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Amended

0703

Form 990

# 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)

OMB No 1545-0047

2006

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 4/01, 2006, and ending 3/31, 2007

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☒ Amended return  
☐ Application pending

C Please use IRS label or print or type. See specific instructions.  
SEATTLE PROF ENGINEERING EMPLOYEES ASSN  
DBA SOC OF PROF ENG EMPL IN AEROSPACE  
15205 52ND AVENUE SOUTH  
SEATTLE, WA 98188-2336

D Employer Identification Number  
91-0583387

E Telephone number  
(206) 433-0991

F Accounting method  
☐ Cash ☒ Accrual  
☐ Other (specify) G

H and I are not applicable to section 527 organizations  
H (a) Is this a group return for affiliates? ☐ Yes ☒ No  
H (b) If 'Yes' enter number of affiliates. G  
H (c) Are all affiliates included? ☐ Yes ☐ No  
(If 'No,' attach a list. See instructions.)  
H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number G

M Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) ☒ 501(c) 5 H (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 G 7,957,059

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

1	2	3	4	5	6a	6b	7	8a	8b	8c	8d	9a	9b	9c	10a	10b	10c	11	12	13	14	15	16	17	18	19	20	21
Contributions, gifts, grants, and similar amounts received																												
a Contributions to donor advised funds																												
b Direct public support (not included on line 1a)																												
c Indirect public support (not included on line 1a)																												
d Government contributions (grants) (not included on line 1a)																												
e Total (add lines 1a through 1d) (cash \$ noncash \$)																												
2 Program service revenue including government fees and contracts (from Part VII, line 1a)																												
3 Membership dues and assessments																												
4 Interest on savings and temporary cash investments																												
5 Dividends and interest from securities																												
6a Gross rents																												
b Less rental expenses																												
c Net rental income or (loss) Subtract line 6b from line 6a																												
7 Other investment income (describe G)																												
8a Gross amount from sales of assets other than inventory																												
b Less cost or other basis and sales expenses																												
c Gain or (loss) (attach schedule) STATEMENT 1																												
d Net gain or (loss) Combine line 8c, columns (A) and (B)																												
9 Special events and activities (attach schedule) If any amount is from gaming, check here G																												
a Gross revenue (not including \$ 3,092 of contributions reported on line 1b)																												
b Less direct expenses other than fundraising expenses																												
c Net income or (loss) from special events Subtract line 9b from line 9a																												
10a Gross sales of inventory, less returns and allowances																												
b Less cost of goods sold																												
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a																												
11 Other revenue (from Part VII, line 103)																												
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11																												
13 Program services (from line 44, column (B))																												
14 Management and general (from line 44, column (C))																												
15 Fundraising (from line 44, column (D))																												
16 Payments to affiliates (attach schedule)																												
17 Total expenses Add lines 16 and 44, column (A)																												
18 Excess or (deficit) for the year Subtract line 17 from line 12																												
19 Net assets or fund balances at beginning of year (from line 73, column (A))																												
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4																												
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20																												

**Part I** Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) SEE STMT 5	25a 313,589			
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b 0			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 2,756,719			
27 Pension plan contributions not included on lines 25a, b, and c	27 412,911			
28 Employee benefits not included on lines 25a - 27	28 453,549			
29 Payroll taxes	29 229,659			
30 Professional fundraising fees	30			
31 Accounting fees	31 30,645			
32 Legal fees	32 60,958			
33 Supplies	33 106,735			
34 Telephone	34 69,136			
35 Postage and shipping	35 81,613			
36 Occupancy	36 41,575			
37 Equipment rental and maintenance	37 50,931			
38 Printing and publications	38 63,306			
39 Travel	39 45,445			
40 Conferences, conventions, and meetings	40 261,322			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 133,898			
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 6	43a 1,043,534			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 6,155,525			

