## **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) OMB No 1545-1150

**Open to Public** 

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

		enue Service	→ Go to www.irs.gov/Form990EZ for instructions and the latest information.	on.	mopodion.		
AI	For the	2017 calenda	ar year, or tax year beginning July 1st , 2017, and ending	June 30t	h , 20 18		
В	Check if an	pplicable	C Name of organization	D Employer ide	entification number		
	Address o	change	Science and Engineering Business Association	7	43095414		
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) 2 Room/suite	E Telephone number			
	Initial retu	ım	P O Box 45728	(42	5) 275-7539		
=		m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exer	<del></del>		
=	Amended		Seattle, WA 98145	Number >			
		on pending ting Method					
	Nebsite				the organization is not		
				•	ach Schedule B <b>22</b> 0-EZ, or 990-PF)		
			eck only one) — ☐ 501(c)(3) ☑ 501(c) ( 6 ) ◀ (Insert no ) ☐ 4947(a)(1) or ☐ 527 ☐ Corporation ☐ Trust ☑ Association ☐ Other	(1 01111 930, 930			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	accote			
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	assets	107 211 25		
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	notructions	107,211 35		
	aiti		the organization used Schedule O to respond to any question in this Part I				
21	1		ons, gifts, grants, and similar amounts received	1 1	· · · · <u> </u>		
ם ת	11			$\cdot \mid \frac{1}{0} \mid$	107 241 25		
/ 1 2 2 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	2	_	ervice revenue including government fees and contracts	2	107,211 35		
	3		ip dues and assessments	3			
د <u>ت</u>	1 _	Investment		. 4			
	5a		ount from sale of assets other than inventory	——i l			
ט היי	b		or other basis and sales expenses	<del> -</del> -			
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<u>5c</u>			
י נ	6	-	d fundraising events				
و ځ	a	\$15,000) .	ome from gaming (attach Schedule G if greater than				
Revenue			,				
28	b		me from fundraising events (not including \$ of contributions	s			
Ŋœ			aising events reported on line 1) (attach Schedule G if the chigh gross income and contributions exceeds \$15,000)   6b				
			· • • • • • • • • • • • • • • • • • • •	——————————————————————————————————————			
	d		t expenses from gaming and fundraising events 6c .				
	d	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub				
	<b>_</b> _	•		· 6d			
	7a		s of inventory, less returns and allowances				
	b		of goods sold				
	C	· ·	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	· · · 7c			
	8		nue (describe in Schedule O)	8.	107.244.25		
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. • 9	107,211 35 11,479 75		
	11			10	11,479 /5		
<b>/</b> 0			ther compensation, and employee benefits 🌃	-			
Expenses	12	Drofossion	al face and other nauments to independent portractors	12			
ē	13	Courses	al fees and other payments to independent contractors.  A rent, utilities, and maintenance	13			
X	14	Occupancy	, rent, dunities, and maintenance	14	0.022.07		
ш	1		ublications, postage, and shipping	15	8,933 07		
	16			16	81,401 01		
_	17		enses. Add lines 10 through 16	. > 17	101,813 83		
ts	18 19	⊏xcess or ( `Not acceta	deficit) for the year (Subtract line 17 from line 9) OGDEN UT or fund balances at beginning of year (from line 27, column (A)) (must agree	18	5,397 52		
Net Assets	13		or fund balances at beginning of year (from line 27, column (A)) (must agree r figure reported on prior year's return)	-	1000 554 50		
	20	-		19	, 303,554 52		
	20 21		ges in net assets or fund balances (explain in Schedule O)	20	308.952 04		
	1 41	INCL ASSELS	OF TURIO DATAFICES AL ERIO OF VEAL, COMDINE TIMES TO INFOUGIT ZU	. 🗩   21	. 308,952-04		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2017)



