Form 990

Department of the

DLN: 93493068003327

OMB No 1545-0047

Open to Public Inspection

Return of Organization Exempt From Income Tax

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 <u>www IRS gov/foim990</u>

Treasu	•	the nue Servio	► Information about Form 990 and its instructions is at www			O	pen to Public Inspection	
			은 lendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016					
			C Name of organization	,	D Employe	r identif	fication number	
_	eck if ap Idress ch		Seattle Education Association		91-068		reaction maniper	
☐ N	ame cha	inge	Doing business as		91 000	1230		
	ıtıal retu	ırn						
Fı return,	nal [/] termina	ited	Number and street (or P O box if mail is not delivered to street address) Room/suit- 5501 4th Ave South No 101	e	E Telephon	e number		
	nended r				(206)2	83-844	13	
Ap	plication	pending	City or town, state or province, country, and ZIP or foreign postal code Seattle, WA 98109		G Gross red	eipts \$ 2,	869,438	
			F Name and address of principal officer	H(a) Is th	ıs a group r	eturn fo	r	
			Phyllis Campano 5501 4th Ave South No 101		rdinates?		┌ Yes 🔽	
			Seattle, WA 98109	No H(b) Are a	ll eubordin:	atec		
I Ta	x-exemp	pt status	501(c)(3) ✓ 501(c) (5) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527	inclu		1003	□Yes □ No	
J W	ebsite:	:► wwv	w seattlewea org	If "No H(c) Grou			ee instructions)	
K For	n of org	anızatıon	Corporation		rmation 1958	M Sta	ate of legal domicile	
		C				WA		
Pa		Sum refly des	mary scribe the organization's mission or most significant activities					
			te the cause of public education on behalf of its members					
Activities & Governance								
E								
оле	2 C	heck th	is box ▶ ☐ if the organization discontinued its operations or disposed of	f more than 2	25% of its r	net asse	ets	
<u>ن</u> ت	3 N	umber o	of voting members of the governing body (Part VI, line 1a)		. 1	з	30	
~ So			of independent voting members of the governing body (Part VI, line 1b)		_	4	30	
Ĭ			nber of individuals employed in calendar year 2015 (Part V, line 2a) .		_	5	0	
√ct	6 T	otal nur	nber of volunteers (estimate if necessary)		🗀	6	0	
•	7a ⊤	otal unr	related business revenue from Part VIII, column (C), line 12		🗔	7a	0	
	b Ne	et unrela	ated business taxable income from Form 990-T, line 34			7b	0	
				Prio	r Year		Current Year	
Qı.	8		butions and grants (Part VIII, line 1h)		405,00		139,335	
enueve	9	-	am service revenue (Part VIII, line 2g)		2,537,189		2,685,188	
Rev	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		4,66	_	2,860	
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		39,56		41,880	
	12	12)	revenue and mies o through II (must equal) are viii, commit (A), me		2,986,42	22	2,869,263	
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1–3)			0	0	
	14		ts paid to or for members (Part IX, column (A), line 4)			0	0	
æ	15	Saları 5-10)	es , other compensation , employee benefits (Part IX , column (A) , lines		1,733,60	2	1,768,014	
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0	0	
Ř	b	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶0					
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		951,33	35	982,830	
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,684,93	37	2,750,844	
	19	Reven	ue less expenses Subtract line 18 from line 12	•	301,48	35	118,419	
ts or				Beginning o	of Current Ye	ear	End of Year	
Net Assets or Fund Balances	20		assets (Part X, line 16)		4,581,42	2.5	4,819,381	
E P	21		labilities (Part X, line 26)		919,12	_	1,303,627	
	22		sets or fund balances Subtract line 21 from line 20		3,662,30)5	3,515,754	
	r t III r penal		ature Block perjury, I declare that I have examined this return, ir					
my k	nowled	ge and i	belief, it is true, correct, and complete Declaration o					
prepa	rer has	s any kr	nowledge					
		****	**					
Sign	ı	Signa	ature of officer					

Preparer's signature Laird Vanetta

Firm's name ► TREMPER & CO LLP **Preparer** Firm's address ► 3131 Elliott Ave Suite 290 **Use Only** Seattle, WA 98121

Phyllis Campano President
Type or print name and title

Print/Type preparer's name Laird Vanetta

Here

Paid

May the IRS discuss this return with the preparer shown above? (see in For Paperwork Reduction Act Notice, see the separate instructions.

