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DLN: 93493268006395

OMB No 1545-0047

Open to Public

# Form **990**

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a> Inspection

A F	or the 2	2014 cal	endar year, or tax year beginning	04-01-2014 , and ending 03	-31-2015		_		
	heck if ap ddress cha	•	C Name of organization SEATTLE PROF ENGINEERING EMPLO DBA SOC OF PROF ENG EMPL IN AEF					<b>yer ide</b> r 83387	itification number
	ame char	_	Doing business as				-		
	nıtıal retur ınal	'n		all is not delivered to street address)	Room/suit	te	E Telepho	ne num	per
☐ re	eturn/term		15205 52ND AVENUE SOUTH				(206)	433-0	991
	mended r pplication		City or town, state or province, cour SEATTLE, WA 98188	ntry, and ZIP or foreign postal code			<b>G</b> Gross re	eceipts \$	13,796,488
			<b>F</b> Name and address of prin Robert Wilkerson 15205 52nd Ave S Seattle, WA 98188	cıpal officer			ordinates?		ΓYes <b>Γ</b> No
						<b>H(b)</b> Are inclu	all subordı ıded?	nates	ΓYes <b>Γ</b> No
I T	ax-exem	pt status	501(c)(3) 501(c)(5) 4(	insert no ) 4947(a)(1) or 5	27	If"N	lo," attach	a lıst	(see instructions)
J V	Vebsite	:: <b>►</b> ww	w speea org			H(c) Gro	up exempt	ion nun	nber ►
<b>K</b> Fo	rm of org	janization	Corporation Trust Associatio	n Other 🕨		L Year of f	ormation 19	44 <b>M</b>	State of legal domicile
P	art I	Sum	mary						<u>.                                    </u>
Governance	Т Д 	THE ÓR AND OT THROU	escribe the organization's mission GANIZATION'S PRIMARY EXEI HER ECONOMIC ADVANTAGE GH LEGAL AND ECONOMIC ME	MPT PURPOSE IS TO SECURE S THROUGH ORGANIZATION ANS, AND OTHER LAWFUL M	E IMPRO N, NEGO ETHODS	TIATIONS,	AND COL	LECTI	VE BARGAINING,
	3 1	Number	of voting members of the govern	ng body (Part VI. line 1a)			_	з	7
Activities &			of independent voting members of					4	7
ŞÇ Ç	5 T	Total nu	mber of individuals employed in o	calendar year 2014 (Part V, lın	e 2a) .			5	36
٠.			mber of volunteers (estimate if n	* *				6	
			related business revenue from P lated business taxable income fi					7a 7b	0
						Pri	or Year		Current Year
g <sub>i</sub>	8		butions and grants (Part VIII, lii						0
Rayente	9 10	, , , , ,			11,377,8	-	11,498,709		
Ę	111		revenue (Part VIII, column (A),				412,8		342,472 1,955,307
	12	Total	revenue—add lines 8 through 11	(must equal Part VIII, column	(A), line		12,055,4		13,796,488
	13		and similar amounts paid (Part				132,7	787	82,584
ø	14 15		efits paid to or for members (Part IX, column (A), line 4)					70	6,351,868
#JS-6	16a		sional fundraising fees (Part IX,	column (A), line 11e)					0
Expenses	ь	Total fu	ndraising expenses (Part IX, column (D)	, line 25) <b>▶</b> 0					
_	17	Other	expenses (Part IX, column (A), l	ınes 11a-11d, 11f-24e) .			4,189,2	258	4,418,573
	18		expenses Add lines 13-17 (mus				10,332,	-	10,853,025
<u> </u>	19	Reven	ue less expenses Subtract line	18 from line 12		Beginnir	1,723,3 ng of Curre Year	_	2,943,463 End of Year
Not Assets or Fend Balances	20	Total	assets (Part X, line 16)				12,789,2	256	15,888,073
P. A. A. B.	21	Total	iabilities (Part X, line 26)				723,3		936,549
			sets or fund balances Subtract	line 21 from line 20			12,065,8	388	14,951,524
U nd my	knowled	Ities of Ige and	ature Block perjury, I declare that I have example the structure of the st			an officer) is			
Sig	n	I <b>B.</b>	ature of officer				)ate		
He		Туре	rt Wilkerson Treasurer or print name and title						
D-	اہ:		rint/Type preparer's name Chris McGinness	Preparer's signature Chris McGinness	Da		eck if f-employed	PTIN P01017	<del></del> 591
Pa	id epare		irm's name ► HUEBNER DOOLEY & M	CGINNESS PS			m's EIN 🕨		
	e Onl	۱.	ırm's address ► 1424 NE 155TH ST STE	100		Ph	one no (206	) 522-80	00
	- <b>-</b> 111	· -	SHORELINE, WA 9815	57104					

