

**COMMITTEE ON NATURAL RESOURCES**  
**113<sup>th</sup> Congress Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g) and**  
**the Rules of the Committee on Natural Resources**

Legislative hearing on **H.R. 1604 (Lamborn)**, *Map It Once, Use It Many Times Act* and **H.R. 916 (Kind)**,  
*Federal Land Asset Inventory Reform Act of 2013*  
December 5, 2013

For Individuals:

1. Name:
2. Address:
3. Email Address:
4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

1. Name: Jeff Lower
2. Name of Organization(s) You are Representing at the Hearing:  
MAPPS, President
3. Business Address: [Information redacted for privacy]
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

**For all Witnesses**

**Name/Organization:** Jeff Lower / MAPPS

**Title/Date of Hearing:** Legislative hearing on H.R. 1604 (Lamborn), *Map It Once, Use It Many Times Act* and H.R. 916 (Kind), *Federal Land Asset Inventory Reform Act of 2013* / December 5, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

- BS in Geography, University of Florida
- MS in Geography, University of Florida
- 20 years of management and business ownership experience in surveying and mapping

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

- Registered Professional Photogrammetrist (RPP), Oregon
- Surveyor Photogrammetrist (SP), Virginia
- MAPPS President 2013-2015

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

- 20 years of management and business ownership experience in surveying and mapping
- Managed over 200 million dollars in Federal contract work related to Geospatial. Experience working as a contractor for USACE, NOAA, USGS, DoD (Navy, Army, Air Force, Marine Corps), BLM, CENSUS, NGA, BIA, DOT (federal and multiple states), FEMA, DHS

d. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and/or other agencies invited)* that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

## Witnesses Representing Organizations

**Name/Organization:** Jeff Lower / MAPPS

**Title/Date of Hearing:** Legislative hearing on H.R. 1604 (Lamborn), *Map It Once, Use It Many Times Act* and H.R. 916 (Kind), *Federal Land Asset Inventory Reform Act of 2013* / December 5, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

President of MAPPS from 2013-2015

i. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and /or other agencies invited)* that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Filed separately.

## Forms 990 / 990-EZ Return Summary

For calendar year 2010, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS**      52-0854573

|  |                |                |
|--|----------------|----------------|
| <b>Net Asset / Fund Balance at Beginning of Year</b> |                | <u>61,052</u>  |
| <b>Revenue</b>                                       |                |                |
| Contributions  |                |                |
| Program service revenue                              | <u>857,580</u> |                |
| Investment income                                    | <u>125</u>     |                |
| Capital gain / loss                                  |                |                |
| Special events:                                      |                |                |
| Gross revenue  |                |                |
| Direct expenses                                      |                |                |
| Net income   |                |                |
| Other income   | <u>4,290</u>   |                |
| <b>Total revenue</b>                                 |                | <u>861,995</u> |
| <b>Expenses</b>                                      |                |                |
| Program services                                     |                |                |
| Management and general                               |                |                |
| Fundraising  |                |                |
| <b>Total expenses</b>                                |                | <u>842,258</u> |
| <b>Excess / (deficit)</b>                            |                | <u>19,737</u>  |
| Other changes  |                | <u>250</u>     |
| <b>Net Asset / Fund Balance at End of Year</b>       |                | <u>81,039</u>  |

### Reconciliation of Revenue

|  |                |
|--|----------------|
| Total revenue per financial statements | <u>861,995</u> |
| Less:                                  |                |
| Unrealized gains                       |                |
| Donated services                       |                |
| Recoveries                             |                |
| Other                                  |                |
| Plus:                                  |                |
| Investment expenses                    |                |
| Other                                  |                |
| <b>Total revenue per return</b>        | <u>861,995</u> |

### Reconciliation of Expenses

|   |                |
|---|----------------|
| Total expenses per financial statements | <u>842,258</u> |
| Less:                                   |                |
| Donated services                        |                |
| Prior year adjustments                  |                |
| Losses                                  |                |
| Other                                   |                |
| Plus:                                   |                |
| Investment expenses                     |                |
| Other                                   |                |
| <b>Total expenses per return</b>        | <u>842,258</u> |

### Balance Sheet

|             | Beginning      | Ending         | Differences   |
|-------------|----------------|----------------|---------------|
| Assets      | <u>593,534</u> | <u>648,116</u> |               |
| Liabilities | <u>532,482</u> | <u>567,077</u> |               |
| Net assets  | <u>61,052</u>  | <u>81,039</u>  | <u>19,987</u> |

### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/11  
 Failure to file penalty \_\_\_\_\_

## Form 990-T Return Summary

For calendar year 2010, or tax year beginning

, and ending

**MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS**      52-0854573

**Income**

|                                |       |       |  |
|--------------------------------|-------|-------|--|
| Gross profit                   |       |       |  |
| Capital gain / loss            |       |       |  |
| Unrelated debt-financed income |       |       |  |
| All other income               | 4,290 |       |  |
| <b>Total income</b>            |       | 4,290 |  |

**Deductions**

|                         |       |       |  |
|-------------------------|-------|-------|--|
| Officer compensation    |       |       |  |
| Salaries                |       |       |  |
| All other deductions    | 1,250 |       |  |
| Net operating loss      |       |       |  |
| Specific deduction      | 1,000 |       |  |
| <b>Total deductions</b> |       | 2,250 |  |

**Unrelated business taxable income**2,040**Taxes / Credits / Payments**

|   |     |     |     |
|---|-----|-----|-----|
| Regular tax                             | 306 |     |     |
| Proxy tax                               |     |     |     |
| Alternative minimum tax                 |     |     |     |
| <b>Tax</b>                              |     | 306 |     |
| Foreign tax credit                      |     |     |     |
| Other credits                           |     |     |     |
| General business credits                |     |     |     |
| Prior year minimum tax credit           |     |     |     |
| <b>Total nonrefundable credits</b>      |     |     |     |
| Other taxes                             |     |     |     |
| <b>Total tax</b>                        |     | 306 |     |
| Estimated tax payments                  |     |     |     |
| Paid with extension                     |     |     |     |
| Tax withheld                            |     |     |     |
| Other credits / payments                |     |     |     |
| Estimated tax penalty                   |     |     |     |
| Overpayment applied to next year's tax  |     |     |     |
| <b>Payments / penalty / application</b> |     |     |     |
| <b>Net tax due</b>                      |     |     | 306 |

**Additions to Tax**

|                           |   |  |    |
|---------------------------|---|--|----|
| Interest on late payments | 4 |  |    |
| Failure to file penalty   |   |  |    |
| Failure to pay penalty    | 6 |  |    |
| <b>Total additions</b>    |   |  | 10 |

**Balance due**316**Refund****Next Year's Estimates**

|              |  |  |  |
|--------------|--|--|--|
| 1st quarter  |  |  |  |
| 2nd quarter  |  |  |  |
| 3rd quarter  |  |  |  |
| 4th quarter  |  |  |  |
| <b>Total</b> |  |  |  |

**Miscellaneous Information**

|                            |                 |
|----------------------------|-----------------|
| Amended return             |                 |
| Return / extended due date | <u>11/15/11</u> |

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning . . . . ., 2010, and ending . . . . . 20 . . . . .

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

**2010**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization **MANAGEMENT ASSOCIATION FOR PRIVATE  
PHOTOGRAMMETRIC SURVEYORS**

Employer identification number  
**52-0854573**

Name and title of officer  
**JOHN M PALATIELLO  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|  |  |    |                |
|--|--|----|----------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <b>861,995</b> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9)                      | 2b |                |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22)                               | 3b |                |
| 4a Form 990-PF check here ▶ <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b |                |
| 5a Form 8868 check here ▶ <input type="checkbox"/>           | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)     | 5b |                |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **GEORGEN SCARBOROUGH ASSOCIATES, PC** to enter my PIN **52085** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **08/19/11**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**54561054561**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2010)

Form **990**

Department of the Treasury  
Internal Revenue Service

**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)

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

**2010**  
Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1856 OLD RESTON AVENUE 205**  
 City or town, state or country, and ZIP + 4  
**RESTON VA 20190**

**D** Employer identification number  
**52-0854573**

**E** Telephone number  
**703-787-6665**

**F** Name and address of principal officer:  
**JOHN M. PALATIELLO**  
**1856 OLD RESTON AVENUE STE 205**  
**RESTON VA 20190**

**G** Gross receipts \$ **861,995**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **MAPPS.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: **1967** **M** State of legal domicile: **VA**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**TRADE ASSOCIATION**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) **3**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **9**

**5** Total number of individuals employed in calendar year 2010 (Part V, line 2a) **0**

**6** Total number of volunteers (estimate if necessary) **6**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **4,290**

**7b** Net unrelated business taxable income from Form 990-T, line 34 **2,040**

|  | Prior Year                | Current Year |
|--|---------------------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                       |                           |              |
| <b>9</b> Program service revenue (Part VIII, line 2g)  | 822,752                   | 857,580      |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 315                       | 125          |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           |                           | 4,290        |
| <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 823,067                   | 861,995      |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                   |                           |              |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                      |                           |              |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  |                           |              |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                     |                           |              |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶                         |                           |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)                       | 766,904                   | 842,258      |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)          | 766,904                   | 842,258      |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                               | 56,163                    | 19,737       |
|  | Beginning of Current Year | End of Year  |
| <b>20</b> Total assets (Part X, line 16)   | 593,534                   | 648,116      |
| <b>21</b> Total liabilities (Part X, line 26)  | 532,482                   | 567,077      |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                         | 61,052                    | 81,039       |

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **JOHN M PALATIELLO** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **DE SCARBOROUGH, CPA** Preparer's signature: \_\_\_\_\_ Date: **04/30/12** Check  if self-employed if PTIN: **P00174874**

Firm's name: **GEORGEN SCARBOROUGH ASSOCIATES, PC** Firm's EIN: **26-1776766**

Firm's address: **243 CHURCH ST NW STE 100E VIENNA, VA 22180-4437** Phone no.: **703-319-3990**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:

**TRADE ASSOCIATION**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **391,858** including grants of \$ ) (Revenue \$ )

**CONFERENCES, MEETINGS & SEMINARS TO EDUCATE MEMBERS OF LAW, GOV'T ACTIVITIES & BUSINESS AND PROFESSIONAL ISSUES AFFECTING THE PRACTICE OF PHOTOGRAMMETRY, MAPPING & GEOSPATIAL SERVICES.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ **450,400** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **842,258**

