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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	116,932.22	125,801.
23 Land and buildings	0.23	0.
24 Other assets (describe in Schedule O) <u>See L-24 Stmt</u>	-7,230.24	-451.
25 Total assets	109,702.25	125,350.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	109,702.27	125,350.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule Q to respond to any question in this Part III

What is the organization's primary exempt purpose? **BUSINESS LEAGUE**

What is the organization's primary exempt purpose? **BUSINESS LEAGUE**
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	PROMOTE, ENCOURAGE AND SUPPORT THE MEAT PROCESSING INDUSTRY AND WHOLESALE MEAT OPERATIONS WITHIN THE SOUTHEASTERN UNITED STATES THRU AN ANNUAL CONVENTION AND NEWSLETTERS. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

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

Check if the organization used Schedule O to respond to any question in this 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 and deferred compensation	(e) Expense account and other allowances
SCOTT KELLEY	PRESIDENT	0.	0.	0.
P.O. BOX 708	10.00	0.	0.	0.
ELBA	AL 36323-0708			
ANNA J. ONDICK	SECRETARY	0.	0.	0.
989 GREENTREE DRIVE	10.00	0.	0.	0.
WINTER PARK	FL 32789			

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O Yes No
33 X

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) Yes No
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, explain in Schedule O why the organization did not report the income on Form 990-T Yes No

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes No
35a X

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)? Yes No
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 Yes No
36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0. Yes No
37b X

b Did the organization file **Form 1120-POL** for this year? Yes No
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 tax year covered by this return? Yes No
38b

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No
39 Section 501(c)(7) organizations Enter Yes No
39a Initiation fees and capital contributions included on line 9 Yes No
39b Gross receipts, included on line 9, for public use of club facilities Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ Yes No
40b Section 501(c)(3) and 501(c)(4) 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 Yes No
40c 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 Yes No
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No
40e 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 Yes No

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

42a The organization's books are in care of ► ANNA ONDICK Telephone no ► (407) 365-5661
Located at ► P.O. BOX 620777 OVIEDO FL ZIP + 4 ► 32762-0777

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)? If 'Yes,' enter the name of the foreign country ► _____

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
42b	<input checked="" type="checkbox"/> X	<input type="checkbox"/>

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a 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 ► _____

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
42c	<input checked="" type="checkbox"/> X	<input type="checkbox"/>

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** Yes No

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44a X

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44b X

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c X

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 Yes No
44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see Inst.)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

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
49a 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.'

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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

Sign Here	► <u>Anna Ondick Executive Director/Secretary</u>		<u>4/12/11</u>
	Signature of officer	Date	
	► <u>Anna Ondick Executive Dir/Secretary</u>		
	Type or print name and title		

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

May
RAA

Form 990-EZ (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010



Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

Name of the organization

SOUTHEASTERN MEAT ASSOCIATION INC.

Employer identification number

59-2642242

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

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

Other expenses (describe in Schedule O)

<u>ASSOCIATION AFFILIATION EXPENSE</u>	125.
<u>BOARD MEETING EXPENSE</u>	2,504.
<u>CONVENTION EXPENSE</u>	38,981.
<u>MANAGEMENT FEE</u>	10,500.
<u>MISCELLANEOUS</u>	61.
<u>OFFICE SUPPLIES</u>	356.
<u>WEBSITE EXPENSE</u>	1,065.
Total	<u>53,592.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
<u>PREPAID ASSOCIATION DUES</u>	-5,550.	-451.
<u>PREPAID CONVENTION INCOME</u>	-1,680.	0.
Total	<u>-7,230.</u>	<u>-451.</u>