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DLN: 93493308024716 OMB No 1545-0047

2015

Open to Public Inspectio<u>n</u>

### Return of Organization Exempt From Income Tax

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

▶ 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>

For the 2015 calendar year, or tax year beginning 04-01-2015 , and ending 03-31-2016 C Name of organization SEATTLE PROF ENGINEERING EMPLOYEES ASSN D Employer identification number Address change DBA SOC OF PROF ENG EMPL IN AEROSPACE 91-0583387 Name change Doing business as Initial return . Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) 15205 52ND AVENUE SOUTH return/terminated (206) 433-0991 Amended return City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA  $\,$  98188  $\,$ Application pending **G** Gross receipts \$ 14,474,113 Name and address of principal officer **H(a)** Is this a group return for Jimmie Mathis subordinates? Yes 🗸 15205 52nd Ave S Νo Seattle, WA 98188 H(b) Are all subordinates Yes 🗸 No Tax-exempt status 4947(a)(1) or included? 501(c)(3) **✓** 501(c) (5) **◄** (insert no) If "No," attach a list (see instructions) Website: ▶ www.speea.org **H(c)** Group exemption number ▶ L Year of formation 1944 M State of legal domicile Part I Summary  $\textbf{1} \, \text{Briefly describe the organization's mission or most significant activities}$ THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO SECURE IMPROVED WAGES, HOURS, WORKING CONDITIONS, AND OTHER ECONOMIC ADVANTAGES THROUGH ORGANIZATION, NEGOTIATIONS, AND COLLECTIVE BARGAINING, THROUGH LEGAL AND ECONOMIC MEANS, AND OTHER LAWFUL METHODS Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 6 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 5 44 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 **6** Total number of volunteers (estimate if necessary) . . . . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 . 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 8 Ravenue Program service revenue (Part VIII, line 2g) . 9 11,498,709 11,322,053 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 342,472 205,285 1,614,434 1,955,307 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 13,796,488 13,141,772 89,210 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 82,584 Benefits paid to or for members (Part IX, column (A), line 4) . . . O 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 6,351,868 7,457,523 Expenses 5 - 10) 0 Professional fundraising fees (Part IX, column (A), line 11e) . 16a b Total fundraising expenses (Part IX, column (D), line 25)  $\triangleright_{\underline{0}}^{\underline{0}}$ 4,418,573 4,676,377 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 10,853,025 12,223,110 19 Revenue less expenses Subtract line 18 from line 12 . 2,943,463 918,662 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 15,888,073 16,341,950 21 Total liabilities (Part X, line 26) . 936,549 767,088

## Signature Block

22

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

	**	< <b>★</b> ≮ ≯ ≮			2016-11-03		
Sign	Sig	gnature of officer			Date		
Here	_	mmie Mathis Treasurer					
	Ту	pe or print name and title					
Paid		Print/Type preparer's name Chris McGinness	Preparer's signature Chris McGinness	Date	Check If self-employed	PTIN P01017591	
Preparer		Firm's name ► HUEBNER DOOLEY & MC		Firm's EIN ▶			
Use Only		Firm's address ► 1424 NE 155TH ST STE 1	100		Phone no (206) 522-8000		
USE OIIIS	′	SHORELINE, WA 981557					
May the IRS	dısc	uss this return with the preparer sh	own above? (see instructions) .			✓Yes No	

Net assets or fund balances Subtract line 21 from line 20

14,951,524

15,574,862

Form	990 (2015)			Page:
Par	rt IV Checklist 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

Did the organization receive or hold a conservation easement, including easements to preserve open space,

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 🐕 . . . . . . . . . . . . . . . . . .

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 💆 . . . . . . . . .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

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 🛸

**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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🐿 .

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

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14a

14b

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20a

Yes

Yes

Yes

Yes

Yes

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

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instructions for applicable filing thresholds, conditions, and exceptions)

Form	1990 (2015)			Page
Pai	rt 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? If "Yes," complete Schedule J	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		No

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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? If "Yes," complete Schedule R, Part I . . . . . . . . . . 💆 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 💆 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 💆 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

25a

25b

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28c

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Yes

Yes

Yes

Form 990 (2015)

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Form	990 (2015)			Page
Pai	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 14			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	by this return	2b	Yes	
_	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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
b	If "Yes," enter the name of the foreign country <b>&gt;</b>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions? 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	7a		
a	services provided to the payor?	/ 4		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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	7.0		
е	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	<b>7</b> g		
п	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?			
02	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		No No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
44	facilities  Section F01/cV(12) organizations Enter		l	I
11 a	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
12	year Section 501/c)(20) qualified popprofit health incurance issuers			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
	additional information the organization must report on Schedule O	13a		No
D	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			
14a	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		

year by the following

Section C. 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 it Schedule O contains a response or note to any line in this Part VI								
Se	ection A. Governing Body and Management								
						Y	es	N	ı
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			6				
	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								

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6	
	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	1b	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a bu	siness	relationship with any	

supervision of officers, directors or trustees, or key employees to a management company or other person? .. Did the organization make any significant changes to its governing documents since the prior Form 990 was

Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization have members or stockholders? . . . . . . . . . . . . . . .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990

**10a** Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . .

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . .

Did the organization have a written document retention and destruction policy? . . . . .

a The organization's CEO, Executive Director, or top management official . . . . .

**b** Other officers or key employees of the organization . . . . . . . . . .

List the States with which a copy of this Form 990 is required to be filed▶

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

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. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

▶PAULINE TAMBLYN 15205 52ND AVENUE SOUTH SEATTLE, WA 981882336 (206) 433-0991

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

**b** 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . . .

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	
	1a	6		
e				

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11a

12a

12b

**12**c

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15a

15b

**16**a

16b

Yes

Yes

Yes

Yes

Yes

Yes

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# Part VII 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

(6)	(B)					(A) (B) (C) (D) (E) (F) Name and Title A verage Position (do not check Reportable Reportable Estimated													
(A) Name and Title	Average hours per week (list any hours	more pers and	thar on is	n (do n one s bot rect	not bo: h a: or/ti	x, unle n offic rustee	ess er e)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the									
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations									
(1) Ryan Rule	14 00																		
President	0 10			X				0	0	U									
(2) Jimmie Mathis	35 00																		
Treasurer				Х				0	0	0									
(3) Robert Wilkerson	2 00 20 00			-															
				Х				0	0	0									
Past Treasurer	0 10 37 00																		
(4) Joel Funfar	37 00			х				0	0	0									
Vice President	0 10																		
(5) Keith Covert	5 00																		
Vice President	0 10			X				0	0	U									
(6) Brent McFarlane	10 00																		
Vice President				Х				0	0	0									
(7) Shannon Deacon	0 10 6 00																		
				Х				0	0	0									
Vice President	0 10 47 00																		
(8) Raymond Goforth					×			199,350	0	45,290									
Executive Director	0 10									,									
(9) David Glenn	49 00					l <sub>x</sub>		100 313	0	41.002									
Organizing	0 00					^		190,212		41,902									
(10) Steve Spyridis	60 00																		
Contract Admin	0 00					×		237,481	0	43,656									
(11) Matthew Kempf	53 00																		
Benefits Director						×		212,371	0	43,833									
	0 00 48 00																		
(12) Bobby Brewer						×		207,238	0	43,349									
Contract Admin	0 00																		
(13) Richard Plunkett	52 00					×		216,530	0	44,548									
Dir Strategic Dev	0 00					^`				11,516									

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han d on is l	ne b both	oox, an d	heck unless officer stee)	5	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b c	Sub-Total	ets to Part VII, S		٠.			<b>*</b>				
d	Total (add lines 1b and 1c)						<b>&gt;</b>		1,263,182		262,578
2	Total number of individuals (	including but not	limited	to the	se I	ıste	d abov	e) wl	ho received more th	an	

\$100,000 of reportable compensation from the organization  $\blacktriangleright$  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? If "Yes," complete Schedule J for such individual	3		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			
	ındıvıdual	4	Yes	
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) Description of services	(C) Compensation		
Buescher Goldhammer Kelman Dodge PC		Attorney Fees	363,600		
	Grant Street Suite 450 iver, CO 80203				

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  $\blacktriangleright$  1

Form 99	•		_					Page 9
Part V	1111	Statement o			and the Dank William			F
		Check if Schedi	ule O contains a respoi	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω <u>κ</u>	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es <b>1b</b>					
G. Gr	С	Fundraising eve	ents <b>1</b> c					
iffs ar A	d	Related organiz	ations 1d					
s, G mil	е	Government grants	s (contributions) <b>1e</b>					
ion r Si	f		ons, gifts, grants, and 1f	i				
Contributions, Gifts, Grants and Other Similar Amounts	g	similar amounts no	ons included above					
nd O	-	1a-1f \$			0			
Contand	h	Total. Add lines	s 1a-1f		0			
골	22	Membership Dues	9. Assassments	Business Code	11 222 052	11 222 052		
Program Service Revenue	2a b	Membership Dues	& Assessments	900099	11,322,053	11,322,053		
ıń QΣ	c							
er vic	d							
ა E	е							
gra	f	All other progra	am service revenue					
ďΞ	g	Total. Add lines	s 2a-2f	>	11,322,053			
	3		ome (including dividen		357,022	357,022		
	4		ar amounts)		0			
	5	Royalties		▶	0			
		C	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)	-	0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities 1,180,604	(II) Other				
	ь	Less cost or	4 222 244					
		other basis and sales expenses	1,332,341					
	c d	Gain or (loss)  Net gain or (los	-151,737		-151,737	-151,737		
anne		Gross income f events (not inc	rom fundraising		·			
Other Revenue			reported on line 1c) e 18					
ŧ	b	Less direct ex	penses b					
	C O-		loss) from fundraising	events ▶	0			
	9a		rom gaming activities le 19 <b>a</b>					
			penses <b>b</b> (loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo						
			oods sold b					
	C	Net income or (	(loss) from sales of inv	entory ► Business Code	0			
	11a		TIATIVE REIMB	900099	418,696	418,696		
	ь	Legal fees reim		900099	1,193,624	1,193,624		
	С	REIMBURSEME	ENTS	900099	2,114	2,114		
	d	All other reven						
	е	Total. Add lines		•	1,614,434			
	12	Total revenue.	See Instructions .	· · · · •	13,141,772	13,141,772		Form 000 (2015

### Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$	organizations must complete all	columns All other organization	one must complete column (A)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX . . . . . . . . . .

	t include amounts reported on lines 6b, , 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	89,210				
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	244,640				
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	5,083,738				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	815,458				
9	Other employee benefits	950,527				
10	Payroll taxes					
		363,160				
11	Fees for services (non-employees)					
a	Management	0				
b	Legal	562,186				
С	Accounting	40,050				
d	Lobbying	96,500				
е	Professional fundraising services See Part IV, line 17	0				
f	Investment management fees	36,605				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	58,862				
12	Advertising and promotion	81,856				
13	Office expenses	224,571				
14	Information technology	0				
15	Royalties	0				
16	Occupancy	213,513				
17	Travel	7,966				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0				
19	Conferences, conventions, and meetings	257,718				
20	Interest	0				
21	Payments to affiliates	1,742,930				
22	Depreciation, depletion, and amortization	126,137				
23 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)	34,691				
а	LEAVE WITH PAY	320,068				
b	Printing and Publications	226,237				
c	MEMBERSHIP SERVICES	143,584				
d	STAFF TRAINING	117,914				
e	All other expenses	384,989				
25	Total functional expenses. Add lines 1 through 24e	12,223,110	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)			F	orm <b>990</b> (2015)	

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Net Assets or Fund Balances

(B)

End of year

61,385

38,290

80,858

316,885

6,907,760

1 992 804

16,341,950

70.331

696,757

767,088

15,574,862

15,574,862

16,341,950 Form 990 (2015)

6.943.968

(A)

Beginning of year

58,035

6,474,513

107,086

64,127

437,709

6,753,799

1 992 804

15,888,073

272,218

664,331

936,549

14,951,524

14,951,524

15,888,073

1 540 762

1,223,877

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10b

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Part X	Balance She
	Check if Schedu

Part X	Balance She
	Check if Schedu

Part X	Balance Sheet
	Check if Schedule

ce	Sheet	

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions) Complete Part

Pledges and grants receivable, net .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

**Total assets.**Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Investments—publicly traded securities . .

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Accounts receivable, net .

Bal	lan	ce	Sh	e	et	

X	Balance	Sheet

# e O contains a response or note to any line in this Part X .

Balance	Sheet
Check if S	chedule (

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

# onse or note to any line in this Part XI . . . . . .

Total revenue (must equal Part VIII, column (A), line 12) . . .

Total expenses (must equal Part IX, column (A), line 25) . . .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

If the organization changed its method of accounting from a prior year or checked "Other," explain in

Check	ıf Schedu	le O	contains	а	respo

		•	٠	•		

12,223,110 918,662 14,951,524

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2a

2b

2c

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3b

Yes

Yes

Form 990 (2015)

Page **12** 

13,141,772

-295,324 15,574,862

Yes

No Νo Νo

Revenue less expenses Subtract line 2 from line 1 . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Net unrealized gains (losses) on investments .

Part XII Financial Statements and Reporting

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

DLN: 93493308024716 **Political Campaign and Lobbying Activities** OMB No 1545-0047 **SCHEDULE C** (Form 990 or For Organizations Exempt From Income Tax Under section 501(c) and section 527 990-EZ) ▶ 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 Open to Public Department of the **Inspection** www.irs.gov/form990. Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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" on 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" on 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 Name of the organization Employer identification number SEATTLE PROF ENĞINEERING EMPLOYEES ASSN DBA SOC OF PROF ENG EMPL IN AEROSPACE 91-0583387 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955

3	If the organization incurred a s	Yes	∏ No			
4a	Was a correction made?				Yes	□ No
b	If "Yes," describe in Part IV				·	
Par	t I-C Complete if the or	ganization is exempt under s	section <b>501</b> (c	c), except section 50	1(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for sec	ction 527 exemp	t function activities 🕨	\$	
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to oth	ner organizations	for section 527 ▶	\$	
3	Total exempt function expendi	0-POL, line 17b ►	\$			
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes	√ No
5	organization made payments l amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	amount paid fro rectly delivered	m the filing organization's f to a separate political orga	funds Also en inization, such	ter the
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount contribution and prom directly del separate organizatio enter	s received ptly and vered to a political n If none,
2						
3						
4						
5						
6						
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	· <b>EZ.</b>	at No 50084S Schedule C (	Form 990 or 99	0-EZ) 2015

#### under section 501(h)). Check 🕨 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

В	Check In the filing organization checked box A and "limited control" provisions apply		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		

Other exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d)

Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

reporting section 4911 tax for this year?