✓ Yes ☐ No

4e Total program service expenses ►

Part IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	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	3		No
4	Section 501(c)(3) organizations. 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	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\bullet}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization 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	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   13			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	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)?	4a		No
L	If "Yes," enter the name of the foreign country 🕨			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			NI -
0~	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		No No
		9a 9b		No
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	<b>9</b> U		1110
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		No
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check in Schedule O contains a response of note to any fine in this fact vir.	Check if Schedule O	O contains a response or note to any line in this Part VI									[৴
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Se	ection A. Governing Body and Management							
			Yes	No				
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6	Yes					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
_	<b>b</b> Each committee with authority to act on behalf of the governing body?							
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	Yes					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo				
				$\overline{}$				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu						
	ection B. Policies (This Section B requests information about policies not required by the Internal R		ue Cod Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a						
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No				
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No				
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No				
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No No				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No No No				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No No No				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No No No				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No No				
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No No				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No No				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No No No				

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
  - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►PAULINE TAMBLYN

15205 52ND AVENUE SOUTH

SEATTLE, WA 981882336 (206)433-0991

# <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🔽 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h an or/tr	chest Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Ryan Rule	12 00			х				0	0	0
President (2) 7	0 10									
(2) Jimmie Mathis  Secretary	30 00			х				0	0	0
(3) Robert Wilkerson	16 00			,,						
Treasurer	2 00			X				0	0	0
(4) Joel Funfar	22 00									
Vice President	0 10			Х				0	0	0
(5) Earl Carter	9 00									
Past Vice Pres	0 10			Х				0	0	0
(6) Michael Hochberg	12 00			l ,				0	0	
Past Vice Pres	0 10			×				U	0	0
(7) Keith Covert	2 00			,,						
Vice President	0 10			X				0	0	0
(8) Brent McFarlane	12 00			Ī.,						
Vice President	0 10			X				0	0	0
(9) Shannon Moriarty	2 00							_		
Vice President	0 10			X				0	0	0
(10) Raymond Goforth	46 00									
Executive Director	0 10				Х			205,005	0	35,109
(11) Robert Rommel	32 00									
Asst Exec Director	0 00					X		216,687	0	44,387
(12) Steve Spyridis	56 00					,,		225 565	0	40.260
Contract Admin	0 00					X		225,565	0	40,369
(13) Matthew Kempf	42 00							104.033	-	41.046
Benefits Director	0 00					Х		194,923	0	41,046
(14) Bobby Brewer	43 00					х		210,841	0	41,392
Contract Admin	0 00							210,841	0	41,392
										Form <b>990</b> (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot recto	note box thar or/tr	c , o us employee	er er Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) Rıchard Plunkett Dır Strategic Dev	38 00 0 00					x		207,301	0	42,685

1b	Sub-Total	•		
С	Total from continuation sheets to Part VII, Section A	•		
d	Total (add lines 1b and 1c)		1,260,322	244,988

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►6

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	з		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
	<u> </u>		103	<del> </del>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
Buescher Goldhammer Kelman Dodge PC 600 Grant Street Suite 450 Denver, CO 80203	Attorney Fees	273,387
Murphy Anderson PLLC 1701 K Street Nw Sutie 210 Washington, DC 20006	Attorney Fees	152,066
	<u> </u>	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►2