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ N/AG ☐ Yes ☐ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III** Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? G SEE STATEMENT 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here G ☐

b \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here G ☐

c \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here G ☐

d \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here G ☐

e Other program services  
 (Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here G ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) G

**Part IV** Balance Sheets (See the instructions.)

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash - non-interest-bearing	277,333.	45	773,082
	46 Savings and temporary cash investments	286,556	46	725,041
	47a Accounts receivable	56,006		
	b Less allowance for doubtful accounts		47c	56,006.
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	46,498	53	58,074
	54a Investments - publicly-traded securities		54a	
	b Investments - other securities (attach sch)	1,772,532.	54b	1,773,069
LIABILITIES	55a Investments - land, buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
	56 Investments - other (attach schedule)	140,000.	56	140,000
	57a Land, buildings, and equipment basis	2,551,203.		
	b Less accumulated depreciation (attach schedule)	773,043.	57c	1,778,160
	58 Other assets, including program-related investments (describe G _____)		58	
	59 Total assets (must equal line 74) Add lines 45 through 58	4,412,008	59	5,303,432.
	60 Accounts payable and accrued expenses	90,615	60	153,291
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe G SEE STATEMENT 9 _____)	472,900	65	462,260
	66 Total liabilities Add lines 60 through 65	563,515	66	615,551
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,440,726	67	2,960,599
	68 Temporarily restricted	1,407,767	68	1,727,282
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	3,848,493	73	4,687,881
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,412,008	74	5,303,432

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Form 990 (2006)



Yes	No
-----	----

G 7

75b		X
-----	--	---

75c	X
-----	---



75d		X
-----	--	---

**Part V.B.** Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76		X
----	--	---

77	X	
----	---	--

78a	X
-----	---



--	--	--



81a		0
-----	--	---

81b	X
-----	---

**Part VII Other Information (continued)**

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82 a X

b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)

82 b N/A

83 a Did the organization comply with the public inspection requirements for returns and exemption applications?

83 a X

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83 b X

84 a Did the organization solicit any contributions or gifts that were not tax deductible?

84 a X

b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84 b N/A

85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?

85 a X

b Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85 b X

If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.

c Dues, assessments, and similar amounts from members.

85 c N/A

d Section 162(e) lobbying and political expenditures

85 d N/A

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85 e N/A

f Taxable amount of lobbying and political expenditures (line 85d less 85e)

85 f N/A

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85 g N/A

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85 h N/A

86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12

86 a N/A

b Gross receipts, included on line 12, for public use of club facilities

86 b N/A

87 501(c)(12) organizations Enter a Gross income from members or shareholders

87 a N/A

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87 b N/A

88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX

88 a X

b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI

G 88 b X

89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 G \_\_\_\_\_ N/A, section 4912 G \_\_\_\_\_ N/A, section 4955 G \_\_\_\_\_ N/A

b 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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction

89 b N/A

c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

G N/A

d Enter Amount of tax on line 89c, above, reimbursed by the organization

G N/A

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

89 e X

f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?

89 f X

g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89 g X

90 a List the states with which a copy of this return is filed G NONE

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)

90 b 33

91 a The books are in care of G PAULINE TAMBLYN Telephone number G (206) 433-0991

Located at G 15205 52ND S, SEATTLE WA, ZIP + 4 G 98188-2336

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)?

91 b X

If 'Yes,' enter the name of the foreign country G

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

BAA

Form 990 (2006)



**Part VI** Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes

No

X

If 'Yes,' enter the name of the foreign country G

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here.

N/A

G

and enter the amount of tax-exempt interest received or accrued during the tax year

G

92

N/A

**Part VII** Analysis of Income-Producing Activities (See the instructions.)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments				7,389,548.	
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	72,946.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					106,606.
101 Net income or (loss) from special events					471
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b ED WELLS INITIATIVE R					310,700
c PROMOTIONS					
d REIMBURSEMENTS					76,788.
e					
104 Subtotal (add columns (B), (D), and (E))				7,462,494.	494,565
105 Total (add line 104, columns (B), (D), and (E))				G 7,957,059	

Note Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII** Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
F	SEE STATEMENT 11

**Part IX** Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SPEEA PROPERTIES, INC. 15205 52ND AVE S SEATTLE, WA 98188, 91-1067584	100.000 % % % %	REAL ESTATE RENTS	0.	0.