**Part 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   |     | X  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)   |     | X  |
| 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  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> 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   |     |    |
| 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                         | X   |    |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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  |     | X  |
| 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                                      |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | X  |
| 9 Did the organization report an amount in Part X, line 21; 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 |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   |     | X  |
| 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.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   |     | X  |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   |     | X  |
| c 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   |     | X  |
| d 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  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   |     | X  |
| 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      |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII   |     | X  |
| 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, XII, and XIII is optional              |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV                     |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                              |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                  |     | X  |
| 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)                                      |     | X  |
| 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   |     | X  |
| 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   |     | X  |
| 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H   |     | X  |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                 |     |    |

**Part IV Checklist of Required Schedules (continued)**

|   | Yes                          | No                                     |
|---|------------------------------|--|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |                              | X                                      |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |                              | X                                      |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                           |                              | X                                      |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 |                              | X                                      |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |                              |  |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |                              |  |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |                              |  |
| 25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |                              |  |
| b Is the organization 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             |                              |  |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   |                              | X                                      |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III                 |                              | X                                      |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |                              |  |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |                              | X                                      |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |                              | X                                      |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  |                              | X                                      |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   |                              | X                                      |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   |                              | X                                      |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   |                              | X                                      |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   |                              | X                                      |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   |                              | X                                      |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  |                              | X                                      |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  |                              | X                                      |
| a 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," complete Schedule R, Part V, line 2   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  |                              |  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  |                              | X                                      |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | X                            |  |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

|     |  | Yes | No |
|-----|--|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| 1a  |  |     | 0  |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| 1b  |  |     | 0  |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |    |
| 1c  |  |     |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
| 2a  |  |     | 0  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  |     |    |
| 2b  |  |     |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | X   |    |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | X   |    |
| 3b  |  |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | X  |
| b   | If "Yes," enter the name of the foreign country: <input type="checkbox"/><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| 5b  |  |     |    |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| 5c  |  |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  |     | X  |
| 6a  |  |     |    |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| 6b  |  |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     |    |
| 7a  |  |     |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| 7b  |  |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     |    |
| 7c  |  |     |    |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| 7d  |  |     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     |    |
| 7e  |  |     |    |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |    |
| 7f  |  |     |    |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| 7g  |  |     |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| 7h  |  |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| 8   |  |     |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| a   | Did the organization make any taxable distributions under section 4966?  |     |    |
| 9a  |  |     |    |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| 9b  |  |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| a   | Gross income from members or shareholders  | 11a |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | 11b |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | 12a |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | 13a |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | 13b |    |
| c   | Enter the amount of reserves on hand   | 13c |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b>  | 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?   |     | X  |
| <b>3</b>  | 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? | X   |    |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| <b>6</b>  | Does the organization have members or stockholders?   | X   |    |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   |     | X  |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>  | The governing body?   | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9</b>  | 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        |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates?  |     | X  |
| <b>b</b>   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| <b>11a</b> | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   |     | X  |
| <b>b</b>   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |     |    |
| <b>c</b>   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   |     |    |
| <b>13</b>  | Does the organization have a written whistleblower policy?   |     | X  |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  |     | X  |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  |     | X  |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JOHN M PALATIELLO & ASSOC. INC 1856 OLD RESTON AVENUE**

**RESTON VA 20190 703-787-6996**

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

Check if Schedule O contains a response to any question 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, and 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 organizations compensated any current officer, director, or trustee.

| (A)<br>Name and Title                   | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) SCOTT PERKINS<br>DIRECTOR           | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (2) W BRANT HOWARD<br>DIRECTOR          | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (3) ERIC ANDELIN<br>DIRECTOR            | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (4) CRAIG MOLANDER<br>DIRECTOR          | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (5) MARK SAFRAN<br>DIRECTOR             | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (6) JEFF LOVIN<br>PRESIDENT             | 3.00   |  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (7) RICHARD MCDONALD<br>PRESIDENT ELECT | 3.00   |  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (8) ROBERT J HICKEY<br>TREASURER        | 3.00   |  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (9) MIKE TULLY<br>SECRETARY             | 2.00   |  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (10)                                    |  |  |                       |         |              |                              |        |  |   |   |
| (11)                                    |  |  |                       |         |              |                              |        |  |   |   |
| (12)                                    |  |  |                       |         |              |                              |        |  |   |   |
| (13)                                    |  |  |                       |         |              |                              |        |  |   |   |
| (14)                                    |  |  |                       |         |              |                              |        |  |   |   |
| (15)                                    |  |  |                       |         |              |                              |        |  |   |   |
| (16)                                    |  |  |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (17) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (18) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (19) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (20) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (21) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (22) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (23) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (24) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (25) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (26) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (27) .....   |  |  |                       |         |              |                              |        |  |   |   |
| (28) .....   |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b> .....  |  |  |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |  |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |  |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

|   | Yes | No       |
|---|-----|----------|
| <b>3</b> 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 .....   |     | <b>X</b> |
| <b>4</b> 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 individual ..... |     | <b>X</b> |
| <b>5</b> 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 .....                       |     | <b>X</b> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| <b>JOHN M PALATIELLO ASSOCIATES, INC. 1856 OLD RESTON AVE<br/>RESTON VA 20190</b> | <b>ASSN MANAGEMENT</b>         | <b>470,750</b>      |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

**Part VIII Statement of Revenue**

|   |   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|---|---|---|----------------------|--|---|---|--|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>   | <b>1a</b> Federated campaigns   | <b>1a</b>   |                      |  |   |   |  |
|   | <b>b</b> Membership dues  | <b>1b</b>   |                      |  |   |   |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>   |                      |  |   |   |  |
|   | <b>d</b> Related organizations  | <b>1d</b>   |                      |  |   |   |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>   |                      |  |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>   |                      |  |   |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |   |                      |  |   |   |  |
|   | <b>h Total.</b> Add lines 1a-1f   |   |                      |  |   |   |  |
| <b>Program Service Revenue</b>                                      | <b>2a</b> CONFERENCES & MEETINGS  | Busn. Code  | 440,273              |  |   | 440,273   |  |
|   | <b>b</b> MEMBERSHIP   |   | 411,807              |  |   | 411,807   |  |
|   | <b>c</b> MISC REVENUE   |   | 5,500                |  |   | 5,500   |  |
|   | <b>d</b>  |   |                      |  |   |   |  |
|   | <b>e</b>  |   |                      |  |   |   |  |
|   | <b>f</b> All other program service revenue  |   |                      |  |   |   |  |
|   | <b>g Total.</b> Add lines 2a-2f   |   |                      | 857,580  |   |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts)  |   | 125                  |  |   | 125   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |                      |  |   |   |  |
|   | <b>5</b> Royalties  |   |                      |  |   |   |  |
|   | <b>6a</b> Gross Rents   | (i) Real  | (ii) Personal        |  |   |   |  |
|   |   | <b>b</b> Less: rental exps.                           |                      |  |   |   |  |
|   |   | <b>c</b> Rental inc. or (loss)                        |                      |  |   |   |  |
|   | <b>d</b> Net rental income or (loss)  |   |                      |  |   |   |  |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory  | (i) Securities  | (ii) Other           |  |   |   |  |
|   |   | <b>b</b> Less: cost or other<br>basis & sales exps.   |                      |  |   |   |  |
|   |   | <b>c</b> Gain or (loss)                               |                      |  |   |   |  |
|   |   | <b>d</b> Net gain or (loss)                           |                      |  |   |   |  |
|   | <b>8a</b> Gross income from fundraising events<br>(not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 | <b>a</b>  |                      |  |   |   |  |
|   |   | <b>b</b> Less: direct expenses                        | <b>b</b>             |  |   |   |  |
|   |   | <b>c</b> Net income or (loss) from fundraising events |                      |  |   |   |  |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19  | <b>a</b>  |                      |  |   |   |  |
| <b>b</b> Less: direct expenses                                      |   | <b>b</b>  |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from gaming activities                |   |   |                      |  |   |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances | <b>a</b>  |   |                      |  |   |   |  |
|   | <b>b</b> Less: cost of goods sold   | <b>b</b>  |                      |  |   |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory   |   |                      |  |   |   |  |
| Miscellaneous Revenue   |   | Busn. Code  |                      |  |   |   |  |
| <b>11a</b> ADVERTISING ON WEBSITE                                   |   | 518112  | 4,290                |  |   | 4,290   |  |
| <b>b</b>  |   |   |                      |  |   |   |  |
| <b>c</b>  |   |   |                      |  |   |   |  |
| <b>d</b> All other revenue  |   |   |                      |  |   |   |  |
| <b>e Total.</b> Add lines 11a-11d                                   |   |   | 4,290                |  |   |   |  |
| <b>12 Total revenue.</b> See instructions.                          |   |   | 861,995              | 0  | 4,290                                   | 857,705   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| 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  |                       |                                 |  |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  |                       |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  | 429,570               |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 8,000                 |                                 |  |                             |
| d Lobbying  | 41,180                |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   |                       |                                 |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  |                       |                                 |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  |                       |                                 |  |                             |
| 17 Travel   | 1,875                 |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 292,760               |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| 23 Insurance  |                       |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)                                      |                       |                                 |  |                             |
| a WEB SERVICES  | 16,500                |                                 |  |                             |
| b OFFICE SUPPLIES & EXPENSE   | 13,374                |                                 |  |                             |
| c CREDIT CARD FEES  | 12,074                |                                 |  |                             |
| d DUES & MEMBERSHIPS  | 8,000                 |                                 |  |                             |
| e SALARY SURVEY   | 8,000                 |                                 |  |                             |
| f All other expenses  | 10,925                |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24f   | 842,258               | 0                               | 0                                      | 0                           |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |   | (A)<br>Beginning of year |         | (B)<br>End of year |
|---|---|--------------------------|---------|--------------------|
| <b>Assets</b>   | 1 Cash—non-interest bearing   |                          | 1       |                    |
|   | 2 Savings and temporary cash investments  | 228,825                  | 2       | 336,932            |
|   | 3 Pledges and grants receivable, net  |                          | 3       |                    |
|   | 4 Accounts receivable, net  | 349,911                  | 4       | 277,796            |
|   | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                          | 5       |                    |
|   | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) |                          | 6       |                    |
|   | 7 Notes and loans receivable, net   |                          | 7       |                    |
|   | 8 Inventories for sale or use   |                          | 8       |                    |
|   | 9 Prepaid expenses and deferred charges   | 14,798                   | 9       | 33,388             |
|   | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a                      |         |                    |
|   | b Less: accumulated depreciation  | 10b                      | 10c     |                    |
|   | 11 Investments—publicly traded securities   |                          | 11      |                    |
|   | 12 Investments—other securities. See Part IV, line 11   |                          | 12      |                    |
|   | 13 Investments—program-related. See Part IV, line 11  |                          | 13      |                    |
|   | 14 Intangible assets  |                          | 14      |                    |
|   | 15 Other assets. See Part IV, line 11   |                          | 15      |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 593,534   | 16                       | 648,116 |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses  | 5,088                    | 17      | 6,903              |
|   | 18 Grants payable   |                          | 18      |                    |
|   | 19 Deferred revenue   | 527,394                  | 19      | 560,174            |
|   | 20 Tax-exempt bond liabilities  |                          | 20      |                    |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | 21      |                    |
|   | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   |                          | 22      |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties   |                          | 23      |                    |
|   | 24 Unsecured notes and loans payable to unrelated third parties   |                          | 24      |                    |
| 25 Other liabilities. Complete Part X of Schedule D                 |   | 25                       |         |                    |
| 26 <b>Total liabilities.</b> Add lines 17 through 25                | 532,482   | 26                       | 567,077 |                    |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |         |                    |
|   | 27 Unrestricted net assets  | 61,052                   | 27      | 81,039             |
|   | 28 Temporarily restricted net assets  |                          | 28      |                    |
|   | 29 Permanently restricted net assets  |                          | 29      |                    |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |         |                    |
|   | 30 Capital stock or trust principal, or current funds   |                          | 30      |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund   |                          | 31      |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds   |                          | 32      |                    |
| 33 <b>Total net assets or fund balances</b>                         | 61,052  | 33                       | 81,039  |                    |
| 34 <b>Total liabilities and net assets/fund balances</b>            | 593,534   | 34                       | 648,116 |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |         |
|---|--|---|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 861,995 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 842,258 |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 19,737  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 61,052  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 250     |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 81,039  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|   | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| 2b Were the organization's financial statements audited by an independent accountant?   |     | X  |
| 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. |     |    |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                             |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | X  |
| 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.   |     |    |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**  
▶ **See separate instructions.**

