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## Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

January 1 December 31 , 20 A For the 2015 calendar year, or tax year beginning , 2015, and ending C Name of organization **B** Check if applicable D Employer identification number Puget Sound Engineering and Science Scholarship Fund 91-2048970 Address change Name change Number and street (or P.O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 360-647-9715 4 Midnight Ct. Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Bellingham, WA 98229 Number ▶ Application pending Accrual Other (specify) H Check ► ☐ if the organization is not G Accounting Method: ✓ Cash I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) — 

501(c)(3) □ 501(c) ( (Form 990, 990-EZ, or 990-PF). □527 ) ◀ (insert no ) ☐ 4947(a)(1) or K Form of organization: Corporation Trust Association \_\_ Other Li Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If cross receipts are \$250,000 or more, or if total assets Eart II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I  $\overline{c}$ 12,275 1 Contributions, gifts, grants, and similar amounts received . . . . 2 MAR 2 Program service revenue including government fees and contracts Membership dues and assessments . | . REOE: 15. 3 3 SCANNED 8.885 4 Investment income . . . . . . . 4 5a Gross amount from sale of assets other than inventory 118,944 Less: cost or other basis and sales expenses NAR 1 1 2716 5b (842)Gain or (loss) from sale of assets other than inventory (Subtract line 5h from line 5a) . . . . 5c Gaming and fundraising events Gross income from gaming (attach-Schedule-6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b c Less: direct expenses from gaming and fundraising events . . . 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances. 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 Other revenue (describe in Schodule O) . . . 20,318 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 3 . . . . . . 27,000 Grants and similar amounts paid (list in Schedule O) . . . 10 10 11 11 12 12 Salaries, other compensation, and employee benefits . . . . . 3.578 13 Professional fees and other payments to independent contractors . 13 14 14 15 15 346 16 16 30.924 17 Total expenses. Add lines 10 through 16 . . . . . 17 (10,606) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 18 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 412,406 19 Net (7,404)20 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 394,396 21 Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form **990-EZ** (2015)

Pa	Tell Balance Sheets (see the instructions	for Part II)				ş
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u> </u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	412,406	22	394,396
23	Land and buildings		<i>.</i> [	<u> </u>	23	a
24	Other assets (describe in Schedule O)		[		24	
25	Total assets		. <i>.</i> [	412,406	25	394,396
26	Total liabilities (describe in Schedule O)		[	Ø	26	B
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	412,406	27	394,396
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲	1	Expenses
Wha	t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompli	shments for each o	f its three largest r	rogram services	,	nizations, optional for
as n	neasured by expenses. In a clear and concise m	nanner, describe the	e services provide	d. the number of	othe	
	ons benefited, and other relevant information for ea	ach program title.	ř			
28	Distributed educational scholarships in amounts fro	om \$1,000 to \$2,500 ea	ach, totaling \$27,000			Τ
					[	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here	▶ □	28a	3924
29						<u> </u>
					[	
		,				
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗍	29a	
30						<del></del>
					[	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here	• 🗇	30a	İ
31	Other program services (describe in Schedule O)					
٠.	(Grants \$ ) If this amount				31a	
32	Total program service expenses (add lines 28a	through 31a)			32	<del>                                     </del>
	List of Officers, Directors, Trustees, and Key				_	tions for Part IV
	Check if the organization used Schedule					<u> </u>
	Onsort the organization assaults		(c) Reportable	(d) Health benefits,	ΤĖ	<u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	• •	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			ther compensation
Mart	y Boivin			<del> </del>	+-	<del></del>
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Vice	President	ScholReview 20h/yr	,	0	0	0
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	etary	ScholReview 20h/yr	]	0	o	0
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	∨ Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		4
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		•
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		•
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	,		
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		4
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed \ Washington			
42a	The organization's books are in care of ▶ Pamela Chelgre - Koterba Telephone no. ▶ 360 Located at ▶ 4 Midnight Chellingham, WA ZIP + 4 ▶ 9827		af-	
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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶		ł	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. )	<b>▶</b> ∐
44-	Did the consciention assistation and demandable of trade during the years of "Year" Form 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>V</b>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<b>&gt;</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		·	
	Form 990-EZ (see instructions)	45b		1

