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990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may be set to use a copy of the path in earlier to produce requirements.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

•	\ Fo	r the	2009 calend <u>ar y</u>	ear,	or tax year beginning	<u>January</u>	, 2009,	and o	ending	J	anuar	у	, 2	20 09
E	3 Che	ock if ap	plicable Plea		C Name of organization					D Emple	yer ic	lenti	ification nun	nber
	_ Ad	dress cl		IRS el or	Society of American Militar	y Engineers, Seattle Po	ost				9	1-6	056809	
Ļ	=	me chai	^{nge} prin	nt or	Number and street (or P O box,	f mail is not delivered to st	reet address)	Roo	m/suite	E Telep	hone r	umb	oer	
Ļ	_	ual retur munated			P.O. Box 4067				NA		20	16-6	95-6851	
F	┽ ```		Spe	cific	City or town, state or country, ar	id ZIP + 4		<u>. </u>	''''	E Cres				
ř	=	nended i	n pending tion	ruc- is.	 Seattle, WA 98194				ŀ	F Grou	•	•		
=			· ponong		<u> </u>						ber			1278
	•	Sect			rations and 4947(a)(1) nonex		must attach	'		_		Į✓	Cash 🗌	Accrual
-			_	COII	npleted Schedule A (Form 9	90 or 990-EZ).				(specify)				
									H Check	▶ ☑ :	f the o	orga	anızation ıs	not
		ebsite						_	require	ed to att	ach S	che	dule B (For	m 990,
J	Ta	x-exe	mpt status (ched	ck or	nly one) — 🔽 501(c)(3) ◀	l (insert no.) 🗌 4947(a))(1) or 🔲 5	27	990-E	Z, or 990)-PF).			
K		eck 🕨			zation is not a section 509(a)(3)									00. A
_	Fo	rm 99	0-EZ or Form 99	0 ret	turn is not required, but if the	organization chooses to	file a return,	be s	ure to file	a compl	ete re	turn	i.	
L					9 to determine gross receipts;						\$	5		63,199
	Pai	rt I	Revenue,	Exp	enses, and Changes ir	Net Assets or Fu	nd Balanc	es (See the	<u>instruc</u>	ction	s fo	or Part I.)	
		1	Contributions,	, gift	s, grants, and similar amo	unts received				[1			8,638
		2	Program servi	ice r	evenue including governm	ent fees and contract	s			[2			51,831
		3			and assessments					1	3			2,607
		4	Investment inc					į		`	4			123
		5a			m sale of assets other than	inventory	. 5a	ı İ	• • •					
		b			r basis and sales expense	•				0				
		c			sale of assets other than			<u> </u>	(a)	-	5c			0
	<u>a</u>	6			ivities (complete applicable parts					: I	30			
	Revenue	_						mig, c	HICCK HOLC	ן ט				
	ě	а			ot including \$			ı		اء				
	œ		reported on lir	•	,		. <u>6a</u>	_		0				
		b			nses other than fundraising	•		L		0	<u> </u>			
	- 1	С			ss) from special events and		ne 6b from	line (ŝa)	[6с	L.,		0
		7a			entory, less returns and all	1 1 1 1 1 1 1 1	<u>-7a</u>	ļ	,	0				
		b	Less: cost of of	good	ds sold		~		<u> </u>	0				
		C	Gross profit of	r (los	ss) from sales of inventory	(Subtract line 7b from	n-line-7a)	- ::.	ļ	[7¢			0
		8	Other revenue	e (de	scribe ►	lici NANY -		·S	<u>!</u>		8			0
_		9	Total revenue	e. Ac	dd lines 1, 2, 3, 4, 5c, 6c, 7	c, and 8! .'''	7. ZUII .	79	<u>1</u>	. ▶	9			63,199
		10	Grants and sir	milaı	r amounts paid (attach sch	edulė) .!	· ·	SS			10			18,105
		11	Benefits paid	to o	r for members			J =		[11			0
	S	12	Salaries, other	r coi	mpensation, and employee	benefits	<u>: []</u> [U.] .	. 1		[12			0
	Expenses	13	Professional fo	ees	and other payments to ind	ependent contractors	3	<u> </u>		[13			0
	8	14			utilities, and maintenance					[14			0
	Δĺ	15			ons, postage, and shipping	1				l	15			159
		16	Other expense			,					16			36,275
		17			Add lines 10 through 16 .						17			54,539
		18			for the year (Subtract line						18			8,660
	ĕ	19			d balances at beginning of									
	ş				reported on prior year's re						19			65,166
ચ્છ ≃રા	Net /	20			net assets or fund balance				•		20			00,100
	Ž	21			balances at end of year.						21			73,826
		rt II			ts. If Total assets on line 2							ad o	of Form 99	
วั					(See the instructions for					inning of			(B) End of	
9	22	Ca	sh savings an	nd in	vestments	•			F 4 239		5,166	22		73,826
	23		_		vestilients							23		
,	23 24								 			23		
	24 25	Ta	iici assets (UBS	OIID	e▶			<u> </u>		-		$\overline{}$		72.000
			tai assets . . tal liabilities (c					•	-	0:	5,166			73,826
	26				alances (line 27 of column	/P) must caree with	line 21)	,	-			26		0
	27	110	Lassons of Iul	נו טויי	CHAIRMAN AND A CONTROL	(D) Inust agree with	mięzi) .		1	6:	5,166	2/	1	73,826