**Part X** Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

Please  
Sign  
Here

Signature of officer

Date

TREASURER  
Type or print name and titlePaid  
Pre-  
parer's  
Use  
OnlyPreparer's  
signature

Date

10/18/10

Check if  
self  
employedPreparer's SSN or PTIN (See  
General Instruction W)  
P00188877Firm's name (or  
yours if self  
employed),  
address, and  
ZIP + 4HUEBNER, DOOLEY & COMPANY, PS  
1424 NE 155TH. ST., SUITE 100  
SHORELINE, WA 98155

EIN 91-1529999

Phone no (206) 522-8000

BAA

Form 990 (2006)

2006

## FEDERAL STATEMENTS

PAGE 1

CLIENT 4OSPEEA

SEATTLE PROF ENGINEERING EMPLOYEES ASSN.  
DBA SOC OF PROF ENG EMPL IN AEROSPACE

91-0583387

10/18/10

02 29PM

STATEMENT 1  
FORM 990, PART I, LINE 8  
NET GAIN (LOSS) FROM NONINVENTORY SALESPUBLICLY TRADED SECURITIESGROSS SALES PRICE: 106,606  
COST OR OTHER BASIS 0TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 106,606.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 106,606.STATEMENT 2  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI - BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
ENTERTAINMENT BOOK SALES	3,563.	3,092.	471.	0.	471.
TOTAL	<u>\$ 3,563</u>	<u>\$ 3,092</u>	<u>\$ 471.</u>	<u>\$ 0.</u>	<u>\$ 471.</u>

STATEMENT 3  
FORM 990, PART I, LINE 16  
PAYMENTS TO AFFILIATES

<u>NAME AND ADDRESS</u>	<u>PURPOSE OF PAYMENT</u>	<u>AMOUNT</u>
INT FED PROFESSIONAL & TECH. 8630 FENTON STREET, SUITE 400 SILVER SPRINGS, MD 20910	PER CAPITA	\$ 1,022,032
TOTAL		<u>\$ 1,022,032.</u>

STATEMENT 4  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCESUNREALIZED GAINS ON INVESTMENTS  
TOTAL \$ 59,886  
\$ 59,886STATEMENT 5  
FORM 990, PART II, LINE 25A  
COMPENSATION OF OFFICERS, DIRECTORS, ETC

<u>COMPENSATION RECEIVED</u>	<u>(A)</u>	<u>(B)</u>	<u>(C)</u>	<u>(D)</u>
<u>NAME</u>	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT &amp; GENERAL</u>	<u>FUNDRAISING</u>

2006

## FEDERAL STATEMENTS

PAGE 2

CLIENT 4OSPEEA

SEATTLE PROF ENGINEERING EMPLOYEES ASSN  
DBA SOC OF PROF ENG EMPL IN AEROSPACE

91-0583387

10/18/10

02 29PM

STATEMENT 5 (CONTINUED)  
FORM 990, PART II, LINE 25A  
COMPENSATION OF OFFICERS, DIRECTORS, ETC.

WILLIAM G HARTIG JR	2,087	0.	0	0.
M DUNN	43.	0	0.	0
CYNTHIA M COLE	14,450.	0	0.	0
JIMMIE MATHIS	2,933	0	0.	0
B. WILKERSON	5,459.	0.	0	0.
DEBBIE LOGSDON	9,170.	0	0.	0
J RITCHEY	3,750.	0	0.	0
CHARLES BOFFERDING III	186,935.	0	0.	0
D. BAINE	7,134.	0.	0.	0
T MCCARTY	1,947.	0.	0	0.
J. FUNFAR	3,899	0.	0	0.

