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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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

Open to Public Inspection

Α	For the	2009 calend	ar year,	or tax year beginning 08/01	109 , and endir	ng 07/.	31/10			
В	Check If	applicable	Please	C Name of organization				D	Emp	loyer identification number
	Address	change	use IRS	Southeastern Stat	tes Pupil					
	Name ch	nange	label or print or	Transportation Co	onference,	Inc.			54	-1327909
	Initial ret	turn	type	Number and street (or P O box, if mail is	s not delivered to street	address)	Room/suite	E	Tele	phone number
	Termina	tion	See Specific	1107 Haverhill Ro	oad			<u> </u>	80	<u>4-266-8972 </u>
	Amende	d return	Instruc-	City or town, state or country, and ZIP +				F	Grou	ıp Exemption
	Applicati	on pending	tions	Richmond	VA	<u> 23227-</u>	1432	J	Num	
	Sec	tion 501(c)(3)) organi:	zations and 4947(a)(1) nonexempt	charitable trusts m	ust attach	G Accounts	ng me	thod	X Cash Accrual
				npleted Schedule A (Form 990 or 9	90-EZ).		Other (specify	<i>(</i>)		
I	Websit			sptc.com			H Check	► [X to atta	of the	organization is not edule B (Form 990,
_		empt status (ch		')(1) or	527 990-EZ	or 990	-PF)	
K	Check	_		ganization is not a section 509(a)(3) s			iross receipts are norm	nally n	ot mo	re than \$25,000 A
	_			turn is not required, but if the organization				retur		76.020
				to determine gross receipts, if \$500,000 or				· - 4 :	<u>▶</u> \$	
	art I			penses, and Changes in No	et Assets or Fu	na Baian	ces (See the Inst	ructi	ons i	or Part I.)
	1			its, and similar amounts received				}	1	
	2	_		enue including government fees and	contracts	000 0	Statement 1	}	2	14 525
	3	•		d assessments		see s	catement I	-	3	14,525 1,840
	4 5-	Investment in		ale of second other than investor.	•	احما	1	ŀ	4	1,040
	5a			ale of assets other than inventory		5a 5b			ł	
	b			asis and sales expenses of assets other than inventory (Subtract lin	a Eh from lina Ea)	[30			5c	
Ð	C			rities (complete applicable parts of Schedul		rom namina	chack hara	¬	30	
enne	а	Gross reven			of contributions		CHECK Here	.J		
S	"	reported on 1	•	icidoling \$	Of Contributions	, 6a	60,1	75		
280 280	Ь	•	•	s other than fundraising expenses		6b	32,9			
	C		•	from special events and activities (St	ubtract line 6b from I	<u> </u>	32/2		6c	27,199
ക	7a		, ,	tory, less returns and allowances		7a		Ī		
ب	b	Less cost of		•		7b			i	
H	c		-	from sales of inventory (Subtract line	7b from line 7a)	<u> </u>	L		7c	
				ribe ▶ See Statemen) [8	398
Ш	9			lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		•		•	9	43,962
Expens SCANNED	10			nounts paid (attach schedule)	 	St mt-3			10	24,965
4	11	Benefits paid	d to or fo	r members		F	RECEIVED	- [11	
Ç	12	Salaries, oth	er comp	ensation, and employee benefits				၂ပျ	12	
υğ	13	Professional	fees an	d other payments to independent con	tractors	241	DEC 1 0 2010	8	13	9,635
Ď	14	Occupancy,	rent, util	ities, and maintenance		2 ,	>50 # A FAIA	IRS-OSC	14	698
ũ	15	Printing, pub	lications	, postage, and shipping			A PART I I I I I I I I I I I I I I I I I I I	뛜	15	
	16	Other expen	ses (des	cribe <u>See Statemen</u>	t 4	<u> </u>	GDEN, UT		16	3,644
	17			d lines 10 through 16				•	17	38,942
ıo.	18	•		r the year (Subtract line 17 from line 9	· ·				18	5,020
Net Assets	19			alances at beginning of year (from line	e 27, column (A)) (m	iust agree w	rith			
As		· ·	_	ported on prior year's return)				ŀ	19	152,689
Net E	20			assets or fund balances (attach exp	•				20	155 500
	21			alances at end of year Combine lines				<u> </u>	21	157,709
	art II	Balan	ce She	ets. If Total assets on line 25, colur	nn (B) are \$1,250,00	or more, 1			n 990-	
				(See the instructions for Part II)			(A) Beginning of ye			(B) End of year
		savings, and i	nvestme	nts			152,2		22	157,391
		nd buildings	h					10	23	318
		essets (descri	De ►)	152,6	<u> </u>	24 25	157,709
	Total a		oribo 🕨			١	132,0	0	26	137,709
		iabilities (des		s (line 27 of column (B) must agree v	with line 21)	/	152,6			157,709
41	Netas	Sers of Julia	Paigile	a func zr or column (b) must agree	MIGCHINE Z I)		1 1 2 1 0	, , ,		231,103

