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A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AE PRONET		D Employer identification number 94-3100067
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 12066		E Telephone number (503) 282-3444
Name change				
Initial return		City or town, state or country, and ZIP + 4 PORTLAND, OR 97212		F Group Exemption Number
Terminated				
Amended return				
Application pending				

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: <u>WWW.AEPRONET.PR.G</u>		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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	\$	153,004
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue	1	Contributions, gifts, grants, and similar amounts received			1	51,757
	2	Program service revenue including government fees and contracts			2	33,081
	3	Membership dues and assessments			3	46,250
	4	Investment income			4	2,299
	5a	Gross amount from sale of assets other than inventory	5a		5c	
	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)				
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			6c	
	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)				
	7a	Gross sales of inventory, less returns and allowances	7a	19,617	7c	-58,344
	b	Less cost of goods sold	7b	77,961		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe <input type="checkbox"/> _____)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7 c, and 8 <input type="checkbox"/>			9	75,043	
Expenses	10	Grants and similar amounts paid (attach schedule)			10	1,000
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	38,506
	13	Professional fees and other payments to independent contractors			13	1,955
	14	Occupancy, rent, utilities, and maintenance			14	5,090
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe <input type="checkbox"/> _____)			16	90,099
	17	Total expenses. Add lines 10 through 16 <input type="checkbox"/>			17	136,650
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-61,607
	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	242,264
	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 <input type="checkbox"/>			21	180,657

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	243,596	22 181,945
23	Land and buildings		23
24	Other assets (describe  _____)		24
25	Total assets	243,596	25 181,945
26	Total liabilities (describe   _____)	1,332	26 1,288
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	242,264	27 180,657

Part III Statement of Program Service Accomplishments (See the instructions for Part III)			Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? EDUCATION/TRAINING ARCHITECTS AND ENGINEERS				
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				
28 OVER THE YEARS A/E PRONET HAS PRODUCED VARIOUS EDUCATIONAL PUBLICATIONS THAT ARE DISTRIBUTED THROUGH THE MAIL AND WEB SITE. THE NEWEST ISSUE IS SOLD AT COST TO MEMBERS AND A PROFIT TO NONMEMBERS. THE PUBLICATIONS ARE DISTRIBUTED BY MEMBERS TO THEIR CLIENTS AND TO OTHER INTERESTED PARTIES. A/E PRONET SPONSORS AN ANNUAL DEVELOPMENT SEMINAR FOR THE INSURANCE COMMITTEES OF THREE NATIONAL PROFESSIONAL SOCIETIES. THE ORGANIZATION HAS DEVELOPED A TOTAL OF FIVE CONTINUING EDUCATION COURSES THAT ARE AVAILABLE ON THE INTERNET FOR STUDY TO MEET THE LEARNING UNIT CREDITS AS REQUIRED BY THE AIA AND STATE LICENSING BOARDS. A/E PRONET HAS SPONSORED EVENTS AT THE MEETINGS AND CONVENTIONS OF OTHER NONPROFIT ORGANIZATIONS, SUCH AS ENGINEERING AND ARCHITECT GROUPS, TO EDUCATE OTHER PROFESSIONALS. THE ORGANIZATION HAS CREATED A WEB SITE FOR THE BENEFIT OF THE DESIGN PROFESSIONALS SEEKING RISK MANAGEMENT ADVICE. (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 (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			31a	
32 Total program service expenses (add lines 28a through 31a)			32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for 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 & deferred compensation	(e) Expense account and other allowances

Part VOther 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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?	35a	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	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 period covered by this return?	38a	No
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	No
41	List the states with which a copy of this return is filed ▶ CA		
42a	The organization's books are in care of ▶ F DAVID SHIPLEY Telephone no ▶ (503) 282-3444 PO BOX 12066 Located at ▶ PORTLAND, OR ZIP + 4 ▶ 97212		
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
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 ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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 "








