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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, 2009, 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 OREGON SOLAR ENERGY INDUSTRIES
ASSOCIATION
3855 SW 153RD DRIVE
BEAVERTON, OR 97006

D Employer identification number

93-1321639

E Telephone number

503-619-0505

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).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► WWW.OREGONSEIA.ORG

J Tax-exempt status (check only one) — 501(c) (6) (insert no) 4947(a)(1) or 527K 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 ► \$ 453,599.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1 53,800.
	2 Program service revenue including government fees and contracts	2 252,360.
	3 Membership dues and assessments	3 146,025.
	4 Investment income	4 1,414.
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	b Less: direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ►)	8
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 453,599.
E X P E N S E S	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 46,798.
	13 Professional fees and other payments to independent contractors	13 147,651.
	14 Occupancy, rent, utilities, and maintenance	14 5,405.
	15 Printing, publications, postage, and shipping	15 2,003.
	16 Other expenses (describe ► SEE STATEMENT 1)	16 298,974.
	17 Total expenses. Add lines 10 through 16	17 500,831.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -47,232.
A S S E T S	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)	19 106,375.
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 59,143.

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)

22 Cash, savings, and investments
23 Land and buildings
24 Other assets (describe ► SEE STATEMENT 2)
25 Total assets
26 Total liabilities (describe ► SEE STATEMENT 3)
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
75,780.	22 6,117.
	23
31,370.	24 112,571.
107,150.	25 118,688.
	26 59,545.
106,375.	27 59,143.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

35P

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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, or other relevant information for each program title.

Expenses

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

28	<hr/> <hr/> <hr/>		
	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here		► <input type="checkbox"/> 28a
29	<hr/> <hr/> <hr/>		
	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here		► <input type="checkbox"/> 29a
30	<hr/> <hr/> <hr/>		
	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here		► <input type="checkbox"/> 30a
31	Other program services (attach schedule)		
	(Grants \$ <input type="checkbox"/>) 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 instrs.)

(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
SEE STATEMENT 5		0.	0.	0.

Part V | Other Information (Note the statement requirements in the instrs 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,' attach a conformed copy of the changes	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, attach a statement explaining why the organization did not report the income on Form 990-T.	35a	X
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?	35b	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	36	X
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	0.
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
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?	38b	N/A
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	39a	N/A
39 Section 501(c)(7) organizations Enter:	39b	N/A
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A	40c	
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	40d	
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	40e	0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40f	0.
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	40g	
41 List the states with which a copy of this return is filed ► <u>NONE</u>	42a	
42a The organization's books are in care of ► <u>VITAL TECHNICAL MARKETING INC</u> Telephone no ► <u>503-619-0505</u> Located at ► <u>3855 SW 153RD DRIVE BEAVERTON OR</u> ZIP + 4 ► <u>97006</u>	42b	X
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 ►	42c	X
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 ►		
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		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

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

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 employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

	Yes	No
46		
47		
48		
49a		
49b		

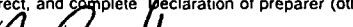
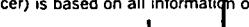
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

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

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			
	► 	► 	15-13-10	
	Signature of officer	Date		
	► 			
	Type or print name and title			
Paid Pre- parer's Use Only	Preparer's signature ► 	Date 5/12/2010	Check if self- employed ► <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) P00225909
	Firm's name (or yours if self- employed), address, and ZIP + 4 ► SEAN S. KIM, C.P.A. 6125 NE CORNELL RD STE 290 HILLSBORO, OR 97124-5417		EIN ► 73-1691547	
			Phone no ► 503-640-8777	

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

BAA

► Yes No

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FEDERAL STATEMENTS
OREGON SOLAR ENERGY INDUSTRIES
ASSOCIATION

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STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 1,998.
BANK CHARGES	1,007.
CONFERENCES, CONVENTIONS, AND MEETINGS	240,430.
DUES AND SUBSCRIPTIONS	350.
INSURANCE	3,119.
LICENSES AND PERMITS	50.
MEETING EXPENSES	3,117.
MISCELLANEOUS	11,446.
OFFICE EXPENSES	861.
TELEPHONE	771.
TRAINING	6,216.
TRAVEL	20,679.
WEBSITE EXPENSE	8,930.
TOTAL	<u>\$ 298,974.</u>

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 31,370.	\$ 112,571.
TOTAL	<u>\$ 31,370.</u>	<u>\$ 112,571.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 45,638.
GRANTS PAYABLE	0.	13,907.
PAYROLL LIABILITIES	775.	0.
TOTAL	<u>\$ 775.</u>	<u>\$ 59,545.</u>

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

AT THE OREGON SOLAR ENERGY INDUSTRIES ASSOCIATION, WE ARE COMMITTED TO MAKING SURE THAT ALL STAKEHOLDERS IN THE OREGON SOLAR ENERGY INDUSTRY ARE WELCOME, REPRESENTED, AND VALUED. OSEIA WILL FACILITATE THE GROWTH OF THE SOLAR INDUSTRY IN A RESPONSIBLE AND SUSTAINABLE WAY, DRIVE PUBLIC POLICY WHICH SUPPORTS THE RAPID GROWTH OF THE INDUSTRY, AND PROVIDE LEADERSHIP IN EDUCATION AND TRAINING FOR WORKFORCE DEVELOPMENT.

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STATEMENT 5
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
BRENT GUNDERSON PO BOX 25553 PORTLAND, OR 97298	PRESIDENT 6.00	0. \$	0. \$	0.
SANDRA WALDEN 621 SW ALDER ST., STE 310 PORTLAND, OR 97205	VICE PRESIDENT 3.00	0.	0.	0.
FRANK VIGNOLA UNIVERSITY OF OREGON EUGENE, OR 97403-1274	SECRETARY 2.00	0.	0.	0.
ANDY NOEL 833 SE MAIN ST., MB #134 PORTLAND, OR 97214	CHAIRMAN 3.00	0.	0.	0.
DEAN ABNEY 11244 NW KINGWOOD DR REDMOND, OR 97756	DIRECTOR 1.00	0.	0.	0.
SCOTT BOLTON 825 NE MULTNOMAH PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.
ROB LAVIGNE 6312 SW CAPITOL HWY., #180 PORTLAND, OR 97239	DIRECTOR 1.00	0.	0.	0.
DAVID BROWN 10260 SW GREENBURG RD #1150 PORTLAND, OR 97223	DIRECTOR 3.00	0.	0.	0.
RUSS WRIGHT 9952 SE ASH STREET SUITE B PORTLAND, OR 97216	DIRECTOR 3.00	0.	0.	0.
PAT SCHELLRUP 6125 NE PORTLAND HWY PORTLAND, OR 97218-2923	DIRECTOR 3.00	0.	0.	0.
LITA COLLIGAN 7726 SE HARMONY ROAD PORTLAND, OR 97222	DIRECTOR 1.00	0.	0.	0.
BOB BEISNER 25300 NW EVERGREEN ROAD HILLSBORO, OR 97124	DIRECTOR 1.00	0.	0.	0.

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STATEMENT 5 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ERIC NILL 65 CENTENNIAL LOOP EUGENE, OR 97401	DIRECTOR \$ 1.00	0. \$	0. \$	0.
VINCE MCCLELLAN PO BOX 26039 EUGENE, OR 97402	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 6
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
 INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
 INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO