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A For the 2011 calendar year, or tax year beginning 09-01-2011

C Name of organization

OF OREGON INC

STRUCTURAL ENGINEERS ASSOCIATION

As Filed Data -

DLN: 93492313007172

D Employer identification number

93-0523835

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

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, organizations that operate one or more hospital facilities, and

certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

, and ending 08-31-2012

Open to Public **Inspection**

Name change Initial return		hange Number and street (or P O box, if mail is not delivered to street address) Room/suite		ephone number		
			Litelep	mone n	umber	
Γ	eminat					
Amended return		■ PORILAND. OR 9/219	F Grou	up Exemption		
Αį	plication	ion pending	Num	БСТ	•	
		H Check	• ⊽ •	fthe o	rganization is not	
G A c	count	requir	ed to atta	ach So	hedule B	
T \M.	hoito	(Form	990,99	0-EZ,	or 990-PF)	
		npt status(check only one) — 501(c)(3) 501(c)(6) 4(insert no) 4947(a)(1) or 527				
		if the organization is not a section 509(a)(3) supporting organization or a section 527 organization				
		not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N ons) But if the organization chooses to file a return, be sure to file a complete return	(e-postc	ard) n	nay be required (see	
		5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II,	ıne 25, colu	ımn (B)	below) are \$500,000 or	
		Form 990 instead of Form 990-EZ				
Pa	rt I	_ , , , , , , , , , , , , , , , , , , ,	ınstructı	ions fo	or Part I) . . . ▽	
	4	Check if the organization used Schedule O to respond to any question in this Part I			! •	
	1		•	1	71.026	
	2	Program service revenue including government fees and contracts	•	2	71,026	
	3	Membership dues and assessments		3	47,778	
	4	Investment income	•	4	21	
	5a	Gross amount from sale of assets other than inventory 5a				
ıııe	b	Less cost or other basis and sales expenses 5b				
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
Ä	6	Gaming and fundraising events				
	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a				
	Ь	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions excee				
		\$15,000)	42252			
		6b	13,253			
	С	Less direct expenses from gaming and fundraising events 6c	10,785			
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line	6c)	6d	2,468	
	7a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c		
	8	Other revenue (describe in Schedule O)		8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	121,293	
	10	Grants and similar amounts paid (list in Schedule O)		10	6,681	
	11	Benefits paid to or for members		11		
	12	Salaries, other compensation, and employee benefits		12		
8	13	Professional fees and other payments to independent contractors		13	24,568	
ens	14	Occupancy, rent, utilities, and maintenance		14		
Expenses	15	Printing, publications, postage, and shipping		15	9,762	
ш	16	Other expenses (describe in Schedule O)		16	59,374	
	17	Total expenses. Add lines 10 through 16		17	100,385	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	_	18	20,908	
Set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	-			
AS	13	end-of-year figure reported on prior year's return)	_	19	61,973	
Net.Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	•		<u> </u>	
_		Net assets or fund balances at end of year Combine lines 18 through 20		20	82,881	
	21	Net assets of fund parametes at end of year Combine lines to through 20		21	02,001	

Check if the organization used	Schedule O to respond to	any question in th	ıs Part II		<u>F </u>
(See the instruc	tions for Part II)	Γ	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		🕇	61,973	22	82,881
23 Land and buildings		🕇	·	23	,
24 Other assets (describe in Schedule O)			24	
25 Total assets	, 	📙	61,973	25	82,881
26 Total liabilities (describe in Schedule	0)	· · · ·		26	
27 Net assets or fund balances (line 27 o	•	th line 21)	61,973	-	82,881
Check if the organization used What is the organization's primary exempt	Service Accomplishnder Schedule O to respond to	nents	_	(Re	Expenses equired for section 501 (3) and 501(c)(4)
PROMOTE PROFESSIONAL STANDARDS Describe the organization's program service measured by expenses. In a clear and con- benefited, and other relevant information for	e accomplishments for eac cise manner, describe the			494	anizations and section 47(a)(1) trusts, ional for others)
28 SEMINARS AND WORKSHOPS AND EI (Grants \$) If thi	OUCATION s amount includes foreign	grants, check here	▶┌	28a	
29 MEMBERSHIP MEETINGS (Grants \$) If the	s amount includes foreign	grants, check here	▶┌	29a	
(Cranto to)					
31 Other program services (describe in Sc	s amount includes foreign hedule O)			30a 31a	
32 Total program service expenses (add lin	es 28a through 31a) .			32	
Part IV List of Officers, Directors, True Check if the organization used			,		ns for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensat (If not paid, enter -0)	ion (d) Contribution	lans 8	(e) Expense account and other allowances
See Additional Data Table					

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 $$. $$. $$. $$. $$.					
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O					
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)					
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					
a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?					
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b				
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Part III	35c		No		
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 F					
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 tax year 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					
а	Initiation fees and capital contributions included on line 9					
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	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 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					
		40b				
С	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	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization					
	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		
	List the states with which a copy of this return is filed 🕨					
42a	The organization's books are in care of ► AUDREY PERINO Telephone no	► (50	3)246	<u>-6462</u>		
	9220 SW BARBUR BLVD 119 PMB336 Located at PORTLAND, OR ZIP + 4	▶ 9	7219			
.	At any time during the calendar year, did the organization have an interest in or a signature or other authority					
J	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No		
	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.					
С	f 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	• •		▶ Г		
			Yes	No		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of					
	Form 990-EZ.	44a		No		
b	b Did the organization operate one or more hospital facilities during the year? <i>If 'Yes,' Form 990 must be completed instead of Form990-EZ</i>					
C	Did the organization receive any payments for indoor tanning services during the year?	44c		No		
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					
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d				
		45a		No		
45b	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 instructions)	45b				