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

Par	t IV	Checklist o	of Require	d Schedul	es (cont	inuea
21	Did the	organization	report more	than \$5,000	of grants	or oth

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

instructions for applicable filing thresholds, conditions, and exceptions)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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

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

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

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?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

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

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

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

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

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, Pait II, III, or IV,

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

- - her assistance to any domestic organization or
- 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Yes

22

23

24a

24b

24c

24d

25a

25b

26

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28a

28b

28c

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Yes

Form 990 (2015)

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Nο

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Nο

- Page 4

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		.,			_
		Check if Schedule o contains a response of flote to any line in this	rait	v	· · ·	Yes	No.
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	26		. 03	,10
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did th	L e organization comply with backup withholding rules for reportable payments to	venc	lors and reportable			
•		g (gambling) winnings to prize winners?	•		1 c		
2a	Tax St	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered is return	2a	0			
h	•	s return			2b		
_		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	/ear?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b		
4a	over, a	time during the calendar year, did the organization have an interest in, or a significant for the foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes See in (FBAR	s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank)	and I	Financial Accounts			
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Dıd an	y taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Yes	s," to line 5a or 5b, did the organization file Form 8886-T?					
					5c		
	organı	the organization have annual gross receipts that are normally greater than \$10 zation solicit any contributions that were not tax deductible as charitable cont	ributio	ons?	6a		No
	were n	s," did the organization include with every solicitation an express statement th lot tax deductible?	at su	en contributions or gitts	6b		
	_	izations that may receive deductible contributions under section 170(c).			_		
	servic	e organization receive a payment in excess of \$75 made partly as a contributives provided to the payor?			7a		
		s," did the organization notify the donor of the value of the goods or services pi e organization sell, exchange, or otherwise dispose of tangible personal proper		1	7b		
·		rm 8282?		· · · · · ·	7 c		
d	If"Yes	s," indicate the number of Forms 8282 filed during the year	7d				
e	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7f		
g	If the require	organization received a contribution of qualified intellectual property, did the o ed?	rganız • •	ation file Form 8899 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd 1	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus the year?	siness	s holdings at any time	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 49667			9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson ⁷	9b		
10	Sectio	n 501(c)(7) organizations. Enter					
а	Initiat	ion fees and capital contributions included on Part VIII, line 12	10 a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club es	10b				
11	Sectio	n 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources amounts due or received from them)	11b				
12a	Sectio	n 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If"Yes year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Sectio	n 501(c)(29) qualified nonprofit health insurance issuers.					
	additio	organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states the organization is licensed to issue qualified health plans	13b				
с		the amount of reserves on hand	13c				
		L e organization receive any payments for indoor tanning services during the tax		·	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>		ŀ	14b		

orm	990 (2015)			Page				
Pai	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	w,				
	Check if Schedule O contains a response or note to any line in this Part VI							
Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 30							
	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 30							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .								
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .								
6	6 Did the organization have members or stockholders?							
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b		No				
9	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	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No				
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?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes					
13	Did the organization have a written whistleblower policy?	13		No				
	Bullia and a state for a small and a small and a state for a state of the state of	4.4	V					

	anniates, 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 the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15 a	Yes	
b	Other officers or key employees of the organization	15 b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
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?	16h		

Section C. Disclosure

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

 Deb Brady 5501 4th Ave South Suite 101 Seattle, WA 98109 (206) 283-8443

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization (W-				(E) Reportable compensation from related organizations	(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)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

art VII	Section A. Officers,	Directors, Trustees,	Key Employees,	and Highest C	ompensated Employ	ees (continued)
		,		-		,

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(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	Highest compensated employee key employee Officer		Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations		
See Additional Data Table										
1b Sub-Total			•	•		•				
c Total from continuation sheet: d Total (add lines 1b and 1c) .	•			٠.	•	•		801,709	0	265,971

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

(A)

- Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
- on line 1a? If "Yes," complete Schedule J for such individual
- 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 J for such ındıvıdual 4
- 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 J for such person . . .