						. ugo 🕳	
Par	Statement of Program Service Accom	plishments (See the instru	uctions for Part III	.)		Expenses	
What	(Required for section 501(c)(3) and 501(c)(4)						
Desc		(3) and 501(c)(4) szations and section					
mariner, describe the services provided, the number of persons benefited, and other relevant information for $ $ $_{ m 494}$:							
each	Ţ. <u></u>	for ot	ners.)				
28	Educational outreach and scholarships for high scho	ool and college students, and	sponsorship of RC	OTC			
	and military camp participants.						
		includes foreign grants, che			28a	18,105	
29	Monthly meetings that provide presentations on eng		related to military a	nd			
	architecture/engineering membership, trends, netwo	rking, and mentoring.					
	(Onesta 6)	:!d fausian auanta ah			00-	11,795	
30	(Grants \$ 0) If this amount Design excellence recognition and awards culminati	includes foreign grants, cho			29a	11,793	
30	Design excentite recognition and awards commission	ing it the almual Design Exce	siletice Awards ever				
	(Grants \$ 0) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	20,022	
31	Other program services (attach schedule)						
	, -	includes foreign grants, ch	eck here	. ▶ 🗆	31a	0	
32	Total program service expenses (add lines 28a t			🕨	32	49,922	
Par	List of Officers, Directors, Trustees, and Key		ven if not compensa			tions for Part IV.)	
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit		(e) Expense account and	
	(c) raine and address	devoted to position	enter -0)	deferred compe	nsation	other allowances	
Rick	Beseler	President, 4 hrs					
			0		0	0	
COL	Anthony Wright	1st Vice President, 4 hrs					
<u> </u>	T Battle Manager		0		0	0	
CAP	T Mike Weaver	2nd Vice President, 4 hrs	0		0	0	
lov	Chen		0			0	
30y		YM Vice President, 4 hrs	o		0	o	
Joar	marie Eggert					`	
		Secretary, 4 hrs	٥		0	o	
Jasc	n Strayer						
		Asst. Secretary, 4 hrs	0		0	o	
Erik	Blumhagen	Treasurer, 4 hrs					
		Treasurer, 4 nrs	0		0	0	
Scot	t Gaulke	Asst. Treasurer, 4 hrs					
		Asst. Heastrer, 4 ms	0		0	0	
Johr	Souza	Director, 4 hrs					
			0		0	0	
Bob	Parker	Director, 4 hrs	_				
CAR	T Bah Sahlasiasaa	<u> </u>	0		0	0	
CAP	T Bob Schlesinger	Past President, 4 hrs	0		0	٥	
CAP	T Pat Rios						
	1 r at 1103	Director, 4 hrs	٥		0	l	
BUC	S Eric Davis		<u> </u>				
	<u> </u>	Director, 4 hrs	l 0		0	o	
		1					
]					
	<u> </u>						
		1					
		i	1			1	

