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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 07/01, **2009, and ending** 06/30, **20** 10

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Southeastern Data Cooperative		D Employer identification number 58-2341728
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 100 Ashford Center North Suite 500		E Telephone number 770-414-8400
		City or town, state or country, and ZIP + 4 Atlanta, GA 30338		F Group Exemption Number ▶

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

I Website: ▶ _____

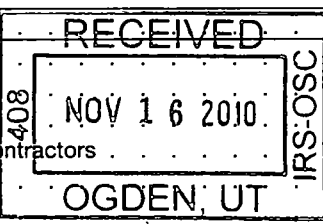
J Tax-exempt status (check only one) – 501(c) (9) ◀ (insert no.) 4947(a)(1) or 527

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 ▶ \$ 230,820

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																								7,846		
	2	Program service revenue including government fees and contracts																								0		
	3	Membership dues and assessments																								0		
	4	Investment income																								8,445		
	5a	Gross amount from sale of assets other than inventory																		214,529								
	5b	Less: cost or other basis and sales expenses																		191,193								
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																		23,336								
	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)																		0								
	6b	Less: direct expenses other than fundraising expenses																		0								
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																		0									
7a	Gross sales of inventory, less returns and allowances																		0									
7b	Less: cost of goods sold																		0									
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																		0									
8	Other revenue (describe ▶ _____)																								0			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																								39,627			
Expenses	10	Grants and similar amounts paid (attach schedule)																								0		
	11	Benefits paid to or for members																								57,608		
	12	Salaries, other compensation, and employee benefits																								0		
	13	Professional fees and other payments to independent contractors																								0		
	14	Occupancy, rent, utilities, and maintenance																								0		
	15	Printing, publications, postage, and shipping																								0		
	16	Other expenses (describe ▶ _____)																								0		
	17	Total expenses. Add lines 10 through 16																								57,608		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								-17,981			
Net Assets	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)																								1,097,907		
	20	Other changes in net assets or fund balances (attach explanation) See Statement 1																								63,620		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																								1,143,546		



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	1,098,073	1,143,546
23	Land and buildings	0	0
24	Other assets (describe ▶ _____)	0	0
25	Total assets	1,098,073	1,143,546
26	Total liabilities (describe ▶ See Statement 2)	166	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,097,907	1,143,546

SCANNED DEC 10 2010

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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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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?		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; 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			
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			
41	List the states with which a copy of this return is filed. ▶ GA		
42a	The organization's books are in care of ▶ Southeastern Data Corp Telephone no. ▶ 770-414-8400 Located at ▶ 100 Ashford Center North Suite 500, Atlanta, GA 30338-4842 ZIP + 4 ▶ 30338-4842		
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)?	Yes	No
42b			✓
	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.?		✓
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44			✓
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	Yes	No
45			✓

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	<input type="checkbox"/>	<input type="checkbox"/>
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input type="checkbox"/>	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>	<input type="checkbox"/>
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
None				

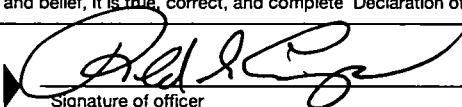
f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		


d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

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:  Date: 11/10/10

Ronald G Camp, President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 11/8/10
Firm's name (or yours if self-employed), address, and ZIP + 4: Swerdlin & Company, 5901 Peachtree Dunwoody Rd B-170, Atlanta, GA 30328
Check if self-employed: Preparer's identifying number (See instructions): 58-1392124
EIN: 58-1392124
Phone no: 770-396-6601

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Statement 1 : Other Changes In Net Assets Schedule

Statement 2 : Liabilities Schedule

Statement 3 : Primary Exempt Purpose

Statement 1

Form 990-EZ

Page 1

Line Number: Part I Line 20

Southeastern Data Cooperative

58-2341728

Other Changes In Net Assets Schedule

Description	Amount
Unrealized Depreciation	63,620
Total:	63,620

Liabilities Schedule

Description	BOY Amount	EOY Amount
Accrued Income	166	0
Total:	166	0

Statement 3

Form: 990-EZ

Page: 2

Line Number: Part III

Southeastern Data Cooperative

58-2341728

Primary Exempt Purpose

Primary Exempt Purpose

Provides certain health and welfare benefits to employees and their dependents