

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form **Return of Organization Exempt From Income Tax**

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

OMB No 1545-1150

2012

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning 2012, and ending December 31 January 1 B Check if applicable C Name of organization D Employer identification number Address change Society of American Military Engineers, Seattle Post 91-6056809 Room/suite Name change E Telephone number Number and street (or P O box, if mail is not delivered to street address) Initial return N/A 206-632-8020 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Seattle, WA 98194 H Check ► If the organization is not G Accounting Method Other (specify) ▶ I Website: ► www.seattlesame.org required to attach Schedule B) ◀ (insert no.) ☐ 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) J Tax-exempt status (check only one) —

| 501(c)(3) | 501(c) (If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 77474 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I \square 1 Contributions, gifts, grants, and similar amounts received 3331 2 Program service revenue including government fees and contracts 2 70472 3 Membership dues and assessments. 3 3592 4 Investment income 4 79 5a 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b b 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 0 of contributions Gross income from fundraising events (not including \$ from fundraising-events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 Less: direct expenses from garfing and fundraising events . . 6c 0 6d 0 Gross sales of inventory-less-returns and allowances 7a 7a Less: cost@@@ssold U.T b 1. 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 0 8 Other revenue (describe in Schedule O) 8 0 77474 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 25265 11 Benefits paid to or for members 11 0 SCANNED JUN I I 201 12 Salaries, other compensation, and employee benefits 12 0 13 13 Professional fees and other payments to independent contractors 0 14 Occupancy, rent, utilities, and maintenance 0 15 15 Printing, publications, postage, and shipping. 0 16 Other expenses (describe in Schedule O) . . . 16 61315 17 Total expenses. Add lines 10 through 16 . 17 86580 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 (9106)Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return)

For Paperwork Reduction Act Notice, see the separate instructions.

Other changes in net assets or fund balances (explain in Schedule O) . . . Net assets or fund balances at end of year. Combine lines 18 through 20

20

Cat No 106421

Form **990-EZ** (2012)



87574

19

20

Pa	t II , Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule		v auestion in this	Part II		\square
		<u></u>		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[87574	22	78468
23	Land and buildings		[23	0
24	Other assets (describe in Schedule O)	:	[0	24	0
25	Total assets		[87574	25	78468
26	Total liabilities (describe in Schedule O)		[26	0
27	Net assets or fund balances (line 27 of column	n (B) must agree with	ı lıne 21) [87574	27	78468
Par	III Statement of Program Service Accom	plishments (see th	e instructions for I	Part III)		Expenses
	Check if the organization used Schedule	O to respond to ar	y question in this	Part III 🔽	(Rec	uired for section
Wha	is the organization's primary exempt purpose?	Promote engineering	support for nationa	I security.	501	c)(3) and 501(c)(4)
as n	ribe the organization's program service accomplineasured by expenses. In a clear and concise n	nanner, describe the			494	inizations and section 7(a)(1) trusts, optional others)
pers	ons benefited, and other relevant information for e	ach program title.				
28	Educational outreach and scholarships for high sch	ool and college studer	nts, and sponsorshi	p of ROTC and		
	military camp participants.					
		includes foreign gra			28 a	25265
29	Monthly meetings/events that provide presentations			d to military and		
	architecture/engineering membership, trends, netwo	orking and mentoring.				
		includes foreign gra			29a	24832
30	Design excellence recognition and awards culminat	ing in the annual Design	gn Excellence Aware	ds event.	1	
	(Create ¢) If this amount	t includes foreign gra	nte chook horo		30a	10247
21	(Grants \$) If this amount Other program services (describe in Schedule O)			· · · <u> </u>	30a	18347
31	, ,				31a	12000
32	Total program service expenses (add lines 28a				32	
Par						<u> </u>
ı Gı	Check if the organization used Schedule					
	Chook in the organization about contours		(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)			Estimated amount of other compensation
			(ii not paid, enter -o-)	deletted compensatio	<u>"" </u>	
	T John Hickey					
	t organization address)	President, 4 hrs	(9	0
Mich	ele Percussi	1st Vice President,				•
N17 - 1	Malandala	4 hrs	(,	0	0
NICK	Vlahovich	2nd Vice President,	,	,		•
1	Olasan	4 hrs	()	0	0
Juay	Oleson	 Young Member Vice President, 4 hrs 	(0	0
	- Cwana	-		'\	╙	
Siev	e Swope	- Secretary, 4 hrs	,		٥	0
Tabi	Homebill	 		'	╣	<u>u</u>
TODY	Hemphill	- Assistant Secretary,	(,	0	0
Mich	aal Daumalda	4 hrs		<u>, </u>	╣	
MICH	ael Reynolds	Transurar 4 hrs			0	0
	Displace	Treasurer, 4 hrs		, 	+	
Erik	Blumhagen	- Assistant	,			0
	Cundin	Treasurer, 4 hrs		' 	<u> </u>	0
BOD	Sundin	Director 4 b-s	ļ .			0
Dal-	ort Caltaland	Director, 4 hrs		<u> </u>	4	0
KOD	ert Galteland	Director 4 has] .		0	0
<u></u>	T Dick Pacalor (rot)	Director, 4 hrs		' 	~	0
CAP	T Rick Beseler (ret.)	-1	ł	1	ı	
		Director 4 hrs	1 .	al .	n l	Λ.
Ker	Valder	Director, 4 hrs			0	0