For	rm 990-EZ (2009)	Southeastern States_Pupil	54	1-1327909				Page 2
_F	Part III Sta	tement of Program Service Accomplishments ((See the instruct	ions for Part II)]	Ex	penses
Wh	iat is the organizat	tion's primary exempt purpose?				(R	equired	for section
	See Statement					7		and 501(c)(4)
		chieved in carrying out the organization's exempt purposes. In a				1	-	ons and section
		e services provided, the number of persons benefited, or other re	elevant information fo	r		1		trusts, optional
	ch program title					for	r others)
28	N/A					'	ĺ	
	(Grants \$) If this amount includes foreign grants, ch	nack hara	•	[_]	28a		
29	(Crants &) in this amount includes foreign grants, cr	ieck fiele			200		
23								
	(Grants \$) If this amount includes foreign grants, ch	neck here	>	\Box	29a		
30								
	(Grants \$) If this amount includes foreign grants, ch	neck here	<u> </u>		30a		
31		ervices (attach schedule)						
	(Grants \$) If this amount includes foreign grants, ch	neck here	<u> </u>	Ļ	31a	ļ	
		service expenses (add lines 28a through 31a)	ash and average at ast	mnonastad (Saa t	be in	32	no for I	2a+1\/\
	aft IV LIST	of Officers, Directors, Trustees, and Key Employees. List ea	(b) Title and average	(c) Compensation	(d)	Contrib	utions to	(e) Expense
		(a) Name and address	hours per week devoted to position	(If not paid, enter -0)			efit plans & pensation	account and other allowances
 Se	e Schedule		GOTOLOG TO POSIGOTI	Onto City	00.0	nod com	oction	odioi diioivanooo
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	990-EZ (2009) Southeastern States Pupil 54-132			Р	age 3
Pa	art 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		33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				v
35	the changes	at reported	34		<u>X</u>
33	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	ot reported			Ė
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				ĺ
_	6033(e) notice, reporting, and proxy tax requirements?		35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
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		36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	'a			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	re			•
	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	lb			ŧ
39	Section 501(c)(7) organizations Enter				ŧ
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities	<u> b </u>			Ė
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				ĺ
	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 representation of the properties of the proper	etit			İ
	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				l
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		l
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		400		
·	organization managers or disqualified persons during the year under sections 4912,				É
	4955, and 4958			-	Ė
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			:	İ
	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		X
41	List the states with which a copy of this return is filed None				
42a	The organization's books are in care of The Organization	Telephone no ► 804	-26	6 - 8	972
	1107 Haverhill Road				
	Located at ▶ Richmond, VA		27-	143	2
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		42b		X
	If "Yes," enter the name of the foreign country				Ė
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<u> </u>			É
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		Х
Ü	If "Yes," enter the name of the foreign country		446	لـــــا	
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			
	and the ten your				
				Yes	No
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	f			<u> </u>
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		X_
		Fo	orm 99	0-EZ	(2009)

	990-EZ (200	9) Southeas	stern Stat	es Pupil	54	-1327909			Page 4
Pai	t VI S	section 501(c)(3) c	organizations a	and section 4947(a)(1) nonexempt	charitable tru	i sts only . All se	ection	
				on 4947(a)(1) none	kempt charitable	e trusts must a	nswer question	ıs 46-49b)
	<u> </u>	nd complete the ta	ables for lines 5	50 and 51.					
6	Did the orga	inization engage in dire	ct or indirect politica	il campaign activities on t	oehalf of or in oppos	ition to		Yes	No
	candidates f	for public office? If "Yes	," complete Schedul	le C, Part I				46	
7	Did the orga	inization engage in lobb	ying activities? If "Ye	es," complete Schedule	C, Part II			47	
8	_	• •		section 170(b)(1)(A)(ii)? I		hedule E		48	
9a	•			non-charitable related org	•			49a	1
	•	s the related organization	•	*	,			49b	1
i0	-	· ·	J	ompensated employees	other than officers	directore truetage	and key		
	•	J	•	compensation from the	•	·	•		
	employees)				(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expe	nse
		(a) Name and address of than	or each employee paid : \$100,000	more	hours per week	, , , , , , , , , , , , , , , , , , , ,	employee benefit plans &	account	and
					devoted to position		deferred compensation	other allow	ances
					-				
					1				
	·								
							1		
						·	,		
					1				
f	Total numbe	er of other employees p	aid over \$100,000		<u> </u>				
	(a) Name	e and address of each inde	ependent contractor par	ıd more than \$100,000	(b)	Type of service	(c) (Compensation	
									