Lobbying nontaxable amount

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Lobbying ceiling amount (150% of line 2a, column(e))

Calendar year (or fiscal year

beginning in)

\$1,000,000

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

The lobbying nontaxable amount is:

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** 

**(b)**2013

(a)2012

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

20% of the amount on line 1e

Yes

(c)2014

☐ No

(d)2015

Schedule C (Form 990 or 990-EZ) 2015

(e) Total

Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0-

Not over \$500,000

Over \$17,000,000

Subtract line 1f from line 1c If zero or less, enter -0-

2a

Return Reference

Page **3** 

	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		,	(b)	
activ			No	Ι.	A moun	nt
	Divining the commended the filtre agreement on attachment to influence forces and action of the commended to	Yes		·		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
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, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$	<b>501</b> (c	)(5),	or s	ectio	n
	501(c)(6).				Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	NO
1	were substantially all (50 % of more) ades received holidedactible by members.					
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-		103	Nο
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2	103	
2 3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	501/c	)(5)	3		Νo
2 3				2 3 Or S	ectio	No <b>n</b>
2 3	Did the organization agree to carry over lobbying and political expenditures from the prior year?  THE Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "			2 3 Or S	ectio	
2 3 Pa	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" (		2 3 Or S	ectio	No <b>n</b>
2 3 Pa 1 2	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	No" (		2 3 Or S	ectio	No <b>n</b>
2 3 Pa 1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	1 2a 2b		2 3 Or S	ectio	No <b>n</b>
2 3 Pa 1 2 a b c	Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B**  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	1 2a 2b 2c		2 3 Or S	ectio	No <b>n</b>
2 3 Pa 1 2 a b c	Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B**  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 2a 2b		2 3 Or S	ectio	No <b>n</b>
2 3 Pa 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	1 2a 2b 2c		2 3 Or S	ectio	No n
2 3 Pa 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1 2a 2b 2c 3		2 3 Or S	ectio	No n

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D** 

(Form 990)

Department of the

DLN: 93493308024716 OMB No 1545-0047

## **Supplemental Financial Statements**

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

reas	ury Information about Schedule D	(Form 990) and its instructions is at $\underline{www}$	.irs.gov/f	<u>orm990</u> .	Inspection
Na	me of the organization		Empl	oyer identific	ation number
	NTTLE PROF ENGINEERING EMPLOYEES ASSN A SOC OF PROF ENG EMPL IN AEROSPACE		91-0	583387	
Pa		r Advised Funds or Other Similar	Funds o		s.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6			
1	Total number at end of year	(a) Donor advised funds	(b)	Funds and oth	ner accounts
2	·				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor funds are the organization's property, subject to	the organization's exclusive legal control?		ed	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or fo	r any other		┌─Yes ┌─No
Pa	rt II Conservation Easements. Compl	ete if the organization answered "Yes	" on Forn	<u>ា 990, Part J</u>	íV, line 7.
1	Purpose(s) of conservation easements held by the	he organization (check all that apply)			
	Preservation of land for public use (e g , recieducation)	reation or Preservation o	of an histor	ically importa	ant land area
	Protection of natural habitat	Preservation of		, ,	
	Preservation of open space	,			
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	ın the form	of a conserva	ation
	easement on the last day of the tax year				
	Tabel and the second se			Held at th	e End of the Year
a	Total number of conservation easements  Total acreage restricted by conservation easem	onts	2a		
b c	Number of conservation easements on a certified		2b 2c		
d	Number of conservation easements included in (	, ,	20		
-	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, tra	insferred, released, extinguished, or termin	ated by the	e organization	n during the
	tax year ▶				
4	Number of states where property subject to cons	servation easement is located <b>&gt;</b>			
5	Does the organization have a written policy rega violations, and enforcement of the conservation		andling of	Γ,	Yes No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfo	orcing cons	ervation ease	ements during the
	<b>-</b>				
7	A mount of expenses incurred in monitoring, insp  ▶ \$	ecting, handling of violations, and enforcin	g conserva	tion easemen	its during the year
8	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$ ?	ine 2(d) above satisfy the requirements of	section 17		Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the texthe organization's accounting for conservation ex	t of the footnote to the organization's financ			
Par	t III Organizations Maintaining Collec	ctions of Art, Historical Treasure		er Similar	Assets.
		red "Yes" on Form 990, Part IV, line 8			
<b>1</b> a	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foot	r assets held for public exhibition, education	on, or resea	arch in further	
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating to	r assets held for public exhibition, education			
(	(i) Revenue included on Form 990, Part VIII, line	1	<b>▶</b> \$		
(	ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art,	historical treasures, or other similar asset			