Part				
•	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	r-art	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		\
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		_ <u>_</u>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
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 tax year covered by this return? .	200		- 7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		V
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			لـــــــــا
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶ Washington			
42a			2-8020	<u> </u>
h	Located at ► 400 N. 34th St., Suite 100, Seattle, WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over	98103	Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		ı	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. I	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d	<u> </u>	-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Page 4	4
--------	---

	•					F	res	NO	
	Did the organization engage, directly						72.5		
	to candidates for public office? If "Yes		, Part I		<u> </u>	· 46	<u> </u>	_✓	
Part \									
	All section 501(c)(3) organization	tions must answer que	stions 47-49b and	52, and co	mplete th	e tables f	or line	es	
	50 and 51								
	Check if the organization used	Schedule O to respond	to any question in t	this Part VI					
							Yes	No	
47	Did the organization engage in lobby	ring activities or have a	section 501(h) election	on in effect o	during the	tax			
	year? If "Yes," complete Schedule C,	Part II				. 47]	1	
48	Is the organization a school as describe	ed in section 170(b)(1)(A)(i	u)? If "Yes." complete	Schedule E		. 48	1	1	
	Did the organization make any transfer							Ţ	
	If "Yes," was the related organization	· · · · · · · · · · · · · · · · · · ·				. 49b	1 1		
	Complete this table for the organization						es and	d key	
	employees) who each received more								
	employees) who eash received more	<u> </u>	T	(d) Health		, 0,110, 1			
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions		(e) Estimate	ed amou	int of	
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans,		other con	npensati	ion	
		<u> </u>		comper	isation				
None									
									
					· -				
f	Total number of other employees paid	d over \$100,000	▶ 0						
	Complete this table for the organization			contractors	who eacl	n received	more	thar	
	\$100,000 of compensation from the								
			(1) T (1)						
(a) r	Name and address of each independent contract	or paid more than \$100,000	(b) Type of ser	vice	(C) Compensat	ion		
None									

	··								
			4						
		· · · · · · · · · · · · · · · · · · ·	1						
			-						
		•••••	4						
									
	Total number of other independent co	•		-		0			
	Did the organization complete Sched		-			.			
	nonexempt charitable trusts must atta					► ✓ Yes		No.	
Under pe	enalties of perjury, I declare that I have examined	this return, including accompar	nying schedules and statem	ents, and to the	best of my k	nowledge and	d belief,	ıt ıs	
true, con	rect, and complete Declaration of preparer other	rinan officer) is pased on all inf	ormation of which preparer	nas any knowle	age 		_		
		\mathcal{L}			May	13,20	3		
Sign	Signature of officer		<u> </u>	Date	• J	• —			
Here	Michael Reynolds, Treasurer	Michael Reynolds, Treasurer							
	Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signature	D	ate	Check] _{if} PTIN			
	1				self-emple				
Prepa				Fim	n's EIN ▶	1		-	
Use (IIIy								
	Firm's address ▶			Pho	ne no				