								Yes	NO
46	Did t	he organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf	of or in opposi	tion	İ	
	_	ndidates for public office? If "Yes," of		, Part I	<u></u>	<u> </u>	46		1
Part		Section 501(c)(3) organizations							
		All section 501(c)(3) organization	is must answer que	stions 47–49b ar	nd 52, and	d complete th	e tables	for lir	ies
		50 and 51.							
		Check if the organization used Sc	hedule O to respond	to any question i	n this Par	VI	<u> </u>	<u> </u>	<u>. 🗆</u>
								Yes	No
47		he organization engage in lobbying		section 501(h) elec	ction in eff	ect during the	tax		
year? If "Yes," complete Schedule C, Part II								1	
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	eE	. 48		1
49a	Did t	he organization make any transfers t	o an exempt non-cha	ritable related orga	nızation?		. 498	1	1
b	If "Ye	es," was the related organization a se	ection 527 organizatio	on?			. 49t	,	
50	Com	plete this table for the organization's	s five highest compen	sated employees (	other than	officers, direct	tors, trust	ees ar	nd key
	empl	oyees) who each received more thar	1 \$100,000 of comper	nsation from the or	ganızation	. If there is non	e, enter "	None.	"
			(b) Average	(c) Reportable		lealth benefits,			
	(a)	Name and title of each employee	hours per week	compensation	lbonofit n	tions to employee lans, and deferred	(e) Estima other co		
			devoted to position	(Forms W-2/1099-MIS		mpensation	Other Co	mpensa	MOH
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	<b>T</b>		A100 000	L					
		number of other employees paid ov			<del></del>	<del>.</del>			
51	Com \$100	plete this table for the organization ,000 of compensation from the orga	's five highest compe	ensated independe	ent contrac	ctors who each	n received	d more	e than
	Ψ100	,000 or compensation from the orga	unzauon. Il ulere is no	The, enter None.	<del></del>	<del></del>			
	(a)	Name and business address of each independ	dent contractor	(b) Type of s	service	(c)	) Compensa	tion	
		<del></del>				<del></del>			
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			<del></del>	l. <u>,</u>					
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶				
52		the organization complete Schedu	ıle A? <b>Note:</b> All se	ction 501(c)(3) or	ganızation	s must attacl	n a		
	comp	oleted Schedule A	· · · · · · ·	· · · · · ·		<u> </u>	. <b>▶</b> Ye	s 🗌	No
Under p	enalties	of perjury, I declare that I have examined this i	return, including accompan	ying schedules and state	ements, and t	o the best of my kr	nowledge ar	d belief	, ıt ıs
true, cor	rect, an	d complete Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	er has any kr	owledge			
						7 March, 2016			
Sign		Signature of officer				Date			
Here		Pamela Chelgren-Koterba, Treasu	rer, Puget Sound Engli	neering & Science S	cholarship	Fund			
		Type or print name and title							
Do: 4		Print/Type preparer's name	Preparer's signature	<del></del>	Date	Check	PTIN		
Paid	<b></b>	[		l		self-emplo			
Prepa		Firm's name				Firm's EIN ▶			
Use (	Unly	Firm's address ►				Phone no.			
May th	ie IRS	discuss this return with the prepare	r shown above? See i	nstructions	<del></del>		► ☐ Ye	s $\square$	No
<u> </u>		<u></u>						<u> </u>	

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Puget Sound Engineering and Science Scholarship Fund 91-2048970							48970	
Par	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.	
The c	organization is not a private founda							
1	A church, convention of church	hes, or associati	on of churches descr	ibed ın <b>s</b> e	ection 17	'O(b)(1)(A)(i).		
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z) <i>.</i> )		
3	A hospital or a cooperative ho		•			• •		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
	hospital's name, city, and stat	•	,				• • • • • • • • • • • • • • • • • • • •	
5								
_	section 170(b)(1)(A)(iv). (Com		ounego or anni arany					
6	A federal, state, or local gover	•	mental unit described	l in sectio	on 170/h)	/1\( <b>4</b> \(\sigma\)		
7	An organization that normally						n the general public	
·	described in section 170(b)(1)		·	po o	. a govo.	The state of the s	i iio gonorai pasiio	
8	☐ A community trust described i			Dart II \				
	-	-			£	4.41		
9	☐ An organization that normally							
	receipts from activities related							
	support from gross investme						x) Irom businesses	
	acquired by the organization a							
	An organization organized and	•	-	-				
11	☐ An organization organized and	•	•	•		•		
	one or more publicly supported							
	the box in lines 11a through 11	d that describes	the type of supporting	organiza	tion and o	complete lines 11e, 1	1t, and 11g.	
а	Type I. A supporting organiz							
	the supported organization(s	•	• • • •	ct a majo	ority of the	e directors or trustee	es of the supporting	
	organization. You must con	nplete Part IV, S	ections A and B.					
b	Type II. A supporting organi	zation supervise	d or controlled in con	nection w	ith its su	pported organization	n(s), by having	
	control or management of th			ie same p	ersons ti	hat control or manaç	ge the supported	
	organization(s). You must co	-						
С	Type III functionally integra						y integrated with,	
	its supported organization(s)	(see instructions	s). You must comple	te Part I\	/, Section	ns A, D, and E.		
ď	☐ Type III non-functionally in							
	that is not functionally integr						an attentiveness	
	requirement (see instructions	•	=					
е	Check this box if the organiz						i, Type iii	
	functionally integrated, or Ty	pe III non-function	onally integrated supp	orting or	ganizatio	n.		
f	Enter the number of supported of						[]	
g	Provide the following information	n about the supp	orted organization(s).				<del></del>	
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
		]	above (see instructions))		ment?	instructions)	instructions)	
			<b>,</b>	Yes	No		1	
				res	NO -			
(A)			}	į				
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(B)			1		1			
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(D)				ļ	ļ			
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(E)								
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Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 77,175 21,500 20.629 17,863 12,275 149,442 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 77,175 21,500 20,629 17,863 12,275 149,442 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. 149,442 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 . . . . . . 21,500 77,175 20,629 17,863 12.275 149,442 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 8.093 8,217 8,122 8,715 8.885 42.032 Net income from unrelated business activities, whether or not the business is regularly carried on . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 191,474 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . 78 05 % 14 Public support percentage from 2014 Schedule A, Part II, line 14 15 16a 331/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	ule A (Form 990 or 990-EZ) 2015						Page 3
Part	• • • • • • • • • • • • • • • • • • • •						
	(Complete only if you checked the						nder Part II.
<u> </u>	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part I	!.)	
	ion A. Public Support	1 (-1 0044	T #1 0010	(-) 0040	(1) 0044	(-) 0045	10.7.1.1
1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						-
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support	L —	L				<b></b>
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					\	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	~					ion 501(c)(3)
	organization, check this box and stop he			· · · · ·	· · · · ·	<u> </u>	\. 🕨 🗆
	on C. Computation of Public Suppor						\
15	Public support percentage for 2015 (line 8		-			15	%
16	Public support percentage from 2014 Sch			<del></del>	<u> </u>	16	%
	on D. Computation of Investment In			v line 12 col:-	mp (fl)	17	\ <u>\</u>
17 18	Investment income percentage for 2015 (Investment income percentage from 2014)					18	. %
19a	331/3% support tests—2015. If the organ						
.vu	17 is not more than 331/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .						