Section B. Independent Contractors

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

Name and business address	Description of services	Compensation

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 ▶ 0

Yes

Yes

3

(B)

No

Νo

Form 99	0 (20	15)						Page S
Part V	/++1	Statement o						_
		Check if Schedi	ule O contains a respor	ise 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
<u>د د</u>	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising eve	ents 1c					
fts.	d	Related organiz	zations 1d					
i <u>5</u> [E	e	Government grants						
Sin				139,335				
utic Ter	f	similar amounts no						
	g	Noncash contribution 1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f		139,335			
				Business Code				
Program Service Revenue	2a	Membership Dues	and Re	611710	2,659,338	2,659,338		
.¥ .¥	ь	NBCT Fees		611710	25,850	25,850		
3 3	c							
er Ķ	d							
S.	e							
grar	f	All other progra	am service revenue					
Æ	g	Total. Add lines	s 2a-2f	>	2,685,188			
	3		ome (including dividend					2.025
	١.		ar amounts) Stment of tax-exempt bond ;		3,035			3,035
	4 5			broceeds				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	41,880					
	Ь	Less rental	0					
	ے ا	expenses Rental income	41,880					
	°	or (loss)	·		44.000	44.000		
	d	Net rental inco	me or (loss)	· · · •	41,880	41,880		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) O ther				
	b c	Less cost or other basis and sales expenses Gain or (loss)		175 -175				
	d	Net gain or (los	s)		-175	-175		
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, In	luding reported on line 1c)					
her	.	log- de-	a					
ŏ	D		penses b (loss) from fundraising e	events ►				
		Gross income f	rom gaming activities ne 19	,				
	Ь	Less directex	penses b					
	l		loss) from gaming activ	vities				
	100	C		•				
	104	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inve	entory ▶				
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	c .							
	d	All other reven						
	е	Total. Add lines		•				
	12	Total revenue.	See Instructions	· · · · •	2,869,263	2,726,893	C	3,035

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all column	s All other organizations must complete column (A)
Charles Cahadula O cantaina a nacanana an mata ta anu luna u	this David IV

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	250,220			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	950,410			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	327,623			
9	Other employee benefits	168,349			
10	Payroll taxes				
		71,412			
11	Fees for services (non-employees)				
а	Management				
b	Legal	10.070			
C	Accounting	10,870			
d	Lobbying				
e f	Professional fundraising services See Part IV, line 17 Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	57,202			
14	Information technology				
15	Royalties				
16	Occupancy	50,234			
17	Travel	26,644			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	234,942			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,081			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Member Programs	358,484			
b	Community Organizing	85,920			
C	Equipment and Maintenan	56,858			
d	Training	14,595			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,750,844			
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)				

Form	990 (2	2015)					Page 11	
Par	t X	Balance Sheet						
		Check if Schedule O contains a response or note to any lin	e in th	ıs Part X			· · · · <u>· · · </u>	
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			1,195,077	1	1,378,243	
	2	Savings and temporary cash investments			707,595		950,625	
	3	Pledges and grants receivable, net			125,000	3	ŕ	
	4	Accounts receivable, net			153,229	4	163,475	
	5	Loans and other receivables from current and former office			,		,	
ts		key employees, and highest compensated employees Co Schedule L	omplete	e Part II of		5		
	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see install of Schedule L	3), and 501(c)(9)					
Assets						6		
¥	7	Notes and loans receivable, net		7				
	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges			2,203	9	2,203	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,136,737				
	b	Less accumulated depreciation	10b	811,902	2,398,321	10 c	2,324,835	
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 $$.	Investments—other securities See Part IV, line 11					
	13	Investments—program-related See Part IV, line 11 .		13				
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,581,425	16	4,819,381	
	17	Accounts payable and accrued expenses			290,334	17	284,871	
	18	Grants payable				18		
	19	Deferred revenue				19	125,000	
	20	Tax-exempt bond liabilities				20		
۷۵.	21	Escrow or custodial account liability Complete Part IV o	f Sche	dule D		21		
lities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di						
Ō		persons Complete Part II of Schedule L				22		
Liabi	23	Secured mortgages and notes payable to unrelated third	parties			23		
	24	Unsecured notes and loans payable to unrelated third pa	rties			24		
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relat	ed third parties,			_	
		.			628,786	25	893,756	
	26	Total liabilities.Add lines 17 through 25			919,120	26	1,303,627	
Sè		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re 🕨	✓ and complete				

28

29

30

31

32

33

34

Unrestricted net assets .

complete lines 30 through 34.