			·-··-						
						· · · · · · · · · · · · · · · · · · ·			
d	Total numbe	er of other independent	contractors each re	ceiving over \$100,000					
				mined this return, including a					
		nd belief, it is true, correct,	and complete Declara	ition of preparer (other than o	officer) is based on all in	formation of which pro	eparer has any knowle	•	
Sigr	,	K.U.K	Dynum			1 de	cember	6,20	10
dere	• 7	Signature of officer	1.1		_	Date		,	
		K.H.G	YNUM_	Treasurer					
		Type or print name and	title			<u> </u>			
	Pr	reparer's	. 10	\mathcal{A}	Date	Check if self-	Preparer's Ider	itifying Number (See instr)
Paic	_	ignature /	Thomas	w Cars	_ 11/29	9/10 employed	· 🗍 📗 💻		
² rei	oarer's	ırm's name (or yours	E. Thomas	Carson CPA,				4-205	1118
	Only	self-employed),		e Chopt Rd S			Phone		
	- "	- · · · ·		VA 23229					7400
	1 00	ddress and ZIP + 4 '	Richmond	VA 23223			Ino ▶ 804	-6/3-	,
Mav		ddress, and ZIP + 4 vullers this return with the i	Richmond, preparer shown abo		····			-673-1 Yes	$\neg -$
May		uss this return with the p					•	Yes orm 990-E	No

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

Attach to your tax return.

Attachment Sequence No _

vame		rtation Co	•	c.			rying n 132	umber 7909
Busin	ess or activity to which this form relates							
	ndirect Depreciati	.on						
*****	rt! Election To Expen		erty Under Section	179				
•	Note: If you have a	•			complete Pa	rt I		
1	Maximum amount See the instructi						1	250,000
2	Total cost of section 179 property p	=					2	
3	Threshold cost of section 179 prope			ons)			3	800,000
4	Reduction in limitation Subtract line						4	
5	Dollar limitation for tax year Subtract line		•	o separately, se	e instructions		5	
6	(a) Description			st (business use		Elected cost		
<u> </u>								
								
7	Listed property Enter the amount fr	om line 29			7			
8	Total elected cost of section 179 pre		in column (c) lines 6 and	7			8	<u></u>
9	Tentative deduction Enter the sma	•	in column (c), inics o and	•			9	
10	Carryover of disallowed deduction f		008 Form 4562				10	
11	Business income limitation Enter th	•		aro) or line 5 (s	ee instructions)		11	<u> </u>
12	Section 179 expense deduction Ad		•		ee manachona,		12	
13	Carryover of disallowed deduction t	•		IC 11	13		1 12	
	: Do not use Part II or Part III below f							<u>L</u>
	rt II Special Depreciati			ion (Do no	t include liste	d prope	rtv 1	(See instr.)
<u></u> 14	Special depreciation allowance for					u prope	l y j	Oce man j
14			ier trian listed property) p	aced in Service	3		14	
	during the tax year (see instructions Property subject to section 168(f)(1						15	<u> </u>
15							16	91
16 D-	Other depreciation (including ACRS art III MACRS Depreciati		ide listed property.)	(See instru	ictions)		10	1
ГС	MACKS Depreciati	on the not men	Section A	(Oce manu	ictions /			· · · · · · · · · · · · · · · · · · ·
17	MACRS deductions for assets place	ad in service in tay ve		0			17	0
18	·				ounte shook hore	. \Box		<u> </u>
10	If you are electing to group any assets plants Section B—		rvice During 2009 Tax Y				stem	***************************************
	300.0.12	(b) Month and year	(c) Basis for depreciation	(d) Recovery		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(a) Classification of property	placed in service	(business/investment use only-see instructions)	period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property						-	
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
	25-year property			25 yrs		S/L		
h	Residential rental			27 5 yrs	MM	S/L		
	property			27 5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	ММ	S/L		
	property				MM	S/L		
	Section C—A	ssets Placed in Serv	vice During 2009 Tax Ye	ar Using the A	Alternative Depr	eciation S	ystem	
20a	Class life					S/L		
	12-year]		12 yrs		S/L		
	40-year			40 yrs	MM	S/L		
	ert IV Summary (See ins	tructions.)						
21	Listed property Enter amount from						21	
22	Total. Add amounts from line 12, lii	nes 14 through 17, lin	nes 19 and 20 in column (g), and line 21	Enter here			
	and on the appropriate lines of your	_		_			22	91
23	For assets shown above and place		<u>.</u>				_	
	nortion of the basis attributable to s	ection 263A costs			23			!