**If the organization answered "Yes," to 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.

**If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |   |
|---|---|
| Name of organization<br><b>MANAGEMENT ASSOCIATION FOR PRIVATE<br/>PHOTOGRAMMETRIC SURVEYORS</b> | Employer identification number<br><b>52-0854573</b> |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a 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.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1)      |             |         |   |  |
| (2)      |             |         |   |  |
| (3)      |             |         |   |  |
| (4)      |             |         |   |  |
| (5)      |             |         |   |  |
| (6)      |             |         |   |  |

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

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
 (The term "expenditures" means amounts paid or incurred.)

|   | (a) Filing organization's totals                   | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | 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. |  |  |
| 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.                                       |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> 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?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**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 instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period             |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |





**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

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 **MANAGEMENT ASSOCIATION FOR PRIVATE  
PHOTOGRAMMETRIC SURVEYORS**

Employer identification number  
**52-0854573**

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

MEMBERSHIP SERVICES THROUGHOUT YEAR KEEPING MEMBERS ADVISED OF CURRENT  
EVENTS AND LEGISLATION IMPACTING BUSINESS.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

MANAGEMENT CONTRACT WITH JOHN M. PALATIELLO & ASSOCIATES, INC.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

ORGANIZED WITH MEMBERS. MEMBERS ARE PRIVATE BUSINESSES ENGAGED IN  
PHOTOGRAMMETRIC SURVEYING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

DRAFT OF FORM 990 PRESENTED TO MEETING OF BOARD OF DIRECTORS FOR REVIEW AND  
APPROVAL BEFORE FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION TO MANAGEMENT COMPANY APPROVED ANNUALLY BY BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

A COPY WILL BE PROVIDED TO ANYONE REQUESTING SAME. REQUESTOR SHOULD SEND A  
WRITTEN REQUEST TO THE ASSOCIATION OFFICE. A COPY WILL BE SENT WITHIN 30  
DAYS FOLLOWING RECEIPT OF REQUEST.

Form **990-T**  
 Department of the Treasury  
 Internal Revenue Service

**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

OMB No. 1545-0687

**2010**

Open to Public Inspection for  
 501(c)(3) Organizations Only

For calendar year 2010 or other tax year beginning \_\_\_\_\_, and  
 ending \_\_\_\_\_ **See separate instructions.**

**A**  Check box if address changed

**B** Exempt under section  
 501(c) ( **C** ) ( **6** )  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year  
**648,116**

Name of organization (  Check box if name changed and see instructions.)  
**MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS**

Number, street, and room or suite no. If a P.O. box, see instructions. **205**  
**1856 OLD RESTON AVENUE**

City or town, state, and ZIP code  
**RESTON VA 20190**

**F** Group exemption number (See instructions.) ▶

**D** Employer identification number  
 (Employees' trust, see instructions.)  
**52-0854573**

**E** Unrelated business activity codes  
 (See instructions.)  
**518112**

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity.  
 ▶ **ADVERTISING ON WEBSITE IN "MEMBERS ONLY" SECTION OF SITE.**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.  
 ▶

**J** The books are in care of ▶ **JOHN M PALATIELLO & ASSOC** Telephone number ▶ **703-787-6996**

| Part I Unrelated Trade or Business Income |  | (A) Income | (B) Expenses | (C) Net      |
|---|--|------------|--------------|--------------|
| 1a  | Gross receipts or sales  |            |              |              |
| b   | Less returns and allowances  |            |              |              |
|   | <b>c</b> Balance ▶   | <b>1c</b>  |              |              |
| 2   | Cost of goods sold (Schedule A, line 7)  | <b>2</b>   |              |              |
| 3   | Gross profit. Subtract line 2 from line 1c   | <b>3</b>   |              |              |
| 4a  | Capital gain net income (attach Schedule D)  | <b>4a</b>  |              |              |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                     | <b>4b</b>  |              |              |
| c   | Capital loss deduction for trusts  | <b>4c</b>  |              |              |
| 5   | Income (loss) from partnerships and S corporations (attach statement)                | <b>5</b>   |              |              |
| 6   | Rent income (Schedule C)   | <b>6</b>   |              |              |
| 7   | Unrelated debt-financed income (Schedule E)  | <b>7</b>   |              |              |
| 8   | Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | <b>8</b>   |              |              |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     | <b>9</b>   |              |              |
| 10  | Exploited exempt activity income (Schedule I)  | <b>10</b>  |              |              |
| 11  | Advertising income (Schedule J)  | <b>11</b>  |              |              |
| 12  | Other income (See instructions; attach schedule.) <b>SEE STMT 1</b>                  | <b>12</b>  | <b>4,290</b> | <b>4,290</b> |
| 13  | <b>Total.</b> Combine lines 3 through 12   | <b>13</b>  | <b>4,290</b> | <b>4,290</b> |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) Except for contributions, deductions must be directly connected with the unrelated business income.)

|    |   |            |              |
|----|---|------------|--------------|
| 14 | Compensation of officers, directors, and trustees (Schedule K)  | <b>14</b>  |              |
| 15 | Salaries and wages  | <b>15</b>  |              |
| 16 | Repairs and maintenance   | <b>16</b>  |              |
| 17 | Bad debts   | <b>17</b>  |              |
| 18 | Interest (attach schedule)  | <b>18</b>  |              |
| 19 | Taxes and licenses  | <b>19</b>  |              |
| 20 | Charitable contributions (See instructions for limitation rules.)   | <b>20</b>  |              |
| 21 | Depreciation (attach Form 4562)   | <b>21</b>  |              |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return   | <b>22a</b> | <b>22b</b> 0 |
| 23 | Depletion   | <b>23</b>  |              |
| 24 | Contributions to deferred compensation plans  | <b>24</b>  |              |
| 25 | Employee benefit programs   | <b>25</b>  |              |
| 26 | Excess exempt expenses (Schedule I)   | <b>26</b>  |              |
| 27 | Excess readership costs (Schedule J)  | <b>27</b>  |              |
| 28 | Other deductions (attach schedule) <b>SEE STATEMENT 2</b>   | <b>28</b>  | <b>1,250</b> |
| 29 | <b>Total deductions.</b> Add lines 14 through 28  | <b>29</b>  | <b>1,250</b> |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  | <b>30</b>  | <b>3,040</b> |
| 31 | Net operating loss deduction (limited to the amount on line 30)   | <b>31</b>  |              |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  | <b>32</b>  | <b>3,040</b> |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)  | <b>33</b>  | <b>1,000</b> |
| 34 | <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | <b>34</b>  | <b>2,040</b> |

**Part III Tax Computation**

|  |            |            |
|--|------------|------------|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:                           |            |            |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ _____ (2) \$ _____ (3) \$ _____   |            |            |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____<br>(2) Additional 3% tax (not more than \$100,000) ..... \$ _____   |            |            |
| c Income tax on the amount on line 34 .....  | <b>35c</b> | <b>306</b> |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... | <b>36</b>  |            |
| <b>37 Proxy tax.</b> See instructions .....  | <b>37</b>  |            |
| <b>38 Alternative minimum tax</b> .....  | <b>38</b>  |            |
| <b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies .....  | <b>39</b>  | <b>306</b> |

