As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492195019670 OMB No 1545-1150 Short Form Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to ▶ Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019 B Check if applicable D Employer identification number C Name of organization STRUCTURAL ENGINEERS ASSOCIATION ☐ Address change OF WASHINGTON 91-6055818 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 5727 BAKER WAY NW SUITE 200 ☐ Final return/terminated (877) 460-5880 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return GIG HARBOR, WA 98332 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** G Accounting Method ☑ Cash ☐ Accrual Other (specify) ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www SEAW ORG **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 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, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received . . . . . . . . . . . . . . 2 Program service revenue including government fees and contracts . . . . . . . . . 2 28,616 3 3 54,953 4 4 5a Gross amount from sale of assets other than inventory . . . . . . h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d d 7a Gross sales of inventory, less returns and allowances . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . c 7c 8 Other revenue (describe in Schedule O) . . . 8 6,570 9 90,139 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . 10 10 Grants and similar amounts paid (list in Schedule O) . 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits . Expenses 13 13 56,810 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . . 15 Printing, publications, postage, and shipping. 15 1,115 16 Other expenses (describe in Schedule O) 16 195,754 17 **Total expenses.** Add lines 10 through 16 17 253.679 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -163,540 Net Assets 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) . . . . . . . . . . . . . . . . . . 19 249.845 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . . . . . . . . 21 86,305 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2019) Cat No 10642I

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V	• • •		
	Dulation and the state of the s	-	Yes	<u>No</u>
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	33		No
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	34		No
35a	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)?	35a		No
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 ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37ь		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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			
	Initiation fees and capital contributions included on line 9	1		
	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ►, section 4912 ►, section 4955 ►			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
41	List the states with which a copy of this return is filed ▶  The organization's books are in care of ▶ ASSOCIATION MANAGEMENT INC  Telephone r	ıo <b>▶</b> (25	3) 460-	5880
42a	•		·	
	Located at ► 5727 BAKER WAY NW SUITE 200 GIG HARBOR, WA ZIP + 4 ►	98332		
		-	Yes	No No
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	42b	103	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	420		
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
С	Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶		l	
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	<u> </u>		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	44a		No
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	44b		No
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	44d		
45°	explanation in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44a 45a		No No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	$\vdash$		
	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		

orm 990-E	2 (2019)									Page
• <b>6</b> Did th	ne organization engage, direct	ly or indirec	thy un nolitical campaig	an activities on be	shalf of or	in annosition to			Yes	No
	dates for public office? If "Yes							46		No
art VI	Section 501(c)(3) Orga		-	47 40h	d 50		lala.a	£5 l	50	
	All section 501(c)(3) orga Check if the organization use	d Schedule	nust answer question of to respond to any question of the contract of the cont	ons 47- 49b and Jestion in this Par	d 52, and rt VI		tables	for III	[	and s
							ı		Yes	No
	ne organization engage in lobb s," complete Schedule C, Part		es or have a section 5	01(h) election in a	effect duri	ng the tax year?		47		
	organization a school as desc		tion 170(b)(1)(A)(u)?	If "Yes " complete	e Schedule	F		48		
	ne organization make any tran							49a		
	s," was the related organization		•					49b		
	elete this table for the organiza						stees aı	nd key	employ	/ees)
	each received more than \$100 Name and title of each emplo		pensation from the org	janization If ther (c) Reportat		enter "None "  (d) Health bene	fits.	<b>(e)</b> Es	tımated	amou
			hours per week devoted to position	compensation (Forms W-2/10 MISC)	on con 099-	tributions to em benefit plans, a eferred compens	ployee nd			
f Tota	al number of other employees	paid over \$	100,000				▶			
	elete this table for the organiza			ndependent contra	actors who	each received r	nore tha	an \$10	0,000 o	۰f
compe	ensation from the organization  (a) Name and business a		· · · · · · · · · · · · · · · · · · ·	actor	(b)	Type of service	(c)	Compe	ensation	
	(4,				(-)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,			
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							-			
<b>d</b> Tota	al number of other independer	t contractor	s each receiving over	\$100 000			<u> </u>			_
	·		-							
. Did con	l the organization complete Sc npleted Schedule A	hedule A? <b>N</b>	OTE. All section 501(	c)(3) organization	ns must att • • • • •	ach a	•	□Ye	s 🗆 I	No
der nenal	ties of perjury, I declare that	I have exam	uned this return unclu	dına accompanyır	na schedule	es and statemen				
	and belief, it is true, correct, a									
	N					İ				
ın	Signature of officer Date									
re	DARRELL STAALESON PRESIDE	NT								
	Type or print name and title  Print/Type preparer's nam	e	Preparer's signature		Date	Т п	PTIN			
id	TERRY L ZIEGLER CPA					Check L If self-employed	P00031	770		
eparei	l l					Firm's EIN ► 9	1-150318	33		
e Only	Timis address P TO BOX	Firm's address ▶ PO BOX 1614 Phone no (253) 572-9					) 572-99	22		_
	TACOMA	, WA 984011	614							
	Timis address P TO BOX	, WA 984011				Prione no (253		22 <b>Yes</b>		