Form 99	0-EZ (2009)		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
00	Delate and in the control of the con		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	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 any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		√
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	i	✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) 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 transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ WA			
42a		206-69		1
	Located at ► 400 N 34th St., Seattle, WA ZIP + 4 ►	98	103	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Voc	No
	account)?	42b	163	\ <u>\</u>
	If "Yes," enter the name of the foreign country: ▶	120		-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			į
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	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		•	▶└
	and enter the amount of tax-exempt interest received or accrued dunng the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1.03	1.10
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		_✓

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char ad 51.	exempt charitate itable trusts mus	ole trusts only. A st answer question	ll sectior ns 46–4	า 9b
46	Did the organization engage in direct or indirect	political campaign activit	ies on behalf of o	r in opposition to	Ye	s No
	candidates for public office? If "Yes," complete				46	1
	Did the organization engage in lobbying activities				47	1
	s the organization a school as described in section				48	1
	Did the organization make any transfers to an ex		-		49a	
50 (If "Yes," was the related organization a section 5 Complete this table for the organization's five hi employees) who each received more than \$100,	ghest compensated emplo	yees (other than the organization	officers, directors, t	trustees a	ınd key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp	ense t and
NA						
	Total number of other employees paid over \$100		<u> </u>	<u> </u>		
	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	· · · · · · · · · · · · · · · · · · ·		pe of service	(c) Comper	nsation
NA						
ď	Total number of other independent contractors e	each receiving over \$100,0	000▶	L		
	Under penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accompa of preparer (other than officer) is	nying schedules and st based on all informatio	atements, and to the bes n of which preparer has	st of my kno any knowled	wiedge dge.
Sign Here	Signature of officer Michael Reutr Type or print name and title	olds, Treas	uren	May 12 Date	<u>, 2011</u>	
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (See inst	ructions)
Prepare Use Onl	r's Firm's name (or	1	E	IN ► hone no ►		
May the	e IRS discuss this return with the preparer show	n above? See instructions		> [Yes _	No (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number Society of American Military Engineers, Seattle Post 6056800

Pa	rt I			narity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se		ctions.
				dation because it is:							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2				on 170(b)(1)(A)(ii). (Att					(-)(-)(- 4(-)-	
3				nospital service organ			in sectio	n 170(b)	(1)(A)(iii).	1	
4		A medical re	esearch organiza	ition operated in conj)(A)(iii). Enter the
_			me, city, and st								
5	П		ion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or uni	versity ov	wned or d	perated	by a gov	ernmenta	ıl unit described in
6				ernment or governme							
7				/ receives a substantia (1)(A)(vi). (Complete P		its suppo	ort from a	governn	nental un	it or from	the general public
8				in section 170(b)(1)		complete	Part II \				
9	Z			receives: (1) more that				m contrib	outions, n	nembersh	ip fees, and gross
				ed to its exempt funct							
				ent income and unre						1 511 tax) from businesses
				after June 30, 1975.				•	•		
10				nd operated exclusive							
11	Ш			ind operated exclusiv blicly supported organ							
				at describes the type							
		a ☐ Type			: □ Тур				-		Type III-Other
е				tify that the organizat							
				n managers and other							
		509(a)(1) or	section 509(a)(2)	•							
f				a written determinati	on from	the IRS	that it is	a Type	l, Type II	l, or Type	III supporting _
		-	, check this box								
g		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	any of the	€	
				r indirectly controls, e	either alo	ne or toa	ether wit	th persor	ns descri	bed in (ii)	Yes No
				ning body of the supp							11g(i)
				rson described in (i) a							11g(ii)
			-	of a person described							11g(iii)
<u>h</u>	Mom			ation about the suppo	T		i			1- 41-	(, , , , , , , , , , , , , , , , , , ,
(1)		of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		Is the tion in col	(vii) Amount of support
				above or IRC section (see instructions)	governing	document?		of your oort?		zed in the S.?	
				(555 11.52 2545115))	Yes	No	Yes	No	Yes	No	
				<u> </u>				<u> </u>	 	-	
_			Γ'								
								_			