**Part IV Tax and Payments**

|  |            |            |
|--|------------|------------|
| <b>40a Foreign tax credit</b> (corporations attach Form 1118; trusts attach Form 1116) .....   | <b>40a</b> |            |
| b Other credits (see instructions) .....   | <b>40b</b> |            |
| c General business credit. Attach Form 3800 .....  | <b>40c</b> |            |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) .....   | <b>40d</b> |            |
| e <b>Total credits.</b> Add lines 40a through 40d .....  | <b>40e</b> |            |
| <b>41 Subtract line 40e from line 39</b> .....   | <b>41</b>  | <b>306</b> |
| <b>42 Other taxes.</b> Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other ..... | <b>42</b>  |            |
| <b>43 Total tax.</b> Add lines 41 and 42 .....   | <b>43</b>  | <b>306</b> |
| <b>44a Payments:</b> A 2009 overpayment credited to 2010 .....   | <b>44a</b> |            |
| b 2010 estimated tax payments .....  | <b>44b</b> |            |
| c Tax deposited with Form 8868 .....   | <b>44c</b> |            |
| d Foreign organizations: Tax paid or withheld at source (see instructions) .....   | <b>44d</b> |            |
| e Backup withholding (see instructions) .....  | <b>44e</b> |            |
| f Credit for small employer health insurance premiums (Attach Form 8941) .....   | <b>44f</b> |            |
| g Other credits and payments: <input type="checkbox"/> Form 2439 _____<br><input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶  | <b>44g</b> |            |
| <b>45 Total payments.</b> Add lines 44a through 44g .....  | <b>45</b>  |            |
| <b>46 Estimated tax penalty</b> (see instructions). Check if Form 2220 is attached .....   | <b>46</b>  |            |
| <b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed .....   | <b>47</b>  | <b>306</b> |
| <b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid .....   | <b>48</b>  |            |
| <b>49 Enter the amount of line 48 you want:</b> Credited to 2011 estimated tax ▶ Refunded ▶  | <b>49</b>  |            |

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

|  |     |    |
|--|-----|----|
| 1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.  |     | X  |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$   |     |    |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

|   |    |  |  |     |    |
|---|----|--|--|-----|----|
| 1 Inventory at beginning of year            | 1  |  | 6 Inventory at end of year   | 6   |    |
| 2 Purchases                                 | 2  |  | 7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2                           | 7   |    |
| 3 Cost of labor                             | 3  |  | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a Additional sec. 263A costs (attach sch.) | 4a |  |  |     |    |
| b Other costs (attach schedule)             | 4b |  |  |     |    |
| 5 <b>Total.</b> Add lines 1 through 4b      | 5  |  |  |     |    |

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name **DH SCARBOROUGH, CPA** Date **04/30/12** Check  if self-employed PTIN **P00174874**

Preparer's signature \_\_\_\_\_

Firm's name ▶ **GEORGEN SCARBOROUGH ASSOCIATES, PC** Firm's EIN ▶ **26-1776766**

Firm's address ▶ **243 CHURCH ST NW STE 100E VIENNA, VA 22180-4437** Phone no. **703-319-3990**

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

|                |
|----------------|
| (1) <b>N/A</b> |
| (2)            |
| (3)            |
| (4)            |

**2. Rent received or accrued**

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| <b>Total</b>  | <b>Total</b>  |   |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E – Unrelated Debt-Financed Income (see instructions)**

| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |   |   |
|---|---|--|---|---|
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                |   |
| (1) <b>N/A</b>  |   |  |   |   |
| (2)   |   |  |   |   |
| (3)   |   |  |   |   |
| (4)   |   |  |   |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6)      | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |   |   |
| (2)   |   | %  |   |   |
| (3)   |   | %  |   |   |
| (4)   |   | %  |   |   |
| <b>Totals</b> ▶   |   |  | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B).               |

Total dividends-received deductions included in column 8 ▶

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross inc. | 6. Deductions directly connected with income in column 5 |
| (1) <b>N/A</b>                     |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                  |
|-------------------|---|-------------------------------------|--|---|
| (1)               |   |                                     |  |   |
| (2)               |   |                                     |  |   |
| (3)               |   |                                     |  |   |
| (4)               |   |                                     |  |   |
| <b>Totals</b> ▶   |   |                                     | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).          | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                   | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col.4) |
|--------------------------|---|--|---------------------------------|--|
| (1) <b>N/A</b>           |   |  |                                 |  |
| (2)                      |   |  |                                 |  |
| (3)                      |   |  |                                 |  |
| (4)                      |   |  |                                 |  |
| <b>Totals</b>            | Enter here and on page 1, Part I, line 9, column (A). |  |                                 | Enter here and on page 1, Part I, line 9, column (B).  |

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) <b>N/A</b>                       |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
| <b>Totals</b>                        | Enter here and on page 1, Part I, line 10, col. (A).      | Enter here and on page 1, Part I, line 10, col. (B).                        |  |   |                                      | Enter here and on page 1, Part II, line 26.                                      |

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) <b>N/A</b>                             |                             |                             |  |                       |                     |   |
| (2)  |                             |                             |  |                       |                     |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals (carry to Part II, line (5))</b> |                             |                             |  |                       |                     |   |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

|                                    |  |  |  |  |  |   |
|------------------------------------|--|--|--|--|--|---|
| (1) <b>N/A</b>                     |  |  |  |  |  |   |
| (2)                                |  |  |  |  |  |   |
| (3)                                |  |  |  |  |  |   |
| (4)                                |  |  |  |  |  |   |
| (5) <b>Totals from Part I</b>      | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). |  |  |  | Enter here and on page 1, Part II, line 27. |
| <b>Totals, Part II (lines 1-5)</b> |  |  |  |  |  |   |

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) <b>N/A</b>   |          |  |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 |          |  |  |

**Statement 1 - Form 990-T, Part I, Line 12 - Other Income**

| <u>Description</u>     | <u>Amount</u> |
|------------------------|---------------|
| ADVERTISING ON WEBSITE | \$ 4,290      |
| TOTAL                  | \$ 4,290      |

**Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions**

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| WEBSITE EXPENSES   | \$ 1,250      |
| TOTAL              | \$ 1,250      |



**Taxable Interest on Investments**

| <u>Description</u> | <u>Amount</u> | <u>Unrelated<br/>Business Code</u> | <u>Exclusion<br/>Code</u> | <u>Postal<br/>Code</u> | <u>Acquired after<br/>6/30/75</u> | <u>US<br/>Obs (\$ or %)</u> |
|--------------------|---------------|------------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| BANK INTEREST      | \$ 125        |                                    | 14                        |                        |                                   |                             |
| TOTAL              | <u>\$ 125</u> |                                    |                           |                        |                                   |                             |

## Federal Statements

**Form 990, Part IX, Line 24f - All Other Expenses**

| Description               | Total Expenses   | Program Service  | Management & General | Fund Raising |
|---------------------------|------------------|------------------|----------------------|--------------|
| STATE LEGISLATION         | \$ 4,500         | \$ 4,500         |                      |              |
| BOARD LIABILITY INSURANCE | 3,006            | 3,006            |                      |              |
| ANNUAL AWARDS             | 2,169            | 2,169            |                      |              |
| WEB SVC RE: ADVERTISING   | 1,000            | 1,000            |                      |              |
| MISC                      | 250              | 250              |                      |              |
| <b>TOTAL</b>              | <b>\$ 10,925</b> | <b>\$ 10,925</b> | <b>\$ 0</b>          | <b>\$ 0</b>  |

**Form 990-T - Other Deductions Not Taken Elsewhere**

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| WEBSITE EXPENSES   | \$ 1,250      |
| TOTAL              | \$ 1,250      |



Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No 1545-1878

For calendar year 2011, or fiscal year beginning \_\_\_\_\_, 2011, and ending \_\_\_\_\_, 20\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

# 2011

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**MANAGEMENT ASSOCIATION FOR PRIVATE  
PHOTOGRAMMETRIC SURVEYORS**

Employer identification number

**52-0854573**

Name and title of officer

**JOHN M PALATIELLO  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

- 1a Form 990 check here ▶  **b Total revenue, if any (Form 990, Part VIII, column (A), line 12)** 1b 869,575
- 2a Form 990-EZ check here ▶  **b Total revenue, if any (Form 990-EZ, line 9)** 2b \_\_\_\_\_
- 3a Form 1120-POL check here ▶  **b Total tax (Form 1120-POL, line 22)** 3b \_\_\_\_\_
- 4a Form 990-PF check here ▶  **b Tax based on investment income (Form 990-PF, Part VI, line 5)** 4b \_\_\_\_\_
- 5a Form 8868 check here ▶  **b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)** 5b \_\_\_\_\_

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

I authorize GEORGEN SCARBOROUGH ASSOCIATES, PC to enter my PIN 52085 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 07/15/12

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**54561054561**

do not enter all zeros

I certify that the above numeric entry is my PIN which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Return.

ERO's signature ▶

Date ▶ 7/12/2012

**ERO Must Retain This Form—See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of 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)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047  
**2011**  
Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1856 OLD RESTON AVENUE 205**  
 City or town, state or country, and ZIP + 4  
**RESTON VA 20190**

**D** Employer identification number **52-0854573**

**E** Telephone number **703-787-6665**

**F** Name and address of principal officer  
**JOHN M. PALATIELLO**  
**1856 OLD RESTON AVENUE STE 205**  
**RESTON VA 20190**

**G** Gross receipts \$ **869,575**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **MAPPS.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1967** **M** State of legal domicile: **VA**

**H(c)** Group exemption number ▶

**Part I Summary**

|  |   |                |                |
|--|---|----------------|----------------|
| <b>Activities &amp; Governance</b>   | 1 Briefly describe the organization's mission or most significant activities:<br><b>TRADE ASSOCIATION</b>                                 |                |                |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                |                |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>       | <b>9</b>       |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>       | <b>9</b>       |
|  | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)  | <b>5</b>       | <b>0</b>       |
|  | 6 Total number of volunteers (estimate if necessary)  | <b>6</b>       | <b>0</b>       |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>      | <b>0</b>       |
| b Net unrelated business taxable income from Form 990-T, line 34             | <b>7b</b>   | <b>0</b>       |                |
| <b>Revenue</b>   | 8 Contributions and grants (Part VIII, line 1h)   | <b>0</b>       | <b>0</b>       |
|  | 9 Program service revenue (Part VIII, line 2g)  | <b>857,580</b> | <b>869,535</b> |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>125</b>     | <b>40</b>      |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>4,290</b>   | <b>0</b>       |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>861,995</b> | <b>869,575</b> |
| <b>Expenses</b>  | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>0</b>       | <b>0</b>       |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0</b>       | <b>0</b>       |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>0</b>       | <b>0</b>       |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0</b>       | <b>0</b>       |
|  | b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>  |                |                |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>842,258</b> | <b>839,939</b> |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>842,258</b>  | <b>839,939</b> |                |
| 19 Revenue less expenses. Subtract line 18 from line 12                      | <b>19,737</b>   | <b>29,636</b>  |                |
| <b>Net Assets or Fund Balances</b>   | 20 Total assets (Part X, line 16)   | <b>648,116</b> | <b>715,221</b> |
|  | 21 Total liabilities (Part X, line 26)  | <b>567,077</b> | <b>604,546</b> |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20   | <b>81,039</b>  | <b>110,675</b> |