Temporarily restricted net assets .

Permanently restricted net assets .

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds .

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

Retained earnings, endowment, accumulated income, or other funds

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

3,515,754

3,515,754

3,662,305

3,662,305

4,581,425

27

28

29

30 31

32

33

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

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

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

Consolidated basis

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

Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Νo

Nο

Form 990 (2015)

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Software ID: Software Version:

EIN: 91-0684298

Name: Seattle Education Association

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not box h an	checl , unle office ustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(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	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
Jonathan Knapp President	40 00			х				124,263	0	C		
Phyllis Campano Vice President	40 00			х				124,508	0	(
Jennifer Matter Treasurer	2 00			х				1,449	0	(
Matthew Carter Board Member	2 00	×						0	0	C		
Douglas Edelstein Board Member	2 00	×						0	0	(
Noam Gundle Board Member	2 00	×						0	0	C		
Kristin Bailey Board Member	2 00	×						0	0	(
Jenni Conrad Board Member	2 00	×						0	0	(
Mananne Clarke Board Member	2 00	×						0	0	(
Ritchie Garcia Board Member	2 00	x						0	0	(

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	ctor	S						•
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Shelly Hurley Board Member	2 00	×						0	0	0
Daniel Jordan Board Member	2 00	×						0	0	0
Heather Barker Board Member	2 00	×						0	0	C
Andrew Russell Board Member	2 00	×						0	0	C
Mary Vester Board Member	2 00	x						0	0	0
Laune Kazanjian Board Member	2 00	×						0	0	0
Peter Henry	2 00	х						0	0	0

2 00

2 00

2 00

Х

Board Member

Board Member

Marla Rasmussen Board Member

Michael Melonson Board Member

Dan Triccoli

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D) (E)

Compensated Employees, and Inde	pendent Co	ntrac	COL	5			1	ı	ı	
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
M Lynn Hubbard Board Member	2 00	x						0	0	0
Cheryl Smith Board Member	2 00	x						0	0	C
Joyce McDonald Board Member	2 00	×						0	0	
Linda Overlie Board Member	2 00	×						0	0	C
Marguente Jones Board Member	2 00	×						0	0	(
Dazanne Davis Porter Board Member	2 00	x						0	0	(
Christina DeCarufel Board Member	2 00	х						0	0	(
Vallene Fisher	2 00	v						0	0	

2 00

2 00

Board Member

Board Member

Laura Lehni Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	:tor	5						
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore t ss pe	tor/t	not one in is and trust	tee)	an Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
John Donaghy Executive Director	37 50				x			161,726	0	73,184
Timothy Kopp Unisery Representative	37 50					x		115,406	0	67,487

37 50

0 00

Χ

140,026

134,331

Elissa Jacobs

Andrea Robinson

Unisery Representative

Unisery Representative

Paid as reimbursement to school district employer

58,581

66,719

DLN: 93493068003327

Employer identification number

91-0684298

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Seattle Education Association

Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 2 3	Provide a description of the org Political expenditures Volunteer hours	ganization's direct and indirect po	olitical campaign act	ıvıtıes ın Part IV ▶	\$
Par	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	•	\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under section	n 4955 >	\$
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		☐ 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 und	er section 501 (c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	s for section 527	\$		
3	Total exempt function expendi	0-POL, line 17b ►	\$		
4	Did the filing organization file F		Yes No		
5	organization made payments f amount of political contribution	nd employer identification numbe For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r the amount paid fro nd directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or	990-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election
	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, E

4	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)