Part V	4 4 4 4	Statement of	o <b>f Revenue</b> ule O contains a respoi	nco or noto to any lin	o in this Part VIII			_
	10			ise of flote to any fin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
के ह	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	<b>b</b> Membership dues <b>1b</b>						
رة ق	c	Fundraising ev	ents <b>1c</b>					
a fs	d	Related organiz	zations 1d					
ত ≝	e	Government grant	rs (contributions) <b>1e</b>					
Sir		_			ļ	ļ		
ij je	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
윤황	g	Noncash contributi 1a-1f \$	ions included in lines	İ	j	į		
ng T	h	Total. Add line	s 1a-1f		0			
<del>ة</del> ت		Total: Add line		· · · •				
e E				Business Code				
ven	2a   .	Membership Dues	& Assessments	900099	11,498,709	11,498,709		-
<u>æ</u>	b							
2 9	C							
ď	d							
Program Serwce Revenue	e							
Š	f	All other progra	am service revenue					
<u>Ā</u>	g	Total. Add line	s 2a-2f		11,498,709			<u> </u>
	3		ome (including dividen		336,441	336,441		
	4		ar amounts) stment of tax-exempt bond		0			
	5			· · · · · · ·	0			
		,	(ı) Real	(II) Personal				
	6a	Gross rents		, ,				
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory Less cost or		6,031				
	b	other basis and						
	c	sales expenses Gaın or (loss)		6,031				
	d	Net gain or (los	ss)		6,031	6,031		
ıne	8a	Gross income to events (not income to see the control of the contr	from fundraising Iuding					
Other Revenue			s reported on line 1c) ne 18 a					
Ě	Ь		penses <b>b</b>		_]			
·	C		(loss) from fundraising	events 🛌	0			
	9a		from gaming activities ne 19 a					
	Ь		penses b	<u> </u>	o			
	10a	Gross sales of returns and allo	owances .	vities	U			
	 	lan- comb	a .	<u> </u>				
	b c		oods sold <b>b</b> (loss) from sales of inv	entory 🛌	0			
	Ť	Miscellaneou		Business Code				
	11a	Arbitration Awa		900099	1,504,262	1,504,262		
	ь		TIATIVE REIMB	900099	423,869	423,869		
	С	REIMBURSEM		900099	27,176	27,176		
	d		ue					
	e		s 11a-11d	🛌	1.055.207			
	12	Total revenue.	See Instructions .	🗼	1,955,307			
	I			- 1	13,796,488	13,796,488		I

## Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX								
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	82,584						
2	Grants and other assistance to domestic individuals See Part IV, line 22	0						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			_			
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	240,114						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			_			
7	Other salaries and wages	4,362,346						
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	675,841						
9	Other employee benefits	772,363						
10	Payroll taxes	301,204						
11	Fees for services (non-employees)							
а	Management	0						
b	Legal	549,497						
С	Accounting	35,002						
d	Lobbying	56,000						
е	Professional fundraising services See Part IV, line 17	0						
f	Investment management fees	41,982						
g	Other (If line 11g amount exceeds 10 $\%$ of line 25, column (A) amount, list line 11g expenses on Schedule O)	63,053						
12	Advertising and promotion	66,179						
13	Office expenses	223,975						
14	Information technology	0						
15	Royalties	0						
16	Occupancy	213,280						
17	Travel	9,291						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	111,012						
20	Interest	0						
21	Payments to affiliates	1,786,433						
22	Depreciation, depletion, and amortization	133,149						
23	Insurance	34,827						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)							
а	LEAVE WITH PAY	297,123						
b	Printing and Publications	228,542						
С	MEMBERSHIP SERVICES	185,666						
d	STAFF TRAINING	97,663						
е	All other expenses	285,899						
25	Total functional expenses. Add lines 1 through 24e	10,853,025	0	0	0			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet