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	(Form 990) 2015	0.11					a.i	
rt III	Organizations Maintaining (continued)	Collections of A	rt, Hist	orica	l Treas	ures, or	Other Simila	r Assets
	g the organization's acquisition, acce ction items (check all that apply)	ssion, and other rec	ords,che	eck any	of the fol	lowing that	are a significai	nt use of its
	Public exhibition		d		oan or ex	change pro	grams	
<b>,</b> _	Scholarly research		e	Г	ther			
	Preservation for future generations							
Prov Part	ide a description of the organization's XIII	collections and exp	olain how	they fu	ırther the	organizatio	n's exempt pur	pose in
	ng the year, did the organization solic ts to be sold to raise funds rather tha							Yes No
art IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form 9	90, Pa	art IV, lır	ne 9, or re	ported an am	nount on Form
	e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inter	mediary f	or cont	cributions	or other as	_	Yes No
If	"Yes," explain the arrangement in Pa	rt XIII and complet	e the follo	owing t	able			A mount
	eginning balance					1.0	:	
Ac	dditions during the year					10	1	
Di	stributions during the year					10	:	
En	 nding balance					11		
	the organization include an amount or	Form 990 Part X I	.no 31 fe				<u> </u>	
							•	·
If"Y	es," explain the arrangement in Part  Endowment Funds. Complet	XIII Check here if t	he expla	nation vered	has been "Yes" to	provided in Form 990	Part XIII	· · · · · · · · · · · · · · · · · · ·
If"Y	es," explain the arrangement in Part	XIII Check here ıf t	he expla ion ansv	nation vered	has been "Yes" to	provided in Form 990	Part XIII , Part IV, line	· · · · · · · · · · · · · · · · · · ·
If "Y art V Begi	es," explain the arrangement in Part  Endowment Funds. Complet	XIII Check here if t	he expla	nation vered	has been "Yes" to	provided in Form 990	Part XIII , Part IV, line	· · · · · · · · · · · · · · · · · · ·
If "Your to Vart V Begin	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions	XIII Check here if t	he expla	nation vered	has been "Yes" to	provided in Form 990	Part XIII , Part IV, line	· · · · · · · · · · · · · · · · · · ·
If "Y	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions	XIII Check here if t	he expla	nation vered	has been "Yes" to	provided in Form 990	Part XIII , Part IV, line	· · · · · · · · · · · · · · · · · · ·
If "Yourt V  Beging Continue Net loss Gran	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions  investment earnings, gains, and es	XIII Check here if t	he expla	nation vered	has been "Yes" to	provided in Form 990	Part XIII , Part IV, line	· · · · · · · · · · · · · · · · · · ·
Begin Continuous Net loss Gran Other and	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions  investment earnings, gains, and es  nts or scholarships  er expenditures for facilities  programs	XIII Check here if t	he expla	nation vered	has been "Yes" to	provided in Form 990	Part XIII , Part IV, line	· · · · · · · · · · · · · · · · · · ·
Begine Continue Net loss. Gran Other and Adm	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions  investment earnings, gains, and es  nts or scholarships  er expenditures for facilities programs	XIII Check here if t	he expla	nation vered	has been "Yes" to	provided in Form 990	Part XIII , Part IV, line	· · · · · · · · · · · · · · · · · · ·
If "Yourt V  Beging Continuing Source of the and	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions  investment earnings, gains, and es  nts or scholarships  er expenditures for facilities  programs	XIII Check here if t	he expla	nation vered	has been "Yes" to	provided in Form 990	Part XIII , Part IV, line	· · · · · · · · · · · · · · · · · · ·
If "You Begin Continue of the and and the and	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions  investment earnings, gains, and es  nts or scholarships  er expenditures for facilities programs	XIII Check here if the organizat  (a)Current year	he expla ion ansv (b)Pno	nation vered	has been "Yes" to b (c)Tw	provided in Form 990 70 years back	Part XIII , Part IV, line	· · · · · · · · · · · · · · · · · · ·
Begin Control of the loss of t	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions  investment earnings, gains, and es  nts or scholarships  er expenditures for facilities programs  ininistrative expenses  of year balance	XIII Check here if the organizat  (a)Current year	he expla ion ansv (b)Pno	nation vered	has been "Yes" to b (c)Tw	provided in Form 990 70 years back	Part XIII , Part IV, line	· · · · · · · · · · · · · · · · · · ·
Begin Continuity Street Contin	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions  investment earnings, gains, and es  nts or scholarships  er expenditures for facilities programs  ininistrative expenses  of year balance  ide the estimated percentage of the contact of the contac	XIII Check here if the organizat  (a)Current year	he expla ion ansv (b)Pno	nation vered	has been "Yes" to b (c)Tw	provided in Form 990 70 years back	Part XIII , Part IV, line	· · · · · · · · · · · · · · · · · · ·
Begin Continue Net loss Gran Other and Proving Board Perm Temp	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions  investment earnings, gains, and es  ints or scholarships  er expenditures for facilities programs  ininistrative expenses	XIII Check here if the organizat (a)Current year	he expla ion ansv (b)Pno	nation vered	has been "Yes" to b (c)Tw	provided in Form 990 70 years back	Part XIII , Part IV, line	· · · · · · · · · · · · · · · · · · ·
Begin Control Net loss Gran Other and loss Gran Proving Board Perm Temp The part Are to the second s	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions  investment earnings, gains, and es  ints or scholarships  er expenditures for facilities programs	XIII Check here if the organizat (a)Current year current year end balashould equal 100%	he expla	nation vered ryear	has been "Yes" to b (c)Tw	provided in Form 990 to years back	Part XIII , Part IV, line (d)Three years I	· · · · · · · · · · · · · · · · · · ·
Begin Control Net loss Gran Other and . Adm End . Provide Board Perm Temp The part organ	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions  investment earnings, gains, and es  its or scholarships  er expenditures for facilities programs  ininistrative expenses  of year balance  ide the estimated percentage of the order of the estimated or quasi-endowment   manent endowment   porarily restricted endowment   percentages on lines 2a, 2b, and 2c sethere endowment funds not in the post	current year end balashould equal 100% session of the organizat	the explaion answ (b)Pno	nation vered ryear	has been "Yes" to b (c)Tw	provided in Form 990 to years back	Part XIII , Part IV, line (d)Three years I	e 10.  cack (e)Four year
Begin Control of the loss of the and of the loss of th	es," explain the arrangement in Part  Endowment Funds. Complet  Inning of year balance  Investment earnings, gains, and es  Ints or scholarships  Investment earnings for facilities  programs  Investment expenses  Investment expenses  Investment earnings, gains, and es  Ints or scholarships  Investment expenditures for facilities  programs  Investment expenditures for facilities  programs	XIII Check here if the if the organizat  (a)Current year  current year end bala should equal 100% session of the organ	(b)Pno	nation vered in year	has been "Yes" to b (c)Tw	provided in Form 990 to years back	Part XIII , Part IV, line (d)Three years I	e 10. pack (e)Four yea
Begin Continuity Street V  Begin Continuity Street V  Net loss. Gran Other and Street	es," explain the arrangement in Part  Endowment Funds. Complet  nning of year balance  tributions  investment earnings, gains, and es  nts or scholarships  er expenditures for facilities programs  ininistrative expenses  of year balance  ide the estimated percentage of the of designated or quasi-endowment   porarily restricted endowment   percentages on lines 2a, 2b, and 2c sethere endowment funds not in the positization by  nrelated organizations	current year end balassession of the organizat	nnce (line	e 1g, co	has been "Yes" to b (c)Tw  blumn (a))  held and c c R? .	provided in Form 990 to years back held as	Part XIII , Part IV, line (d)Three years I	Yes  3a(i)