۸.	Check Fifthe filing organization belongs to expenses, and share of excess lob	o an affiliated group (and list in Part IV each affiliat bying expenditures)	ed group member's nan	ne, address, EI
3	Check ► If the filing organization checked b	oox A and "limited control" provisions apply		
		ying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		
b	Total lobbying expenditures to influence a legis	lative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1	b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	lc and 1d)		
f	Lobbying nontaxable amount Enter the amount			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of l	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, en	ter - 0 -		
i	Subtract line 1f from line 1c If zero or less, ent	er -0-		

┌ Yes ┌No

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

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										
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c)2014	(d) 2015	(e) Total					
Lobbying nontaxable amount										
Lobbying ceiling amount (150% of line 2a, column(e))										
Total lobbying expenditures										
Grassroots nontaxable amount										
Grassroots ceiling amount (150% of line 2d, column (e))										
Grassroots lobbying expenditures										
	(Some organizations that made a s columns below. See the Lobbying Expe Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	(Some organizations that made a section 501(h) elecolumns below. See the separate instractions of line 2 and	(Some organizations that made a section 501(h) election do not columns below. See the separate instructions for line. Lobbying Expenditures During 4-Year Averate description of the segment of the segm	(Some organizations that made a section 501(h) election do not have to common columns below. See the separate instructions for lines 2a through the separate instructi	(Some organizations that made a section 501(h) election do not have to complete all of the columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))					

Return Reference

Sche	edule C (Form 990 or 990-EZ) 2015				Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОГ				
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ		Yes	No	l	A moun	nt
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?					
e	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?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501 (c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
	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."	No" (
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	_				
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	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 political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information		I			
	• • • • • • • • • • • • • • • • • • • •	1	D		1	
Pro	ovide the descriptions required for Part l-A , line 1 , Part l-B , line 4 , Part l-C , line 5 , Part II-A (affiliated grou	ip list)	, Part .	ц-А,	iines 1	ana

Explanation

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

SCHEDULE D Supplemental

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.

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

2015

DLN: 93493068003327

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

	me of the organization attle Education Association				Empl	oyer identification number
_	O		_			684298
Ċ	Organizations Maintaining Donor Complete if the organization answere				-unas (or Accounts.
		(a) Donor advised fun			(b)	Funds and other accounts
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor a funds are the organization's property, subject to				nor advi	sed Yes No
	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 d	onc	or advisor, or for	any othe	r purpose Yes No
3	rt III Conservation Easements. Comple	ete if the organization	ı aı	nswered "Yes"	on Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by th	,	l th	hat apply)		
	Preservation of land for public use (e g , recreducation)	reation or [-			ically important land area
	Protection of natural habitat	Γ	_	Preservation of	a certifie	d historic structure
	Preservation of open space					
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserva	atic	on contribution in	the form	of a conservation
						Held at the End of the Year
3	Total number of conservation easements				2a	
)	Total acreage restricted by conservation easeme		dor	d in (a)	2b	
_	Number of conservation easements on a certified Number of conservation easements included in (• •	2 c	
J	historic structure listed in the National Register	c) acquired after 6/17/0	٥, د	and not on a	2d	
	Number of conservation easements modified, tra	insferred, released, extin	gui	ished, or termina	ted by th	e organization during the
	tax year ▶					
	Number of states where property subject to cons	servation easement is loc	at	ed >		
	Does the organization have a written policy regard violations, and enforcement of the conservation of		rın	ig, inspection, ha	ndling of	□Yes □No
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of v	ıola	ations, and enfor	cing cons	servation easements during the
	>					
	A mount of expenses incurred in monitoring, inspe	ecting, handling of violat	ıon	ns, and enforcing	conserva	ation easements during the year
	▶ \$					
	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ine 2(d) above satisfy the	e re	equirements of se	ction 17	0(h)(4) Yes No
	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the or asements	gaı	nızatıon's fınancı	al staten	nents that describes