1   Cash-non-interest-bearing   Solution	Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X		_	
2   Savings and temporary cash investments			,	(A)		
3   Pledges and grants receivable, net   12,728   4   107,086		1	Cash-non-interest-bearing	53,242	1	58,035
4		2	Savings and temporary cash investments	6,169,792	2	6,474,513
Solution   Comparison   Comp		3	Pledges and grants receivable, net		3	0
### Bending of the part of th		4	Accounts receivable, net	112,725	4	107,086
1		5	employees, and highest compensated employees Complete Part II of			
9   Prepaid expenses and deferred charges   63,963   9   64,127	s	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary		5	0
9   Prepaid expenses and deferred charges   63,963   9   64,127	ĕ				6	0
9   Prepaid expenses and deferred charges   63,963   9   64,127	36	7	Notes and loans receivable, net		7	0
10a		8	Inventories for sale or use		8	0
Part VI of Schedule D   10s   1.535.449   1		9	Prepaid expenses and deferred charges	63,963	9	64,127
1		10a				
12   Investments—other securities See Part IV, line 11   13   13   00     14   Intangible assets   14   0   00     15   Other assets See Part IV, line 11   1.992,804   15   1.9982,804   15   1.9982,807     16   Total assets. Add lines 1 through 15 (must equal line 34)   12,799,226   16   15,898,073     17   Accounts payable and accrued expenses   100,537   17   272,218     18   Grants payable   18   19   18     19   Deferred revenue   19   19     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability Complete Part IV of Schedule D   21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   24     24   Unsecured notes and loans payable to unrelated third parties   24     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities inclinding federal income tax, payables to related third parties, and other liabilities inclinding federal income tax, payables to related third parties, and other liabilities inclinding federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule   22		Ь	Less accumulated depreciation 10b 1,097,740	444,532	10c	437,709
13   Investments—program-related See Part IV, line 11   13   0     14   Intangible assets   14   0     15   Other assets See Part IV, line 11   1,992,804   15   1,992,804     16   Total assets. Add lines 1 through 15 (must equal line 34)   12,789,256   16   15,888,073     17   Accounts payable and accrued expenses   100,537   17   272,218     18   Grants payable   18   18     19   Deferred revenue   19     20   Tax-exempt bond liabilities   20   21     21   Escrow or custodial account liability Complete Part IV of Schedule D   21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   24     24   Unsecured notes and loans payable to unrelated third parties   24     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities and tincluded on lines 17-24) Complete Part X of Schedule D   22     26   Total liabilities. Add lines 17 through 25   723,368   26   936,549     27   Organizations that follow SFAS 117 (ASC 958), check here   and complete lines 27 through 29, and lines 33 and 34.     27   Unrestricted net assets   12,065,888   27   14,951,524     28   Temporarily restricted net assets   28   29     Organizations that do not follow SFAS 117 (ASC 958), check here   and complete lines 30 through 34.     29   Organizations that do not follow SFAS 117 (ASC 958), check here   and complete lines 30 through 34.     20   Capital stock or trust principal, or current funds   30     21   Paid-in or capital surplus, or land, building or equipment fund   31     22   Retained earnings, endowment, accumulated income, or other funds   32     33   Total net assets or fund balances   12,065,888   33   14,951,524     34   Total liabilities   12,065,888   33   14,951,524     35   Total net assets or fund balances   12,065,888   33   14,951,524     35   Total net asse		11	Investments—publicly traded securities	3,952,198	11	6,753,799
14		12	Investments—other securities See Part IV, line 11		12	0
15		13	Investments—program-related See Part IV, line 11		13	0
16		14	Intangible assets		14	0
17		15	Other assets See Part IV, line 11	1,992,804	15	1,992,804
18   Grants payable   18   18   19   Deferred revenue   19   19   20   20   20   20   20   20   20   2		16	Total assets. Add lines 1 through 15 (must equal line 34)	12,789,256	16	15,888,073
19   Deferred revenue   19   19   20   1ax-exempt bond liabilities   20   20   21   20   21   22   22   22		17	Accounts payable and accrued expenses	100,537	17	272,218
20 Tax-exempt bond liabilities		18	Grants payable		18	
21   Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue		19	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities		20	
Unsecured notes and loans payable to unrelated third parties	ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Unsecured notes and loans payable to unrelated third parties	iiitie	22				
Unsecured notes and loans payable to unrelated third parties	дe		persons Complete Part II of Schedule L		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties		23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule	200 004		224 224
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
lines 27 through 29, and lines 33 and 34.   12,065,888   27   14,951,524		26		723,368	26	936,549
30 Capital stock or trust principal, or current funds	on do					
30 Capital stock or trust principal, or current funds	ĕ	27		12 065 888	27	14 951 524
30 Capital stock or trust principal, or current funds	<u>න</u>			12,000,000		11,001,021
30 Capital stock or trust principal, or current funds	<u> </u>					
30 Capital stock or trust principal, or current funds	Ĭ	23	·			
30 Capital stock or trust principal, or current funds	<u> </u>					
31 Paid-in or capital surplus, or land, building or equipment fund   31   32   Retained earnings, endowment, accumulated income, or other funds   32   33   Total net assets or fund balances   12,065,888   33   14,951,524		30			30	
33 Total net assets or fund balances	Ř	31			31	
33 Total net assets or fund balances	ΑŠ	32			32	
<b>34</b> Total liabilities and net assets/fund balances		33	Total net assets or fund balances	12,065,888	33	14,951,524
	Z	34	Total liabilities and net assets/fund balances	12,789,256	34	15,888,073