**Part II Signature Block**

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

**Sign Here** Signature of officer: *[Signature]* Date: **7/12/2012**  
**JOHN M. PALATIELLO** EXECUTIVE DIRECTOR  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: **DH SCARBOROUGH, CPA** Preparer's signature: *[Signature]* Date: **7/22/12** Check  if self-employed PTIN: **P00174874**  
 Firm's name: **GEORGEN SCARBOROUGH ASSOCIATES, PC** Firm's EIN: **26-1776766**  
 Firm's address: **243 CHURCH ST NW STE 100E VIENNA, VA 22180-4437** Phone no: **703-319-3990**

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:

**TRADE ASSOCIATION**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **814,628** including grants of \$ ) (Revenue \$ )  
**CONFERENCES, MEETINGS & SEMINARS TO EDUCATE MEMBERS OF  
LAW, GOV'T ACTIVITIES & BUSINESS AND PROFESSIONAL ISSUES  
AFFECTING THE PRACTICE OF PHOTOGRAMMETRY, MAPPING &  
GEOSPATIAL SERVICES.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ **25,311** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► **839,939**

**Part 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   |          | <b>X</b> |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   |          | <b>X</b> |
| 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  |          | <b>X</b> |
| 4   | <b>Section 501(c)(3) organizations.</b> 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   |          |          |
| 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   | <b>X</b> |          |
| 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  |          | <b>X</b> |
| 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  |          | <b>X</b> |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |          | <b>X</b> |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   |          | <b>X</b> |
| 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  |          | <b>X</b> |
| 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.   |          |          |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   |          | <b>X</b> |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   |          | <b>X</b> |
| c   | 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   |          | <b>X</b> |
| d   | 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  |          | <b>X</b> |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   |          | <b>X</b> |
| 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  |          | <b>X</b> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII   |          | <b>X</b> |
| 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, XII, and XIII is optional  |          | <b>X</b> |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |          | <b>X</b> |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   |          | <b>X</b> |
| 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 |          | <b>X</b> |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV   |          | <b>X</b> |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV   |          | <b>X</b> |
| 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)   |          | <b>X</b> |
| 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  |          | <b>X</b> |
| 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  |          | <b>X</b> |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |          | <b>X</b> |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |          |          |

**Part IV Checklist of Required Schedules (continued)**

|   | Yes      | No       |
|---|----------|----------|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |          | <b>X</b> |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   |          | <b>X</b> |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  |          | <b>X</b> |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25                            |          | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |          |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |          |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |          |          |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |          |          |
| <b>b</b> Is the organization 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  |          |          |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  |          | <b>X</b> |
| <b>27</b> 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 member of any of these persons? If "Yes," complete Schedule L, Part III |          | <b>X</b> |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |          |          |
| <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |          | <b>X</b> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |          | <b>X</b> |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   |          | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |          | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |          | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |          | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |          | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |          | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   |          | <b>X</b> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |          | <b>X</b> |
| <b>b</b> 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," complete Schedule R, Part V, line 2  |          | <b>X</b> |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  |          |          |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   |          | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | <b>X</b> |          |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

|            |  | Yes | No                                  |
|------------|--|-----|-------------------------------------|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |                                     |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |                                     |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |                                     |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |                                     |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |     |                                     |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | <input checked="" type="checkbox"/> |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |     |                                     |
| <b>4a</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 account)?                                   |     | <input checked="" type="checkbox"/> |
| <b>4b</b>  | If "Yes," enter the name of the foreign country: <b>▶</b><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |                                     |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | <input checked="" type="checkbox"/> |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | <input checked="" type="checkbox"/> |
| <b>5c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |                                     |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  |     | <input checked="" type="checkbox"/> |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |                                     |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |                                     |
| <b>7a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     |                                     |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |                                     |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     |                                     |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  |     |                                     |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     |                                     |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |                                     |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |                                     |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |                                     |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |                                     |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |                                     |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |     |                                     |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |                                     |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |                                     |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12   |     |                                     |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |                                     |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |                                     |
| <b>11a</b> | Gross income from members or shareholders  |     |                                     |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |                                     |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |                                     |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |                                     |
| <b>13a</b> | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |                                     |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |                                     |
| <b>13b</b> | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |                                     |
| <b>13c</b> | Enter the amount of reserves on hand   |     |                                     |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | <input checked="" type="checkbox"/> |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |                                     |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|  |          | Yes      | No       |
|--|----------|----------|----------|
| <b>1a</b>  | <b>9</b> |          |          |
| Enter the number of voting members of the governing body at the end of the tax year. 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>1b</b>  | <b>9</b> |          |          |
| Enter the number of voting members included in line 1a, above, who are independent.  |          |          |          |
| <b>2</b>   |          |          | <b>X</b> |
| 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?  |          |          |          |
| <b>3</b>   |          | <b>X</b> |          |
| 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?   |          |          |          |
| <b>4</b>   |          |          | <b>X</b> |
| Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |          |          |          |
| <b>5</b>   |          |          | <b>X</b> |
| Did the organization become aware during the year of a significant diversion of the organization's assets?   |          |          |          |
| <b>6</b>   |          |          | <b>X</b> |
| Did the organization have members or stockholders?   |          |          |          |
| <b>7a</b>  |          |          | <b>X</b> |
| 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>7b</b>  |          |          | <b>X</b> |
| Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |          |          |          |
| <b>8</b>   |          |          |          |
| Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |          |          |          |
| <b>8a</b>  |          | <b>X</b> |          |
| The governing body?  |          |          |          |
| <b>8b</b>  |          | <b>X</b> |          |
| Each committee with authority to act on behalf of the governing body?  |          |          |          |
| <b>9</b>   |          |          | <b>X</b> |
| Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  |          |          |          |

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

|  |  | Yes      | No       |
|--|--|----------|----------|
| <b>10a</b>   |  |          | <b>X</b> |
| Did the organization have local chapters, branches, or affiliates?   |  |          |          |
| <b>10b</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?   |  |          |          |
| <b>11a</b>   |  | <b>X</b> |          |
| Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  |  |          |          |
| <b>12a</b>   |  |          | <b>X</b> |
| Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |  |          |          |
| <b>12a</b>   |  |          | <b>X</b> |
| Did the organization have a written conflict of interest policy? If "No," go to line 13.   |  |          |          |
| <b>12b</b>   |  |          |          |
| Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |  |          |          |
| <b>12c</b>   |  |          |          |
| Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  |  |          |          |
| <b>13</b>  |  |          | <b>X</b> |
| Did the organization have a written whistleblower policy?  |  |          |          |
| <b>14</b>  |  |          | <b>X</b> |
| Did the organization have a written document retention and destruction policy?   |  |          |          |
| <b>15</b>  |  |          |          |
| 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?   |  |          |          |
| <b>15a</b>   |  | <b>X</b> |          |
| The organization's CEO, Executive Director, or top management official   |  |          |          |
| <b>15b</b>   |  |          | <b>X</b> |
| Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |  |          |          |
| <b>16a</b>   |  |          | <b>X</b> |
| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |  |          |          |
| <b>16b</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? |  |          |          |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request

**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.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **JOHN M PALATIELLO & ASSOC. INC 1856 OLD RESTON AVENUE RESTON VA 20190 703-787-6996**

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

Check if Schedule O contains a response to any question 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, and 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 organizations compensated any current officer, director, or trustee.

| (A)<br>Name and Title                         | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) <b>TIM STAGG</b><br>SECRETARY             | 3.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) <b>RICHARD MCDONALD</b><br>PRESIDENT      | 3.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) <b>ROBERT J HICKEY</b><br>PRESIDENT-ELECT | 3.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) <b>MIKE TULLY</b><br>DIRECTOR             | 2.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) <b>SCOTT PERKINS</b><br>DIRECTOR          | 2.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) <b>BRIAN R RABER</b><br>DIRECTOR          | 0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) <b>ERIC ANDELIN</b><br>DIRECTOR           | 2.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) <b>CLAIRE KIEDROWSKI</b><br>DIRECTOR      | 2.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) <b>MARK SAFRAN</b><br>TREASURER           | 3.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (10)  |  |   |                       |         |              |                              |        |  |   |   |
| (11)  |  |   |                       |         |              |                              |        |  |   |   |
| (12)  |  |   |                       |         |              |                              |        |  |   |   |
| (13)  |  |   |                       |         |              |                              |        |  |   |   |
| (14)  |  |   |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15)   |  |   |                       |         |              |                              |        |  |   |   |
| (16)   |  |   |                       |         |              |                              |        |  |   |   |
| (17)   |  |   |                       |         |              |                              |        |  |   |   |
| (18)   |  |   |                       |         |              |                              |        |  |   |   |
| (19)   |  |   |                       |         |              |                              |        |  |   |   |
| (20)   |  |   |                       |         |              |                              |        |  |   |   |
| (21)   |  |   |                       |         |              |                              |        |  |   |   |
| (22)   |  |   |                       |         |              |                              |        |  |   |   |
| (23)   |  |   |                       |         |              |                              |        |  |   |   |
| (24)   |  |   |                       |         |              |                              |        |  |   |   |
| (25)   |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

**3** 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

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|          | Yes | No       |
|----------|-----|----------|
| <b>3</b> |     | <b>X</b> |
| <b>4</b> |     | <b>X</b> |
| <b>5</b> |     | <b>X</b> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>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**

