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Form **990-EZ****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.

Department of the Treasury  
Internal Revenue Service

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) Room/suite  
**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

**G** Accounting Method: ☐ Cash ☒ Accrual  
 Other (specify) ►

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

**I** Website: ► **www.meea.org**

**J** Tax-exempt status (check only one)— ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**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.)

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

**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	134,549
23 Land and buildings		
24 Other assets (describe ► <b>ACCOUNTS RECEIVABLE—CONFERENCE</b> )	896	0
25 Total assets	93,759	134,549
26 Total liabilities (describe ► <b>See Attached Statement</b> )	4,244	48,072
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	89,515	86,477

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Missouri Environmental Education Association

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Page **2****Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

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.

**Expenses**

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

28	(Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29	(Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30	(Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	<b>Total program service expenses.</b> (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
	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.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		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.		
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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.		X
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	
b	Gross receipts, included on line 9, for public use of club facilities.	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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.	40b	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.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41	List the states with which a copy of this return is filed. ▶		
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 ▶		
	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.? If "Yes," enter the name of the foreign country: ▶	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 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

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**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. . . . . 

46	Yes	No
47		X
48		X
49a		X
49b		
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . .
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b If "Yes," was the related organization a section 527 organization? . . . . .
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and 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 <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00	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 <u>None</u> 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 <u>Nancy Snider</u>		Date <u>7/17/10</u>	
Paid Preparer's Use Only	Type or print name and title <u>NANCY SNIDER MEEA PRESIDENT</u>			
	Preparer's signature <u>[Signature]</u>	Date <u>7/14/2010</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours, if self-employed), address, and ZIP + 4 <u>Jan Thompson</u> <u>409 Crater Lake Dr., Columbia, MO 65201</u>	EIN <u></u>	Phone no <u>(573) 474-4326</u>	

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