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13,7	796,488
2	Total expenses (must equal Part IX, column (A), line 25)			 353,025	
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			-	943,463
5	Net unrealized gains (losses) on investments	5			)65,888 -57,827
6	Donated services and use of facilities	6			<u> </u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		14,5	951,524
Par	t XII Financial Statements and Reporting				•
	Check if Schedule O contains a response or note to any line in this Part XII				. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	וי		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis 🔽 Consolidated basis 🗆 Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493268006395

OMB No 1545-0047

Inspection

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization SEATTLE PROF ENGINEERING EMPLOYEES ASSN DBA SOC OF PROF ENG EMPL IN AEROSPACE Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is e filed Form 5768 (election under	exempt under section 501(c)(3) and has I section 501(h)).	ТОИ				
For e	each "Yes" response to lines 1a through 1i below, provide		( a	1)	(	b)	
activ		m rune iv a decaned description of the lobbying	Yes	No	Am	ount	
1 a	During the year, did the filing organization attempt to legislation, including any attempt to influence public through the use of Volunteers?		ĺ				
b c	Paid staff or management (include compensation in Media advertisements?	expenses reported on lines 1c through 1i)?					
d	Mailings to members, legislators, or the public?						_
е	Publications, or published or broadcast statements?	,					
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, governm	ent officials, or a legislative body?					
h i	Rallies, demonstrations, seminars, conventions, spe Other activities?	eches, lectures, or any similar means?					_
j	Total Add lines 1c through 1i		_				
2a b	Did the activities in line 1 cause the organization to If "Yes," enter the amount of any tax incurred under	<u>L</u>					
c	If "Yes," enter the amount of any tax incurred by org	janization managers under section 4912					_
d	If the filing organization incurred a section 4912 tax	, did it file Form 4720 for this year?					
Par	rt III-A Complete if the organization is e 501(c)(6).	exempt under section 501(c)(4), section 5	501(c)	)(5), c	r sec	tion	
					Y	es N	ю
1	Were substantially all (90% or more) dues received			L	1 Y	es	
2	Did the organization make only in-house lobbying ex				2		Ιo
3	Did the organization agree to carry over lobbying an				3		Ю
Par		exempt under section 501(c)(4), section 5 Part III-A, lines 1 and 2, are answered "					,
1	Dues, assessments and similar amounts from memb	pers	1				
2	Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid						
a	,		2a				_
D	Carryover from last year		2b				
c	Total	) nations of nandadisability continue 162(a) disc	2c				_
3	Aggregate amount reported in section 6033(e)(1)(A		3				_
4	If notices were sent and the amount on line 2c exce does the organization agree to carryover to the reas political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditure	es (see instructions)	5				_
Pa	art IV Supplemental Information						
	ovide the descriptions required for Part I-A, line 1, Pai (see instructions), and Part II-B, line 1 Also, complete		ıp lıst),	Part II	-A , line	s 1 an	d
	Return Reference	Explanation					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493268006395