**Part VIII Statement of Revenue**

|   |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|---|--|---|----------------------|--|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a Federated campaigns   | 1a  |                      |  |   |   |  |
|   | b Membership dues  | 1b  |                      |  |   |   |  |
|   | c Fundraising events   | 1c  |                      |  |   |   |  |
|   | d Related organizations  | 1d  |                      |  |   |   |  |
|   | e Government grants (contributions)  | 1e  |                      |  |   |   |  |
|   | f All other contributions, gifts, grants,<br>and similar amounts not included above  | 1f  |                      |  |   |   |  |
|   | g Noncash contributions included in lines 1a-1f:   | \$  |                      |  |   |   |  |
|   | <b>h Total. Add lines 1a-1f</b>  |   |                      |  |   |   |  |
| <b>Program Service Revenue</b>                                    |  |   | <b>Busn. Code</b>    |  |   |   |  |
|   | 2a CONFERENCES & MEETINGS  |   |                      | 463,454  |   | 463,454   |  |
|   | b MEMBERSHIP   |   |                      | 401,151  |   | 401,151   |  |
|   | c MISC REVENUE   |   |                      | 4,930  |   | 4,930   |  |
|   | d  |   |                      |  |   |   |  |
|   | e  |   |                      |  |   |   |  |
|   | f All other program service revenue  |   |                      |  |   |   |  |
|   | <b>g Total. Add lines 2a-2f</b>  |   |                      | <b>869,535</b>                                     |   |   |  |
| <b>Other Revenue</b>  | 3 Investment income (including dividends, interest,<br>and other similar amounts)  |   |                      | 40   |   | 40  |  |
|   | 4 Income from investment of tax-exempt bond proceeds   |   |                      |  |   |   |  |
|   | 5 Royalties  |   |                      |  |   |   |  |
|   | 6a Gross rents   | (i) Real  | (ii) Personal        |  |   |   |  |
|   |  | b Less: rental exps.                                  |                      |  |   |   |  |
|   |  | c Rental inc. or (loss)                               |                      |  |   |   |  |
|   | <b>d Net rental income or (loss)</b>   |   |                      |  |   |   |  |
|   | 7a Gross amount from<br>sales of assets<br>other than inventory  | (i) Securities  | (ii) Other           |  |   |   |  |
|   |  | b Less: cost or other<br>basis & sales exps.          |                      |  |   |   |  |
|   |  | c Gain or (loss)                                      |                      |  |   |   |  |
|   |  | <b>d Net gain or (loss)</b>                           |                      |  |   |   |  |
|   | 8a Gross income from fundraising events<br>(not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 | a   |                      |  |   |   |  |
|   |  | b Less: direct expenses                               | b                    |  |   |   |  |
|   |  | <b>c Net income or (loss) from fundraising events</b> |                      |  |   |   |  |
|   | 9a Gross income from gaming activities.<br>See Part IV, line 19  | a   |                      |  |   |   |  |
| b Less: direct expenses   |  | b   |                      |  |   |   |  |
| <b>c Net income or (loss) from gaming activities</b>              |  |   |                      |  |   |   |  |
| 10a Gross sales of inventory, less<br>returns and allowances      | a  |   |                      |  |   |   |  |
|   | b Less: cost of goods sold   | b   |                      |  |   |   |  |
|   | <b>c Net income or (loss) from sales of inventory</b>  |   |                      |  |   |   |  |
| Miscellaneous Revenue   |  | <b>Busn. Code</b>                                     |                      |  |   |   |  |
| 11a   |  |   |                      |  |   |   |  |
| b   |  |   |                      |  |   |   |  |
| c   |  |   |                      |  |   |   |  |
| d All other revenue   |  |   |                      |  |   |   |  |
| <b>e Total. Add lines 11a-11d</b>                                 |  |   |                      |  |   |   |  |
| <b>12 Total revenue. See instructions.</b>                        |  |   | <b>869,575</b>       | <b>0</b>   | <b>0</b>                                | <b>869,575</b>  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| 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  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  |                       |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  | 451,885               |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 4,500                 |                                 |  |                             |
| d Lobbying  | 40,115                |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   |                       |                                 |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  |                       |                                 |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  |                       |                                 |  |                             |
| 17 Travel   | 3,194                 |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 270,555               |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| 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.)                                     |                       |                                 |  |                             |
| a WEB SERVICES  | 19,045                |                                 |  |                             |
| b CREDIT CARD FEES  | 16,175                |                                 |  |                             |
| c OFFICE SUPPLIES & EXPENSE   | 15,834                |                                 |  |                             |
| d DUES & MEMBERSHIPS  | 8,000                 |                                 |  |                             |
| e All other expenses  | 10,636                |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 839,939               | 0                               | 0                                      | 0                           |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

Part X Balance Sheet

|                             |  | (A)<br>Beginning of year                          |         | (B)<br>End of year |
|-----------------------------|--|---|---------|--------------------|
| Assets                      | 1  |   | 1       |                    |
|                             | 2  | 336,932   | 2       | 396,698            |
|                             | 3  |   | 3       |                    |
|                             | 4  | 277,796   | 4       | 258,410            |
|                             | 5  |   | 5       |                    |
|                             | 6  |   | 6       |                    |
|                             | 7  |   | 7       |                    |
|                             | 8  |   | 8       |                    |
|                             | 9  | 33,388  | 9       | 60,113             |
|                             | 10a  | 10a   |         |                    |
|                             | b  | 10b   |         | 10c                |
|                             | 11   |   | 11      |                    |
|                             | 12   |   | 12      |                    |
|                             | 13   |   | 13      |                    |
|                             | 14   |   | 14      |                    |
|                             | 15   |   | 15      |                    |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 648,116   | 16      | 715,221            |
| Liabilities                 | 17   | 6,903   | 17      | 13,571             |
|                             | 18   |   | 18      |                    |
|                             | 19   | 560,174   | 19      | 590,975            |
|                             | 20   |   | 20      |                    |
|                             | 21   |   | 21      |                    |
|                             | 22   |   | 22      |                    |
|                             | 23   |   | 23      |                    |
|                             | 24   |   | 24      |                    |
|                             | 25   |   | 25      |                    |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25 | 567,077 | 26                 |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |         |                    |
|                             | 27   | 81,039  | 27      | 110,675            |
|                             | 28   |   | 28      |                    |
|                             | 29   |   | 29      |                    |
|                             | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |         |                    |
|                             | 30   |   | 30      |                    |
|                             | 31   |   | 31      |                    |
|                             | 32   |   | 32      |                    |
| 33                          | 81,039   | 33  | 110,675 |                    |
| 34                          | 648,116  | 34  | 715,221 |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |         |
|---|--|---|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 869,575 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 839,939 |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 29,636  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 81,039  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 |         |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 110,675 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- 2b Were the organization's financial statements audited by an independent accountant?
- 2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 3b 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

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b |     | X  |
| 2c |     |    |
| 3a |     | X  |
| 3b |     |    |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**  
▶ **See separate instructions.**

**If the organization answered "Yes" to 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.

**If the organization answered "Yes" to 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" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**MANAGEMENT ASSOCIATION FOR PRIVATE  
PHOTOGRAMMETRIC SURVEYORS**

Employer identification number

**52 - 0854573**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a 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.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a **separate segregated fund** or a **political action committee (PAC)**. If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| (1)      |             |         |  |   |
| (2)      |             |         |  |   |
| (3)      |             |         |  |   |
| (4)      |             |         |  |   |
| (5)      |             |         |  |   |
| (6)      |             |         |  |   |

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

- A** 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).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

| 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 line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- 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?

Yes  No

**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 instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                         | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers?   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |     |    |        |
| <b>c</b> Media advertisements?   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |     |    |        |
| <b>i</b> Other activities?   |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes | No       |
|--|-----|----------|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      |     | <b>X</b> |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 |     | <b>X</b> |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? |     | <b>X</b> |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) if Part III-A, line 3, is answered "Yes."**

|   |           |                |
|---|-----------|----------------|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  | <b>401,151</b> |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |                |
| <b>a</b> Current year   | <b>2a</b> | <b>40,115</b>  |
| <b>b</b> Carryover from last year   | <b>2b</b> |                |
| <b>c</b> Total  | <b>2c</b> | <b>40,115</b>  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  | <b>40,115</b>  |
| <b>4</b> 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? | <b>4</b>  |                |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |                |

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

| Line | Description | Amount |
|------|-------------|--------|
| 1    | ...         | ...    |
| 2    | ...         | ...    |
| 3    | ...         | ...    |
| 4    | ...         | ...    |
| 5    | ...         | ...    |
| 6    | ...         | ...    |
| 7    | ...         | ...    |
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| 94   | ...         | ...    |
| 95   | ...         | ...    |
| 96   | ...         | ...    |
| 97   | ...         | ...    |
| 98   | ...         | ...    |
| 99   | ...         | ...    |
| 100  | ...         | ...    |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

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

**MANAGEMENT ASSOCIATION FOR PRIVATE  
PHOTOGRAMMETRIC SURVEYORS**

Employer identification number

**52-0854573**

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

MEMBERSHIP SERVICES THROUGHOUT YEAR KEEPING MEMBERS ADVISED OF CURRENT  
EVENTS AND LEGISLATION IMPACTING BUSINESS.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

MANAGEMENT CONTRACT WITH JOHN M. PALATIELLO & ASSOCIATES, INC.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

DRAFT OF FORM 990 PRESENTED TO MEETING OF BOARD OF DIRECTORS FOR REVIEW AND  
APPROVAL BEFORE FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION TO MANAGEMENT COMPANY APPROVED ANNUALLY BY BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

A COPY WILL BE PROVIDED TO ANYONE REQUESTING SAME. REQUESTOR SHOULD SEND A  
WRITTEN REQUEST TO THE ASSOCIATION OFFICE. A COPY WILL BE SENT WITHIN 30  
DAYS FOLLOWING RECEIPT OF REQUEST.