Part VI Land, Buildings, and Equipment.				
Complete if the organization answered 'Yes' to Form	n 990, Part IV, li	ne 11a.See For	m 990, Part X, l	ıne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d)Book value
<b>1a</b> Land				
<b>b</b> Buildings				
c Leasehold improvements		202,056	66,193	135,863
<b>d</b> Equipment		1,248,922	1,072,460	176,462
<b>e</b> Other		89,784	85,224	4,560
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, c	olumn (B), line 10(d	:))	>	316,885

Schedule D Part VII		omplete if the or	ganization answered	Page 3 Yes' on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or categor (including name of security)	у	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financia	al derivatives			Cost of end-of-year market value
	-held equity interests			
(3)0 ther				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form	990. Part IV. line 11c	Coo Form 000 Port V line 13
	(a) Description of investment	24 163 311 3111	(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
Total. (Colum	on (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. Complete if the organizat	ion answered 'Yes'		ne 11d See Form 990. Part X. line 15
	(a) Des		, ,	(b) Book value
	omn (b) must equal Form 990, Part X, col (B) line  Other Liabilities. Complete if the or			•
	See Form 990, Part X, line 25.			
1.	(a) Description of liability	(b) Book va	nue	
Federal inco	ome taxes			
COMP TIM	1E PAYABLE	69	06,757	
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 25 )	<b>▶</b> 69	06,757	
2. Liability f	for uncertain tax positions In Part XIII, prov	ride the text of the f	footnote to the organizati	
XIII 🗸	n's liability for uncertain tax positions under	FIN 48 (ASC 740)	Check here if the text o	t the footnote has been provided in Part

1 2

3

b

1

2

b

c d

e

а

b

3

Part XII

а

Page 4

# Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

2a

Net unrealized gains (losses) on investments . . . . 2b

b c

d

Other (Describe in Part XIII ) . . . . . . . . . . . . . . . . 