.5							
4	Part II Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule	O to respond to ar	ny question in this			
					(A) Beginning of year		(B) End of year
	22	Cash, savings, and investments			303,554 52	$\overline{}$	308,952 04
	23	Land and buildings				23	
	24	Other assets (describe in Schedule O)			303,554 52	24	200 0E2 04
	25	Total liabilities (describe in Schedule O)			303,554 52	26	308,952 04
	26 27	Net assets or fund balances (line 27 of column		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	303,554.52	_	308,952 04
	Par					21	300,752.04
9	Гаі	Check if the organization used Schedule	= -				Expenses
,	W/ha	is the organization's primary exempt purpose?	o to respond to di	ry queetieri iii tiiie	, <u> </u>		uired for section
		ribe the organization's program service accompli	shmonts for each or	f its three largest r	rogram convoc		c)(3) and 501(c)(4) inizations, optional for
		easured by expenses. In a clear and concise in				othe	
		ons benefited, and other relevant information for ea		, contiduo provido	a, the hamber of		
7		Advancing the professional careers of science and		(primarily at the Uni	versity of		
_		Washington) through the introduction of networking	opportunities and pr	ofessional events, a	llowing for		
		development of contacts and opportunity awareness	s				
	,21	(Grants \$ ) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	28a	
	29						
		(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29a	
	30						
			includes foreign gra	nts, check here	▶ 📙	30a	<u> </u>
	31	Other program services (describe in Schedule O)				٠.	
	00		includes foreign gra		<b>P</b> 🗀	31a	
1		Total program service expenses (add lines 28a				32	/ / Dark IVA
١	Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule				istruc	ctions for Part IV)
		Check if the organization used Schedule	1	(c) Reportable		<del></del>	· · · · <u> </u>
		(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC	contributions to employe		
		Communication Control	devoted to position	(if not paid, enter -0-)			other compensation
٠	Rach	ael Stein					
•	Pres	dent	4	-(	)-	0-	-0-
•	Briar	Webster					
•	VP o	Finance	4	-(	-(	0-	-0-
•	Rich	ard Lee	4				
	VP o	Development / Career Fair Coordinator	4	-(	)-	0-	-0-
	Yuji	aı	3 ,				
	VP o	Marketing		,			•
		Warketing	3	(	)-	0-	-0-
_	Rena	e Cruz		` -(	)(	o-	-0-
			3	-(			· -0-
	VP o	e Cruz	3				
•	VP o Ryar VP o	e Cruz Relations Washburne Mentorship	. 3		)(	0-	
•	VP o Ryar VP o Paul	e Cruz Relations Washburne Mentorship Bucko	3		](	0-	` -0-
•	VP o Ryar VP o Paul VP o	e Cruz Relations Washburne Mentorship Bucko Networking	3	-(	](	0-	` -0-
-	VP o Ryar VP o Paul VP o Issa	e Cruz Relations Washburne Mentorship Bucko Networking Yousif	3	. ( . (	)   	0-	-0- -0-
•	VP o Ryar VP o Paul VP o Issa VP o	e Cruz Relations Washburne Mentorship Bucko Networking Yousif Membership	3		)   	0-	-0-
•	VP o Ryar VP o Paul VP o Issa VP o Matt	e Cruz Relations Washburne Mentorship Bucko Networking Yousif Membership Walker	3	. ( . (	]( ](	0-	-0- -0- -0-
-	VP o Ryar VP o Paula VP o Issa VP o Matt	e Cruz Relations Washburne Mentorship Bucko Networking Yousif Membership Walker Operations	3	. ( . (	]( ](	0-	-0- -0-
-	VP o Ryar VP o Paul VP o Issa VP o Matt VP o Sabr	e Cruz Relations Washburne Mentorship Bucko Networking Yousif Membership Walker Operations na Kamran	3	. ( . ( . (	     	0-	-0- -0- -0-
-	VP o Ryar VP o Paul VP o Issa VP o Matt VP o Sabr	e Cruz Relations Washburne Mentorship Bucko Networking Yousif Membership Walker Operations	3 2 1	. ( . (	     	0-	-0- -0- -0-
-	VP o Ryar VP o Paul VP o Issa VP o Matt VP o Sabr	e Cruz Relations Washburne Mentorship Bucko Networking Yousif Membership Walker Operations na Kamran	3 2 1	. ( . ( . (	     	0-	-0- -0- -0-
-	VP o Ryar VP o Paul VP o Issa VP o Matt VP o Sabr	e Cruz Relations Washburne Mentorship Bucko Networking Yousif Membership Walker Operations na Kamran	3 2 1	. ( . ( . (	     	0-	-0- -0- -0-

			)			•
	Form 99	0-EZ (2017) '	ノ	F	age 3	
	Part '	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ie		
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	s Part	٧.	. 🗆	
				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		~	
?	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		V	
	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		~	
	С	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		<b>~</b>	
	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				
,		Did the organization file Form 1120-POL for this year?	37b			
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	1.0 × 1.3	ide:	<u>'d##</u>	
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a			
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved	A Line	78. E	534	
	39	Section 501(c)(7) organizations. Enter:				
	а	Initiation fees and capital contributions included on line 9	الخال			
		Gross receipts, included on line 9, for public use of club facilities	7			
	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		<u> Pra</u>	<u> </u>	
		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			27
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	(\$ E.)			
-		on organization managers or disqualified persons during the year under sections 4912; *** ********************************				
		4955, and 4958	7 6 8			
、	· d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	20.75	, in the second		
		transaction? If "Yes," complete Form 8886-T	40e	Olar St.		
		List the states with which a copy of this return is filed ► Washington	400	~		
			425-27	5-753	9	
		Located at ► PO Box 45728, Seattle, WA ZIP + 4 ►	981			
•		At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	100	~	
		If "Yes," enter the name of the foreign country: ▶	988		272.3	
		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 United States?	42c		~	
•		If "Yes," enter the name of the foreign country: ▶				
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □	
		and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43				
1				Yes		
		Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	WEA	XX		1
•		completed instead of Form 990-EZ	44a	-	<u>/</u>	
		Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	######################################		الواجية الإ	
		completed instead of Form 990-EZ	44b		<u> </u>	
		Did the organization receive any payments for indoor tanning services during the year?	44c	5 <sup>80</sup> % (%. &.	13 3 3 3	
		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				
			44d		V	
		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ಕ್ಷಣಚಿತ್ರ.	V	
		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			17 3 3 3 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Form 990-F7 (see instructions)	4EL	72 XX		