**Federal Statements**

**Taxable Interest on Investments**

| <u>Description</u> | <u>Amount</u> | <u>Unrelated<br/>Business Code</u> | <u>Exclusion<br/>Code</u> | <u>Postal<br/>Code</u> | <u>Acquired after<br/>6/30/75</u> | <u>US<br/>Obs (\$ or %)</u> |
|--------------------|---------------|------------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| BANK INTEREST      | \$ 40         |                                    |                           |                        | 14                                |                             |
| TOTAL              | <u>\$ 40</u>  |                                    |                           |                        |                                   |                             |

## Federal Statements

### Form 990, Part IX, Line 24e - All Other Expenses

| Description               | Total Expenses | Program Service | Management & General | Fund Raising |
|---------------------------|----------------|-----------------|----------------------|--------------|
| STATE LEGISLATION         | \$ 4,500       | 4,500           |                      |              |
| BOARD LIABILITY INSURANCE | 3,093          | 3,093           |                      |              |
| MISC                      | 1,543          | 1,543           |                      |              |
| LEGAL DEFENSE FUND        | 1,500          | 1,500           |                      |              |
| TOTAL                     | \$ 10,636      | \$ 10,636       | \$ 0                 | \$ 0         |

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20\_\_\_\_\_

**▶ Do not send to the IRS. Keep for your records.**

**2012**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**MANAGEMENT ASSOCIATION FOR PRIVATE  
PHOTOGRAMMETRIC SURVEYORS**

Employer identification number

**52-0854573**

Name and title of officer

**JOHN M PALATIELLO  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|  |  |    |                |
|--|--|----|----------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <b>826,568</b> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9)                      | 2b |                |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22)                               | 3b |                |
| 4a Form 990-PF check here ▶ <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b |                |
| 5a Form 8868 check here ▶ <input type="checkbox"/>           | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)     | 5b |                |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GEORGEN SCARBOROUGH ASSOCIATES, PC to enter my PIN 52085 as my signature  
ERO firm name Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **08/15/13**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**54561054561**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *John M Palatiello* CPA Date ▶ 8/13/13

**ERO Must Retain This Form—See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

Form **990**

**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)

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

Department of the Treasury  
Internal Revenue Service

**A For the 2012 calendar year, or tax year beginning** , and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1856 OLD RESTON AVENUE 205**  
 City, town or post office, state, and ZIP code  
**RESTON VA 20190**

**D** Employer identification number **52-0854573**

**E** Telephone number **703-787-6665**

**F** Name and address of principal officer:  
**JOHN M. PALATIELLO**  
**1856 OLD RESTON AVENUE STE 205**  
**RESTON VA 20190**

**G** Gross receipts \$ **826,568**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **MAPPS.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1967** **M** State of legal domicile: **VA**

**Part I Summary**

|   |  |                           |                |
|---|--|---------------------------|----------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>TRADE ASSOCIATION</b>                                 |                           |                |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                           |                |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | <b>9</b>       |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | <b>9</b>       |
|   | <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)  | <b>5</b>                  | <b>0</b>       |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | <b>0</b>       |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | <b>0</b>       |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | <b>0</b>                  |                |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year   |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>869,535</b>            | <b>826,541</b> |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>40</b>                 | <b>27</b>      |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                           | <b>0</b>       |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>869,575</b>            | <b>826,568</b> |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                           | <b>0</b>       |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |                           | <b>0</b>       |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                           | <b>0</b>       |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                           | <b>0</b>       |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>  |                           |                |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>839,939</b>            | <b>918,105</b> |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>839,939</b>            | <b>918,105</b> |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | <b>29,636</b>  | <b>-91,537</b>            |                |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year    |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>715,221</b>            | <b>398,596</b> |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>604,546</b>            | <b>379,458</b> |
|   |  | <b>110,675</b>            | <b>19,138</b>  |

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **JOHN M PALATIELLO** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **DH SCARBOROUGH, CPA** Preparer's signature: \_\_\_\_\_ Date: **08/16/13** Check  if self-employed PTIN: **P00174874**

Firm's name: **GEORGEN SCARBOROUGH ASSOCIATES, PC** Firm's EIN: **26-1776766**  
 243 CHURCH ST NW STE 100E  
 Firm's address: **VIENNA, VA 22180-4437** Phone no. **703-319-3990**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

**TRADE ASSOCIATION**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **750,115** including grants of \$ ) (Revenue \$ )

**CONFERENCES, MEETINGS & SEMINARS TO EDUCATE MEMBERS OF  
LAW, GOV'T ACTIVITIES & BUSINESS AND PROFESSIONAL ISSUES  
AFFECTING THE PRACTICE OF PHOTOGRAMMETRY, MAPPING &  
GEOSPATIAL SERVICES.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **12,286** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **762,401**

**Part IV Checklist of Required Schedules**

|  | Yes      | No       |
|--|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   |          | <b>X</b> |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   |          | <b>X</b> |
| <b>3</b> 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  |          | <b>X</b> |
| <b>4 Section 501(c)(3) organizations.</b> 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  |          |          |
| <b>5</b> 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   | <b>X</b> |          |
| <b>6</b> 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  |          | <b>X</b> |
| <b>7</b> 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  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |          | <b>X</b> |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV            |          | <b>X</b> |
| <b>10</b> 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   |          | <b>X</b> |
| <b>11</b> 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.  |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   |          | <b>X</b> |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   |          | <b>X</b> |
| <b>c</b> 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   |          | <b>X</b> |
| <b>d</b> 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  |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   |          | <b>X</b> |
| <b>f</b> 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  |          | <b>X</b> |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  |          | <b>X</b> |
| <b>b</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   |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   |          | <b>X</b> |
| <b>b</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 |          | <b>X</b> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  |          | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  |          | <b>X</b> |
| <b>17</b> 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)  |          | <b>X</b> |
| <b>18</b> 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   |          | <b>X</b> |
| <b>19</b> 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   |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |          |          |

**Part IV Checklist of Required Schedules (continued)**

|   | Yes      | No       |
|---|----------|----------|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |          | <b>X</b> |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   |          | <b>X</b> |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  |          | <b>X</b> |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25                            |          | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |          |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |          |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |          |          |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   |          |          |
| <b>b</b> Is the organization 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  |          |          |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   |          | <b>X</b> |
| <b>27</b> 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 member of any of these persons? If "Yes," complete Schedule L, Part III |          | <b>X</b> |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |          |          |
| <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |          | <b>X</b> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |          | <b>X</b> |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   |          | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |          | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |          | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |          | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |          | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |          | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1   |          | <b>X</b> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |          | <b>X</b> |
| <b>b</b> If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  |          |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |          |          |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   |          | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | <b>X</b> |          |

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |     |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |     |    |
| <b>4a</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 account)?                                   |     | X  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country: <b>▶</b><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>5c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  |     | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>7a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     |    |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     |    |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     |    |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |    |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>11a</b> | Gross income from members or shareholders  |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>13b</b> | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |    |
| <b>13c</b> | Enter the amount of reserves on hand   |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

**Section 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<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| 1a | 9  |     |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
| 1b | 9  |     |    |
| 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?  |     | X  |
| 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?   | X   |    |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| 6  | Did the organization have members or stockholders?   |     | X  |
| 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?   |     | X  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| 7b |  |     |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| a  | The governing body?  | X   |    |
| 8a |  |     |    |
| b  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| 8b |  |     |    |
| 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   |     | X  |
| 9  |  |     |    |

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

|     |  | Yes | No |
|-----|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| 10a |  |     |    |
| 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?  | X   |    |
| 11a |  |     |    |
| 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  |     | X  |
| 12a |  |     |    |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |     |    |
| 12b |  |     |    |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   |     |    |
| 12c |  |     |    |
| 13  | Did the organization have a written whistleblower policy?  |     | X  |
| 13  |  |     |    |
| 14  | Did the organization have a written document retention and destruction policy?   |     | X  |
| 14  |  |     |    |
| 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?   |     |    |
| a   | The organization's CEO, Executive Director, or top management official   | X   |    |
| 15a |  |     |    |
| b   | Other officers or key employees of the organization  |     | X  |
| 15b |  |     |    |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| 16a |  |     |    |
| 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? |     |    |
| 16b |  |     |    |

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 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.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **JOHN M PALATIELLO & ASSOC. INC**    **1856 OLD RESTON AVENUE**  
**RESTON**    **VA 20190**    **703-787-6996**

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

Check if Schedule O contains a response to any question 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, and 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 organizations compensated any current officer, director, or trustee.

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                       |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) ERIC ANDELIN      | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR              | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (2) ROBERT HANSON     | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR              | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (3) CLAIRE KIEDROWSKI | 1.00   |   |                       |         |              |                              |        |  |   |   |
| SECRETARY             | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (4) JEFF LOWER        | 1.00   |   |                       |         |              |                              |        |  |   |   |
| PRESIDENT-ELECT       | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (5) SUSAN MARLOW      | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR              | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (6) RICHARD MCDONALD  | 1.00   |   |                       |         |              |                              |        |  |   |   |
| PRESIDENT             | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (7) BRIAN R RABER     | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR              | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (8) TIM STAGG         | 1.00   |   |                       |         |              |                              |        |  |   |   |
| TREASURER             | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (9) MIKE TULLY        | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR              | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (10)                  |  |   |                       |         |              |                              |        |  |   |   |
| (11)                  |  |   |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (12)   |  |   |                       |         |              |                              |        |  |   |   |
| (13)   |  |   |                       |         |              |                              |        |  |   |   |
| (14)   |  |   |                       |         |              |                              |        |  |   |   |
| (15)   |  |   |                       |         |              |                              |        |  |   |   |
| (16)   |  |   |                       |         |              |                              |        |  |   |   |
| (17)   |  |   |                       |         |              |                              |        |  |   |   |
| (18)   |  |   |                       |         |              |                              |        |  |   |   |
| (19)   |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b> .....  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

|   | Yes | No       |
|---|-----|----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                       |     | <b>X</b> |
| <b>4</b> 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 individual |     | <b>X</b> |
| <b>5</b> 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                       |     | <b>X</b> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>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**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII.