TOTAL	\$ 237,807	\$ 0	\$ 0	\$ 0
-------	------------	------	------	------

EMPLOYEE BENEFIT PLAN CONTRIBUTION	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
WILLIAM G HARTIG JR	0	0	0.	0.
M DUNN	0.	0	0	0
CYNTHIA M. COLE	0.	0	0.	0
JIMMIE MATHIS	0.	0.	0	0.
B WILKERSON	0	0.	0.	0.
DEBBIE LOGSDON	0.	0	0	0.
J RITCHEY	0	0	0	0
CHARLES BOFFERDING III	43,554	0.	0.	0
D. BAINE	0	0.	0.	0
T MCCARTY	0.	0	0.	0.
J. FUNFAR	0.	0	0.	0

TOTAL	\$ 43,554	\$ 0	\$ 0	\$ 0
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EXPENSE ACCT. & OTHER ALLOWANCES	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
WILLIAM G HARTIG JR	441.	0	0	0.
M. DUNN	0	0.	0.	0
CYNTHIA M COLE	2,084	0.	0.	0.
JIMMIE MATHIS	5,794.	0.	0.	0.
B WILKERSON	314	0	0	0
DEBBIE LOGSDON	2,257	0.	0.	0
J RITCHEY	89.	0.	0	0
CHARLES BOFFERDING III	16,112	0	0	0
D BAINE	423.	0	0.	0.
T MCCARTY	300	0.	0	0.
J FUNFAR	4,414.	0.	0	0

TOTAL	\$ 32,228.	\$ 0	\$ 0	\$ 0.
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SEATTLE PROF ENGINEERING EMPLOYEES ASSN.  
DBA SOC OF PROF ENG EMPL IN AEROSPACE

91-0583387

10/18/10

02 29PM

STATEMENT 6  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ACTUARY/BENEFITS CONSULTANTS	9,950			
AFFILIATION FEES	192,328.			
ARBITRATION FEES	88,189			
BUILDING EXPENSES	4,429			
COMMUNITY PARTICIPATION	32,808.			
DUES & PUBLICATIONS	72,292.			
ED WELLS INITIATIVE	21,536.			
FOOD/MILEAGE/AUTO	16,670			
HONORARIA	4,000			
INSURANCE	41,157.			
INVESTMENT ACCOUNT FEES	2,368			
LABOR SUPPORT	20,314.			
LEAVE WITH PAY	95,155.			
LEGISLATIVE AFFAIRS	27,206.			
MEMBERSHIP SERVICES	28,190.			
MISCELLANEOUS	630			
NEGOTIATIONS	63,171			
ON BEHALF OF MEMBERS	904.			
ORGANIZING	42,789.			
PARTNERSHIP ACTIVITIES	10,438.			
PAYROLL PROCESSING	6,627.			
PROPERTY TAXES	28,030.			
REPAIRS & MAINT	64,600.			
SERVICE CHARGES	2,368.			
SHAREHOLDER MEETING PRESENCE	5,885.			
STAFF ADMINISTRATION	55,474.			
TRADE UNION RELATIONS	3,037			
TRAINING & EDUCATION	74,173			
UTILITIES	28,816			
TOTAL	<u>\$ 1,043,534</u>	<u>\$ 0</u>	<u>\$ 0.</u>	<u>\$ 0</u>

STATEMENT 7  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO SECURE IMPROVED WAGES, HOURS, WORKING CONDITIONS, AND OTHER ECONOMIC ADVANTAGES THROUGH ORGANIZATION, NEGOTIATIONS, AND COLLECTIVE BARGAINING, THROUGH LEGAL AND ECONOMIC MEANS, AND OTHER LAWFUL METHODS.

STATEMENT 8  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 50,992.	\$ 50,992.	\$ 0.
FURNITURE AND FIXTURES	94,685.	68,461.	26,224.
MACHINERY AND EQUIPMENT	651,778.	369,063.	282,715.