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

emal Revenue Service	Information about Schedule D (Form	n 990) and its instructions is at <u>www.i<i>rs</i></u>	s.gov/form	<u>990</u> . Inspec	tion
Name of the orga			Employer	r identification numb	er
	Ineering employees assn Eng empl in aerospace		91-0583	387	
	anizations Maintaining Donor Adv				te if the
orga	nization answered "Yes" to Form 990	, Part IV, line 6.  (a) Donor advised funds	/b) =	unds and other acco	unto
Total numbe	rat end of year	(a) Donor advised funds	(0)	ulius aliu otilei acco	unts
	alue of contributions to (during year)		1		
	alue of grants from (during year)				
	alue at end of year				
Dıd the orga	inization inform all donors and donor advise e organization's property, subject to the or		or advised	┌ Yes	┌ No
used only fo conferring in	rnization inform all grantees, donors, and d r charitable purposes and not for the benef npermissible private benefit?	it of the donor or donor advisor, or for ar	ny other pur	Yes	┌ No
	servation Easements. Complete If		o Form 99	0, Part IV, line 7.	
Preserva Protection Preserva Complete lir	of conservation easements held by the org ation of land for public use (e g , recreation on of natural habitat ation of open space nes 2a through 2d if the organization held a n the last day of the tax year	or education) Preservation of an Preservation of a c	ertified his	toric structure	
	, ,		Н	leld at the End of the	Year
a Total numbe	er of conservation easements		2a		
<b>b</b> Total acreag	ge restricted by conservation easements		2b		
<b>c</b> Number of c	onservation easements on a certified histo	oric structure included in (a)	2c		
	onservation easements included in (c) acc icture listed in the National Register	juired after 8/17/06, and not on a	2d		
Number of c	onservation easements modified, transferr	ed, released, extinguished, or terminate	d by the org	ganızatıon durıng	
the tax year	<u> </u>				
Number of s	tates where property subject to conservat	ion easement is located 🛌			
	ganization have a written policy regarding t t of the conservation easements it holds?	the periodic monitoring, inspection, hand	iling of viola	ations, and <b>Yes</b>	┌ No
Staff and vol	lunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents during	g the year	
A mount of e	xpenses incurred in monitoring, inspecting	, and enforcing conservation easements	during the	year	
<b>►</b> \$		-	5		
	conservation easement reported on line 2(o 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)	(4)(B)(I)	┌ No
balance she	, describe how the organization reports coi et, and include, if applicable, the text of th ition's accounting for conservation easeme	e footnote to the organization's financial			
	anizations Maintaining Collection iplete if the organization answered "Y		or Other	Similar Assets.	
works of art,	zation elected, as permitted under SFAS 1 , historical treasures, or other similar asse vide, in Part XIII, the text of the footnote t	ts held for public exhibition, education, o	or research	ın furtherance of pub	
works of art,	zation elected, as permitted under SFAS 1 , historical treasures, or other similar asse vide the following amounts relating to thes	ts held for public exhibition, education, o			lıc
(i) <sub>Revenue</sub>	ıncluded ın Form 990, Part VIII, line 1			<b>-</b> \$	
(ii) <sub>Assets I</sub>	ncluded in Form 990, Part X			<b>►</b> \$	
If the organı	zation received or held works of art, histor rounts required to be reported under SFAS		r financial g	gain, provide the	
_	luded in Form 990, Part VIII, line 1		•	<b>-</b> \$	

**b** Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	<u>, Hist</u>	oric	al Tr	<u>easu</u>	res, or O	the	r Similar As	sets (	continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other record	ds, che	cka	ny of t	he follo	owing that a	re a	significant use	ofits	
а	Public exhibition		d	Γ	Loan	or exch	nange progr	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and expla	ın how	they	furthe	r the o	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part of	the	organız	zatıon':	s collection	?		┌ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	Y" t	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary f	orco	ntribu	tions o	or other ass	ets r		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	followi	ng ta	ble		_				
									An	nount	
С	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21, fo	res	crow o	rcusto	odial accour	nt Iıa	bility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	explar	natio	n has l	been p	rovided in P	art :	KIII		Γ
Pai	t V Endowment Funds. Complete										
		(a)Current year	<b>(b)</b> P	rior y	ear	<b>b (c)</b> Tv	wo years back	(d)	Three years back	(e)Four	years back
1a	Beginning of year balance										
b	Contributions							_			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
_	and programs										
т	Administrative expenses										
g	End of year balance							<u> </u>			
2	Provide the estimated percentage of the curr	ent year end balanc	e (line	1g,	colum	n (a)) h	neld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation th	nat a	re held	and a	dmınıstered	l for	the		<del></del>
	organization by								20/	Yes	No
	(i) unrelated organizations (ii) related organizations			•				•	3a(		+
ь	If "Yes" to 3a(II), are the related organization							٠. ٠	31		<del>                                     </del>
4	Describe in Part XIII the intended uses of th								L	I	<u> </u>
Par	t VI Land, Buildings, and Equipme		he org	ganı	zatıon	answ	vered 'Yes	' to	Form 990, Pa	art IV, I	ine
	11a. See Form 990, Part X, line 1	10.		(2)	Cost or	othor	(b)Cost or o	thor	(c) Accumulate	.d (d)	Book value
	Description of property				s (invest		basis (othe		depreciation	(a)	book value
<b>1</b> a l	and		,								
<b>b</b> F	Buildings		. [								
_	_		L								
	easehold improvements		. [				202	2,056	61,4	153	140,603
<b>c</b> L	easehold improvements						202 1,243				140,603 291,041
c L d E e (	·		· ·				1,243	3,609 9,784	952,5 83,7	668	