								120-
		,			•	,		_
Form 99	90-EZ (2017) ·	<del></del>					1	Page 4
40	Did the exampletion engage directly or	inducative malitical	nomnojan aativiitias	on bobalf of a	r in annaait		Yes	No
46	Did the organization engage, directly or to candidates for public office? If "Yes,"			· · · · · ·		46	.	
Part \			.,,			40		<u> </u>
	All section 501(c)(3) organization		estions 47–49b ar	nd 52, and co	mplete the	e tables f	or lın	es
	50 and 51.	•		•				
	Check if the organization used S	chedule O to respon	d to any question i	n this Part VI		<u></u>		
							Yes	No
47	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, Pa		section 501(h) elec	ction in effect	during the t			ر ا
48	Is the organization a school as described		· · · · · · · · · · · · · · · · · · ·	.ta Schadula E		47		V
49a	Did the organization make any transfers		• •	,		. 49a		V
	If "Yes," was the related organization as		_			. 49b		
50	Complete this table for the organization							
	employees) who each received more that	an \$100,000 of compe	nsation from the or	<del>- , </del>		e, enter "N	lone.'	)
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health contributions		(e) Estimate	d amo	unt of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	SC) benefit plans, comper	I	other con	pensa	tion
None		*		33.7.63				-
						•		
						•		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
f	Total number of other employees paid of		· · ·	0				
51	Complete this table for the organization \$100,000 of compensation from the organization			ent contractors	who each	received	more	than
	\$100,000 of compensation from the org	garlization. Il triere is ri	one, enter None.					
	(a) Name and business address of each independent	ndent contractor	(b) Type of	service	(c)	Compensati	on	
None								
			\-				_	
	·	·····						
			1		-			
	Total number of other independent cont	_		. <b>-</b>				
52	Did the organization complete Schedule A		ection 501(c)(3) oi	rganizations m		a .►⊟ Yes	<b>1</b>	Nο
Under pe	enalties of perjury, I declare that I have examined this	<u> </u>						
true, cor	rrect, and complete Doclaration of preparer (other th	an officer) is based on all inf	ormation of which prepa	rcr has any knowle	dge			_
o:	Drian A U	ebeter			4/11/	1201	9	
Sign	Signature of officer	_		Date	9			
Here	Brian Allan Webster - VP of Final Type or print name and title	nce						
	Print/Type preparer's name	Preparer's signature		Date	Charl C	, PTIN		
Paid					Check L	red		

Preparer Use Only

Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

2

## 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.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Science and Engineering Business Association	74-3095414				
Form-EZ, Part V, Information Regarding Personal Benefit Contracts					
The Organization, did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract					
The Organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract					
Form 990-EZ, Part I, Line 16, Other Expenses Total "Other" Expenses 81,401 01					
Merchant Fees (for career fair payment processing) 4,746 94					
Officer Retreat expenses 7,534 39					
Equipment and Meeting/Conference Facilities expenses 23,467 94					
Mentorship Program 1,187 99	)				
Food and Beverages expenses: 11,527 66					
Lens of Market 15,777 71					
Event Supply (stationary, rental fees, etc.) -6,530 26	., 3				
Miscellaneous Operation Fees (travel/meeting expenses, permit/license fees, etc.): 4,558 43					
Website Development expenses 689 97					
Paid Taxes expenses 1,917 87					
Member's Fall BBQ 3,346 81					
Books and Subscriptions 115 04					
·					
Form 990-EZ, Part I, Line 10, Grants Paid to Other Organizations Total of 11,479 75					
WBBA Life Science Washington					
1551 Eastlake Ave E, Suite 300	`				
Seattle, WA 98102					
Amount Paid in Total 5,000 00					

Ochedule O (Form 990 of 990-LZ) (2017)	
Name of the organization Science and Engineering Business Association	Employer identification number 74-3095414
Science and Engineering business Association	74-3075414
Beurk Center for Entrepreneurship	
Foster/Beurk Center	· ·
Dempsey Hall 227	•
	·
Box 353223	
Seattle, WA 98195-3223	
	·
Amount Paid in Total 5,000 00	
Other Grants Paid to Other Organizations 1,479 75	
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