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 20**12**

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Society of American Military Engineers, Seattle Post 91-6056809 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives, (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III–Functionally integrated **b** Type II **d** Type III–Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (III) Type of organization (iv) Is the organization (vii) Amount of monetary (i) Name of supported (v) Did you notify (vi) Is the in col (i) listed in your the organization in (described on lines 1-9 organization in col organization support col (i) of your governing document? (i) organized in the above or IBC section. support? (see instructions)) No Yes Yes (A) (B) (C) (D) (E)

Total

Part							
ı	(Complete only if you checked the						ualify under
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 0000	T #1 2222	T () 22/2	1,0044	1 1 2010	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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	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)						
6	Public support. Subtract line 5 from line 4.		<u> </u>	1]		
	on B. Total Support		T	1	1		T
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4						
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						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re	<u> </u>				
14	Public support percentage for 2012 (line			11 column (fi)		14	%
15 16a	Public support percentage from 2011 Sci 331/3% support test—2012. If the organi	hedule A, Part	II, line 14 .			15	%
	box and stop here. The organization qua						
b	331/3% support test—2011. If the organ check this box and stop here. The organ					e 15 is 33 ¹ /3%	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts	-and-circumsta	ances" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets th	e "facts-and-c	ircumstances"	test, check the	his box and s	stop here.
18	Private foundation. If the organization d	id not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, ched	k this box an	d see

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality	under the tes	sts listed belo	w, piease co	mpiete Part i	l.)	
	on A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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	40269	49941	286732	78732	70472	526146
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	o	o	ol	0
4	Tax revenues levied for the						<u>_</u>
	organization's benefit and either paid						
	to or expended on its behalf	o	o	اه	o	اه	0
5	The value of services or facilities	-			<u> </u>		
•	furnished by a governmental unit to the						
	organization without charge	ا		ا		ام	
6	Total. Add lines 1 through 5	40269	0 49941	0	0	70470	500140
	Amounts included on lines 1, 2, and 3	40269	49941	286732	78732	70472	526146
74	received from disqualified persons .				ا	ا	
	· · · · · · · · · · · · · · · · · · ·	0	0	0	0	<u>_</u>	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
_	Add lines 7a and 7b	0	<u>o</u>	0	0	0	0
8	Public support (Subtract line 7c from						
C4	line 6.)						526146
	on B. Total Support	() 0000	# \ 0000 T	430040	480044	4 3 2042	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	40269	49941	286732	78732	70472	526146
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	207	123	119	126	79	654
b	Unrelated business taxable income (less		ļ				
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	207	123	119	126	79	654
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	О	0	0	o	0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	32853	13135	26088	18750	6923	97749
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	73329	63199	312939	97608	77474	624549
14	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	1 501(c)(3)
	organization, check this box and stop her	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage)				
15	Public support percentage for 2012 (line 8	3, column (f) dı	vided by line 1	3, column (f))		15	84.2 %
16	Public support percentage from 2011 Sch	nedule A, Part I	II, line 15 .		<u></u>	16	79.3 %
Secti	on D. Computation of Investment Inc	come Percer					
17	Investment income percentage for 2012 (line 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	0.1 %
18	Investment income percentage from 2011					18	0.1 %
19a	331/3% support tests-2012. If the organi					ore than 331/39/	
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2011. If the organiz		_	-		_	_
-	line 18 is not more than 331/2%, check this I						
20	Private foundation. If the organization di	-	_	•		-	_

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).							
Part III, Line	Part III, Line 12: Other income included contributions to scholarship fund (\$3,331) and SAME National membership distributions (\$3,592).							
·	······································							
	` 							
	·							
								

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number Society of American Military Engineers, Seattle Post 91-6086809 Part I, Line 10: Expense amount includes scholarships (\$19,800), deployed forces merit awards (\$3,000), and engineering camp sponsorships (\$2,465). Part I, Line 16: Expense amount includes monthly meetings/events (\$24,832), annual golf tournament (\$12,466), 2012 Design Excellence Awards (\$18,347), student chapters (\$1,532), and general post administration (\$4,138). Part III, Line 31: Other program services include an annual golf tournament that provides networking opportunities for uniformed services, public and private engineers, and related professionals, and support for student chapter activities that provide education, networking, and mentoring opportunities for engineering students.