

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

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

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

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

**C** Name of organization: **SOUTHEAST MISSOURI ECONOMIC DEVELOPMENT ALLIANCE**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **147 STATE HIGHWAY T**  
 Room/suite \_\_\_\_\_  
 City or town, state or country, and ZIP + 4: **PORTAGEVILLE MO 63873**

**D** Employer identification number: **20-3793578**

**E** Telephone number: **573-379-5431**

**F** Name and address of principal officer: \_\_\_\_\_

**G** Gross receipts \$: **62,108**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c) ( **6** ) (insert no.)  4947(a)(1) or  527

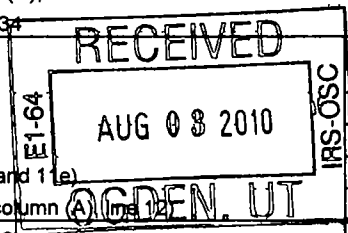
**J** Website: **N/A**

**K** Type of organization:  Corporation  Trust  Association  Other

**L** Year of formation: \_\_\_\_\_ **M** State of legal domicile: **MO**

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. <b>Organization of local government units and business entities within local area with purpose being the attempt to attract new business to locate within this geographical location. The main purpose is to help the</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>11</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>11</b>	
	5	Total number of employees (Part V, line 2a)	<b>0</b>	
	6	Total number of volunteers (estimate if necessary)		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		
	7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>83,450</b>
		9	Program service revenue (Part VIII, line 2g)	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>821</b>	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>84,271</b>	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
16b		Total fundraising expenses (Part IX, column (D), line 25)	<b>1,645</b>	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>110,341</b>	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>110,341</b>	
	19	Revenue less expenses Subtract line 18 from line 12	<b>-26,070</b>	
	20	Total assets (Part X, line 16)	<b>51,351</b>	
	21	Total liabilities (Part X, line 26)	<b>16,704</b>	
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>51,351</b>	
			Beginning of Current Year	End of Year
			<b>51,351</b>	<b>16,704</b>
			<b>51,351</b>	<b>16,704</b>



SCANNED AUG 12 2010

## Part II Signature Block

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**  
 Signature of officer: *David Madison* Date: **5-11-2010**  
**DAVID MADISON** SECRETARY/TREASURER  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: **05/10/10**  
 Check if self-employed:  Preparer's identifying number (see instructions): **P00394861**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Hillin and Clark, PC**  
**711 E. Washington**  
**Hayti, MO 63851**  
 EIN: **43-1182376**  
 Phone no: **573-359-1388**

M2-i2