|   |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|---|--|--|----------------------|--|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a Federated campaigns   | 1a   |                      |  |   |   |  |
|   | b Membership dues  | 1b   |                      |  |   |   |  |
|   | c Fundraising events   | 1c   |                      |  |   |   |  |
|   | d Related organizations  | 1d   |                      |  |   |   |  |
|   | e Government grants (contributions)  | 1e   |                      |  |   |   |  |
|   | f All other contributions, gifts, grants,<br>and similar amounts not included above  | 1f   |                      |  |   |   |  |
|   | g Noncash contributions included in lines 1a-1f: \$  |  |                      |  |   |   |  |
|   | <b>h Total. Add lines 1a-1f</b>  |  |                      |  |   |   |  |
| <b>Program Service Revenue</b>                                    | 2a CONFERENCES & MEETINGS  | Busn. Code                                   | 468,227              |  |   | 468,227   |  |
|   | b MEMBERSHIP   |  | 354,564              |  |   | 354,564   |  |
|   | c MISC REVENUE   |  | 3,750                |  |   | 3,750   |  |
|   | d  |  |                      |  |   |   |  |
|   | e  |  |                      |  |   |   |  |
|   | f All other program service revenue  |  |                      |  |   |   |  |
|   | <b>g Total. Add lines 2a-2f</b>  |  |                      | 826,541  |   |   |  |
| <b>Other Revenue</b>  | 3 Investment income (including dividends, interest,<br>and other similar amounts)  |  | 27                   |  |   | 27  |  |
|   | 4 Income from investment of tax-exempt bond proceeds   |  |                      |  |   |   |  |
|   | 5 Royalties  |  |                      |  |   |   |  |
|   | 6a Gross rents   | (i) Real                                     | (ii) Personal        |  |   |   |  |
|   |  | b Less: rental exps.                         |                      |  |   |   |  |
|   |  | c Rental inc. or (loss)                      |                      |  |   |   |  |
|   | d Net rental income or (loss)  |  |                      |  |   |   |  |
|   | 7a Gross amount from<br>sales of assets<br>other than inventory  | (i) Securities                               | (ii) Other           |  |   |   |  |
|   |  | b Less: cost or other<br>basis & sales exps. |                      |  |   |   |  |
|   |  | c Gain or (loss)                             |                      |  |   |   |  |
|   |  | d Net gain or (loss)                         |                      |  |   |   |  |
|   | 8a Gross income from fundraising events<br>(not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 | a  |                      |  |   |   |  |
| b Less: direct expenses   |  | b  |                      |  |   |   |  |
| c Net income or (loss) from fundraising events                    |  |  |                      |  |   |   |  |
| 9a Gross income from gaming activities.<br>See Part IV, line 19   | a  |  |                      |  |   |   |  |
|   | b Less: direct expenses  | b  |                      |  |   |   |  |
|   | c Net income or (loss) from gaming activities  |  |                      |  |   |   |  |
| 10a Gross sales of inventory, less<br>returns and allowances      | a  |  |                      |  |   |   |  |
|   | b Less: cost of goods sold   | b  |                      |  |   |   |  |
|   | c Net income or (loss) from sales of inventory   |  |                      |  |   |   |  |
| Miscellaneous Revenue   |  | Busn. Code                                   |                      |  |   |   |  |
| 11a   |  |  |                      |  |   |   |  |
| b   |  |  |                      |  |   |   |  |
| c   |  |  |                      |  |   |   |  |
| d All other revenue   |  |  |                      |  |   |   |  |
| e Total. Add lines 11a-11d  |  |  |                      |  |   |   |  |
| <b>12 Total revenue. See instructions.</b>                        |  |  | 826,568              | 0  | 0                                       | 826,568   |  |

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   |                       |                                 |  |                             |
| 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   |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   |                       |                                 |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management   | 479,544               | 359,658                         | 119,886                                |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | 4,000                 |                                 | 4,000                                  |                             |
| d Lobbying   | 35,456                | 35,456                          |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f 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   |                       |                                 |  |                             |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   |                       |                                 |  |                             |
| 17 Travel  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  | 318,485               | 318,485                         |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   |                       |                                 |  |                             |
| 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.)   |                       |                                 |  |                             |
| a <b>MARKETING</b>   | 21,200                | 21,200                          |  |                             |
| b <b>CREDIT CARD FEES</b>  | 18,791                |                                 | 18,791                                 |                             |
| c <b>DUES &amp; MEMBERSHIPS</b>  | 8,795                 | 8,795                           |  |                             |
| d <b>OFFICE SUPPLIES &amp; EXPENSE</b>   | 7,590                 |                                 | 7,590                                  |                             |
| e All other expenses   | 24,244                | 18,807                          | 5,437                                  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 918,105               | 762,401                         | 155,704                                | 0                           |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

|   |  | (A)<br>Beginning of year |                | (B)<br>End of year |
|---|--|--------------------------|----------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest bearing   |                          | <b>1</b>       | <b>245,964</b>     |
|   | <b>2</b> Savings and temporary cash investments  | <b>396,698</b>           | <b>2</b>       |                    |
|   | <b>3</b> Pledges and grants receivable, net  |                          | <b>3</b>       |                    |
|   | <b>4</b> Accounts receivable, net  | <b>258,410</b>           | <b>4</b>       | <b>43,720</b>      |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                          | <b>5</b>       |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |                          | <b>6</b>       |                    |
|   | <b>7</b> Notes and loans receivable, net   |                          | <b>7</b>       |                    |
|   | <b>8</b> Inventories for sale or use   |                          | <b>8</b>       |                    |
|   | <b>9</b> Prepaid expenses and deferred charges   | <b>60,113</b>            | <b>9</b>       | <b>108,912</b>     |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b>               |                |                    |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b>               | <b>10c</b>     |                    |
|   | <b>11</b> Investments—publicly traded securities   |                          | <b>11</b>      |                    |
|   | <b>12</b> Investments—other securities. See Part IV, line 11   |                          | <b>12</b>      |                    |
|   | <b>13</b> Investments—program-related. See Part IV, line 11  |                          | <b>13</b>      |                    |
|   | <b>14</b> Intangible assets  |                          | <b>14</b>      |                    |
|   | <b>15</b> Other assets. See Part IV, line 11   |                          | <b>15</b>      |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | <b>715,221</b>   | <b>16</b>                | <b>398,596</b> |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | <b>13,571</b>            | <b>17</b>      | <b>34,219</b>      |
|   | <b>18</b> Grants payable   |                          | <b>18</b>      |                    |
|   | <b>19</b> Deferred revenue   | <b>590,975</b>           | <b>19</b>      | <b>345,239</b>     |
|   | <b>20</b> Tax-exempt bond liabilities  |                          | <b>20</b>      |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>      |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   |                          | <b>22</b>      |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   |                          | <b>23</b>      |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |                          | <b>24</b>      |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  |                          | <b>25</b>      |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | <b>604,546</b>           | <b>26</b>      | <b>379,458</b>     |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |                |                    |
|   | <b>27</b> Unrestricted net assets  | <b>110,675</b>           | <b>27</b>      | <b>19,138</b>      |
|   | <b>28</b> Temporarily restricted net assets  |                          | <b>28</b>      |                    |
|   | <b>29</b> Permanently restricted net assets  |                          | <b>29</b>      |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |                |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>      |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>      |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>      |                    |
| <b>33 Total net assets or fund balances</b>                         | <b>110,675</b>   | <b>33</b>                | <b>19,138</b>  |                    |
| <b>34 Total liabilities and net assets/fund balances</b>            | <b>715,221</b>   | <b>34</b>                | <b>398,596</b> |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|    |  |    |         |
|----|--|----|---------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 826,568 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 918,105 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -91,537 |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 110,675 |
| 5  | Net unrealized gains (losses) on investments   | 5  |         |
| 6  | Donated services and use of facilities   | 6  |         |
| 7  | Investment expenses  | 7  |         |
| 8  | Prior period adjustments   | 8  |         |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  |         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 19,138  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b |     | X  |
| 2c |     |    |
| 3a |     | X  |
| 3b |     |    |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

**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.**  
▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," to 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.

**If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |   |
|---|---|
| Name of organization<br><b>MANAGEMENT ASSOCIATION FOR PRIVATE<br/>PHOTOGRAMMETRIC SURVEYORS</b> | Employer identification number<br><b>52-0854573</b> |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a 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.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1)      |             |         |   |  |
| (2)      |             |         |   |  |
| (3)      |             |         |   |  |
| (4)      |             |         |   |  |
| (5)      |             |         |   |  |
| (6)      |             |         |   |  |

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

- A 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).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

|   | (a) Filing organization's totals                   | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| c Total lobbying expenditures (add lines 1a and 1b) .....   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| d Other exempt purpose expenditures .....   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | 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. |  |  |
| 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 line 1f) .....   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| h Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| i Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| 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? .....   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**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 instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

**MANAGEMENT ASSOCIATION FOR PRIVATE  
PHOTOGRAMMETRIC SURVEYORS**

Employer identification number

**52-0854573**

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

MEMBERSHIP SERVICES THROUGHOUT YEAR KEEPING MEMBERS ADVISED OF CURRENT  
EVENTS AND LEGISLATION IMPACTING BUSINESS.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

MANAGEMENT CONTRACT WITH JOHN M. PALATIELLO & ASSOCIATES, INC.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

DRAFT OF FORM 990 PRESENTED TO MEETING OF BOARD OF DIRECTORS FOR REVIEW AND  
APPROVAL BEFORE FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION TO MANAGEMENT COMPANY APPROVED ANNUALLY BY BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

A COPY WILL BE PROVIDED TO ANYONE REQUESTING SAME. REQUESTOR SHOULD SEND A  
WRITTEN REQUEST TO THE ASSOCIATION OFFICE. A COPY WILL BE SENT WITHIN 30  
DAYS FOLLOWING RECEIPT OF REQUEST.

**Federal Statements**

**Taxable Interest on Investments**

| <u>Description</u> | <u>Amount</u> | <u>Unrelated<br/>Business Code</u> | <u>Exclusion<br/>Code</u> | <u>Postal<br/>Code</u> | <u>Acquired after<br/>6/30/75</u> | <u>US<br/>Obs (\$ or %)</u> |
|--------------------|---------------|------------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| BANK INTEREST      | \$ 27         |                                    |                           |                        |                                   |                             |
| TOTAL              | \$ 27         |                                    |                           |                        | 14                                |                             |

## Federal Statements

### Form 990, Part IX, Line 24e - All Other Expenses

| Description               | Total Expenses | Program Service | Management & General | Fund Raising |
|---------------------------|----------------|-----------------|----------------------|--------------|
| WEB SERVICES              | \$ 6,521       | 6,521           |                      |              |
| STATE LEGISLATION         | 4,500          | 4,500           |                      |              |
| TELEPHONE                 | 4,168          | 4,168           |                      |              |
| BOARD LIABILITY INSURANCE | 3,412          |                 | 3,412                |              |
| MISC                      | 2,025          |                 | 2,025                |              |
| COMPUTER SOFTWARE         | 1,818          | 1,818           |                      |              |
| LEGAL SERVICES            | 1,800          | 1,800           |                      |              |
| TOTAL                     | \$ 24,244      | \$ 18,807       | \$ 5,437             | \$ 0         |