2006

## FEDERAL STATEMENTS

PAGE 4

CLIENT 4OSPEEA

SEATTLE PROF ENGINEERING EMPLOYEES ASSN  
DBA SOC OF PROF ENG EMPL IN AEROSPACE

91-0583387

10/18/10

02 29PM

STATEMENT 8 (CONTINUED)  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
BUILDINGS	\$ 1,072,817	\$ 80,256	\$ 992,561
IMPROVEMENTS	89,751.	22,684	67,067
LAND	382,455.		382,455
MISCELLANEOUS	208,725.	181,587	27,138.
TOTAL	<u>\$ 2,551,203.</u>	<u>\$ 773,043.</u>	<u>\$ 1,778,160.</u>

STATEMENT 9  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

COMP. TIME PAYABLE

TOTAL	\$ 462,260
	<u>\$ 462,260</u>

STATEMENT 10  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
WILLIAM G HARTIG JR 15205 52ND AVE S SEATTLE, WA 98188	MW VICE PRES 5	\$ 2,087.	\$ 0	\$ 441
M DUNN 15205 52ND AVE S SEATTLE, WA 98188	NW VICE PRES. 2	43.	0	0
CYNTHIA M. COLE 15205 52ND AVE S SEATTLE, WA 98188	PRESIDENT 15	14,450.	0.	2,084
JIMMIE MATHIS 15205 52ND AVE S SEATTLE, WA 98188	COUNCIL OFFICER 31	2,933.	0.	5,794
B. WILKERSON 15205 52ND AVE S SEATTLE, WA 98188	TREASURER 17	5,459.	0	314
DEBBIE LOGSDON 15205 52ND AVE S. SEATTLE, WA 98188	MW COUNCIL CH 8	9,170.	0	2,257

CLIENT 4OSPEEA

SEATTLE PROF ENGINEERING EMPLOYEES ASSN  
DBA SOC OF PROF ENG EMPL IN AEROSPACE

91-0583387

10/18/10

02 29PM

## STATEMENT 10 (CONTINUED)

FORM 990, PART V-A

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
J RITCHEY 15205 52ND AVE S SEATTLE, WA 98188	NW VICE PRES 10	\$ 3,750	\$ 0	\$ 89
CHARLES BOFFERDING III 15205 52ND AVE S SEATTLE, WA 98188	EX. DIRECTOR 50	186,935.	43,554.	16,112
D BAINE 15205 52ND AVE S SEATTLE, WA 98188	SECRETARY 3	7,134.	0.	423
T. MCCARTY 15205 52ND AVE S SEATTLE, WA 98188	NW VICE PRES. 8	1,947.	0.	300
J FUNFAR 15205 52ND AVE S SEATTLE, WA 98188	NW COUNCIL OFF. 14	3,899.	0.	4,414
TOTAL		\$ 237,807.	\$ 43,554.	\$ 32,228.

## STATEMENT 11

FORM 990, PART VIII

RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
94	MEMBERS' DUES ARE COLLECTED TO PAY FOR UNION OPERATIONS
103(B)	REIMBURSEMENTS OF WAGES, PAYROLL TAXES, BENEFITS AND OTHER EXPENSES FROM ED WELLS INITIATIVE/BOEING PARTNERSHIP.
103(C)	MISCELLANEOUS REVENUES ARE COLLECTED TO PAY FOR UNION OPERATIONS
103(D)	PAYROLL REIMBURSEMENTS ALLOW THE ASSOCIATION TO RECOVER PAYROLL COSTS OF EMPLOYEES USED BY AN EMPLOYER RELATED ORGANIZATION ON THE ASSOCIATION'S BEHALF. ADDITIONAL REIMBURSEMENTS FROM VENDORS AND MEMBERS OFFSET UNION OPERATIONS EXPENSES.