Form 9	90-E	Z (2011)							Page 4
46 D	Oid th	e organization engage, directly (or indirectly, in politica	ıl campaıgn actıvıtıes	on behalf of or	ın opposition to		Yes	No
С	andıc	lates for public office? If "Yes,"	complete Schedule C,	Part I			46		No
Part	VI	Section 501(c)(3) organal All section 501(c)(3) organary 47-49b and 52.			-			_	stions
		Check if the organization used	Schedule O to respon	d to any question in t	his Part VI	<u> </u>			<u></u>
								Yes	No
	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II								
48 I	48 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E								
49 a D	49a Did the organization make any transfers to an exempt non-charitable related organization?						49a		
b I	f"Ye	s," was the related organization	a section 527 organiza	ation?			49b		
		lete this table for the organization							
		yees) who each received more t 	han \$100,000 of comp (b) Title and average			nere is none, ente		e " e) Expe	ns a
(a) N		and address of each employee d more than \$100,000	hours per week	(c) Compensat	ion employe	e benefit plans &	a	count	and
	F	 	devoted to position		deferre	d compensation	othe	erallow	ances
				<u> </u>		_	_		
f	TOLA	I number of other employees pa	id over \$100,000 .						
		ete this table for the organization			contractors wh	o each received r	nore th	an \$10	0,000
		pensation from the organization me and address of each indeper			(b) T)	una of comusa	(a) (`amnan	
(;	a) Na	me and address of each indeper	ndent contractor paid n	nore than \$100,000	(B) 1 y	pe of service	(c) (ompen	sation
d 52		I number of other independent c the organization complete Sche			rations and 40		mnt ch	ritable	truete
J_		t attach a completed Schedule						Yes	
		ies of perjury, I declare that I have							
knowled knowled		nd belief, it is true, correct, and co	omplete. Declaration of p	reparer (other than offi	icer) is based o	n all information o	f which	prepare	r has any
					<u> </u>				
C:		******							
Sign Here		Signature of officer PAUL WALKER TREASURER							
		Type or print name and title							
		Preparer's Superture EUGENE D EMGE Date Check If Superture EUGENE D EMGE 2012-11-05 Self- (See instructions)						ification i	number
Paid		Signature	2012-11-05		employed 🕨	- (SSS MISCIACIONS	,		
Prepare Use Or	nlv	ıf self-employed),							
220 01	Phone no • (54)						H1) 485-2100		
Mav th	e IRS	EUGENE, OI discuss this return with the pre		ee instructions		<u> </u>			No
						_ <u> </u>		-	

Additional Data

Software ID: Software Version:

EIN: 93-0523835

Name: STRUCTURAL ENGINEERS ASSOCIATION

OF OREGON INC

Form 990-EZ, Special Condition Description:

Special Condition Description

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
ED QUESENBERRY 2 9220 SW BARBUR BLVD 119 PMB 336 PORTLAND, OR 97219	PAST PRESIDE 1 00	0		
AARON BURKHARDT 9220 SW BARBUR BLVD 119 PMB 336 PORTLAND, OR 97219	PRESIDENT 1 00	0		
AMIT KUMAR 9220 SW BARBUR BLVD 119 PMB 336 PORTLAND, OR 97219	VICE PRESIDE 1 00	0		
JENIFER EGGERS 9220 SW BARBUR BLVD 119 PMB 336 PORTLAND, OR 97219	SECRETARY 1 00	0		
DON ELLSWORTH 50 9220 SW BARBUR BLVD 119 PMB 336 PORTLAND, OR 97219	DIRECTOR 000 00	0		
JASON THOMPSON 9220 SW BARBUR BLVD 119 PMB 336 PORTLAND, OR 97219	DIRECTOR 1 00	0		
SHELLY DUQUETTE 29220 SW BARBUR BLVD 119 PMB 336 PORTLAND, OR 97219	TREASURER 1 00	0		

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As Filed Data -

DLN: 93492313007172

OMB No 1545-0047

2011

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization STRUCTURAL ENGINEERS ASSOCIATION OF OREGON INC

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

93-0523835

ldentifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	NCSEA 6,480 WCSEA 201
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 739 PO BOX 300 COMPUTER PROJECTOR 1,729 TELEPHONE 630 WEBSITE DESIGN 3,551 MILAGE AND PARKING 25 TRAVEL 2,586 CATERING 11,190 EVENTS 325 FACILITIES 18,732 GIFTS 2,447 REGISTRATIONS 2,150 SPEAKER 4,000 SPEAKER REIMBURSEMENTS 4,508 VIDEO SERVICES 911 WEB CAST CATERING 24 BANK CHARGES 3,078 BOOK PURCHASES 2,361 LICENSES AND FEES 50 YMF 38 TOTAL 59,374
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	PRIOR YEAR ADJUSTMENTS 0

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TY 2011 Compensation Explanation

Name: STRUCTURAL ENGINEERS ASSOCIATION

OF OREGON INC

EIN: 93-0523835

Person Name	Explanation
ED QUESENBERRY	
AARON BURKHARDT	
AMIT KUMAR	
JENIFER EGGERS	
DON ELLSWORTH	
JASON THOMPSON	
SHELLY DUQUETTE	