b 331/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🔲 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part W</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail\(\text{in}\) <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	*	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
h	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a	<del>                                     </del>	}
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c	<del>                                     </del>	l
	on B. Type I Supporting Organizations	1		<u>.                                    </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		İ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		ļ	
Section	on C. Type II Supporting Organizations	2	L	<u> </u>
Secu	on o. Type ii supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Section	on D. All Type III Supporting Organizations	<del>-</del>	1	r
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	,		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	j '	]	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3_		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		4 4!	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	trucu	ons). 
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		,	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jä		<u> </u>
D	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3ь		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jan	izations	
1 Checkhere if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid on incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and X from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	\	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		\	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y-in	tegrated Type III support	ing organization (see

Part		) Supporting Organia	zations (continued)					
Secti	on D - Distributions			Current Year				
1_								
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity	ann of our and of area	orzations					
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	<del></del>				
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in <b>Part VI</b> ), See instructions.							
6	Total annual distributions. Add lines 1 through 6.							
	Distributions to attentive supported organizations to which	h the organization is res	nonsive					
8	(provide details in <b>Part VI</b> ). See instructions.	if the organization is res	ponsive					
9	Distributable amount for 2015 from Section C, line 6							
	Line 8 amount divided by Line 9 amount							
	Elife o amount divided by Elife o divident	(3)	(ii)	(iii)				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015:							
<u>_</u>				*				
b								
С								
d	From 2013							
e	From 2014							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2015 distributable amount	\						
i	Carryover from 2010 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		\					
4	Distributions for 2015 from Section			li .				
	D, line 7: \$		<del></del>					
a_	Applied to underdistributions of prior years		<del></del>					
b	Applied to 2015 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.		<u> </u>					
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			,				
	Remaining underdistributions for 2015. Subtract lines 3h							
6	and 4b from line 1 (if amount greater than zero, see instructions).							
7	Excess distributions carryover to 2016. Add lines 3 <sub>j</sub> and 4c.							
8	Breakdown of line 7:			1				
а				<u> </u>				
b	>			<u> </u>				
С	Excess from 2013			<del>                                     </del>				
	Excess from 2014			<u> </u>				
e	Excess from 2015			1				
			Schedule	A (Form 990 or 990-EZ) 201				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	<del></del>
	······
	<del></del>
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#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization	on and Calamaa Cab	alexable Fund		Employer identification number
Puget Sound Engineering	ig and Science Sch	olarsnip Fund		91-2048970
01: List of Grants and sl	milar amounts paid	(Part I, Line 10		
Activity: Cash Scholars	hips under \$5,000 e	ach		
Grantee: various				
Total Amount: \$27,000				
	·····		·	
02: Description of Other	Expenses (Part I, L	ine 16)		
Description: Miscellane	ous	·		
Amount: \$346				
03: Other changes in ne	t assets or Fund ba	lances (Part I, Line 20)		
Description: Change in	Value/Accruals plus	unrealized G/L	····	
Amount: (\$7,404)			<del></del>	
04: Overflow Statement	- Contributors: Des	cription / Amount		
Society of American Mile	itary Engineers, Sea	attle Post: \$10,000		••
rest: \$2,275		Total= \$12,275	·····	
05: Overflow Statement:	Investment Income	e from UBS, BECU Statements	····	
Description	Amount			
UBS Ordinary Dividends	7280		<b></b>	
UBS Interest	1213		·	
UBS Capital Gains	55		·	·
UBS Bond Premiums	350	·		
UBS Foreign Tax Paid	-17			·····
BECU Interest	4			
	8885 Total	end of Sche	dule 0)	