Amounts included on line 1 but not on Form 990, Part IX, line 25 

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses and losses per audited financial statements . . . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2c

2d

2a

2b

2c

2d

4c

3

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e 3

4c

Schedule D (Form 990) 2015

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

> Revenue Code and, therefore, has made no provision for federal income taxes in the accompanying combined financial statements. In addition, there was no unrelated business income for the years ended March 31, 2016 or 2015 The Society accounts for tax positions in accordance with FASB

Part XIII **Supplemental Information** 

information

Return Reference

Part X FIN48 Footnote

Add lines 4a and 4b . .

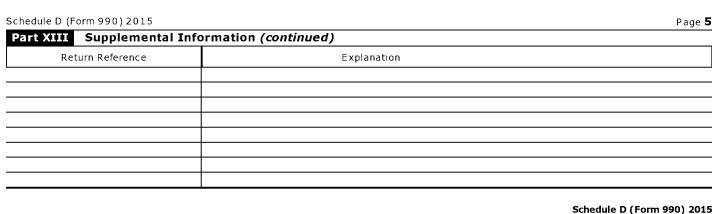
Income Tax Status The Society is exempt from federal income taxes under section 501(c)(5) and SPEEA Properties is exempt from federal income taxes under section 501(c)(2) of the Internal

subject to federal and state income tax examinations by tax authorities for the prior three years Management has reviewed the Society's tax positions and determined there were no uncertain tax positions as of March 31, 2016 and 2015

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Accounting Standards Codification Topic 740, Income Taxes With few exceptions, the Society is

Explanation



efile GRAPHIC pri	int - DO NO1	F PROCESS As	Filed Data -				DLN: 9	93493308024716
Schedule I (Form 990)  Department of the Treasury Internal Revenue Service		Gov Complet	ernments and the error of the organization	er Assistance to d Individuals in answered "Yes," on Fo Mattach to Form 990. form 990) and its instruc	2015 Open to Public Inspection			
Name of the organization							Employer identificati	on number
SEATTLE PROFENGING DBA SOC OF PROFEN							91-0583387	
		n on Grants and	d Assistance				1	
the selection crit  Describe in Part  Transaction  Transa	eria used to aw IV the organiza I Other Assista	vard the grants or as ation's procedures fo ance to Domestic Org	sistance? or monitoring the use ganizations and Dome	of grant funds in the Ur	the grantees' eligibility f			▼ Yes No.
(a) Name and addre organization or government	ess of	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data	Table							
2 Enter total number	er of section 50	01(c)(3) and govern	ment organizations li	sted in the line 1 table .			•	2
3 Enter total number	er of other orga	nızatıons listed in th	ne line 1 table .     .				•	1

### **Additional Data**

organization

or government

2212 E Central Wichita, KS 67214

WA Fair Trade Coalition

606 Maynard Ave S 102 Seattle, WA 98104

**Software ID:** 15000324 Software Version: 2015v2.0

EIN: 91-0583387

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

cash

assistance

(book, FMV, appraisal,

other)

0 Cash disbursed

non-cash assistance

(h) Purpose of grant

or assistance

General support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of

grant

or government				assistance	other)	
ICT SOS 1501 N Meridian Wichita,KS 67203	45-4569287	501(c)(3)	5,500	0	Cash disbursed	General support
KS School for Effective Learn	48-1072585	501(c)(3)	8,000	0	Cash disbursed	General support

6,000

ICT SOS 1501 N Meridian Wichita,KS 67203	45-4569287	501(c)(3)	5,500	0	Cash disbursed
KS School for Effective Learn	48-1072585	501(c)(3)	8,000	0	Cash disbursed

501(c)(4)

if applicable

59-3837580

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493308024716 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection Name of the organization **Employer identification number** SEATTLE PROF ENGINEERING EMPLOYEES ASSN DBA SOC OF PROF ENG EMPL IN AEROSPACE 91-0583387 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations  $\overline{\mathbf{v}}$ Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Νo Participate in, or receive payment from, an equity-based compensation arrangement? 40 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Any related organization? 5b If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? 6b If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? Schedule J (Form 990) 2015 Cat No 50053T For Paperwork Reduction Act Notice, see the Instructions for Form 990.

