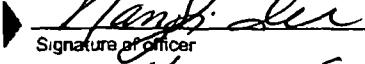
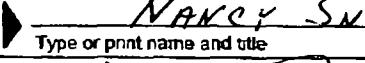
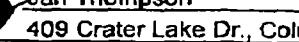
b If "Yes," was the related organization a section 527 organization? . . . . . 49b

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
f Total number of other employees paid over \$100,000 . . . . . ► 0				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000 . . . . . ► 0		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 Signature of officer  Nancy Snider MEEA President Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date 7/14/2010	Check if self-employed <input checked="" type="checkbox"/> X	Preparer's identifying number (See instructions)  ►
	Firm's name (or yours if self-employed), address, and ZIP + 4 	409 Crater Lake Dr., Columbia, MO 65201	EIN  ►	Phone no  ► (573) 474-4326

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

Yes  No

**Part I; Line 16 (990-EZ) - Other Expenses**

3,907

1	Travel	1	711
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	135
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	NEWSLETTER, WEBSITE	13	625
14	NAAEE MEMBERSHIP & CONFERENCE	14	1,235
15	RETREAT	15	440
16	INSURANCE	16	500
17	EXHIBITOR FEES	17	261
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

**Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances**

-3,764

	Description	Amount
1	ACCOUNTS PAYABLE FOR MISC EXPENSE NOT RECORDED IN 2008	1 -164
2	ACCOUNTS PAYABLE FOR CONTRACT SERVICES NOT RECORDED IN 2008	2 -3,600
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10