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1

▶\$_____

Par	t III	Organizations Maintaining (continued)	Collections of Art	t, Hi	stori	cal 1	Γrea	sures,	or O	ther Sim	ilar As	sset	ts	
3		the organization's acquisition, acce tion items (check all that apply)	ession, and other recor	ds,c	heck a	any o	f the	following t	hat a	re a sıgnıfı	cant use	e of i	ts	
а		Public exhibition		d		Loa	n or	exchange	progr	ams				
b		Scholarly research		e		Oth	ner							
c		Preservation for future generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No													
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm	990,	Part	IV,	line 9, o	r rep	orted an	amoun	t on	Form	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intermo	ediary	y for c	ontrik	outio	ns or othe	rasse	ets not	┌ Yes		┌ No	
b	If'	Yes," explain the arrangement in Pa	art XIII and complete t	he fo	llowin	a tab	le				Amo	ount		
c		ginning balance				J			1 c					
d		ditions during the year							1d					
e		tributions during the year							1e					
f		ding balance							1f					
2a		ne organization include an amount oi	n Form 990 Part X lin	e 21	for es	crow	or c	l Instadial a		t liability?				
b		es," explain the arrangement in Part									•		No	
Pa	rt V	Endowment Funds. Comple												
		·	(a)Current year	(b) P	nor yea	ır	b (c)) Two years l	oack I	(d) Three yea	ars back	(e)F	our ye	ars back
1a	Begir	nning of year balance												
b	Cont •	ributions · · · · · · · ·												
C	Netı losse	nvestment earnings, gains, and es												
d	Gran	ts or scholarships												
е		r expenditures for facilities programs												
f	A dmi	nistrative expenses												
g		of year balance												
2	Provi	de the estimated percentage of the o	current vear end halan	ce (lu	ne 1a	colu	mn (a	a)) held as	 					
		, -	current year ena baran	cc (III	nc 19,	Colu	· · · · · · · ·	a)) licia us						
a		I designated or quasi-endowment >												
b	Perm	anent endowment ▶												
С	The p	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c :	·											
3а		nere endowment funds not in the pos ization by	session of the organiz	ation	that a	re he	ıld ar	nd adminis	tered	for the		Г	V I	NI-
	_	related organizations				_	_				3a	(i)	Yes	No
		lated organizations									3a(• •	\dashv	
b		es" on 3a(II), are the related organiza						·			. 3		\dashv	
4	Desc	ribe in Part XIII the intended uses o	f the organization's en	down	nent fu	ınds								
Pa	rt VI	Land, Buildings, and Equip												
		Complete if the organization a	nswered 'Yes' to Fo	rm 9			V, lı							
		Description of property		C	ost or d	a) other b stment		(b) Cost or oth (othe	er bası		imulated reciation	((d)Book	< value
1 a	Land			\cdot \bot					358,31	0				358,310
b	Buildin	gs		·L				2,	558,24	8	666,049	9	1	,892,199
c	Leasel	nold improvements		L										
d	Equipn	nent												
_	0.44			- 1				I	220 17	٠l	145.05	٦ I		74.226

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

(including name of security)	у	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			Cost of end-of-year market valu
(2)Closely-held equity interests (3)Other			
· •			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answere	id 'Yes' on Form 990	Part IV line 11c c	
(a) Description of investment	d res dirionii 990,	(b) Book value	(c) Method of valuation
			Cost or end-of-year market valu
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organizat (a) Des		orm 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on F	orm 990, Part IV , line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on F	orm 990, Part IV, line	
(a) Des Total. (Column (b) must equal Form 990, Part X, col (B) line	ion answered 'Yes' on F cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organizate Other Liabilities.	ion answered 'Yes' on F cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability	ion answered 'Yes' on F cription 15) ganization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ion answered 'Yes' on F cription 15) ganization answered	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Tenant Security Deposits	ion answered 'Yes' on F cription 15) ganization answered (b) Book value	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	s 15)	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	s 15)	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Tenant Security Deposits	s 15)	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Tenant Security Deposits	s 15)	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Tenant Security Deposits	s 15)	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	s 15)	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Tenant Security Deposits	s 15)	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Tenant Security Deposits	s 15)		(b) Book value

Schedule D (Form 990) 2015

1

2

2,869,438

_	Add mes La chrough La		· ·
3	Subtract line 2e from line 1	3	2,869,438
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b -17	5	
c	Add lines 4a and 4b	4c	-175
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,869,263
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	es pe	r Return.
1	Total expenses and losses per audited financial statements	1	2,751,019
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)	5	
e	Add lines 2a through 2d	2e	175
3	Subtract line 2e from line 1	3	2,750,844
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,750,844
Par	t XIII Supplemental Information	•	
Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and t V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part rmation		ride any additional
	Return Reference Explanation		

loss on disposition of assets reported as expense on financial statements -175

2a

2b

2c 2d

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

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

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

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants .

Add lines 2a through 2d

Part XI, Line 4b - Other

A djustments

Other (Describe in Part XIII) . .

Schedule D (Form 990) 2015	Page 5	
Part XIII Supplemental Information		
Return Reference	Explanation	

Compensation Information

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

2015 Open to Public

OMB No 1545-0047

DLN: 93493068003327

Department of the

Schedule J (Form 990)

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

terr	nal Revenue Service			TIE A	EGUIO	"
	me of the organization ittle Education Association		Employer identificati	on nur	nber	
sea	ttle Education Association		91-0684298			
Pa	rt I Questions Regarding Compensation					
	•				Yes	No
La	Check the appropiate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Housing allowance or residence for	or personal use			
	Travel for companions	Payments for business use of pers	sonal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initia	ation fees			
	Discretionary spending account	Personal services (e g , maid, cha	uffeur, chef)		 	
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr			1b		
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executive			2		
3	Indicate which, if any, of the following the filing organiza organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	apply Do not check any boxes for metho	ods			
	Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compens	ation committee			
1	During the year, did any person listed on Form 990, Par or a related organization	t VII, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	ment?		4a		No
b	Participate in, or receive payment from, a supplemental	nonqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based	d compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	le the applicable amounts for each item	ın Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of		any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," on line 5a or 5b, describe in Part III					
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a, did the organization pay or accrue	any			
а	The organization?			6 a		
b	Any related organization?			6 b		
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc		on-fixed	7		
3	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III			8		
•	If "Yes" on line 8, did the organization also follow the re	buttable presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

4 Andrea Robinson

Unisery Representative

(ii)

(ii)

134,331

Schedule J (Form 990) 2015

Page 2

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		Base (i) 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	
John Donaghy Executive Director	(i)	161,726	0	0	59,937	13,247	234,910	0	
	(ii)	0	0	0	0	0	0	0	
2 Timothy Kopp Unisery Representative	(i)	115,406	0	0	43,915	23,572	182,893	0	
	(ii)	0	0	0	0	0	0	0	
3 Flissa Jacobs		140 026			04.070	22.222		•	

140.026 36,273 22,308 198,607

51,617

15,102

201,050

3 Elissa Jacobs Unisery Representative

Page 3				
Part III Supplemental Inform	Part III Supplemental Information			
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information				
Return Reference	Explanation			

Schedule J (Form 990) 2015

SCHEDULE O	Supplemental Info	Supplemental Information to Form 990 or 990-EZ				
(Form 990 or 990-EZ) Department of the Treasury	Complete to provide info Form 990 or 990-EZ ► At ► Information about Schedu	Open to Public				
Internal Revenue Service						
Name of the organization Seattle Education Association			oyer identification number			
990 Schedule O, Sup	plemental Information					
Retu	ırn Reference	Explanation	n			
Form 990, Part VI, Section	A, line 6	Members are school district employees				
Form 990. Part VI. Section	A. line 7a	Members elect officers of the governing body				

DLN: 93493068003327

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990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part VI, Section A, line 8b	There are no committees with the authority to act on behalf of the governing body

A copy of the Form 990 is provided to the board of directors for review prior to filing

Form 990, Part VI, Section B, line 11

990 Schedule O, Supplemental Information

Return Reference Explanation

line 12c	New contracts and payments are reviewed for possible conflicts of interest prior to signing
Form 990, Part VI, Section B.	Compensation of the Executive Director is determined by Washington Education Association and then

approved by the Board of Directors

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part VI, Section C,	The governing documents and financial statements are available for review by members upon request at the
line 19	Organization's office

Accounting adjustment - unfunded pension liability change -264,970

Form 990. Part XI. line 9