(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

50(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













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

Please 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		2010-05-10 Date		
F DAVID SHIPLEY TREASURER Type or print name and title					
Paid Preparer's Use Only	Preparer's signature  STEPHEN S STAUDINGER		Date 2010-05-11	Check if self-employed  <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  STEPHEN S STAUDINGER CPA 12503 SE MILL PLAIN BLVD STE 208 VANCOUVER, WA 986844007				EIN 
					Phone no  (360) 882-3802
May the IRS discuss this return with the preparer shown above? See instructions  Yes  No					

Additional Data

Software ID:
Software Version:
EIN: 94-3100067
Name: AE PRONET

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

(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 & deferred compensation	(E) Expense account and other allowances
ROBERT COLEMAN  39475 13 MILE RD SUITE 106 MOVI,MI 48377	PRESIDENT 0	0		
JEFF TODD  PO BOX 4177 MOORESVILLE,NC 28117	VICE - PRES 0	0		
ERIC MOORE  667 NORTH HOWELL PO BOX 207 HILLSDALE,MI 49242	SECRETARY 0	0		
F DAVID SHIPLEY  PO BOX 12066 PORTLAND,OR 97212	TREASURER 0	0		
LYNN CAMPBELL  5740 S ARVILLE SUITE 204 LAS VEGAS,NV 89118	REC SECRETA 0	0		
DAN MIDDLETON  3543 SOMERSET CIRCLE KISSIMMEE,FL 34746	PAST EXC DIR 0	28,166	8,147	
DAVID JOHNSTON  636 DARCEY DRIVE WINTER PARK,FL 32792	EXECUTIVE DI 0	40,000		
LESLIE PANCOST  3875 HOPYARD RD SUITE 240 PLEASANTON,CA 94588	PRES ELECT 0	0		
SCOTT MILLER  777 MAIN ST STE C-50 FORT WORTH,TX 76102	PAST PRES 0	0		
EARLEEN THOMAS  14252 CULVER DRIVE A-299 IRVIVNE,CA 92604	DIRECTOR 0	0		
MICHAEL WELBEL  633 SKOKIE BLVD 470 NORTHBROOK,IL 60062	DIRECTOR 0	0		
GREG D KUMM JR  111 BROADWAY 14TH FLOOR NEW YORK,NY 100061901	DIRECTOR 0	0		

TY 2009 Compensation Explanation**Name:** AE PRONET**EIN:** 94- 3100067

Person Name	Explanation
ROBERT COLEMAN	
JEFF TODD	
ERIC MOORE	
F DAVID SHIPLEY	
LYNN CAMPBELL	
DAN MIDDLETON	
DAVID JOHNSTON	
LESLIE PANCOST	
SCOTT MILLER	
EARLEEN THOMAS	
MICHAEL WELBEL	
GREG D KUMM JR	

TY 2009 Other Assets Schedule**Name:** AE PRONET**EIN:** 94-3100067

Description	Beginning of Year Amount	End of Year Amount
OFFICE EQUIPMENT	4,161	4,162
LESS ACCUMULATED DEPRECIATION	4,161	4,162

TY 2009 Other Expenses Schedule**Name:** AE PRONET**EIN:** 94-3100067

Description	Amount
EXPENSES	
ORGANIZATIONAL PROMOTION	13,212
OFFICE SUPPLIES	2,933
TRAVEL BOARD/COMMITTEES	9,479
BANK CHARGES	614
COMMITTEE MEETING EXP.	1,570
DEVELOPMENT ED PRODUCT	4,768
GIFTS	1,262
INSURANCE	5,496
INTERNET	494
LICENSES AND TAXES	89
MEALS AND ENTERNTAINMENT	1,412
MEMBERSHIP MEETING EXP.	39,043
POSTAGE	1,834
PRINTING/COPYING	1,387
TELEPHONE	2,011
WEBSITE MAINTENANCE	4,495

TY 2009 Other Liabilities Schedule

Name: AE PRONET
EIN: 94-3100067

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	1,332	1,288
	1,332	1,288