See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation
(1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Table (Calume (b) and a supl form 000, Bart V and (B) has 12.)	<b>b</b>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.		answered 'Yes' to Form 990 Part IV line 11c
See Form 990, Part X, line 13.	Complete if the organization	Tanswered Tes to Form 990, Part IV, line 110.
(a) Description of investment	( <b>b</b> ) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of elia-of-year market value
Tabel (Column (h) must agual Form 000, Part V, col (P) kno 12.)	<b>*</b>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organiza		] D. Part IV. line 11d See Form 990. Part X. line 15
	scription	(b) Book value
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.		
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability	rganızatıon answered 'Yes' t	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	rganization answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	rganızatıon answered 'Yes' t	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	rganization answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	rganization answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	rganization answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	rganization answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	rganization answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	rganization answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	rganization answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	rganization answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	rganization answered 'Yes' to	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	rganization answered 'Yes' to	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability	rganization answered 'Yes' to	

Par		evenue per Audited Financial Statemer vered 'Yes' to Form 990, Part IV, line 12a.	its With Revenue p	er Re	<b>eturn</b> Complete If
1		r support per audited financial statements		1	
2	· - ·	it not on Form 990, Part VIII, line 12		<u> </u>	
a	Net unrealized gains (losses)		I		
b					
C		s			
d		<u>2d</u>		3-	
e	Add lines 2a through 2d .			2e	
3				3	
4		0, Part VIII, line 12, but not on line 1	I		
a	•	uded on Form 990, Part VIII, line 7b . 4a			
Ь		<u>4b</u>			
С				4c	
5		4c. (This must equal Form 990, Part I, line 12)		5	
Part		xpenses per Audited Financial Stateme swered 'Yes' to Form 990, Part IV, line 12a.	nts With Expenses	per	Return. Complete
1		r audited financial statements		1	
2		t not on Form 990, Part IX, line 25			
a		acilities	1		
b				1	
		25 2c			
C		2d		1	
d				٠,	
e	=			2e	
3				3	
4		0, Part IX, line 25, but not on line 1:	1		
a		uded on Form 990, Part VIII, line 7b 4a		-	
Ь		4b		4	
C				4c	_
5		nd <b>4c.</b> (This must equal Form 990, Part I, line 18)		5	
	Supplemental Inf				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, lines 2d and 4b, and Part XII, lines 2d and 4b Als			e any additional
	Return Reference	Explanation			
Part X	( FIN48 Footnote	Income Tax Status The Society is exempt from fe SPEEA Properties is exempt from federal income Revenue Code and, therefore, has made no provis combined financial statements. In addition, there ended March 31, 2015 or 2014 The Society accounting Standards Codification Topic 740, In subject to federal and state income tax examinating Management has reviewed the Society's tax positions as of March 31, 2015 and 2014	taxes under section 50: ion for federal income ta was no unrelated busing unts for tax positions in come Taxes With few exons by tax authorities for tax authorities f	1 (c)(2 axes in ess inco accor xception or the	) of the Internal the accompanying come for the years rdance with FASB ons, the Society is prior three years

Jenedale 2 (1 31111 33 3) 23 13		r age <b>3</b>		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

DLN: 93493268006395 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Open to Public **Inspection** 

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization SEATTLE PROFENGINEERING EMPLOYEES ASSN

91-0583387

**Employer identification number** 

Dart T	General Information on Grants and Assistance
	delici ai fillo illation on di alits and Assistance

DBA SOC OF PROF ENG EMPL IN AEROSPACE

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WA Fair Trade Coalition 606 Maynard Ave S 102 Seattle, WA 98104	59-3837580	501(c)(4)	6,000	0	Cash disbursed		General support

<u> </u>	Enter total	numb	er of	section	501	(c)(3	) and	l government	organizations	listed	ın the	line 1	table .
----------	-------------	------	-------	---------	-----	-------	-------	--------------	---------------	--------	--------	--------	---------

1

Schedule I (Form 990) 2014						
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.					
	Part III can be duplicated if additional space is needed.					

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental In	<b>iformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
Grantmaker's Description of How	Funds donated for charitable, political, or scholarship purposes are approved by the Executive Board

Schedule I (Form 990) 2014

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DLN: 93493268006395

OMB No 1545-0047

Schedule J (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

**Compensation Information** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization SEATTLE PROF ENGINEERING EMPLOYEES ASSN DBA SOC OF PROF ENG EMPL IN AEROSPACE