Total

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1	I)(A)(vi)
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	-					
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .			l		<u> </u>	<u> </u>
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re					
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		· ·			14	<u>%</u>
15 10-	Public support percentage from 2008 Sc					15	<u> </u>
16a	33% % support test—2009. If the organiand stop here. The organization qualifies				line 14 is 33/3	% or more, che	ck this box
b	33% % support test—2008. If the organi						
	box and stop here. The organization qua	alifies as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum"	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Parl	: IV how the
b 18	10%-facts-and-circumstances test —2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance" Private foundation. If the organization did	acts-and-circur ances" test. The	nstances" test, organization qu	check this box alifies as a publi	and stop here. cly supported o	Explain in Part	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	<u> </u>					
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include				(-)	(-)	.,
	any "unusual grants.")	0	0	0	. 0	. 0	0
2	Gross receipts from admissions, merchandise						_
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	32,822	31,610	32,849	40,269	49,941	187,491
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's			1			
-	benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the	0	0	0	0	0	0
_	organization without charge	32,822	31,610	32,849	40,269	49,941	187,491
6	Total. Add lines 1 through 5	32,022	31,010	32,043	40,203	75,541	107,431
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						187,491
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	32,822	31,610	32,849	40,269	49,941	187,491
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources	371	124	158	207	123	983
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	0	0	0	0	o	0
	acquired after June 30, 1975	371	124	158	207	123	983
С 11	Net income from unrelated business	0	124	155	207	120	300
••	activities not included in line 10b, whether or not the business is regularly						
	carned on	U	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)	11,740	10,205	36,073	32,853	13,135	104,006
	, ,					75,755	,
13 14	Total support. (Add lines 9, 10c, 11, and 12.)	44,933	41,939	69,080	73,329	63,199	292,480
14	organization, check this box and stop				-		▶ □
Sec	tion C. Computation of Public Su		ntage				
15	Public support percentage for 2009 (lin	e 8, column (f) divided by lin	ie 13, column	(f)	15	64.1 %
16	Public support percentage from 2008 \$			<u> </u>		16	60.7 %
<u>Sec</u>	tion D. Computation of Investmen	nt Income Po	ercentage			r	
17	Investment income percentage for 200	9 (line 10c, col	lumn (f) divided	d by line 13, c	olumn (f)) .	17	0.3 %
18	Investment income percentage from 20					18	0.4 %
19a	331/4 % support tests – 2009. If the organization is not more than 331/4 %, check this b						
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	33/3 %, and
20	Private foundation. If the organization		-			-	_

	om 990 or 990-EZ) 21						Page 4	
Part IV	Supplementa Part II, line 17	I Information. a or 17b; and	Complete this Part III, line 12	part to provid Provide any	le the explanati	ons required be information.	by Part II, line 10; See instructions.	_
			•					_
			·					-
						·		· -
					,			
								-
								· -
								
••••								

SCHEDULE O (Form 990)

Supplemental Information to Form 990

stions on 200

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization	Employer i	dentification number
Society of American Military Engineers, Seattle Post	91	6056809
Changes in amended 2009 Form 990-EZ:		
Port I line 46. Furnament from 2000 totaline 6000	-4-1 T b:-	. 6
Part I, Line 16 - Expenses from 2008 totaling \$988 were erroneously included in previous	otai. Inis	rigure was decreased
from \$37,263 to \$36,275.		
110111 \$57,265 to \$55,275.		
Part I, Line 17 - Total expenses decreased \$988 from \$55,527 to \$54,539 as a result of cha	iges in Pa	ert I, Line 16.
Part I, Line 18 - Excess for the year increased \$988 from \$7,672 to \$8,660 as a result of ch	inges in P	Part I, Line 17.
Part I, Line 21 - Net assets increased \$988 from \$72,838 to \$73,826 as a result of changes	in Part I I	ine 18
Part II, Lines 22, 25, and 27 - Cash, savings, and investments; total assets; and net assets	all increa	sed \$988 from
\$72,838 to \$73,826 as a result of changes in Part I, Line 21.		
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Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
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