6 Steve Spyridis

Contract Admin

(ii)

(i)

(ii)

134,868

11,602

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on 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	f W-2 and/or 1099-MIS	3C compensation	(C) Retirement and	1	(E) Total of columns	
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
Bobby Brewer Contract Admin	(i)	144,072	10,457	52,709	24,448	18,901	250,587	
	(ii)			1			,	
2 David GlennOrganizing	(i)	136,644	9,010	44,558	23,001	18,901	232,114	
	(ii)			1	1		!	
3 Matthew Kempf Benefits Director	(i)	144,177	9,670	58,524	24,608	19,225	256,204	
	(ii)		1	1	1		,	1
4 Raymond Goforth Executive Director	(i)	172,212	11,358	15,780	31,181	14,109	244,640	
	(ii)			1	1		,	
<b>5</b> Richard Plunkett Dir Strategic Dev	(i)	151,273	10,217	55,040	25,647	18,901	261,078	

91,011

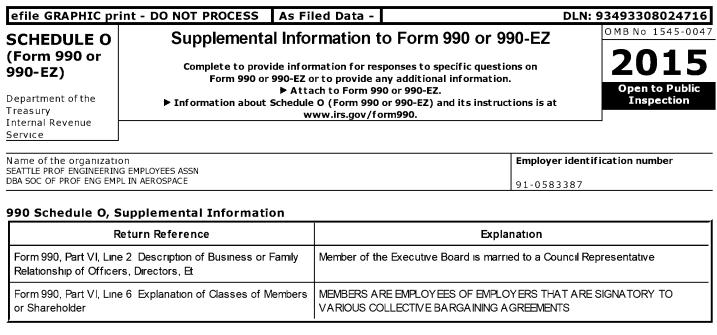
24,756

18,900

281,137

Schedule J (Form 990) 2015 Page 3 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) 2015



Return Reference Explanation Form 990. Part VI. Line 7a How Members or Shareholders MEMBERS ELECT GOVERNING BODY FROM NOMINATIONS BROUGHT

Elect Governing Body FORWARD FROM THE MEMBERSHIP Any change to the constitution requires referendum to the membership

Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders Bargaining unit contracts with employers require approval by members

990 Schedule O, Supplemental Information

Return Reference Explanation 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 THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON THE SPEEA. Documents Publicly Available WFB 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'S OFFICES

LETTER ANNUALLY AND ARE
AVAILABLE ON THE SPEEA WEB SITE FINANCIAL INFORMATION RELATING ORGANIZATION IS ALS
O AVAILABLE ON THE DEPARTMENT OF LABOR WEB SITE THEY ARE ALSO
AVAILABLE ON REQUEST AT THE

990 Schedule O. Supplemental Information

As Filed Data efile GRAPHIC print - DO NOT PROCESS SCHEDULE R

**Related Organizations and Unrelated Partnerships** 

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

2015

DLN: 93493308024716 OMB No 1545-0047

> Open to Public Inspection

**Employer identification number** 

91-0583387

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

(Form 990)

▶ Attach to Form 990.

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

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

(f) Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) KSSPINC LLC HOLD TITLE TO LAND & KS SPEEA 15205 52nd Ave S BUILDINGS FOR USE OF Tukwila, WA 98188 MEMBERS 81-2995016 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No (1) SPEEA PROPERTIES HOLD TITLE TO LAND & WA 501(C)(2) No 15205 52ND AVENUE S BUILDINGS FOR USE OF MEMBERS N/A SEATTLE, WA 98188 91-1067584 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(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	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging ner?	<b>(k)</b> Percentage ownership
			,			Yes	No		Yes	No	]
	_							_			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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.

					4 E
No No	Ь				00) 30.
Section 512 (b)(13) controlled entity?  Yes					D / Farms 0/
(h) Percentage ownership					Calcadula
(g) Share of end- of-year assets					·
(f) Share of total income					·
(e) Type of entity (C corp, S corp, or trust)					-
(d) Direct controlling entity					·
(c) Legal domicile (state or foreign country)					·
(b) Primary activity					·
(a)  Name, address, and EIN of related organization					

chedule R (Form 990) 2015					Pag	je <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answ	vered "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					Yes	No
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No
f 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)			;	1g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)			[	1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
			ı	اسده	1	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
o Sharing of paid employees with related organization(s)				10		No_
p Reimbursement paid to related organization(s) for expenses				1p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
${f s}$ Other transfer of cash or property from related organization(s)			[	1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line, including co	vered relationships	and transaction thresholds			
(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	ınt ını	volved	
L)SPEEA PROPERTIES	k	150,000	Cash disbursed			
			1			
	1	1				

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

revenue) that was not a related organization. See instructions r							(a)	(h)		(1)	(1)		(k)
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 601(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	,	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			517)	Yes	No			Yes	No		Yes	No	
													ı