54-1327909

Federal Statements

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FYE: 7/31/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount
Delegate Registration Fees Refunds	\$ 17,325 -2,800
Total	\$ 14,525

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	An	nount
Other Income	\$	398
Total	\$	398

Q(90	Special Events Schedule						
Form 9	.	For calendar year 2009, or	tax vear beginning	08/01/09	, and ending	07	/31/10	2009
lame ,	 							tification Number
		n States Pupil						
Transp	ortati	on Conference,	Inc.				54-1327	
_		(A)	(B)	(C)		hers	•	Total
Gross receipt		60,175	0		0			60,175
Less contri		60,175	0		0			60,175
Gross revenu Less direct		32,976	0		0			32,976
Net income (I		$\frac{32,570}{27,199}$	0		0 —		 0	27,199
(,			<u> </u>				
Description	(A)	Annual Confe	rence					
	(B)							
	(C)							
	0.00							
	Others							
								
				 				
								
								
								
		·- · · · · · · · · · · · · · · · · · ·						
								
								
				 				
								
								
				······································				

54-1327909

Federal Statements

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FYE: 7/31/2010

Special Events Direct Expenses

Description	Amount
Column A	\$
Annual Conference	
Travel	5,039
Advertising & Promotion	1,000
Supplies & Equipment	2,933
Catering, Entertainmnt, etc	19,058
Conference Rent	4,639
Awards	87
Profess.Develop Course	220
SubTotal	32,976
Total	32,976

Direct expenses other than fundraising expenses reported on Form 990-EZ, page 1, line 6b.

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18060 Southeastern States Pupil

54-1327909

Federal Statements

FYE: 7/31/2010

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Individuals

Relations to Organiza		Class of Activity					
	Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
m-+-1			24,965			-	
Total			24,965			=	

54-1327909

FYE: 7/31/2010

Federal Statements

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Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	A	mount
Expenses	\$	
Board Mtg - Travel		1,564
Audio-Visual & Photograph		290
Meals & Entertainment		1,707
Taxes & Licenses		83
Total	\$	3,644

54-1327909 FYE: 7/31/2010

Federal Statements

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Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

Education and development of high standards regarding equipment, operational practices, and laws and regulations designed to improve the high standards of safety and efficiency in the transportation of public school students.

Southeastern States Pupil Transportation Conference, Inc.

FEIN: 54-1327909

Form 990EZ, Page 2
Part IV List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devote to position	Compensation (If not paid enter -0-)	Contributions to employee benefit plans & deferred compensation	Expense account and other allowances
Leonard C. Swilley, Sr. MS Dept. of Education P.O. Box 771 Jackson, MS 39205-0771	President 5 hrs/wk	0	0	0
June Eanes VA Dept. of Education P. O. Box 2120 Richmond, VA 23218	Vice President 5 hrs/wk	0	0	0
Brad Holley AL Dept of Education 50 N. Ripley Street Montgomery, AL 36130-2101	Secretary 5 hrs/wk	0	0	0
Derek Graham NC Dept. of Education 6319 Mail Service Center Raleigh, NC 27699-6319	Program Chair 5 hrs/wk	0	0	0
Craig Leonard & Mary Aufdemberg Thomas Built Buses, Inc. P O. Box 2450 High Point, NC 27261	Exhibitor Coordinators 5 hrs/wk	0	0	0
Donald N. Tudor SC Dept. of Education 1429 Senate Street, Rm 209A Columbia, SC 29201	Host 5 hrs/wk	0	0	0
R. A. "Buster" Bynum 1107 Haverhill Road Richmond, VA 23227	Treasurer 10 hrs/wk	0	0	0

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FYE: 7/31/2010

Federal Asset Report Form 990, Page 1

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Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
1 2	Depreciation: Computer Projector Fax Machine Dell Computer-Charlie Hood compuder	1/31/02 1/31/02 9/30/03 1/31/09	2,485 130 970 455		2,485 130 970 455	5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L	2,485 130 970 45	0 0 0 0 91
J	Total Other Depreciation	-	4,040	-	4,040	J 1110 07 E	3,630	91
	Total ACRS and Other Depreciation			=	4,040		3,630	91
	Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense		4,040 0 0	_	4,040 0 0	_	3,630 0 0	91 0 0
	Net Grand Totals			_	4,040		3,630	91

FYE: 7/31/2010

Federal Statements

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Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year		Accumulated Depreciation		End of Year		Accumulated Depreciation	
Office Equipment	\$	4,040	\$		\$	4,039	\$	
Accum. Depreciation-Off. Equipmt				3,630				3,721
Total	\$	4,040	\$	3,630	\$	4,039	\$	3,721