## **Additional Data**

Software ID:

Software Version:

**EIN:** 91-6055818

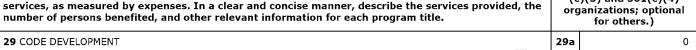
Name: STRUCTURAL ENGINEERS ASSOCIATION

OF WASHINGTON

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's pro services, as measured by exper number of persons benefited, a	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)			
28 SEMINARS AND MEETINGS ON STE COURSE FOR STATE EXAM AND MO	RUCTURAL ENGINEERING TOPICS, CONTINUING EDUCATION, REFRESHER DNTHLY DINNER MEETINGS	28a	0	
(Grants \$ 0)	If this amount includes foreign grants, check here $\ldots$ . $\blacktriangleright$			

Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4)



If this amount includes foreign grants, check here . . .  $\blacktriangleright$ (Grants \$ 0)

Form 990EZ, Part III - Statement of Program Service Accomplishments

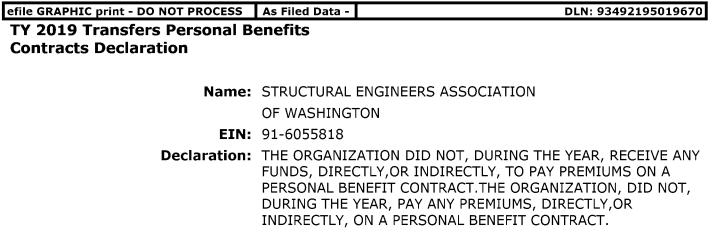
Form 990EZ, Part III - Statement of Program Service Accomplishments

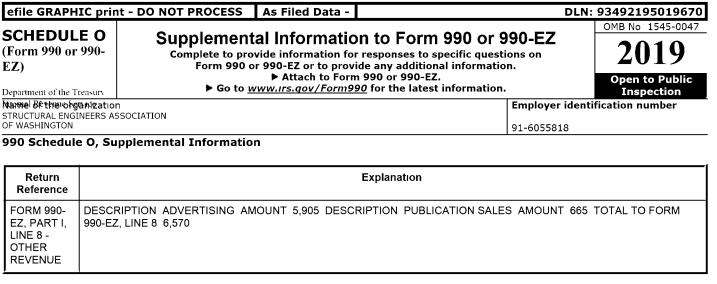
Expenses
(Required for section 501

services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		organizations; optional for others.)		
30 MEMBERSHIP SERVICES	30a	0		

(Grants \$ 0)

If this amount includes foreign grants, check here . . . . . . . . .





## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK/CREDIT CARD FEES AMOUNT 3,790 DESCRIPTION INSURANCE AMOUNT 4,704 DESCRIPTION STATE EXPENSES AMOUNT 38,284 DESCRIPTION CHAPTER EXPENSES AMOUNT 21,160 DESCRIPTION DISASTER PREPAREDNESS AMOUNT 11,090 DESCRIPTION EDUCATION AMOUNT 9,53 8 DESCRIPTION OUTREACH AMOUNT 16,092 DESCRIPTION WEBSITE/COMMUNICATION AMOUNT 5,6 66 DESCRIPTION CONFERENCES/CONVENTIONS/MEETINGS AMOUNT 81,183 DESCRIPTION OFFICE EXP ENSES AMOUNT 497 DESCRIPTION SCHOLARSHIP AMOUNT 3,750 TOTAL TO FORM 990-EZ, LINE 16 195,754