**Employer identification number** 

91-0583387

Pai	t I Questions Regarding Compensation	1				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	$\sqcap$	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2		
				_		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all thused by a related organization to establish compens	at apply	y Do not check any boxes for methods			
	Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	Г	Compensation survey or study			
	Form 990 of other organizations	<u>\</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions mu	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
a	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		
8	Were any amounts reported in Form 990, Part VII, p	aid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in	Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$ ?	rebutta	able presumption procedure described in Regulations	9		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
<b>1</b> Bobby Brewer, Contract Admin	(i) (ii)	146,816	10,311	53,714	24,091	17,301	252,233	
<b>2</b> Matthew Kempf, Benefits Director	(i) (ii)	147,901	10,143	36,879	23,745	17,301	235,969	
<b>3</b> Raymond Goforth, Executive Director	(i) (ii)	181,750	15,030	8,225	21,606	13,503	240,114	
<b>4</b> Richard Plunkett, Dir Strategic Dev	(i) (ii)	155,678	10,678	40,945	25,384	17,301	249,986	
<b>5</b> Robert Rommel, Asst Exec Director	(i) (ii)	173,566	10,692	32,429	27,086	17,301	261,074	
<b>6</b> Steve Spyridis, Contract Admin	(i) (ii)	137,186	10,992	77,387	23,068	17,301	265,934	

Schedule J (Form 990) 2014

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2014

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DLN: 93493268006395

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
SEATTLE PROF ENGINEERING EMPLOYEES ASSN	
DBA SOC OF PROF ENG EMPL IN AEROSPACE	91-0583387

### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Member of the Executive Board is married to a Council Representative
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	The SPEEA and Northwest Region Policy Manuals were updated and effective January 7, 2015
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	MEMBERS ARE EMPLOYEES OF EMPLOYERS THAT ARE SIGNATORY TO VARIOUS COLLECTIVE BARGAINING AGREEMENTS
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	MEMBERS ELECT GOVERNING BODY FROM NOMINATIONS BROUGHT FORWARD FROM THE MEMBERSHIP
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Any change to the constitution requires referendum to the membership Bargaining unit contracts with employers require approval by members
Form 990, Part VI, Line 11b Form 990 Review Process	TREASURER REVIEWS DRAFT FORM 990, THEN THE BOARD IS PROVIDED A COPY PRIOR TO FILING
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON THE SPEEA WEB SITE THE ORGANIZATIO N'S FINANCIAL STATEMENTS ARE PUBLISHED IN THE ORGANIZATION'S NEWS LETTER ANNUALLY AND ARE AVAILABLE ON THE SPEEA WEB SITE FINANCIAL INFORMATION RELATING TO THE ORGANIZATION IS ALS O AVAILABLE ON THE DEPARTMENT OF LABOR WEB SITE THEY ARE ALSO AVAILABLE ON REQUEST AT THE ORGANIZATION'S OFFICES

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OMB No 1545-0047 2014

Open to Public

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization	Employer identification number					
SEATTLE PROF ENGINEERING EMPLOYEES ASSN						
DBA SOC OF PROF ENG EMPL IN AEROSPACE	91-0583387					
The difference of Discount and Entities Consolute (the consolute of the co						

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.												
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity							

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(g) Section 512(b (13) controlle entity?	
						Yes	No
15205 52ND AVENUE S	HOLD TITLE TO LAND & BUILDINGS FOR USE OF MEMBERS	WA	501(C)(2)		N/A		No

Yes No

Yes

No

Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.				atıon ansv	vered "Yes	s" on Form	990, Part I	V, line 34	4
	(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	<b>(k)</b> Percentage ownership
				,						

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

r Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

ched	dule R (Form 990) 2014		Pa	ge <b>3</b>		
Pai	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule						
<b>1</b> Dı	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No		
b	Gift, grant, or capital contribution to related organization(s)	1b		No		
c	Gift, grant, or capital contribution from related organization(s)	1c		No		
d	Loans or loan guarantees to or for related organization(s)	1d		No		
e	Loans or loan guarantees by related organization(s)	1e		No		
f	Dividends from related organization(s)	1f		No		
g	Sale of assets to related organization(s)	<b>1</b> g		No		
h	Purchase of assets from related organization(s)	1h		No		
i	Exchange of assets with related organization(s)	<b>1</b> i		No		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes			
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No		
0	Sharing of paid employees with related organization(s)	10		No		
р	Reimbursement paid to related organization(s) for expenses	1p		No		
q	Reimbursement paid by related organization(s) for expenses	1q		No		

2	If the answer to any of the above is "Yes	see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
	II the answer to any or the above is les	see the histiactions for information on who mast complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SPEEA PROPERTIES	k	150,000	Cash disbursed

No No Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

1 <u> </u>													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
								<u>,                                    </u>	$\Box$	1			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

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